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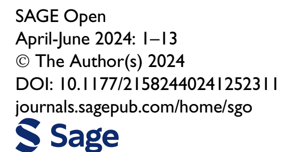

Bereaved by Intimate Partner Homicide: Consequences and Experiences of Support

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Abstract

The aim of this qualitative study is to present the experiences of family members bereaved by intimate partner homicide (IPH). The focus is on immediate and long-term consequences of the killing, and on the participants' experiences of subsequently offered information and support. This includes interactions with healthcare, social services, the criminal justice system, and the media. Twenty-two interviews with parents, siblings, and adult children of IPH victims underwent thematical analysis. The bereaved mainly described the social support following the IPH as lacking or inadequate, and recounted that they had been left alone with handling practical and emotionally difficult tasks, such as cleaning up after the killing. More specifically, they felt that institutional responses had been lacking with regard to information, understanding, coordination between professionals, continuity, professionalism, and redress. These results indicate that a coordinated response to people bereaved by IPH is necessary and, if lacking, must be developed.

Plain Language Summary

Using thematic analysis, this interview study explores the experiences of family members who have been bereaved by intimate partner homicide. The focus is on the social support they were offered, which they found lacking or inadequate. In hindsight, they would have wanted some professional to reach out to the family and offer emotional and practical support, as well as information.

Keywords

intimate partner homicide, femicide, intimate partner violence, trauma, bereavement

Introduction

Intimate partner homicide (IPH) is the most severe form of intimate partner violence (IPV), resulting in the death of the victim and thus the bereavement of her, or occasionally his, family and friends. Surviving children have often witnessed the killing and may face disruption in the wake of it (Alisic et al., 2015). The emotional trauma involved for those bereaved by IPH—sometimes called co-victims—can lead to long-term negative mental health consequences (Alisic et al., 2015; Hardesty et al., 2008). Worldwide, more than a third (39%) of all femicides are committed by intimate or former intimate partners, while the corresponding figure for homicides with male victims is 6% (Stöckl et al., 2013). In Sweden, where this study was undertaken, the number of IPH cases has been rather consistent during the last 10 years. In 2021, 15 women and 4 men were killed by their current or former partners (Brottsförebyggande rådet, 2022). Although the absolute number of cases is relatively small, in comparison with a large country like the US (Campbell et al., 2007; Ertl et al., 2016), every case may result in an emotional

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catastrophe for the bereaved, due the violent and traumatic nature of IPH. Deeper understanding of what happens in the wake of IPH-related bereavement is thus essential.

Aim

The aim of this paper is to present the experiences of family members bereaved by IPH. The focus is on immediate and long-term consequences of the killing, as well as on experiences of subsequently offered information and support, as recounted by the bereaved. These include interactions with healthcare, the criminal justice system (CJS), social services, and the media.

Previous Research

Previous research on bereavement by homicide falls into three, often overlapping, areas of interest: general (e.g., Asaro & Clements, 2005; Miller, 2009), familial, and intimate partner homicide. A review of general homicide research found that people bereaved by homicide are at higher risk of their loss-related suffering developing into prolonged, severe psychological distress, and mental health problems than those bereaved by nonviolent loss (Alves-Costa et al., 2021) Posttraumatic stress disorder (PTSD) is one well-documented consequence (Alves-Costa et al., 2021; Herz et al., 2005). In an interview study with homicidally bereaved people in the UK, the participants described the uniqueness of their experience in terms of suddenness and violence, followed by a protracted legal process and accompanied by both private and public grief or, rather, grief publicized through the media. The interviewees said that "everything changed" following the homicide, including their sense of self and world. Furthermore, they had mixed—mainly positive but also negative—experiences of in-/formal support, (Alves-Costa et al., 2021).

Research focusing on bereavement by familial homicide often includes IPH, but also covers filicide and suicide committed by the perpetrator after having killed his family (these perpetrators are almost exclusively male). IPH is believed to be closely connected to IPV (Armour, 2002). When homicide is brought home, the emotional repercussions of the fatality are not only devastating but also complex, due to emotional ties and strong bonds of loyalty connecting family members (Armour, 2002). In an interview study, the participants described emotional strain within the family following the homicide as resulting in relational cut-offs, child-custody and visitation problems, and/or divorce (Jackson et al., 2022). In a comparison of help-seeking behavior between adults bereaved by familial and extrafamilial homicides, the former were found to utilize services to a larger extent than the latter in the first 8 weeks following the homicide. This was subsequently reversed, due to decreased contacts taken by those bereaved by familial homicide (Horne, 2003). This indicates that services may need to be actively offered after the initial phase.

Regarding formal support when it comes to all types of homicide, group, and individual counseling have been found to decrease symptoms of posttraumatic stress, complicated grief, and depression (Alves-Costa et al., 2021). Case closure within the CJS has also been found to mitigate, albeit not resolve, trauma symptoms in the bereaved (Simmons et al., 2014). However, to be treated kindly and to be given information in interactions with CJS representatives seems to be far more important to the bereaved than having the opportunity to affect the preliminary investigation or the verdict (Pastia & Palys, 2016). The emphasis on kindness indicates that encounters with the CJS can also be negative experiences, for example insensitive behavior on the part of the police (c.f. Englebrecht et al., 2014; Gekoski et al., 2013; Malone, 2007).

When it comes to IPH, there is limited research regarding the consequences and experiences of support among bereaved family and friends, with the exception of research on surviving children. The death of a parent, often the mother, at the hands of another parent, often the father, is a severely traumatic event in a child's life, with many repercussions. The bereaved children lose their killed parent, but may also effectively lose the perpetrating parent who may commit suicide, flee, or be incarcerated. This means that they are also bereft of the very person who, in other circumstances, would be helping them adjust to the loss. Furthermore, this parent is responsible for their loss, making the grief more complicated and mixed with fear and anger, especially if they were present at the scene. In the wake of the IPH follows upheaval, as children may need to leave home and be cared for by relatives or foster parents, as well as changing school and peer group. These painful and disruptive aspects of IPH for the bereaved children have been repeatedly described in the literature (e.g., Alisic et al., 2015, 2017; Hardesty et al., 2008; Katz, 2014; Laughon et al., 2008; Lewandowski et al., 2004; Pitcho-Prelorentzos et al., 2022).

