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Pepperdine University
Graduate School of Education and Psychology

HOMICIDAL LOSS AND DISENFRANCHISED GRIEF, MOTHERS OF MURDERED
DESCENDANTS: AN EXPLORATORY QUALITATIVE STUDY

A dissertation submitted in partial satisfaction
of the requirements for the degree of
Doctor of Education in Organizational Leadership

by

Michael Wayne Eagle

January, 2020

Barbara Mather, Ph.D. – Dissertation Chairperson

This dissertation was written by

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DOCTOR OF EDUCATION

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TABLE OF CONTENTS

	Page
LIST OF TABLES	vii
ACKNOWLEDGMENTS	viii
VITA	ix
ABSTRACT	xi
Chapter One: Introduction	1
Background of the Study	2
Statement of the Problem	6
Purpose and Significance of the Study	7
Research Question	8
Conceptual Framework	8
Coping and Intervention Methods	11
Replication Study of Disenfranchised Grief	12
Limitations	14
Delimitations	14
Assumptions	15
Key Definitions	15
Summary	17
Chapter Two: Literature Review	18
Overview	18
Section I: Homicide	19
Parental Response to the Loss of a Child	28
Bereavement, Grief, and Mourning	32
Complicated Grief	39
Post-Traumatic Stress Disorder (PTSD) and the Murder of a Descendant	40
Disenfranchised Grief	42
Section II: The Piazza-Bonin et al. (2015) Study	44
Coping and Intervention	48
Summary	58
Chapter Three: Methodology	60
Research Question	61
Research Methodology	61
Research Design	62
Human Subject Considerations	70

Processes and Procedures	73
Pilot Study of Interview Questions	74
Data Collection Procedures.....	75
Data Analysis	79
Validity and Reliability.....	83
Summary	84
 Chapter Four: Results	 85
Overview.....	85
Research Question	85
Participant Background Data	86
Initial Emotions.....	89
Emergent Themes	91
Empathic Failure Effects.....	102
A Mother's Experience After Descendant's Homicide	108
Relied on Methods of Recovery	111
Summary	114
 Chapter Five: Conclusions and Discussion.....	 115
Overview.....	115
Conclusion 1: This Study Relative to Piazza-Bonin et al. (2015)	116
Conclusion 2: Five Emergent Themes	118
Findings Related to Other Literature	121
Implications for Practice	123
Recommendations for Further Research.....	124
Summary	126
 REFERENCES	 127
 APPENDIX A: Letter from the Board of Supervisors of the County of Los Angeles	 157
APPENDIX B: Resolution from the Los Angeles City Council	158
APPENDIX C: Certificate of Recognition	159
APPENDIX D: Mothers of Youth and Children Victimized by Homicide.....	160
APPENDIX E: Request for Permission to Disseminate Flyers	161
APPENDIX F: Background and Sampling Criteria: Telephone Screening of Potential Participants	162
APPENDIX G: Phone Call/Contact Log	163

APPENDIX H: IRB Informed Consent Form	164
APPENDIX I: IRB Approval.....	168
APPENDIX J: Instrument/Material Permission	169
APPENDIX K: Interview Protocol.....	170
APPENDIX L: Participant Interview Questions.....	171
APPENDIX M: Off-Site Permission Request	173
APPENDIX N: Site Permission Granted.....	174

LIST OF TABLES

	Page
Table 1. Participant Demographic Data.....	86
Table 2. Three Initial Experiences	91
Table 3. This Study's Findings Relative to Piazza-Bonin et al.'s (2015) Four Empathic Failure Theme	116

ACKNOWLEDGMENTS

To my Dissertation Chairperson, Dr. Barbara Mather, who has been patient, kind, humorous, and harsh enough to prepare an unschooled doctoral candidate to complete his dissertation. The leadership of Dr. Kay Davis has been invaluable throughout this process. And to the indomitable Dr. Tobin who has endured more than we know. This episode in life will not only be cherished but also, in many ways, be missed.

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ABSTRACT

Violent acts of homicide committed against youth or children can lead to prolonged, devastating, and painful effects on their surviving mothers. Sudden unexpected deaths of descendants can lead to anger, guilt, sorrow, and isolation affecting survivors both emotionally and physically. Descendants' deaths before the mothers' deaths are unnatural and can lead to a decline in a survivor's social actions, rise in hospitalization rates, higher cases of mortality, complicated grief, and symptoms of PTSD. Cases of disenfranchised grief can surface after a survivor's loss is ignored or no longer culturally allowed. Instances of empathic failure can result when empathy from a survivor's interpersonal team tends to cease far before the surviving mother expects or feels it is needed. This reaction can adversely affect the grieving mother.

This exploratory qualitative study sought to replicate findings of an inductive case study which researched the effects of four themes of empathic failure experienced by a single parent African American mother who lost her only son to a violent act of homicide. The four themes of empathic failure reflected a survivor's relationship with her interpersonal team, herself, resiliency with professional systems, and with her primary support system. In contrast, this study discovered five different themes emerging from the four surviving mothers of murdered descendants. These themes were derived from survivors' responses to open-ended, semi-structured interview questions and reflected survivor's feelings of: anger, fear, lack of compassion from law enforcement, impact of professional services, and unexpected residual consequences after a homicide. Results of these mothers' experiences and relied on methods of recovery answered this study's research questions. Narrative analysis and membership categorization revealed three initial experiences/emotions mothers felt after learning of the murder of their loved one(s). All four mothers of this research noted a destabilization of their

family structure after the homicide. An implication for practice would include recognizing affected mothers' emotional needs after descendants' homicides. Conclusions indicate survivors want their individual narratives told and do not want their murdered loved one(s) forgotten. Finally, this study's findings did not fully support the case study which was replicated herein.

Key words: Descendants, survivors, homicide, African American, murder, grief, bereavement

Chapter One: Introduction

Violent acts of homicide committed against descendants of caring mothers in this country appear to be on the rise. The Centers for Disease Control and Prevention (CDC, 2015) reported that in 2011, an average of 4,800 young people, between the ages of 10 and 24 were victims of violence each year. These numbers translate into nearly 13 young people, between the ages of 10 and 24, victims of homicide every day.

The effects of homicide can be devastating on the lives of caring survivors (Anderson, Marwit, Vandenberg, & Chibnall, 2005). For instance, Barry, Kasl, and Prigerson (2002) report that it is more difficult for a mother to accept a child's death after homicide than by natural causes, such as long-term illness or disease. Life-threatening afflictions or diseases can allow time to prepare for the end of loved ones (Kübler-Ross, 1969), where sudden acts of murder do not. With an anticipated loss, a loved one has time to mentally and emotionally prepare for the eventual outcome. In events including, but not limited to, catastrophic school shootings, theater bombings, or other forms of violence where homicide is unanticipated, the tragedy can be even more devastating. Currently, available research indicates there is an increasing number of parents experiencing these unexpected losses.

Many homicides have been classified as gang-related (Hutson, Anglin, Kyriacou, Hart, & Spears, 1995), and mass murder or active shooter events (ASEs), according to Federal Bureau of Investigations (FBI, 2005) statistics. Mass murders or ASE's are descriptive of incidents where four or more deaths have occurred during the same event (Agnich, 2015; Böckler, Seeger, Sitzer, & Heitmeyer, 2013; FBI, 2005). Examples are the 2012 Sandy Hook Elementary School murders of 20 children, between the ages of six and seven (Schultz, Muschert, Dingwall, & Cohen, 2013); the October 2006 West Nickel Mines School murders of ten schoolgirls in Lancaster, PA

(Kocieniewski & Gately, 2006) as well as the acts of homicide committed at a Colorado movie theater in 2012 (Fox & DeLateur, 2013).

Furthermore, statistics published on the number of young people dying violently in America indicate an increasing number of mothers, fathers, and family members becoming identified as survivors of the deceased (Amick-McMullan, Kilpatrick, Veronen, & Smith, 1989; Shakoor & Chalmers, 1991). Accordingly, Asaro (2001) and Spungen (1998), describe these survivors of murdered loved ones as co-victims of the deceased. Over time, the formerly widespread belief of many researchers that survivors were not victims has changed (Neimeyer, 1999). Studies over the last 20 years now acknowledge these surviving family members as co-victims of violent acts who are part of a hidden, neglected, and little-researched group with unmet needs (Armour, 2002a).

Background of the Study

Studies show that the loss of a child can also become a painful process for parents to endure (Arnold & Buschman-Gemma, 2008). Furthermore, the murders of youth or children can be complicated realities for a surviving parent to accept, receive and understand emotionally (Murphy et al., 1999). The automatic, probable, or predictive progression of what may be called the normal grieving process after death is unlikely to occur for a parent experiencing the loss of a child (Bowlby, 1980).

Youth or child deaths occurring before the parent's death do not flow with the natural order of life (Rogers, Floyd, Seltzer, Greenberg, & Hong, 2008; Woodgate, 2006). Losses include the parents' past relationship with their child and any hopes, dreams, or aspirations they may have had for their child's future. Additionally, any concerns, ideas, or goals the youth or child may have had for him/herself.

There is loss attributed to the parent's supposed responsibility as protector of the youth or child, which becomes challenged after a homicide (Rogers et al., 2008). Additionally, loss includes the impact of the descendants' death on the psychological makeup of the family. The parents themselves must not only face their grief but that of any surviving children or family members (Buckle & Fleming, 2015).

Social interactions which would typically be supportive or helpful to survivors in their time of need can become unsupportive and negative over time (Piazza-Bonin, Neimeyer, Burke, McDevitt-Murphy, & Young, 2015). Negative and unsupported interactions increase the opportunity for elevated levels of complicated grief (CG; Burke & Neimeyer, 2012), post-traumatic stress disorder (PTSD, McDevitt-Murphy, Neimeyer, Burke, Williams, & Lawson, 2012), and depressive symptomatology (Burke, Neimeyer, & McDevitt-Murphy, 2010).

Additionally, there are documented instances of disenfranchised grief or suffering after a loss by homicide. This research was intended to replicate one such study. The term *descendant* is used intermittently in this study in place of the word youth or child.

Over ten years ago, Murphy, Johnson, Chung, and Beaton (2003) found available research was limited in the area of mothers' experiences after murdered descendants. Most research at that time was devoted to intervention and counseling for surviving loved ones struggling within the first six months of violent death (Rynearson, 2001). More current programs offer more extensive services for grieving persons; yet comprehensive programming is still lacking (Vincent, McCormack, & Johnson, 2014).

Helping professionals who position themselves to assist grieving persons' post-loss can discover stress and a lack of social support (House, 1981) putting them at a disadvantage in applying appropriate up-to-date methods toward recovery (Bragdon, 2006). Vincent et al. (2014)

suggest using a programming model consisting of counseling/therapeutic services; case management services; advocacy services; education or training; a community of survivors; and a website/hotline for better assisting those suffering from grief. Effective means of social support can heighten the efforts of helping professionals to sensitively assist in survivor's efforts toward recovery (Piazza-Bonin et al., 2015).

Homicide: Violent nature of death. Murder is the taking of human life by another human being (Young, 1997) and the direct result of intentional or non-intentional physical force against a victim leading to the victim's death (CDC, 2012). Homicide is also the unlawful taking of life when bodily injury (Luckenbill, 1977) by the perpetrator results in a victim's death neither by suicide nor accident (Brearley, 1932). Sub-classifications of murder involve killing by contract, gang-related deaths, kidnapping, drugs, insurance, physical abuse and in the commission of a robbery, or burglary, among other classifications (Perri & Lichtenwald, 2007). Daly and Wilson's (1988) research attributes acts of homicide to parental affection and rejection, sibling rivalries, sexual differences, social and emotional motives, a sense of justice or injustice, self-interests, and changes in attitudes.

Mothers have been losing their children to acts of violence for generations. Note the story of Eve losing her son Abel in the Biblical writings of Genesis 12:8 (The Holy Bible, KJV, 1984). Parents are still challenged by societies and cultures to overcome their grieving within perceived interpersonal guidelines and timelines. The risk is of marginalization, stigma, and disenfranchised grief (Piazza-Bonin et al., 2015). Interpersonal support systems provide comfort only for so long and can quickly change to empathic failings and resiliencies demonstrated by support systems (Burke et al., 2010; Piazza-Bonin et al., 2015). Results can leave survivors

struggling with post-traumatic stress, complicated grief, isolation, and stigma (Vincent et al., 2014).

Furthermore, the sudden death of one's child produces depression, guilt, and despair for survivors (Sanders, 1980). Many survivors of deceased descendants find themselves distracted from suddenly facing unfamiliar law enforcement procedures and criminal justice system protocols. Additionally, there are court proceeding responsibilities, media intrusions, and loss of privacy regarding the event. Additionally, there are sudden funeral planning obligations for which they may be emotionally or economically unprepared (Knapp, 1986).

Buckle and Fleming's (2014) research list four categories impacting survivors after the deaths of their descendant: First, the physical loss of the child entails disconnecting the parent-child relationship (Rando, 1991). The disconnection affects the parent's identity as a parent (Edelstein, 1984). Second, the entire family structure faces impact by the absence of a former member (Rando, 1986a; Walsh & McGoldrick, 2004). The role the child played within the family structure becomes vacant, and a new family structure is then created (Rando, 1993a). Third, the hopes and visions of student graduations, piano recitals, or marriages are dissolved (Edelstein, 1984, Rando, 1986a). The child's life has ended, while all life around and outside of the tragic event moves on (Buckle & Fleming, 2014). Fourth, the assumption that the world is fair, safe and that the young will replace their parents dissipates (Parkes, 1971; Rando, 1993b; Rogers et al., 2008) leaving the child's death as an incomprehensible act (Buckle & Fleming, 2014).

Li, Laursen, Precht, Olsen & Mortensen (2005) found a rise in the hospitalization rates of grieving survivors. Li et al. (2005) attributes this rise to physical illnesses that appear to occur after the deaths of a parent's descendant. Li, Precht, Mortenson, and Olsen (2003) report the

existence of higher cases of mortality in survivors of deceased descendants than in persons not bereaving the loss of their young.

Statement of the Problem

The number of homicide survivors in America is growing, but little attention shines on the survivor's wellness and the conditions for successful healing after the significant loss of a child (Armour & Umbreit, 2012). Furthermore, research on the effects of homicidal loss and disenfranchised grief in African American survivors is limited (Piazza-Bonin et al., 2015).

Persons of African American descent are purportedly ten times more likely to become victims of homicide than Caucasians (Kochanek, Murphy, Anderson, & Scott, 2004). Available research on persons grieving the violent deaths of loved ones reveal symptoms of trauma (Tan & Ketola, 2013), post-traumatic stress disorder (Murphy et al., 2003), depression (Boelen, van den Bout, & de Keijser, 2003; Vanderwerker & Prigerson, 2004) and thoughts of suicide (Rogers et al., 2008). Research also indicates that affected mothers experience stigma and disenfranchisement after the murder of a youth, child, or children (Piazza-Bonin et al., 2015).

The Piazza-Bonin et al., (2015) study did not generalize findings beyond their one case study and efforts did not an attempt to extend results to all homicide survivors or African American mothers of murdered youth. The Piazza-Bonin et al. (2015) study does, however, inform the theory of the reactions of griever with their support systems. Limited available knowledge of the effects of disenfranchised grief conceivably places a limit on the assistance that helping professionals and spiritual leaders can efficiently give. In expanding beyond the one African American case study conducted by Piazza-Bonin et al. (2015), this qualitative dissertation research study attempted to follow the approach and design of their study.

Purpose and Significance of the Study

The purpose of this research was to replicate the findings of disenfranchised grief and empathic failures uncovered by Piazza-Bonin et al. (2015). Their case study was of a single African American mother whose only child became a victim of a homicide. Results help develop a better understanding of the implications of disenfranchised grief and empathic failures on survivors, adds to available knowledge and assists other researchers and helping professionals in providing effective prevention and counseling strategies for survivors (Piazza-Bonin et al., 2015).

Theoretically, findings may appear to lead to the production of a new model for helping professionals to not only recognize the propensity of disenfranchised grief on survivors but also, to better assist them in their efforts toward recovery. The new model may develop from combining the results of this replication proposal with tenets of leadership models introduced in the Organizational Leadership program of the Graduate School of Education and Psychology, Pepperdine University.

Piazza-Bonin et al. (2015) conducted an inductive case study, while this study uses a qualitative exploratory approach on a broader scale with a more diverse set of variables. Participants were survivors from the Southern California area of the United States and not a southern city of the south part of the United States. Participants were not limited by age, marital status, education, economic status, or solely being of African American heritage. More extensive participant criteria are in the delimitations section of Chapter One.

Many persons in America experience trauma within their lifetime (Ozer, Best, Lipsey, & Weiss, 2003). The findings of Piazza-Bonin et al.'s (2015) case study indicates persons like their sample can experience symptoms of disenfranchised grief. These symptoms can be due to

perceived interpersonal expectations from support systems. Disenfranchised grief was attributable to four themes based on the Piazza-Bonin et al. (2015) research:

- Theme 1: Empathic failure, a mother with a community/family/system
- Theme 2: Empathic failure, a mother with self-system
- Theme 3: Empathic failure and resiliency, a mother with her professional system
- Theme 4: Empathic resiliency, a mother with a primary support system

Additional themes related to post-loss reactions of disenfranchised grief, marginalization, and stigma are uncovered, and available knowledge is advanced. These data assist in helping professionals more appropriately determine where additional resources are needed and discover impediments to the recovery of survivors.

Research Question

How do mothers of murdered youth and children describe their experience of losing a descendant to an act of homicide?

Sub-question: What types of social support system(s) have mothers of homicide victims relied on in their efforts toward recovery?

Conceptual Framework

The conceptual framework for this study is based on the constructs of bereavement, types of grief, and stigma following the loss of a loved one. The experiences of coping, intervention, and narrative storytelling are on a lesser degree. Reactions of survivors vary depending on the circumstances of the death or loss (Murphy et al., 2003). Not all persons react to trauma in their lives in the same manner (Bonanno, 2004). Research indicates some survivors cope better than others (Bonanno, 2004) as much is dependent on the amount and type of trauma experienced at the time. Note the following constructs of bereavement, types of grief, and stigma.