This upheaval naturally has consequences for the mental and physical wellbeing of these children, manifesting in intrusive memories, sleeping and eating problems, aggressive and/or self-destructive behavior, attachment difficulties, and/or PTSD (Alisic et al., 2015), especially if they have witnessed the homicide (Erükçü Akbaş & Karataş, 2022; Kaplan et al., 2001). Moreover, traumatic bereavement and its destabilizing consequences affect school attendance and academic achievement, which may consequently affect their adult lives negatively (Alisic et al., 2015). A Swedish register study (Lysell et al., 2016) found that adults bereaved by IPH in

childhood had more often been hospitalized due to psychiatric disorders and/or convicted of violent crimes, in comparison with controls. Furthermore, adult offspring aged 18 years or over at the time of the homicide had committed suicide to a higher extent than controls (Lysell et al., 2016).

In previous research, "children" is a relative term insofar as the participants are children of the victim (and often also of the perpetrator), but they may have been at different ages at the time of investigation. Steeves et al. (2011) interviewed 34 adults who were adolescents at the time of the homicide. They found that the participants had vivid memories of childhood violence before, during, and, at times, after the IPH. While some had subsequently managed to lead fulfilling lives, others recounted that the trauma had affected their intimate relationships, or indeed their entire lives, negatively.

Despite the seriousness of the trauma, children bereaved by IPH rarely receive the support they need (Alisic et al., 2017). Their caregivers, often family members, may be overwhelmed by their own grief and by the sudden responsibility for the victim's children, and may experience considerable stress (Hardesty et al., 2008). Steeves and Parker (2007) found that children bereaved by IPH, when interviewed as adults, "complained that while they were growing up, no one talked to them about the homicide or about their family before the killing, and sometimes people would not even tell them where their siblings were" (p. 1282). Furthermore, they emphasized that "children need to talk" about the homicide, but that the families they came to live in were silenced by the related stigma.

Although children are particularly vulnerable, adult family members bereaved by IPH also have specific support needs, which ten Boom and Kuijpers (2012) found included "crisis management (someone to take charge of the situation at home, who deals with phone calls, communicates with employers and schools, sorts out and arranges things)" and "help with sorting the belongings of the victim and protection from and guidance on dealing with the media" (p. 162). However, Regan et al. (2007), who interviewed nine informal network members in the aftermath of seven cases of IPH, found the social support offered to be haphazard; few were offered counseling, leaving some participants without relevant support or information. This indicates a need for further investigation of the experiences of people bereaved by IPH in the immediate aftermath of the killing, as well as of the long-term consequences and possible shortcomings in the support offered.

Method

The IPH-STOP study, of which this interview study is a part, aims at identifying and analyzing all IPH cases perpetrated in the Västra Götaland Region of western Sweden during 2000 to 2016. Via police records, 59 IPH cases were identified, including 48 male and 10 female perpetrators, since one man killed two female ex-partners. Using police and court records, personal identity numbers for all the 59 identified victims were obtained. This enabled us to access names and addresses of the parents, siblings and adult children of the deceased from the national public records office. These possible participants were sent a letter informing them about the study and inviting them to participate in an interview. Those who accepted signed one of the two enclosed consent forms and returned it to the research team, keeping the other as a personal copy. This resulted in 22 interviews with two mothers, three fathers, three sisters, four brothers, eight daughters and two sons of the victims, connected to 18 cases. In all but one of these cases, the victim was female and the perpetrator male. In the case of the 10-adult offspring, most commonly their father was the perpetrator. (For experiences of family members only related to the perpetrator, see Enander et al., forthcoming.)

The study was approved by the Swedish Ethical Review Authority, and the sensitive nature of the interviews was taken into consideration when planning and performing them. The participants chose where they wanted to be interviewed. Most of the interviews were performed in the participant's home and sometimes another family member was present to provide support. Two researchers took part in every interview, with one guiding and providing structure to the conversation and the other assisting and ensuring that nothing was missed. The main interviewer contacted the participant some days after the interview to check how s/he was feeling. Although some participants said the interview hade evoked more feelings than they had expected, none felt they needed referral to counseling.

The interviews were open-ended with questions designed to prompt a narrative (Brinkmann & Kvale, 2014), such as "Can you tell me about the relationship between XX and XY? Can you tell me about the day XX was killed? Can you tell me about what happened afterwards?" They yielded a rich material which was analyzed thematically according to Braun and Clarke (2006). The method allows the use of pre-established themes, as well as themes created while working with the material. A quote or text extract may cover and exemplify several themes in the material, rather than having to be forced into a single one. Furthermore, themes are allowed to, and often do, overlap.

The initial coding of the 22 interviews was distributed among all four authors. Excerpts from the interviews touching on consequences of the IPH and experiences of subsequent support were taken from the main interviews and given summarizing and text-close codes, inspiring

initial ideas for themes. In the next step, the main author created themes that were presented to the co-authors, whose input further refined the analysis. In the final step, performed by the first author, themes were further elaborated upon in relation to the conceptual framework presented below. Some limitations of the study deserve mentioning, the most obvious of which is in included in its aim; that it only reflects the views of family members. Thus, perspectives from for example friends and colleagues are lacking. Also, since public records only include close blood relatives, this excludes chosen family and a wider family circle, whose members might have provided other perspectives. Further, the study relies on self-reported data, which may be subject to social desirability or recall bias (c.f. Brinkman & Kvale, 2014). Finally, the results need to be interpreted in context: what is valid in Sweden may not be valid elsewhere.

Conceptual Framework

The framework for the analysis builds on four conceptual pillars informed by the literature: traumatic bereavement, victim needs, institutional responses, and secondary victimization. *Traumatic bereavement* entails a unique combination of trauma and loss (Armour, 2002; Malone, 2007). The death of a loved one comes about by violence, which often haunts the bereaved in form of unwelcome imaginary or "flashbulb" memories (Armour, 2002; Steeves & Parker, 2007). The killing may come as a total surprise to those bereaved by IPH; if not, the revelation may be complicated by guilt (Armour, 2002). Taking all these aspects into account when using the term "traumatic bereavement" includes an understanding of the complicated grief involved and the realization that closure can never be fully attained (Saco & Dirks, 2018).