Bereavement. Bereavement is a reaction caused by loss (Wolfelt, 1988) and surfaces in the period following a loss (Kuhn, 2008). The different forms of loss can include divorce, death, or even the loss of a job (Purcell, 2013). The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV, American Psychiatric Association, 1994) describes bereavement as a stressor that can evoke both normal and abnormal types of stress in the lives of survivors.

Additionally, bereavement can produce different mental and physical reactions from affected persons depending on the circumstance (Murphy et al., 2003), as in cases of depression and anxiety disorders (Bonanno & Kaltman, 2001; Love, 2007). For example, a bereavement response to a child's death caused by a hit and run driving incident may be different from the reaction exhibited after death by a known or expected terminal illness.

Across cultures and historical periods, grieving persons are known to react both publicly (interpersonal) and privately (intrapersonal) as they confront their grief and at times avoid the entire process (Stroebe & Schut, 2010). *Adaptive coping* suggests a respite from either responding or not responding solely, at the grieving person's discretion (Stroebe & Shut, 2010). Examples are seen in some individuals publicly talking and expressing their feelings and other cases of persons keeping their feelings to themselves (Jakoby, 2014). In some cases, the research uncovered survivors giving day-to-day activities and responsibilities extra attention, as opposed to instances where responsibility met active measures of avoidance.

Grief. Grief follows bereavement involuntarily after the loss of someone loved or something valued (Rando, 1986b). Grief responses reflect feelings of anger, guilt, sorrow, and confusion that after a loss (Worden, 2008). Wolfelt (1988) classifies grief as an emotional state that follows death and is present in the following two categories:

- Anticipatory grief: This form of grief is expected grief due to death from a long-term illness, sickness, or disease as in cases of renal failure, heart disease, or diabetes.
- Acute grief: Grief which is present immediately following a death attributable to a violent act such as a shooting, bombing, or hit and run driving incident.

Complicated grief. Complicated grief (CG) is a more debilitating form of pain (Boelen, de Keijser, van den Hout, & van den Bout, 2007). CG is indicative of extensive searching, crying and a preoccupation with thoughts of the deceased (Boelen et al., 2007; Prigerson, Frank, et al., 1995; van Denderen, Keijser, Huisman, & Boelen, 2016).

Disenfranchised grief. Doka (1999) defined disenfranchised grief as a type of “grief experienced by those who incur a loss that cannot be, openly acknowledged, or socially supported” (p. 37). The loss is ignored, discouraged, or invalidated by society or cultural norms (Piazza-Bonin et al., 2015) that places allowances or restrictions on the intrapersonal grieving of lost loved ones (Doka, 2002). Disenfranchised grief reigns when affected individuals do not stay within the bounds or limits for that which society considers regular or relevant (Doka, 2002). For instance, there are societal expectations that one will only grieve for a seemingly reasonable amount of time following the loss of a job, the experience of a miscarriage or the life of someone loved (Doka, 2002).

The effects of disenfranchised grief (DG) are not only debilitating but life-threatening (Prigerson, Frank, et al., 1995). Helping professionals are underprepared to meaningfully and effectively assist persons longer than the first six months after a tragedy (Bragdon, 2006; Rynearson, 2001).

Stigma. Grieving parents are affected by the societal and cultural stigma which present themselves after a mother loses a child to violence (Mehr, 2015). This stigma arises due to the

insecurities and fears of persons unable, unwilling, or insufficiently prepared to respond appropriately to the circumstances to help survivors (Mehr, 2015). Due to the nature of violent deaths, individuals who may wish to support the surviving parent may hold suspicions about the homicide leading to the societal stigma sometimes accompanying murder (Mehr, 2015). For instance, negative media publicity as in the description of shootings as possibly gang-related can influence certain concerns about murder/murders (Riches, 1998). Often, survivors feel lonely and frustrated due to protocols of the criminal justice system, and fragile relationships in the survivor's support system (Riches, 1998).

Coping and Intervention Methods

Coping is a means of striking or fighting back after an incident or event (Knapp, 1986). Little attention, however, focuses on the wellness and conditions available for successful coping and healing (Armour & Umbreit, 2012). Support strategies tend to vary (Asaro, 2001) with some counseling and intervention methods making more of a positive impact than others (Raitio, Kaunonen, & Aho, 2015). Results of this research might indicate that more effective means of coping and intervention strategies are needed. Additionally, outdated or ineffective strategies can be modified or eliminated for successfully assisting affected mothers in their efforts toward recovery.

An additional coping method is called *narrative storytelling* (Rynearson, 2001). Narrative storytelling help survivors move from a mindset of how loved ones violently died to remembering how they lived (Rynearson, 2001). Survivors can become attached to the varying different forms of stories. For instance, in reenactment stories, survivors who cannot stop thinking of their lost loved ones, consistently tell and retell the story both publicly and privately

(Rynearson, 2001). In examples of remorse stories, however, the storytelling is in how survivors were not able to save their loved ones' lives (Rynearson, 2001).

Replication Study of Disenfranchised Grief

This study sought to replicate the Piazza-Bonin et al. (2015) study of homicidal loss and disenfranchised grief with a qualitative exploratory approach. The intent was to address the experiences of disenfranchised grief on a broader range with a diverse set of variables. Different variables were to include more ethnic, cultural, and marital differences in this study's sampled population. Replication studies can make significant contributions to research (Creswell, 2013), and lead to questions that may not have been answered or asked by the original researchers (Mackey, 2012). For example: was the perpetrator known by the victim, was the case ever solved, was the assailant ever found, or was the mother saddened, dismayed, confused or uncomfortable with results of a trial? Replication studies can prove, disprove, or contradict the results of a study as well as provide opportunities for repeating and verifying the research (American Psychological Association, 2010; Creswell, 2013).

Bracketing. To prohibit unduly influencing results or findings of this study (Moerer-Urdahl & Creswell, 2004), this researcher bracketed his experiences with potential participants. The researcher serves as a pastor of an urban church in a large American city on the west coast of the United States. The role of the pastor gives this researcher extensive involvement and experiences with loved ones of murder victims. Bracketing informs readers of the researcher's efforts in being objective and non-biased in reporting, discovering, or uncovering results of this research (Merriam, 1988; Roberts, 2010).

Mothers, stepmothers, adoptive mothers, or guardians who have served as mothers of murdered youth, children or descendants, were chosen for this study's research. The effects of

homicidal loss and disenfranchised grief on fathers, stepfathers, siblings, grandparents, aunts, uncles, friends, peers, neighbors, schoolteachers, school mates, spouses, mates, spiritual leaders, church members, employers, co-workers, or others associated with or related to murdered youth and children were not targeted for this research. Neither was this research solely directed toward a single ethnic group, such as all African Americans or Caucasians. Those variables might warrant research in other studies.

The researcher's involvement with mothers of murdered youth and children originated after the researcher was asked, why the murder of young people, by a parent who had lost three sons to homicide in the past. Two acts of violence were gang-related; a member of law enforcement committed the third death after a routine traffic incident.

This researcher felt compelled to solicit the Los Angeles County Board of Supervisors, The Los Angeles City Council, and the Los Angeles Mayor's Office to acknowledge the peril of surviving mothers formally. Consequently, the first Sunday in May is officially declared, *Mothers Who Have Lost Loved Ones to Violence in the Streets Day* in the City and County of Los Angeles, California. This designated day was to recognize affected mothers and their lament. The Board of Supervisors of the County of Los Angeles approved the request (see Appendix A), as well as the Los Angeles City Council with signage by the Mayor of Los Angeles, and the Office of the City Controller (see Appendix B).

The researcher's involvement with surviving mothers also stems from participating in or conducting funerals, memorial services, and candlelight vigils in honor of victimized descendants. Many affected persons seek a spiritual or religious connection with the death of descendants (Knapp, 1986) and call for the services of religious or spiritual leaders to assist them during their time of need.

The researcher is also involved in extensive acts of community activism. Community activism included an association with the marginalized and stigmatized of society. Numerous accolades, acknowledgments, and awards from Los Angeles City, County, and California State government have recognized this researcher's efforts and achievements in community activism (see Appendix C).

Limitations

There are weaknesses in this study out of the researcher's control. For instance, the sample size is too small for generalization of all mothers of murdered youth and children, or all mothers of African American descent. Additionally, this study attempts to replicate results of the Piazza-Bonin et al (2015) study with a different set of variables. Results are limited by the reliability of both their and this researcher's tests, interview questions, and respondent's accuracy of memories. In addition, the researcher had no control over how open, truthful, trusting and comfortable respondents would be in sharing their inner feelings and any traumatic effects of their experiences. The researcher acknowledges results are subject to the narrative storytelling of the mothers.

Delimitations

The researcher considered four mothers adhering to the established selection criteria as participants for this qualitative study. Mothers were over the age of 18, the birth mother, stepmother, adoptive mother, or guardian of the murdered descendant with the incident of homicide having occurred within the last ten years. Participants spoke and understood the English language, resided in the County of Los Angeles, California, were not currently pregnant nor were the accused, convicted or alleged murderer of the deceased. Additionally, these participants were willing to participate in this proposed study as uncompensated participants.

The number of participants chosen helped to limit the size of the study and was enough to adequately answer this study's research questions.

The researcher selected mothers due to the sensitive pastoral relationship developed between a pastor and mothers over funerals for murder victims. When mothers cry over their suddenly and tragically dead, those around them tend to cry, as did this researcher and was prompted to do something. Consequently, this researcher selected arranging and leading community walks and programming for bringing much needed attention to their plight, providing a venue for their voices to be heard and helping to find improved methods toward recovery.

Therefore, all other persons were excluded for study, including, but not limited to, both parents, siblings, grandparents, friends, schoolmates, neighbors, and teachers, which may be studied in other future research. This study was confined to qualitative and not quantitative research and limited to attempting to replicate the one sample of the Piazza-Bonin et al (2015) research.

Assumptions

An assumption is that mothers participating in this study met the established criteria for inclusion and would respond to the interview questions and researcher in an open, candid, honest, and forthcoming manner. Additionally, the researcher assumed narratives were their accurate memories, feelings and experiences. However, there was no way of guaranteeing truthfulness based on human emotions or their recollection of events.

Key Definitions

Descendant. The term descendant in this study indicates a surviving parent's son, daughter, youth, children, or child.

Disenfranchised grief. A form of “grief experienced by persons incurring a loss that cannot be, openly acknowledged, or socially supported” (Doka, 1999, p. 37).

Empathic failure. A degree of empathy is sought after or expected from another human being but is withheld or withdrawn before satisfying the griever's desire (Piazza-Bonin et al., 2015).

Marginalization. Marginalization occurs when a person or persons feel excluded outside of a society or culture due to perceived mainstream or abnormal differences. For instance, persons with disabilities can be unusual in society and subject to discrimination because of their perceived abnormality (Reinders, 2000). Society's reactions to disabled persons leave them feeling rejected, unworthy, and isolated (Dell Orto, 1991).

Mother. The term mother refers to the birth mother, stepmother, adoptive mother or guardian of the murdered youth or child at the time of death.

Stigma. The term, stigma describes a loss or circumstance so traumatic and unnerving that society or culture backs away, not only, from the tragic event itself, but also, from the survivor or victim. Accordingly, this is due to fearful thoughts about the manner of death, the circumstances of the murder, or from having no real sense of how to adequately be of assistance (Mehr, 2015).

Violent death. Violent death is a death resulting from physical force or power against a victim or victims, either intentionally or not intentional (CDC, 2012).

Youth, child, children. The terms youth, child, or children indicate a homicide victim of the survivor, between the ages of 0 and 24 at the time of death.

Summary

An ever-increasing number of young people are victims of acts of violence in America (Okun & Nowinski, 2012). As a result, the number of parents who will be affected by the death of offspring will also increase (Ozer et al., 2003). However, parental reactions to these deaths are not the same for all affected (Bonanno, 2004). Mothers of murdered descendants often find it difficult to accept their loss (Buckle & Fleming, 2015; Rogers et al., 2008). Symptoms of trauma (Tan & Ketola, 2013) depression and disenfranchised grief are known to rise in survivors (Piazza-Bonin et al., 2015; Rogers et al., 2008). The effects of disenfranchised grief (DG) are not only debilitating but life-threatening (Prigerson, Frank, et al., 1995).

Consequently, this chapter summarizes the research objectives of this study, coping methods of affected persons, a brief description of grief, and four themes based on empathic failure. Additionally, the conceptual framework is presented based on the constructs of this study

Chapter Two: Literature Review

Overview

The literature presented in this review represents research on homicidal loss and the vestiges of disenfranchised grief experienced by mothers of murdered youth and children in the United States. Numerous publications are available devoted to crisis response, intervention, and counseling, mental health services, and support for survivors who have lost loved ones to violence; yet, little research focuses on the struggle of these survivors after the first few months a violent death has occurred (Rynearson, 2006). Less is known on the effects of disenfranchised grief after the murder of a mother's descendant.

Findings from this research will assist in supplementing the findings of research completed by Piazza-Bonin et al. (2015) in their inductive case study of a single-parent, African American mother whose only son became a victim of a homicide. The Piazza-Bonin et al. (2015) study revealed the mother's perceived lack of sufficient emotional support from the societal and cultural norms of her interpersonal model of grieving. Results from this study were characterized as disenfranchised grief.

Results of the study by Piazza-Bonin et al. (2015) are relevant and informative; however, findings cannot be generalized past the one single-parent, African American, residing in an urban environment of a major city in the southern United States. The boundaries of generalization need a more extensive sample. There was no attempt by Piazza-Bonin et al. (2015) to extend their findings to all survivors of the violent deaths of loved ones, nor to all survivors who are African American mothers (Piazza-Bonin et al., 2015). Findings across a broader range of grieving mothers, adds to available knowledge, that can introduce new strategies of coping and

intervention methods usable for grieving survivors, clinicians, and other caring professionals such as myself.

The literature presented in this chapter revolves around two primary sections: the first, homicide, homicidal loss, and the constructs of bereavement, types of grief, marginalization, and stigma. The second section includes discussion on the empathic failings reportedly experienced by the Piazza-Bonin et al. (2015) research study. A plethora of research exists on loss and grief; however, little exists on the experience of disenfranchised grief on survivors of homicidal loss in the African American community (Piazza-Bonin et al., 2015). Smolen (2016) suggests addressing such research is a painful, but necessary journey. Snowden (2012) suggests a study is imperative.

Section I: Homicide

The definition of homicide is the taking of human life by another human being (Young, 1997), and the result of intentional or non-intentional physical force against a victim (CDC, 2012). Acts of homicide may be attributable to circumstances such as familial affection and rejection, sibling rivalries, sexual differences, social and emotional motives, a sense of justice or injustice, self-interests, and changes in attitudes, among other objectives (Daly & Wilson, 1988).

The United States uses two reporting measures for homicides: The Federal Bureau of Investigation's Supplementary Homicide Reports and the Centers for Disease Control, and Prevention's Fatal Injury Reports (Regoeczi, Banks, Planty, Langton, & Warner, 2014).

Homicidal impact. Studies show mothers, fathers, and other family members experience significant effects by the loss of loved ones killed by violence (Asaro & Clements, 2005).

Accordingly, the national survivor support group, Parents of Murdered Children (POMC, 2017) estimates at least three relatives survive each homicidal loss. Murder destabilizes the structure of

the family, its means of communicating with one another, and its traditional positional roles (Asaro & Clements, 2005; Knapp, 1986). Anderson et al. (2005) discovered that after losses due to sudden deaths, mothers experience higher levels of distress than do fathers. However, both parents were noted, turning to view the world as harmful and unkind, after the unexpected death of their descendants (Anderson et al., 2005). Anderson et al. (2005) also found both parents of homicidal victims exhibiting indications of low positive perspectives of their self-worth, after the murder of their young.

Additionally, Knapp (1986), in agreement with Peach and Klass' (1987) assessment of grief not resolved until after justice is administered, found survivors indicating needs for justice and peace of mind, and often not ceasing their grieving or allowing themselves to lament until after some form of justice had prevailed.

Prior to Peach and Klass' (1987) findings of survivor fears, Rando (1986b) found survivors fearing perpetrators returning to harm the family and worrying they could not protect remaining children; Buckle and Fleming (2011) found family members attempting to exact revenge on the perpetrator(s) if given the opportunity, and Knapp (1986) found fears that the perpetrator(s) may get off with light sentences in comparison to the crime.

In addition to Peach and Klass' (1987) findings of stigma, Buckle and Fleming (2014) found instances of stigma present due to societal discomfort with youth and child deaths. Additionally, communities unaccustomed to violence react differently than those where violence is more prevalent (Aldrich & Kallivayalil, 2013).

Armour (2002b) in her interviews of 38 participants of 14 families about their experience as family members of homicide victims discovered six prevailing themes:

- The murder of a descendant was a tragedy from which the family member does not quickly awaken.
- The survivor can feel short-changed by the response of those they thought cared.
- The rights of such things as privacy were no longer valid.
- Belonging eased feelings of loneliness.
- There was the desire of some family members to stop waiting for things to go back to what was once considered normal.
- There was a significant shift in values of what was essential or mattered, the most in life.

The death of a close relative is associated with an increased risk of mortality among bereaving persons (Yu et al., 2017). The loss is stressful, and maternal bereavement is associated with a 10% increase in all-cause mortality risk in offspring (Yu et al., 2017). The study conducted by Yu et al. (2017) indicates the increase is most pronounced in the other children of mothers who lost a child or a spouse. Pretorius, Halstead-Cleak, and Morgan (2010) found siblings of loved ones killed by violence exhibiting signs of shock and disbelief, guilt, and self-blame.

History shows that mothers have endured the loss of children to violence throughout the ages; however, it is still overwhelming for a mother to experience that kind of a tragic loss (Buckle & Fleming, 2015). That makes two items of interest crucial to this research: (a) understanding the impact of murder on a mother; and, (b) the adaptive process after the loss has been recognized (Anderson et al., 2005).