Victim needs exist in many forms. In a review of the literature, ten Boom and Kuijpers (2012) categorized the needs of victims of various types of crime in six clusters: *emotional*, including response, care, support, and acknowledgement; *criminal proceedings in a broad sense*, from initial police response to treatment during and after the legal procedure; *information* regarding the crime, the CJS and other systems, support venues, and ways to cope with the traumatic bereavement; *practical* help and assistance; *financial* aid/compensation; and *primary* needs, that is safety, protection, food, and housing.

It can be said that *institutional responses* to victims partly aim at meeting their needs, framed by a respectful and empowering dialogue. When this does not happen, there is a risk of *secondary victimization* which, according to Gekoski et al. (2013), "occurs when victims of crime feel they have been subjected to inadequate, insensitive or inappropriate treatment, attitudes, behavior, responses, and/or practices by the criminal justice and social agencies, which compounds their original trauma" (p. 307). In summary, our analysis takes as its point of departure that traumatically bereaved people have specific needs that require responses by institutions and that these responses are vital in order to avoid secondary traumatization.

Results

The results of the thematic analysis are presented below, starting with how the bereaved come to know about the killing, followed by the main results concerning experiences of (lack of) support, and ending with their suggestions. Quotes have been cautiously edited for legibility and brevity. Furthermore, in the interest of anonymity we have not stated the family relationship of the participant to the victim except when considered necessary for context.

When the Worst Has Just Happened

Apart from the children, who may have been present at the scene (Alisic et al., 2017), the killing is unknown to the bereaved until they are notified. The participants' experiences of receiving the devastating news are described below.

To Be or Not Be Notified. Some participants reported that they had been notified respectfully and by the correct professional, generally meaning the police. For example, one participant stated:

> Oh, I think they did an excellent job. It was actually the only good thing the police did (___) I think they did it tactfully and, really, yes they did just what they were supposed to there, so they did a good job.

In addition, he appreciated that the police had asked whether he preferred that they or he inform other family members. Thoughtful behavior on the part of the professionals involved—a policeman and a priest—was also described by a participant who recounted that they had acted with haste to reach her, to prevent her having to find out through the media.

One participant reported that several professionals—a police officer, a priest, and a social worker—had notified them in person, which indicated that the respective agencies had coordinated their actions. In other narratives, however, this was far from the case. In fact, a striking comparison was made by one participant between two losses suffered in her family: of a small child due to a tragic incident and of the victim due to murder. In the former case, a whole team of professionals gave the family initial information and support, while in the latter case no such organization existed.

Other negative experiences included being inadvertently informed and not being notified in person and/or by the perceived appropriate professional. For example, a police officer called a bereaved parent with purely investigational questions, before the colleagues who had been sent out to notify her had arrived, which also exemplifies lack of cooperation between professionals (see below). One participant was critical of having been rung by a priest despite not being religious. Another participant recounted that he was the one who had had to call and notify everyone since no one had offered to take over this task.

In one case, the family were never notified. Instead, they found out through the media by the victim's child recognizing their home in a picture in the local paper. This was particularly traumatic for the participant, who kept coming back to it during the interview:

> Everything reached us by way of the media (…) And so I felt - where is this help everyone talks about? (…) We, like, didn't get anything. That's the bit that we've been angrier about, that we, he's gotten loads of help, but us relatives, it's like they've forgotten us. We don't exist. Yes, she's gone, and then what? Her children haven't gotten any help either. It was the same thing for them. No one came to those children's house and told them 'I'm sorry, but your mum has…..'

Other participants were not notified due to uncertainties regarding the circumstances of the killing. In one such case, the perpetrator pretended that someone else had killed his partner and initially took part in the family's mourning which, according to the participant, made them doubt his guilt when it was consequently revealed.

In two cases the perpetrator had hidden the victim's body and concealed the crime. One participant recounted that it "felt like a slap in the face" when the police initially told her that they were not prioritizing the victim's disappearance This led the family to investigate the circumstances themselves and there was an unpleasant encounter with the perpetrator. In another no-body case the participant, who was a teenage girl at the time, was asked at school to take a phone call from an adult close to her, notifying her that the victim had eventually been found dead. As it turned out, she had in fact been informed by the perpetrator, which she found very upsetting.

At times it was not possible for a professional to notify, or for the bereaved person to be notified. One participant was present when the victim was killed, and two participants had found their loved one dead. They were thus the first to know, in a severely traumatizing manner, that the worst had happened.

In summary, there was a lack of consistency concerning who notified the bereaved and how it was done. Finding out that a close family member has been killed by her/his partner is inherently severely traumatic (Pitcho-Prelorentzos et al., 2022). However, to be notified by the "wrong" person(s) in the "wrong" way may further increase the experienced trauma. These aspects are thus essential when it comes to the risk of secondary traumatization.

Initial Reactions. Finding out that a loved one had been killed by her/his (former) partner naturally led to confusion, shock, and anger (Miller, 2009). One participant recounted that he had blacked out while driving a car just after having been notified about the IPH. Another participant described reacting violently when the police and a priest rang the doorbell:

> Yes. I just screamed. You know, I almost trashed the flat. I freaked out. I don't know how much got broken (…), apparently a police officer got me out of the flat (…).

The participant's descriptions of their own and other family members' reaction to the news include strong emotions, as described above, and breakdowns requiring immediate psychiatric care, as well as physical reactions such as vomiting and stress-induced eczema. These reactions are congruent with the magnitude of the trauma involved in traumatic bereavement (Alves-Costa et al., 2021; Hertz et al., 2005), and indicate the substantial need for subsequent emotional support. We turn next to the participants' experiences of emotional and other support.

Positive Experiences of Support

The participants mainly referred to professional support from social services, the healthcare sector, and the CJS. However, somewhat surprisingly, they also discussed support offered by their employers and gave many positive examples of understanding, care, and aid, such as being offered counseling via occupational healthcare.

Accounts of positive experiences of professional support included kind, empathetic, and informative interactions with various professionals the participants had encountered in the wake of the IPH. Furthermore, some participants expressed satisfaction with how the police had handled the preliminary enquiries, and/or with having been given regular and adequate information from the Prison and Probation Service (PPS) in advance of the perpetrator's parole or release. One participant gave an example of how healthcare professionals, in this case a child healthcare nurse, could make a difference:

> But the reason I finally got help, it was because my youngest daughter was so small and we were still visiting the child

> healthcare clinic. The nurse there took the initiative and put me in contact with the psychiatry unit, where she knew a social worker. This social worker had experience of domestic violence against women and she had been to many trials, with the women, and she had that perspective. So she gave me fantastic support, especially when it came to that legal process.