Surviving the murder of a descendant is not only psychologically stressful on the survivor but also emotionally taxing (Miranda, Molina, & MacVane, 2010). The loss is devastating

(Anderson et al., 2005). Lives are forever changed, and significant issues must suddenly be faced (Dannemiller, 2002; Matthews & Marwit, 2004; Murphy, Johnson, Lohan, & Tapper, 2002; Peach & Klass, 1987; Riches & Dawson, 1998; Rinear, 1988; Wortman, Battle, & Lemkau, 1997). For instance, at immediate crime scenes there is unwanted questioning of what happened and why from both familiar and unfamiliar people (Aldrich & Kallivayalil, 2013); family members, friends, and those who care seek answers while experiencing media intrusions of cameras and microphones thrust in their faces at crimes scenes (Armour, 2002a). There are instances of law enforcement personnel cordoning off identified crime scenes with yellow tape refusing to let loved ones get close while questioning circumstances (Aydogdu, 2009). Additionally, survivors face almost immediate issues of funeral planning, and the procuring of burial expenses (Knapp, 1986).

In many cases, survivors face accepting or rejecting purported findings and procedures of forensic science. Medical examiners' and coroner reports of how victims died are becoming more scrutinized and challenged for accuracy. Errors by Law Enforcement personnel have been documented occurring in the collection and evaluation process of crime scene evidence (Aydogdu, 2009; Roberts et al., 2012).

Many murder cases remain unsolved, or the guilty persons are released on procedural grounds or given light sentencing (Knapp, 1986). Survivors, unaccustomed to criminal court proceedings, perceive the justice system as insensitive to the survivor's needs and feel there is more caring about assailant's rights than that of victim's rights (Riches, 1998; Young, 1997). The result is survivors feeling there is a lack of fairness on the part of the criminal justice system (Riches, 1998). Furthermore, survivors display signs of anger, confusion, and disillusion toward the perceived lack of consideration that is received. There is a substantial increase in symptoms

of "shock, disbelief, and anger, due to the priorities and procedures of police and court officers" (Riches, 1998, p. 149).

Sentencing and non-sentencing judicial outcomes lead some survivors to feeling marginalized and revictimized (Englebrecht, Mason, & Adams, 2014). For instance, the lack of confession and eyewitnesses to many homicides can result in plea bargaining, which can play a significant role in sentencing with perpetrators often pleading to lesser charges (Knapp, 1986). These lower charges are often inadequate to a parent whose descendant's life is gone. The child is gone forever, but the assailant sentenced to a few years or no years (Knapp, 1986). Survivors, then naturally feel powerless (Englebrecht et al., 2014) and a lack of control over circumstances (Buckle & Fleming, 2010). Survivors are known to experience flashbacks and nightmares about the murder, and a longing for the deceased descendant (Green, 2000; Kübler-Ross, 1969; Rynearson, 2006; Rynearson & McCreery, 1993). The loss of self-esteem, self-reliance, and capacity of empathy in survivors is present and can lead to feelings of guilt, regret, and worry with a desire to know, where family members are at all times (Aldrich & Kallivayalil, 2013; Buckle & Fleming, 2014).

Homicide produces psychological consequences, not only for survivors but also for those in the communities in which survivors live (Herkov & Biernat, 1997). Survivors of homicide victims are impacted by the community in which they reside (Neimeyer, 2006). Communities or neighborhoods that are unaccustomed to violence react differently than those where violence is more prevalent (Aldrich & Kallivayalil, 2013). For example, when a homicide occurs in communities where such crimes rarely happen, there is a greater demonstration of public outcries against the tragedy than in neighborhoods where instances of murder are more frequent (Aldrich & Kallivayalil, 2013). Furthermore, there is a much-publicized exhaustive search to identify

causes of the tragedy in neighborhoods seldom touched by the criminal activity of homicide, not only for the crime of murder not to happen again, but also to promote a sense of safety in that neighborhood or place of residence (Aldrich & Kallivayalil, 2013).

However, in the communities and neighborhoods where homicides occur more frequently, Aldrich and Kallivayalil (2013) noted a general sense of disdain, judgment, and blame leveled by persons outside of the neighborhoods to those within. A sort of reference of *those people* inside affected neighborhoods and communities were made leading to the survivors inside these affected neighborhoods spending energy attempting to convince the outside world that their child's life and death matters (Aldrich & Kallivayalil, 2013).

Mass murders are making a significant impact on society today. The number of deaths in the United States is rising in multiple-victim homicides or mass murders (Agnich, 2015). Mass murder is an incident where four or more deaths take place during the same event without an extended amount of time in between (Agnich, 2015; Böckler et al., 2013; FBI, 2005). However, there is no universally accepted definition of mass shootings (Stroebe, Leander, & Kruglanski, 2017). The disagreement is relative to the count of people shot—called mass shootings—versus the count of people killed, as in mass murders (Kelly, 2015; Stroebe et al., 2017).

Recent examples of mass murders include: The 50 shooting deaths occurring at a gay nightclub in Orlando, Florida in 2016 (Stroebe et al., 2017); the nine persons killed at Bible Study inside the historic Emmanuel African Methodist Episcopal Church in 2015 (Gostin, 2016); and the 27 students and teachers gunned down at Sandy Hook Elementary School in 2012 (Moore, Garvey, & Wagstaff, 2012). These instances of mass shooting deaths resulted in countless calls for comprehensive gun control (Metzl & MacLeish, 2015).

Statistics on youth and child murders. Homicide consistently ranks as one of the top three causes of death for youth in America aged 10 to 24 (CDC, 2013). These statistics are a result of nearly 5000 deaths and an estimated \$9 billion in lost productivity and medical costs in 2010 (CDC, 2013). Homicide rates for African American youth aged 10 to 24 were the highest among all ethnicities of that age group with Caucasian youth the lowest over 30 years (CDC, 2013). Rates increased from 1985 to 1993 from 8.7 per 100,000 to 15.9 in 1993, then declined from 15.2 per 100,000 in 1994 to 8.9 in 1999 (CDC, 2013). The homicide rates for males are higher than rates of homicide for females (Murphy, Kochanek, Xu & Heron, 2015); however, the overall homicide rate fell in the United States in 2010 to the lowest it has been in over a 30-year period to 7.5 per 100,000 for youth aged 10-24 and 12.7 per 100,000 for ages 20-24 (CDC, 2013). Previous research has linked these statistical declines to changes in drug use, drug-related criminal activity, the demographics of neighborhoods, community-based policing, and changes in economic conditions (Blumstein & Wallman, 2006). Other factors assist in successful prevention strategies, such as school-based programming and business improvement districting (Cook & MacDonald, 2011).

The research reported by the Congressional Research Service Report (2013) indicates 547 people died in mass shootings over the past 30 years, with 476 others wounded (Annest, 2013). Seventy-eight public mass shootings have occurred between 1983 and 2013, mostly committed by white males in both rural and suburban environments (Kimmel & Mahler, 2003). Mass shootings have happened more in Southern states than any other area of the United States (Brown, Osterman, & Barnes, 2009). However, mass shootings composed less than 1% of total gun murders in the United States in 2010 (National Criminal Justice Reference Service, NCJRS, 2013). More people are shot in mass killing incidents than in other gun-related events.

Robberies, accidents, and home invasions resulted in 57% fewer deaths than those occurring from mass shootings (NCJRS, 2013).

From 1995 to 2002, 171 children, aged 5 and under were classified as victims of heat-related deaths (Guard & Gallagher, 2005). Twenty-seven percent (46) of the children entered unlocked cars, and 73% (125) were left in vehicles by adults. A quarter of the adults were aware they had left their children, while over half either forgot or were unaware until it was too late (Guard & Gallagher, 2005).

The murder of children most likely occurs within the family and usually by a parent or stepparent (Marks & Kumar, 1996; Somander & Rammer, 1991; Wilczynski, 1997). The perpetrators are often the fathers (Marks & Kumar, 1996). In cases where stepfathers committed child homicides, Daly and Wilson (1988) attribute the behavior to a stepfather's unwillingness to invest in another's man's child. Research reveals more fathers murder their young more than mothers (Adinkrah, 2003; however, earlier research shows a greater number of documented attention and research on mothers who kill their young than fathers who do the same (Cavanagh, Dobash, & Dobash, 2007).

The sudden death of a child. Sudden death is death occurring without warning, such as accidental falls, poisoning, injuries, or homicide, where death is not anticipated (Knapp, 1986). The sudden death of a child can lead a parent to instances of marital problems, confusion, guilt, anger, despair, and physical issues (Sanders, 1980). Accordingly, Sanders (1980) describes these six reactions in the following ways: Marital problems erupting when neither party feels the other is of adequate support. Confusion surfaces in matters of decision-making and signs of indecisiveness on the part of the grieving parent. Guilt is evident due to the parent's feelings of responsibility for the deceased youth or child. Anger is displayed from feelings of powerlessness

about the death; symptoms of despair can show in feelings of vulnerability and in asking the unanswered question of why; and many physical problems can be related to stress factors attributed to the circumstance. Li et al., (2003) note in many cases, survivors are hospitalized from physical illnesses associated with their loss.