This also indicates that different professionals may offer the appropriate support in different ways. For healthcare professionals, making a correct referral may sometimes be good enough.

Lacking or Inadequate Support

Like Alves-Costa et al. (2021), we found that the participants had mixed experiences of support. However, they mainly described lacking or inadequate support, both immediate and long-term, as is evident in the subthemes below.

No One Offering Support. In this frequently recurring subtheme, reflected in several interviews, "no one" almost exclusively meant no professional person or agency. A typical example:

Interviewer: But haven't you gotten any help at all? I'm thinking about it, early that morning when your brother and niece knocked on your door (*to tell you what had happened*). No one has contacted you afterwards and asked you what you or your family needed?
Participant: No, not at all.
Interviewer: And during the trial, did you get any support?
Participant: No.

Thus, in several cases, no one seems to have reached out to the bereaved family after the worst had happened, with an offer of professional support. One participant who was bereaved by IPH at the same time as many families in Sweden lost members in a natural catastrophe noted that while those families were offered lots of crisis support, her family got none. Another participant reacted strongly when the church opened its doors to provide crisis support to the villagers due to the killing of her family member, while she and her family had not been offered any organized support. "I was so frustrated," she concluded.

In other cases, the support offered appeared to have been minimal and not very helpful. One participant who was still at school at the time her mother was killed had vague recollections of meeting a social services caseworker—once—on account of the event, and of not finding it very helpful. After graduating she sought help herself:

> (…) I tried to get help that summer. We called psychiatry and (…) I got to go to a meeting. I sat there for 20 minutes and all she did was offer me pills. I said, 'I'm not interested in pills. I want help to process this'. (*Psychiatry staff:)*'No, you see we have a bit of a long waiting list for that now, so you can just have these pills at this point' So I just said, 'I'm not interested in that', and then I left.

In the quote above, both lack and inadequacy of support are illustrated, indicating that the institutional responses offered may miss their target, due to limitations of time, available resources, or organization. While emergency psychiatric services primarily accept patients at high suicide risk or in a state of psychosis, this young woman seems to have been left without a referral or a sense of having been heard. Some subthemes pertaining to poor institutional responses are explored below.

Lack of Information. Information is an important victim need (ten Boom & Kuijpers, 2012). However, it was evidently unfulfilled according to several participants, for instance concerning how to handle the funeral or the CJS. Regarding the former, two participants recounted that they had not been able to stop the perpetrator from attending family funerals (in one case, the victim's), which then became additionally traumatic. This happened since no one had informed them that funerals are considered public events unless specifically registered as private. Regarding the CJS, some participants criticized the lack of information from the police, as exemplified below:

> (…) we never got any information from them (*police in the victim's hometown*) (…) I know my sister called and annoyed them sometimes and tried to get a little information; 'What's going on and how's the investigation going?'. And then I think sometime in May they had dropped the investigation and they didn't even tell us that, did they? You know, you'd think that you as a relative would (…) be told that they've dropped the investigation.

Similarly, some participants criticized the tardiness or complete lack of information from the PPS after the trial. Being left in the dark concerning such important matters as the prosecution, parole, and release of the perpetrator means not only that needs for information are not met, but also that primary victim needs for safety and security are not addressed (ten Boom & Kuijpers, 2012). The police and the PPS are two branches of the CJS and our findings echo those of Malone (2007), who found that lack of information was one of the main sources of frustration, along with insensitive communication, for homicidally bereaved people in contact with the CJS. The latter leads to the next subtheme which extends beyond the CJS context.

Lack of Understanding. Bereavement by IPH entails a unique combination of trauma and loss (Armour, 2002; Malone, 2007); this may be difficult to grasp for anyone not sharing the same experience. Indeed, some narratives contained stark examples of a lack of professional understanding and sensitivity regarding the situation in which the bereaved found themselves. Similarly, Englebrecht et al (2014) found that "lack of compassion" in the CJS was an experience shared by co-victims of homicide. One example of lack of understanding in the healthcare system was given by a participant who, after having failed to cope with the emotional aftermath of the IPH on his own, finally requested admission to a psychiatric ward. Although he had clearly stated that he did not want to have any contact with the perpetrator, he described the staff at the psychiatric ward as "having no understanding whatsoever" for his protesting when the perpetrator was subsequently admitted to the same ward.

Another example of lack of understanding was given by a participant whose employer wanted her to come to work when she called from the hospital at the victim's deathbed and refused to grant a paid leave day, a possibility in the Swedish social security system. Finally, an example of what appears to be clumsy insensitivity was given by a participant who described a meeting between the bereaved family and a priest, in which the priest expressed that it had been time for the victim to "leave life on this earth." The participant found this quite upsetting:

> But my God, she isn't even middle-aged. She was maimed. That's not the way she should leave life on this earth, is it? You can't just sit there and tell me that. So when we left, we were angry (…) that he had had the gall to say that at all.

The accounts of lack of understanding and sensitivity given above are, per definition, also descriptions of secondary traumatization (Gekoski et al., 2013).

Lack of Coordination Between Professionals. Lack of coordination between agencies has been described as a problem impacting on the possibility to prevent IPH (e.g., Reif & Jaffe, 2019). But when prevention has failed, as in our study, lack of coordination—both between agencies and within different parts of the same agency—is also a problem. For example, a participant reported that an agreement between her parent and the police, concerning when and where she would be notified about the IPH, was broken by a social worker, with detrimental effects for her and greatly upsetting her parent. Lack of cooperation and coordination between local police departments was also described as a problem by participants who did not live in the same town as the victim and felt that this meant that they had "been left a bit outside" (as expressed by one participant) the criminal justice process and the pertinent organization for information and support. Another example:

> There's no one that brings the rest of us together, me and my brothers, is there? So maybe I end up as a complete outsider, since I don't live in (*same city as victim*). (…). I don't even have any contact with the police in the beginning. I mean, no one is talking to me at all.

When the professionals involved in a case do not coordinate their response to the bereaved, this may result in inequity of support, as well as in secondary traumatization, and constitutes a failure in institutional responses to the bereaved.