Additionally, survivors have higher mortality rates than the non-bereaving persons and more so in bereaving fathers of a deceased child than grief-stricken mothers (Li et al., 2003). For instance, Li et al. (2003) conducted a follow-up study in Denmark from 1980 to 1996 of 21,062 parents who experienced the death of their child against 293,745 parents whose children were alive. Family structures were matched for the two populations. The Li et al. (2003) study concluded a child's death, whether by natural or unnatural causes, leads to an increase in the rate of mortality in mothers; father's mortality rates increased only when the child's death had come by unnatural means.

In addition, a child's death changes the parent's life forever (Buckle & Fleming, 2014). The loss includes the child, impact on the family structure, which is suddenly changed, and the loss of expectations, hopes, dreams of, and for, the child. There is also the loss of illusions and assumptions that surviving parents previously carried about the world in which they live (Buckle & Fleming, 2014). Firstly, the physical loss of the child entails disconnecting the parent-child relationship (Rando, 1991). The disconnection affects the parent's identity as a parent (Edelstein, 1984). Secondly, the family structure is absent of a former member (Rando, 1986a; Walsh & McGoldrick, 2004). The role the descendant played is now missing and creates a new family system (Rando, 1993a). Thirdly, the hopes and visions of graduation, piano recitals, and marriage are decimated (Edelstein, 1984, Rando, 1986a). The child's life stops, while all else around keeps growing and moving on (Buckle & Fleming, 2014). Fourthly, the assumption that

the world is fair and safe and that the young replace the old is gone (Parkes, 1971; Rando, 1993b).

Studies show that mothers and fathers are not the only ones affected by loved ones killed by violence but also other family members (Asaro & Clements, 2005). After death, the family structure changes and members are forced to either adapt or not adapt to an ongoing relationship with each other, and the tragic event that occurred (Buckle & Fleming, 2014). Stressors to the family relationship include dissimilarities in grieving, accepting reality, financial pressures, and differing views of the world (Buckle & Fleming, 2014).

Survivors unaccustomed to procedures and ways of the criminal justice system feel the system is insensitive to their needs and more in favor of the perpetrator's rights than survivor's rights (Riches, 1998; Young, 1997). For instance, light sentencing and non-sentencing outcomes appear to hinder the survivor's emotional recovery efforts (Englebrecht et al., 2014). An alleged murderer may be set free on procedural grounds, or only forced to serve a few years in confinement, while the victimized parents are without their descendant forever. Accordingly, Getzel and Masters (1983) promote the need for a better understanding of the procedures and laws of the criminal justice system. Survivors armed with knowledge in how to effectively interact within the boundaries and methods of the criminal justice system would appear better prepared to accept judicial outcomes that may or may not result in the surviving mother's favor and efforts toward recovery (Getzel & Masters, 1983).

Parental Response to the Loss of a Child

Knapp (1986) interviewed 155 parents who lost a child between the ages of 1 and 28. Knapp (1986) reports six findings or themes in the surviving loved ones who endured three

different types of child deaths: death after illness or long-term affliction, sudden or unexpected death as in an accident or suicide and death by homicide or manslaughter.

- The need to never forget the youth or child: Knapp (1986) reveals the mother's fear that the memories of her son's face or the sound of his voice, hairstyle or personal characteristics would be forgotten. Maintaining thoughts and memories of the child, as well as continuing a dialog about the deceased youth or child is an enabling way for survivors to, not only survive but to also recover from their loss.
- The need for surviving mothers to talk about their deceased loved one: Talking about their deceased youth or child reveals sadness, releases anger, deals with feelings of grief, and promotes others to understand their plight. Survivors want their deceased youth or child spoken of and remembered (Knapp, 1986). It is an integral part of support (Dyregrov & Dyregrov, 2008). Women are appreciative of social networks where they have persons to talk to and can tell their stories (Dyregrov & Dyregrov, 2008).
- The wish to die: Knapp (1986) notes how unnatural it was 30 years ago to accept or fully comprehend the sudden death or murder of a child. The improbability of surviving parents acknowledging the death of their child without considering their future is slim (Knapp, 1986). Many parents sincerely want to die themselves following their children "to the grave in a blind but understandable desire to continue to see and caress and love them" (Knapp, 1986, p. 31). A desire to die is two-fold: First, it allows the parent a sense of escapism from the pain and discomfort. Secondly, it enables the grieving mother to theoretically reunite or reconnect with her deceased

- youth or child and continue the relationship with the descendant in a way she feels possible (Knapp, 1986).
- A religious experience: Knapp's (1986) research shows affected parents seeking reason or meaning behind their loss. The reason needs to be acceptable and comforting to the mother. Knapp (1986) discovered 70% of his interviewees turned to their religious faiths. Many had not considered themselves religious before the loss of the child. Knapp (1986) found parents who drifted away from the church and considered themselves agnostic before the death of their youth or child felt differently about religious beliefs after the demise of their descendants. Survivors not sure of an afterlife also changed their perspective in a positive direction towards God. In some cases, there was a conversion experience, and in others, a growth or rekindling of the belief that there could be reunification with the child after the parent's death (Knapp, 1986). The changes in direction helped survivors find meaning and reasons to a tragedy they could accept and be comfortable with (Knapp, 1986).
 - Change in values: Knapp (1986) noted that the loss of youth or child made a significant impact on the mindset of survivors. Many parents "indicated they had become more compassionate in their dealings with others, more understanding of the problems of others, more forgiving of the transgressions of others, more open with their feelings, more patient and more loving" (Knapp, 1986, p. 39). Fathers became less committed to careers and monetary success and more interested in better relationships with family members. Mothers adjusted their contact with other family members and were less interested in their physical appearance than they were of their family structures post-loss (Knapp, 1986). Knapp (1986) considered these changes as

positive and redeeming aspects of strong family ties, good communication, between parents and mutual support of one another. However, there also exists a negative side: a strain on the marriage. Approximately 70 % of families of descendants victimized by homicide end up divorced or separated (Knapp, 1986). Guilt can translate into hatred toward the perpetrator, as well as toward oneself. Minor family issues can become exaggerated as parents are at different stages of the grieving process and can no longer offer adequate support to the other resulting in the feeling one could do better on their own (Knapp, 1986).

- **More tolerance:** Knapp's (1986) research indicates that the loss of youth or child tends to sway the bereaving parent to become more tolerant and sensitive to the issues of others. Knapp's interviewees appeared more willing to listen to the woes of others, more willing to understand others, and to respond to others in a concerned, yet helpful way. Developing tolerance is another positive aspect of the tragedy which produces freedom for those involved as well as teaches valuable lessons of life (Knapp, 1986) in helping one to accept the fact that the tragedy occurred. Additionally, Murphy, Johnson & Lohan (2002) do not overlook a parent's drive to find meaning after loss.

Shadow grief. Shadow grief is an emotional concept found present in a majority of Knapp's interviewees and is a distinct type of grief defining some grieving person actions (Knapp, 1986). For instance, under certain circumstances and conditions, affected mothers have been observed suddenly crying, expressing signs of sadness and anxiety for seemingly no reason (Knapp, 1986). Years can go by after the death of a loved one and the overwhelming emotions, thoughts, and feelings which had initially surfaced may remain, never forgotten, nor ever resolved (Knapp, 1986). Thoughts of the lost loved one continuously evoke mild or intense

reactions to the loss. This type of grief describes mothers appearing unable to escape the shadow or vestiges of grief concerning their child's death (Peppers & Knapp, 1980).

Bereavement, Grief, and Mourning

Bereavement, grief, and mourning are sometimes used interchangeably in their depiction of one another, and at other times, these three terms are distinguished differently (Akhtar & Kanwal, 2016). Bereavement is associated with death and dying, while grief and mourning are more related to the loss (Akhtar & Kanwal, 2016).

Bereavement. Bereavement is a reaction caused by a loss (Wolfelt, 1988) surfacing in the period following the loss (Kuhn, 2008). Forms of loss can include divorce, death, or the loss of a job, among others (Purcell, 2013). Bereavement is labeled a stressor evoking both normal and abnormal signs of stress in the life of the survivor (DSM-IV, American Psychiatric Association, 1994). Symptoms of bereavement can range from affected persons showing little or no emotion to persons keeping their feelings to themselves, to bereaving persons exhibiting extreme displays of depression and anxiety (Bonanno & Kaltman, 2001; Jakoby, 2014; Love, 2007). With the many varied experiences of loss, individual bereavement responses can be dissimilar to one another and vary depending on the circumstances of the death or loss (Murphy et al., 2003).

Bereavement research reveals a considerable number of bereavement-related difficulties following the loss of loved ones (Bonanno et al., 2002). Most people will experience bereavement at some time during their lifetime (Guldin, O'Connor, Sokolowski, Jensen & Vedsted, 2011). Bereavement is not mechanical, nor is it automatically linear but can move in stages. Survivors must accept the reality before completing the bereavement process (Cutliffe,

1998). Furthermore, each experience is unique to each survivor, although there are similarities in bereavement experiences (Cutliffe, 1998).