Lack of Continuity. Constantly changed contacts or the cessation of contact when a professional retired or changed jobs was also something the participants reported as problematic, especially when they themselves were children or when it came to the victim's children. A participant described that after the "disappearance" of their mother, she and her sibling got regular information and support from the school counsellor, but when he retired "there was nothing." A participant who had obtained formal custody of the victim's children was critical of the lack of continuity in social services:

> And then you get caught in the famous social services' web and that's…during one year I think we had, yes, at least six different caseworkers, I swear. One younger than the other, unfortunately.

Examples such as these highlight systemic inadequacies within the organizations providing institutional responses to the bereaved, which may increase the risk of secondary traumatization.

Lack of Professionalism. The participants also described some more or less flagrant breaches of professional ethics and, in some cases, misconduct. This mainly concerned interactions with the CJS, indicating how important these are for the bereaved. Some participants expressed the opinion that the police had missed important forensic evidence, and in one such case crucial evidence concerning the crime was in fact found years later by someone else. Two related participants reported that the police had questioned their suspicion of the perpetrator, in a case that had initially been closed without prosecution. With the help of a lawyer, they managed to have the case reopened and tried in another district, and the perpetrator was finally convicted.

Regarding the trial, the participants were rarely satisfied with their contact with their appointed plaintiff's counsels—in Sweden offered free of charge for the

victims of violent crimes—and described them as indifferent. Moreover, some participants stated their opinion that the perpetrator's legal counsel had behaved disrespectfully, violating the victim's dignity in the way they had presented the case and addressed the victim's family. One participant described several errors made by the PPS, for instance that the prison staff had not documented that the perpetrator had sexually harassed women during probation, which could not thus be used against him when he applied for early release. This participant found it utterly unprofessional that, as was later discovered, the PPS employee responsible for contact with the bereaved family was romantically involved with the imprisoned perpetrator and had aided and protected him in various ways. Finally, while lack of information was described as problematic, a surplus of information could also be troubling, as in the case of a victim's son who, when the preliminary enquiries were over, found an envelope in the mail containing the entire—confidential—preliminary investigation, including forensic pictures.

As all the examples above concern the CJS, it is important to underline that some participants expressed great satisfaction with how their case had been handled by the CJS. Nonetheless, each example of lack of professionalism and misconduct, in the CJS or elsewhere, is serious and increases the likelihood of secondary traumatization.

Lack of Redress. One of the purposes of the criminal justice process is to provide redress to crime victims, that is, to co-victims in the case of IPH. However, the participants were critical of the CJS when they were unsatisfied with the degree of redress they felt (c.f. Gekoski et al., 2013). Since justice and restitution are not the focus of this paper, we will touch only briefly on this subtheme. Suffice it to say that the participants' dissatisfaction regarding redress was mainly related to how the perpetrator, the seriousness of the crime or their relationship to the victim had been assessed. If they felt that these assessments had been inappropriate, they expressed considerable frustration. This concurs with the findings of previous authors, confirming that redress is a major need among all crime victims (Englebrecht et al., 2014; Gekoski et al., 2013; Malone, 2007; ten Boom & Kuijpers, 2012).

Having to Handle Everything Yourself

A natural consequence of lacking or inadequate institutional support is that the bereaved are left to handle many practically and emotionally demanding tasks without much assistance. The participants expressed this in terms of "having to handle everything yourself," as described in more depth below.

Handling the Media. As reported by Alves-Costa et al. (2021), part of the uniqueness of being bereaved by IPH is the public nature of the grief that comes with media coverage of events. The participants described intrusive media and gave several examples of behavior contradicting ethical guidelines and disrespecting personal integrity (International Federation of Journalists, 2022). Some participants described being completely overrun by journalists, drastically exemplified below:

Participant: Yes, but it, you know what you really experience in the beginning, the journalist thing and it was awful, they were climbing around in the bushes taking pictures.
Interviewer: That must have been terrible.
Participant: I can't understand that people (…) are capable of that at all. You know, (…) when we had reported it and it got out (…) there was an old woman who came walking down the road, she'd disguised herself, a journalist, (as) an old granny wearing slippers. And was pretending to live there. And had asked what had happened, and all.

Being subjected to intensive media coverage and being unprepared and unsupported in handling it made the bereaved feel overwhelmed and at a loss. Participants described obtaining more—but sometimes false—information from the media than from the police, putting them in an awkward situation: read the papers or not? Moreover, the killing was portrayed in a manner that did not always correspond with the perceptions of the bereaved. For example, in a case in which both the victim and perpetrator were elderly and ill when the perpetrator committed IPH-suicide, the participant resented the media presenting as murder what he considered to be an act of mercy (c.f. Bourget et al., 2010). Lastly, media attention to the killing after some time could bring the whole trauma back to life again. The participants thus needed to handle media attention both practically, emotionally, and long-term, most often without any guidance or support in how to do so.

Attending to all the Practical Matters. Death creates its own workload for the bereaved: organizing the funeral, sorting out the deceased's belongings and paperwork concerning bank accounts, insurance, and will. The traumatically bereaved must usually cope with this at the same time as cooperating with a criminal investigation and, sometimes, with taking care of and/or being very concerned about the victim's surviving children (Armour, 2002; Jackson et al., 2022; Hardesty et al., 2008). To deal with this alone while also facing feelings

of shock, disbelief, anger, intense sadness, and possibly fear is very demanding. As a participant put it:

> You can't ring up "society", if that's what we're to call it, and get any support, no, in that case it's the Samaritans or the church or some other once-off situation. (..) you can't be sure what you'll get. But all this practical stuff. It's everything from settling the estate, damages, yes, there are loads of things like that that are hard to cope with when your brain is burning and in overdrive. There's no one to talk to.

Some parts of this demanding situation are intrinsic aspects of being traumatically bereaved (Armour, 2002; Malone, 2007), and they can only be prevented if IPH itself is successfully prevented. However, being left without support and guidance in practical matters are not intrinsic aspects of traumatic bereavement, and practical tasks that may result in severe secondary traumatization should arguably not be left to the traumatically bereaved. One such task is described next.

Cleaning Up After the Killing. Having to clean up after the killing was a traumatic experience described by more than one participant. In one such case, the participant tried to find help clearing up and cleaning after the murder. He described calling one agency after the other, in vain, starting with the police who, according to his account, replied:

> 'No, I don't understand what you mean at all, why should you get help with that?' 'But it looks like hell in the flat and there's been a murder there.' 'No, we can't do that, you have to contact the municipality''Alright, ok then, I guess I'll call the council and ask.'(*The council*:) 'No, no, no, ugh, we don't do things like that. No, absolutely not. You'll have to ask somebody else.'

Receiving no positive institutional responses to their problem, the participant and his siblings were left to handle the situation alone.

To be confronted with the gruesomeness of the killing by having to clean up after it was of course described as severely traumatizing. However, this was not an unavoidable experience, as illustrated by other participants, of whom one reported that she had no idea who had cleaned up after her relative was killed, but that some professional agency must have done it.

Organizing Support by Oneself. When institutional support was not forthcoming, some participants managed to find support for themselves and their families elsewhere. This they did by seeking out various agencies, through contacts at work or via private connections. Those who had had these possibilities often mentioned those who had not, as in the quote below, in which a participant talks about finding support for her parents:

> Absolutely no one contacted them and asked if they wanted it, or anything. No, we had to chase it down. I know how, but not everybody does. You have to make some calls and drift around a bit (..) but I was thinking that it's not everyone that has the energy or the know-how.

The desire to have the bereaved family's victim needs (Alves-Costa et al., 2021) addressed had led one participant to act with considerable resourcefulness, reaching out both to the business community and voluntary sector in their hometown. Some participants stated that the family had mainly organized support internally by being supportive and caring to each other. In other families, however, the traumatic bereavement generated conflicts instead (see below).

The Trauma That Never Ends

When the shock of finding out that the worst has just happened has subsided, the trauma remains. Traumatic bereavement entails intense negative emotions and complex relationships, especially for those who also have a close relationship with the perpetrator (Armour, 2002; Malone, 2007). If the perpetrator is one's parent, or the parent of the children one is to care for after the killing, severing the bond, and/or contact with him or her may not be easy or even possible—and may also not be desirable (Laughon et al., 2008). Furthermore, the repercussions of the IPH are devastating and far-reaching; as described in previous research, it "changes everything" (Alves-Costa et al., 2021). Some of these changes are described below.

Long-Term Mental Health Consequences. That bereavement due to IPH may have long-term negative mental health consequences has previously been described in the literature (Alisic et al., 2015; Hardesty et al., 2008), and was extensively recounted by the participants in this study. Being a child and having witnessed your father (figure) killing your mother is, naturally, severely traumatic with repercussions extending into adulthood (Steves & Parker, 2007; Steves et al., 2007). A participant said that the victim's child, who was a toddler at the time he suffered this gruesome experience, went completely "blank" when he, as a teenager, heard violent noises from the downstairs neighbors. A participant who had witnessed the IPH as a somewhat older child suffered from intrusive memories (Alisic et al., 2015); she recounted seeing the scene before her, like a film, every day of her life since it occurred.

In a quote above, one participant described an encounter in a psychiatry setting, in which she had refused medication and instead wanted crisis counseling. The same participant said that she "totally broke down" a year later. Meanwhile, no one from the psychiatric clinic had followed up on how she was getting on. The second time she sought help it was at a youth clinic, that contacted the psychiatric clinic anew:

> So she went in with me and booked an appointment at the psychiatry unit and she was like, "Now you help her!" and then I got some help and I was diagnosed with temporary personality disorder. And I was like, 'Yes, so what does this mean?' I never really worked that out.

Later, the participant was diagnosed with PTSD. Her narrative exemplifies several points: that crisis support can be difficult to obtain via psychiatric services, that the actions of a single professional—in this case at the youth clinic—can be pivotal for obtaining support and, most relevant here, that people bereaved by IPH, especially children, need immediate and appropriate crisis counseling in order to prevent additional and long-term mental health consequences (Alves-Costa et al., 2021; Horne, 2003). This is also relevant when it comes to adult offspring; two participants connected to the same case shared the view that the IPH had precipitated the suicide of an adult son who was afraid to become like his perpetrating father (c,f, Lysell et al., 2016). It also demonstrates the intergenerational consequences of IPH bereavement (see below), since this suicide left the next generation of children bereft of a parent.

Parents and siblings also described devastating consequences of the IPH for their mental wellbeing. One parent felt immense guilt over not having been able to protect their child from having been killed, stating that the only reason to keep living after the IPH was to avoid bringing additional sorrow on others. A participant recounted that he had been hounded by horrible nightmares, in which he killed the perpetrator, for 6 years. Some participants described living in fear of and/or or feeling obliged to look after he perpetrator; one participant recounted that he failed to find peace of mind until the perpetrator died. In summary, IPH can cast very long shadows over the bereaved when it comes to their mental health.

What About the Children?. For most participants, the IPH had entailed that children in their family were bereaved of their mother. This meant they had had to deal with their own sorrow while worrying about these children, having (or being left without) interactions with social services and, in some cases, looking after them immediately and/or long-term. One participant described a very difficult and emotionally demanding decision process, marked by ambivalence, that ended with her and her husband finally deciding not to become foster parents for the victim's child, who was instead placed with a family living close to them. She was worried about what providing a home for the victim's child would mean for her own child, who was vulnerable. Eventually, aided by her husband, she overcame her ambivalence. However, she still felt guilty.

Another participant reported that the bereaved family's initial contact with social services was negative; they felt dismissed as caregivers without further investigation. However, he felt that this situation had improved, and eventually he and his wife became the legal guardians of the victim's children and looked after them part-time. He was content that social services had helped them to financially adapt to the situation, but both the victim's children and his own were very young and he reflected, in hindsight:

> Mind you, I guess no one thought about the fact that we had four bottle-fed children in nappies at the same time. I guess we didn't think about it ourselves until afterwards, but evenings at ours were like an assembly line.

Parenting stress due to sudden responsibility for the victim's children, as described above, has also been noted in previous research (Armour, 2002; Hardesty et al., 2008). For the participants, taking care of the victim's children also meant being confronted with their experiences, and some participants reported that the children seemed to have seen and heard much more of the IPH than had been noted by the court. One participant remembered playing with the victim's daughter:

> I was the dad *(in the game)* and she had a doll that she was hitting with. 'You've got blood on your hand cause you've killed Mummy.' What three-year-old could make that up? So she saw it, that's what I think.