Changes and new developments of bereavement theories continue to occur (Rothaupt & Becker, 2016). Traditional models are challenged by newer, developed ones (Davies, 2004). Differences in assumptions of bereavement surface over time, and more recently, commonalities between researchers have come to light (Martin & Glore, 2012) acknowledging a greater tolerance for the ideas of other researchers. Different theories by researchers do not necessarily mean they disagree (Parkes, 1972), but the earlier methods of bereavement and grief are rejected for newer emphasis on social, cultural, and spiritual perspectives (Hall, 2014). For instance, Freud (1957) presented a bereavement theory suggesting survivors disconnect from their beloved deceased after death to assist in efforts toward recovery. Newer models of bereavement, however, suggest it is more beneficial for survivors to continue to hold on to their relationship with deceased descendants (Davies, 2004).

Grief. Grief is a state of emotion that reflects behaviors, thoughts, and feelings following a loss (Wolfelt, 1988). Grief occurs involuntarily after a loss and manifests in both verbal and nonverbal expressions (Corless et al., 2014). Grief can also display itself in physical displays of fainting or other forms of emotional outbursts (Worden, 2008). Rando (1986b) describes grief as an involuntary response that follows the loss of someone loved or something valued. Piazza-Bonin et al.'s (2015) study view grief as a healthy psychological response assisting survivors in accommodating their loss. Wolfelt (1988) concurs that grief happens following a loss and divides grief into two categories: (a) anticipatory and (b) acute grief.

Anticipatory grief. Grief anticipating the death of a loved one due to a long-term illness, sickness, or diseases, such as renal failure, heart disease, or diabetes.

Acute grief. Grief is immediately surfacing following the loss of loved ones due to violent, unexpected incidents, or acts of homicide, such as school shootings, bombing casualties or hit & run driving incidents.

Goldie (2011), however, suggests that grief is not a feeling, at all, but an on-going process that unfolds over time. Love (2007) describes grief as an experience that involves notable personality and social changes in the grieving person's life. Some survivors become withdrawn and isolate themselves, while others become more outgoing and involve themselves in meeting new friends and experiencing new activities. Grief affects both the mental and physical health of survivors as evidenced by symptoms of depression, thoughts of suicide, and lack of sleep (Rogers et al., 2008). Parkes (1972) views grief as an on-going process that proceeds from incomprehension, denial, and confrontation with reality, to the resolution phase. Berzoff (2003) contends that loss, grief, and, bereavement can undermine psychological growth and is not necessarily ever resolved.

In the past, theories on grief in the United States relied predominately on studies of Caucasians in identifying the overall process of grieving (Laurie & Neimeyer, 2008); very little research has been done on African Americans and other cultures in America. Researchers are now finding it incorrect to assume African American grieving mirrors Caucasian grieving (Laurie & Neimeyer, 2008). There are similarities, but also differences due to societal experiences and culture (Laurie & Neimeyer, 2008).

For instance, members of the African American community experience more bereavement by homicide, tend to maintain a continuous connection to deceased loved ones, talk less about loss, and seek little professional or mental health support (Laurie & Neimeyer, 2008).

Additionally, a stronger resilience to grieving is demonstrated by turning inward in efforts toward recovery, rather than outward for support (Boyd-Franklin, 2003).

Grief is a social construction (Neimeyer, Prigerson, & Davies, 2002) affecting members of all cultures. It is the individual griever's response that varies from person to person and is influenced by the societal rules the survivor identifies with (Laurie & Neimeyer, 2008). Research by Hogan, Morse, and Tason (1996) notes that timeliness of death, the cause of death, or the relationship of the survivor with the deceased, does not alter the bereavement process. A survey of 54 bereaving African Americans who lost a loved one to violence, revealed posttraumatic stress disorder (PTSD), and complicated grief (McDevitt-Murphy et al., 2012). Grief left some persons feeling powerless, out of control, and ineffective at parenting other children after their loss (Saldinger, Porterfield, & Cain, 2004).

Grief is observed and identified by its symptoms (Mathes, 1999), and is triggered by feelings experienced over a loss. According to Wolfelt (1988), grief falls within the following three categories:

- Evasion: The act of running away from the act of grieving, sometimes in expressions of isolation. The act of avoidance or evasion can occur when grief-stricken persons have not received permission to grieve, by themselves, their culture, or their support system (Wolfelt, 1988).
- Encounter: Most societal and cultural expectations are for the grieving person(s) to get over it, and back to normal quickly. The allowance of time does not always meet the emotional needs of the survivors (Wolfelt, 1988).
- Reconciliation: The reconciliation phase can be viewed as a time for adjusting to the changes in life after the death of the loved one. Though the loved one is gone, the

grieving person allows themselves to feel the way they do about their loved one willingly and without suppressing their feelings.

Over the years, researchers have searched for diverse ways of categorizing the experience of grieving parents and assessing their necessary treatments (Buckle & Fleming, 2014; Davies, 2004; Rando, 1993a). Symptoms considered abnormal in other losses were found more prevalent in a parent's loss of a child driving old grief theories to be evaluated, and newer theories utilized (Buckle & Fleming, 2014).

For instance, according to Freud (1957), grieving would cease when the survivor disconnected from the deceased, and the finality of the loss was accepted. However, Hagman (1995) deemed Freud's concept unreliable and suggested that the bond between survivor and deceased should not become disconnected but kept aiding in the survivor's recovery efforts. Hagman's (1995) theory is more in line with current studies as bereaving parents have felt consoled and comforted by an on-going connection to the deceased youth or child. An enduring attachment to the personality, characteristics, and life of the child assists efforts toward the parent's recovery (Buckle & Fleming, 2014).

Persons are known to grieve for extended periods, shorter periods, or appear not to grieve at all (Bonanno & Kaltman, 2001). Expressions can range from anger and sorrow to feelings of guilt and self-pity (Worden, 2002); however, grief can also produce anxiety, sadness, and a lack of interest in meeting new people (Bonanno & Kaltman, 2001) as well as a social withdrawal from others (Solomon, 2004). Grief-stricken individuals, while in a state of bereavement and grief, experience the loss of privacy from media coverage and the judicial system. Individual control is lost as the crime shifts to the arms of the court system and law enforcement since murder is a criminal offense and considered as a crime against the state (Armour, 2002b).

The tragic loss of a child's life is never fully resolved in the heart of survivors (Murphy, 1997). Adjusting to experience after the deceased descendant is difficult, but there can be a gradual return to normalcy over time as the survivor begins to resume some or all their past activities (Worden, 1991). It is crucial, but difficult in finding meaning or sense-making after the loss (Currier, Holland & Neimeyer, 2006). Sense-making helps mediate between violent death and symptoms of complicated grief (Currier et al., 2006). Survivors must learn to adjust through their bereaving process (Murphy, 1997). Not only must they experience their pain, but also experience that of their other living children or family members (Buckle & Fleming, 2010). Children who are grieving the loss of a sibling need the support of adults who can assist them through their grief (Lurie, 1993).

According to Bonanno et al. (2002), there is no standardized established automatic response to the grief experienced by all survivors. Some survivors may feel out of control and powerless during the grieving process (Neimeyer, 2012), reflecting feelings affecting both their mental and physical health (Rogers et al., 2008). For instance, in cases of depression, thoughts of suicide, and lack of sleep (Rogers et al., 2008). Further research indicates more cases of divorce surface among bereaving couples than of non-bereaving persons and 70% of families of children who are violently killed end up in divorce or separated (Knapp, 1986). Knapp (1986) attributes this to neither parent receiving the support needed from the other spouse, and a lack of effective communication between them, which leads to resentment and hostility.

Jakoby (2014) acknowledges the advantages grievors have of communicating about their grief, yet there is the concern of being a burden when they share their grief with others. Grieving mothers are notably more at risk for psychiatric care than those who are not in bereavement (Li,

et al., 2005). Grieving parents tend to express their fears and concerns of interacting with law enforcement personnel and criminal court procedures they are unfamiliar with (Knapp, 1986).

Societal rules of grieving vary from Caucasians to African Americans. Caucasians are often the primary subjects of bereavement research (Piazza-Bonin et al., 2015) therefore, attention was shifted to the grieving rules of African Americans and how the affected mother of their research had been affected. Grief-related expressions are thought socially acceptable at African American funerals (Rosenblatt & Wallace, 2005), but not so much as time goes by (Hines & Boyd-Franklin, 1996). The mother of the Piazza-Bonin et al. (2015) research was expected to move on with her life or get over her son's death and divorce herself from the need of her support system sooner that she was emotionally prepared for (Piazza-Bonin et al., 2015).