Being a caregiver also meant contact with the perpetrator, who might still have formal custody of the children and/or visitation rights. A participant described a long struggle with social services to have the perpetrator stripped of these rights, which he felt was necessary in order to safeguard the children. As evident from the above, the participants who became caregivers for the victims' children faced many challenges. Others, however, had had neither the option of looking after the victim's children nor information about decisions taken regarding them (c.f. Steeves & Parker, 2007). Overlapping the lack of information subtheme (above), a participant criticized the fact that social services had not even told the bereaved family where the victim's child had been placed:

> We weren't told anything about what had happened to our younger brother, it was all hush-hush. We didn't even know where he'd ended up. When he was in a foster home all of a sudden, we didn't know anything about it.

Similarly, a participant was critical of the fact that the bereaved family was not informed by social services about where the victim's child, now an adult but disabled, was living and being cared for. It may have been the case that he had declined contact, but the family had no information on this either.

The participants' narratives mirror a difficult decision for social services: whether the victim's surviving children should be placed within the family network or not. The participants had different wishes and viewpoints concerning this. However, they unanimously expressed wanting a continuing dialog with social services, and to be regularly informed about the children they loved and worried about. In other words, they wanted to have their emotional and informational victim needs (ten Boom & Kuijpers, 2012) met.

Family Conflicts. The traumatic bereavement related to an IPH is followed by upheaval and changes in personal relationships, as well as many practical and emotional challenges (Alves-Costa et al., 2021; Jackson et al., 2022). As mentioned above, some families were brought closer, with members supporting each other. But the difficulty of the situation also led to conflicts and additional tension between family members. Some of these conflicts concerned the victim's surviving children; this subtheme thus overlaps the previous one. For example, a participant did not want his mother to become the guardian of the victim's children:

> Mum said right away that she wanted to look after the kids. I said no, because I wanted her to be a grandmother also, to my kids I mean. But she said that it would be ok. But I preferred that they be taken into care so, like (*she could*), process her grief better and then we would have been what we were meant to be to the kids. But it, well, Mum became a mum again (..). And basically all the other kids and relatives have had to suffer for it, haven't they?

One participant who was taken care of by her sibling stated that this had led to conflicts between them and destroyed their relationship. At the time of the interview, they had lost contact completely. Another example of conflicts in the wake of IPH was given by a participant who stated that his wife blamed him for not having protected the victim and that this had eventually led to divorce. The family conflicts described by participants in the wake of the traumatic bereavement could thus result in disrupted relationships and minimized or severed contact. In this respect our results concur with findings by Jackson et al. (2022) who, however, have a wider focus, i. e. on familial homicides.

An Intergenerational Trauma. Finally, traumas related to being bereaved by IPH have intergenerational consequences, as exemplified below:

> (..) a whole lot of people have been affected by it and many will be burdened by it as well. Perhaps that should be taken into consideration, I mean my two children know what happened but then I also have four grandchildren who sooner or later need to know about it and how that will be communicated to them, I hardly dare think about it but, it somehow it's a consequence.

Similarly, Pitcho-Prelorentzos et al. (2022) found that the consequences of IPH "echo through the generations" (p. 12). Touching on this, some participants said that they would have liked to have been counseled about how to talk about what had happened with the children and grandchildren affected by the loss.

One participant summarized the intergenerational consequences as follows: "Our whole extended family has been marked by it. We're all more or less broken." As is evident from these descriptions, the trauma affects the family network on many levels and for several generations.

In Hindsight: Practical Implications

In hindsight, the bereaved would have wanted some professional to reach out to the family and offer emotional and practical support, as well as information. Furthermore, based on their experiences, the participants made several suggestions, with practical implications, concerning how the response to people bereaved by IPH could be improved, as summarized below:

- Professional coordination and preparation are necessary when it comes to notifying the relatives that an IPH has occurred. Best practice, as it emerges in this study, is that the information be provided by the police, preferably together with other professionals, and in person.
- Emotional support to the bereaved should be offered immediately, and with some degree of persuasiveness.
- Counseling should not only be offered once, but repeatedly if declined.
- In addition to emotional support, information, and practical support are essential.
- Ideally, a contact person should follow the family bereaved by IPH "all the way."

Conclusions

The consequences of being bereaved by IPH, as described by the participants, ranged from the initial shock of the trauma to severely negative relational and mental health consequences extending far beyond the loss caused by the killing. Our results indicate that the bereaved mainly found the social support offered following the IPH to be lacking or inadequate, and they felt that they had been left alone to handle practical and emotionally difficult tasks. In hindsight, the participants wanted a support organization aimed at people bereaved by IPH. This confirms that traumatic bereavement by IPH is extremely complex and that much remains to be improved in the organizational response to the victims. Reflecting on the significance of these findings, it is possible that those who chose to participate in the study had primarily negative experiences, prompting them to want to share them. Nonetheless, the results do indicate that a coordinated response to people bereaved by IPH is necessary, and if lacking, must be developed.

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Ethical Approval

This research was approved by The Central Ethical Review Board (Dnr 434-16), University of Gothenburg, Sweden

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Data Availability Statement

Data sharing not applicable to this article as no datasets were generated or analyzed during the current study.

References

Alisic, E., Groot, A., Snetselaar, H., Stroeken, T., & Van De Putte, E. (2017). Children bereaved by fatal intimate partner violence: A population-based study into demographics, family characteristics and homicide exposure. *PLoS One*, *12*(10), e0183466.

Alisic, E., Krishna, R. N., Groot, A., & Frederick, J. W. (2015). Children's mental health and well-being after parental intimate partner homicide: A systematic review. *Clinical Child and Family Psychology Review*, *18*(4), 328–345.

Alves-Costa, F., Hamilton-Giachritsis, C., & Halligan, S. (2021). "Everything changes": Listening to homicidally bereaved individuals' practice and intervention needs. *Journal of Interpersonal Violence*, *36*(5–6), NP2954–NP2974.

Armour M. P. (2002). Experiences of covictims of homicide: Implications for research and practice. *Trauma, Violence & Abuse*, *3*(2), 109–124.

Asaro, M. R., & Clements, P. T. (2005). Homicide bereavement: A family affair. *Journal of Forensic Nursing*, *1*(3), 101–106.

Bourget, D., Gagné, P., & Whitehurst, L. (2010). Domestic homicide and homicide-suicide: The older offender. *Journal of the American Academy of Psychiatry and the Law Online*, *38*(3), 305–311.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101.

Brinkmann, S., & Kvale, S. (2014), *InterViews. Learning the craft of qualitative research interviewing* (3rd ed.). Sage.

Brottsförebyggande rådet. (2022). *Kriminalstatistik 2021. Konstaterade fall av dödligt våld. En granskning av anmält dödligt våld 2020*. [Crime statistics 2021. Ascertained cases of lethal violence. An examination of reported lethal violence 2021].

Campbell, J. C., Glass, N., Sharps, P. W., Laughon, K., & Bloom, T. (2007). Intimate partner homicide review and implications of research and policy. *Trauma, Violence, & Abuse*, *8*(3), 246–269.

Enander, V., Lövestad, S., & Örmon, K. (Forthcoming). Next of kin to a killer–experiences of IPH perpetrators' family members.

Englebrecht, C., Mason, D. T., & Adams, M. J. (2014). The experiences of homicide victims' families with the criminal justice system: An exploratory study. *Violence and Victims*, *29*(3), 407–421.

Ertl, A., Sheats, K. J., Petrosky, E., Betz, C. J., Yuan, K., & Fowler, K. A. (2016). Surveillance for violent deaths—National violent death reporting system, 32 states. *MMRW Surveillance Summary*, *68*(SS-9), 1–28.

Erükçü Akbaş, G., & Karataş, K. (2022). The depth of trauma: The children left behind after femicide in Turkey. *International Social Work*, *65*(1), 113–126.

Gekoski, A., Adler, J. R., & Gray, J. M. (2013). Interviewing women bereaved by homicide: Reports of secondary victimization by the criminal justice system. *International Review of Victimology*, *19*(3), 307–329.

Hardesty, J. L., Campbell, J. C., McFarlane, J. M., & Lewandowski, L. A. (2008). How children and their caregivers adjust after intimate partner femicide. *Journal of Family Issues*, *29*(1), 100–124.

Hertz, M. F., Prothrow-Stith, D., & Chery, C. (2005). Homicide survivors: Research and practice implications. *American Journal of Preventive Medicine*, *29*(5), 288–295.

Horne, C. (2003). Families of homicide victims: Service utilization patterns of extra-and intrafamilial homicide survivors. *Journal of Family Violence*, *18*(2), 75–82.

International Federation of Journalists. (2022). *Global charter of ethics for journalists*. https://www.ifj.org/who/rules-and-policy/global-charter-of-ethics-for-journalists,html

Jackson, C. L., Margolius, S., Stout, J., & Browning, S. (2022). The impact of intrafamilial homicide on the family system. *Journal of Family Violence*, *37*(4), 573–583.

Kaplan, T., Black, D., Hyman, P., & Knox, J. (2001). Outcome of children seen after one parent killed the other. *Clinical Child Psychology and Psychiatry*, *6*(1), 9–22.

Katz, C. (2014). The dead end of domestic violence: Spotlight on children's narratives during forensic investigations following domestic homicide. *Child Abuse & Neglect*, *38*(12), 1976–1984.

Laughon, K., Steeves, R. H., Parker, B., Knopp, A., & Sawin, E. M. (2008). Forgiveness, and other themes, in women whose fathers killed their mothers. *Advances in Nursing Science*, *31*(2), 153–163.

Lewandowski, L. A., McFarlane, J., Campbell, J. C., Gary, F., & Barenski, C. (2004). "He killed my mommy!" Murder or attempted murder of a child's mother. *Journal of Family Violence*, *19*(4), 211–220.

Lysell, H., Dahlin, M., Långström, N., Lichtenstein, P., & Runeson, B. (2016). Killing the mother of one's child: Psychiatric risk factors among male perpetrators and offspring health consequences. *The Journal of Clinical Psychiatry*, *77*(3), 10135.

Malone, L. (2007). In the aftermath: Listening to people bereaved by homicide. *Probation Journal*, *54*(4), 383–393.

Miller, L. (2009). Family survivors of homicide: I. Symptoms, syndromes, and reaction patterns. *The American Journal of Family Therapy*, *37*(1), 67–69.

Pastia, C., & Palys, T. (2016). 'I don 't know what you people are so concerned about': Homicide survivors' experience with the Canadian criminal justice system. *Contemporary Justice Review*, *19*(3), 401–413.

Pitcho-Prelorentzos, S., Leshem, E., & Mahat-Shamir, A. M. (2022). Shattered voices: Daughters' meaning reconstruction in loss of a mother to intimate partner homicide. *Journal of Interpersonal Violence*, *37*(17–18), NP15800–NP15825.

Regan, L., Kelly, L., Morris, A., & Dibb, R. (2007). *If only we'd known': An exploratory study of seven intimate partner homicides in Engleshire*. Child and Woman Abuse Studies Unit.

Reif, K., & Jaffe, P. (2019). Remembering the forgotten victims: Child-Related themes in domestic violence fatality reviews. *Child Abuse & Neglect*, *98*, 104223.

Simmons, C. A., Duckworth, M., & Tyler, E. (2014). Getting by after a loved one's death by homicide: The relationship between case status, trauma symptoms, life satisfaction, and coping. *Violence and Victims*, *29*(3), 506–522. https://doi.org/10.1891/0886-6708.vv-d-12-00114

Steeves, R. H., & Parker, B. (2007). Adult perspectives on growing up following uxoricide. *Journal of Interpersonal Violence*, *22*(10), 1270–1284.

Steeves, R. H., Parker, B., Laughon, K., Knopp, A., & Thompson, M. E. (2011). Adolescents' experiences with uxoricide. *Journal of the American Psychiatric Nurses Association*, *17*(2), 115–123.

Stöckl, H., Devries, K., Rotstein, A., Abrahams, N., Campbell, J., Watts, C., & Moreno, C. G. (2013). The global prevalence of intimate partner homicide: A systematic review. *The Lancet*, *382*(9895), 859–865.

ten Boom, A., & Kuijpers, K. F. (2012). Victims' needs as basic human needs1. *International Review of Victimology*, *18*(2), 155–179.