Mourning. Mourning is an outward display of grief that follows the grieving process (Wolfelt, 1998). Mourning is personal, private, or public (Jackson & Usher, 2015) and can include expressions of anger, ambivalence, or fear (Lurie, 1993). Mourning produces bouts of sadness and allows survivors to come to terms with the past, lost relationship (Frawley-O'Dea, 2014). One's culture influences mourning, and outward expressions are ritualistic and symbolic (Wolfelt, 1988). However, the act of mourning does not always display genuine feelings (Neimeyer & Keese, 1998). Mourning is an active and on-going process that helps a survivor come to a state of acceptance of their loss (Rando, 1986b). Rando (1986b) lists three phases of mourning that she says one must face:

- **Avoidance:** The avoidance stage of the mourning process is an immediate attempt to deny the death happened. To pass through this phase, one must acknowledge and understand the death has occurred.

- **Confrontation:** Confrontation includes reacting to the loss by experiencing and facing the pain of the loss.
- **Accommodation:** Accommodation is the phase of readjusting and reinvesting into new goals, objectives, or people without the presence of the deceased in one's life.

Complicated Grief

Complicated grief (CG) is a psychological disorder noted in individuals by their response to loss (Bonanno & Kaltman, 2001). Many researchers on the subject of grief acknowledge the existence of complicated grief but do not necessarily agree on how to define it (Wilson, 2013). Freud (1957) and followers distinguished CG from normal grief and called it pathological. What is normal or pathological, however, can be mistaken by the commonalities between CG and normal grief and the reaction of the grieving person, rather than the differences (Wilson, 2013). Many studies over the past 20 years on prolonged grief (PG) and CG indicate 10% to 15% of those bereaved persons struggle with accepting their loved one's death (Lichtenthal, Cruess, & Prigerson, 2004).

Persons affected by violent or sudden deaths tend to show more signs of CG or PG disorder (Parkes & Prigerson, 2010) than those bereaving a loss by natural causes (Bonanno & Kaltman, 2001; Wilson, 2013). Bereavement research has emphasized who died, how the person died, the available support system or lack thereof, and the grieving person's history of mental health (Wilson, 2013). For instance, research indicates more people find it harder losing a child, than a parent, and the presence of an adequate support system makes a difference in recovery efforts of the grieving (Wilson, 2013). Indications of CG can also be present when a survivor demonstrates more difficulty in accepting the loss and is unable to maintain focus or a purpose in life or shows little hope or interest in the future (Prigerson et al., 1999).

Symptoms of CG predicts specific bereavement impairments, which are now termed as complicated grief and developed into what Prigerson, Maciejewski, et al., (1995), called the Inventory of Complicated Grief (ICG). Scores from the inventory of 97 bereaving persons indicated clear evidence of the presence of emotional distress among these participants (Prigerson, Maciejewski, et al., 1995). Furthermore, Prigerson, Maciejewski, et al. (1995) noted participants with social and mental scores higher than 25 were indicative of more impairment than those with scores 25 or less. Due to the ICG's scales internal consistency, and convergent and criterion validity, the ICG proved an accurate assessment for indicating symptoms of complicated grief (Prigerson, Maciejewski, et al., 1995). Complicated grief is categorized as a distinct characteristic of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V, Kersting, Braehler, Glaesmer, & Wagner, 2011). The DSM-V presents a comprehensive, critical source for providing new insights into the diagnosis and categorizing disorders.

Post-Traumatic Stress Disorder (PTSD) and the Murder of a Descendant

Most people in the United States will experience trauma at some time in their lives (Ozer et al., 2003). Most cases involve the death of a loved one. However, not everyone reacts to trauma in the same manner. Research has shown that some persons cope better with trauma than others (Bonanno, 2004), and findings appear highly dependent on the amount and type of trauma, but it is still not conclusive (Bonanno, 2004). Post-traumatic stress disorder (PTSD) is a severe health issue facing survivors of homicidal victims in America (Smith & Patton, 2016). Bonanno (2004) noted persons not experiencing immediate health problems attributed to PTSD did so much later. However, Bonanno (2004) also discovered survivors who were moving on with their lives after the stressful event without any experiences of post-traumatic stress (Bonanno, 2004).

Health problems are known to surface among black males who have seen their peers murdered in urban neighborhoods (Smith & Patton, 2016). Smith and Patton's (2016) research is consistent with Herkov and Biernat's (1997) study, suggesting that murder produces problems beyond those of the survivors but also includes both the affected community and other survivors within the community. Herkov and Biernat (1997) based their conclusion on an examination of PTSD symptoms exhibited in a targeted community where murders have taken place consistently. With a 48% response rate in a study of 184 persons, their conclusion noted the existence and prevalence of symptoms of PTSD after killings.

Smith (2015) supported the Herkov and Biernat (1997) research in her production of a life history calendar of 40 black males between the ages of 18 and 24 in Baltimore, Maryland. Smith (2015) found that each participant knew at least three murder victims as peers.

The Amick-McMullan, Kilpatrick, and Resnick (1991) study reported 23% of 206 survivors at risk for PTSD, and those persons did develop the syndrome of PTSD at some time during their lifetime. Although stress from trauma affects 50% of the population of the United States, they found only 5% to 10% of the people developing PTSD. In McDevitt-Murphy et al.'s (2012) investigation of 54 African-Americans who lost a loved one to homicide within the past five years where 63% were parents of the deceased 10 participants or 18.5% were noted positive for PTSD. Also noted, were participants who were within two years of their loved one's homicide. These respondents showed higher levels of PTSD than those who suffered their loss two or more years' post-loss (McDevitt-Murphy et al., 2012). This information helped examine the timing of PTSD symptoms after homicides have occurred.

Intervention research studying the mental distress experienced by parents of 12 to 28-year-olds who were victims of murder found 61% of mothers and 62% of fathers showing signs

of psychological distress (Murphy et al., 2003). Approximately 28% of mothers and 12% of fathers displayed symptoms of PTSD five years after the death of their descendants (Murphy et al., 2003). Both PTSD and CG survivors share similar symptoms (Prigerson et al., 1999). The distinction between the two rests in the reaction of the survivors. For instance, people living with PTSD are known to fear a repeat of the traumatic event and tend to avoid thoughts, reminders, or triggers of the event. Concerning CG, victims are influenced by the circumstances that the deceased loved one is gone. CG survivors seek reminders of the dead through such means as photographs, clothing, and selections of music. Many studies suggest an overlap between PTSD and CG and depression (McDevitt-Murphy et al., 2012).

Disenfranchised Grief

Disenfranchised grief occurs when a loss is not acknowledged, mourned, or supported in a way that meets the surviving person's need (Doka, 1989, 2002). Corr (2002) defines disenfranchised grief as a condition existing when grieving extends beyond culturally established boundaries, and the grief-stricken are left unsupported by their support system. Piazza-Bonin et al. (2015) observed typical instances of grief surfacing in their research and noted distinct signs of disenfranchised grief seemingly arriving after the violent death of their sample's child. The Piazza Bonin et al. (2015) researchers posited the reasons for this disenfranchised grief.

Murder makes a strong impact on the lives of surviving family members of homicide victims (Asaro & Clements, 2005). The reactions to these homicides may be similar on behalf of survivors, but the distinct type or types of grief that are experienced are often different and not occurring at the same time (Asaro & Clements, 2005).

Piazza-Bonin et al. (2015) observed the typical instances of grief which surfaced in their research. In addition, Piazza-Bonin et al. (2015) noted distinct signs of disenfranchised grief that seemed to arrive after the violent death of their sample's child and the perceived reasons why. Goodrum (2008), interviewed 32 people whose loved ones had died by homicide and researched how emotions cross or violate culturally established boundaries. Additionally, how survivors reacted to the realization, a loved one was a victim of murder. Findings indicated some survivors appreciated the burden carried by supporters, but they also made efforts to minimize the apparent burden. Goodrum (2008) noted survivors are expecting signs of sympathy from their supporters, but many were addressed instead with hurtful responses, avoidance of speaking about the deceased descendant and an expectation for the survivor to move on. Spidell et al. (2011) examined how chaplains respond to grief and discovered instances of disenfranchised grief. Spidell et al. (2011) concluded that both grief and disenfranchised grief might be of significant concern to address in healthcare.

Grieving the loss of a loved one is a common and normal occurrence (Piazza-Bonin et al., 2015) that occurs on what Corr (2002) describes as an intrapersonal or interpersonal level. The intrapersonal level is defined as grieving alone or in a private space and has less chance of an opportunity of experiencing disenfranchised grief; however, the interpersonal level is closely subjected to instances of disenfranchised grief because the grieving aspect is connected socially and publicly to the survivor's culture or support system (Piazza-Bonin et al., 2015). The socially constructed boundaries and gray areas of grieving interpersonally have a significant influence on the time frame grieving are sustained or allowed for the survivor (Doka, 1989).

Where survivors expect grieving to last for an undetermined amount of time, survivor support systems tend to expect the survivor to get over their grief sooner and get on with their

lives sooner than the survivor expects. These unexpected and unequal expectations of grief time between the supporters of the grieving and the actual survivors of the deceased descendants leads to the creation of awkward circumstances and cases of disenfranchised grief (Goodrum, 2008). Central to this finding is the existence of disenfranchised grief as a condition of empathic failure (Neimeyer & Jordan, 2002).

Section II: The Piazza-Bonin et al. (2015) Study

The Piazza-Bonin et al. (2015) study was an inductive, qualitative case study analyzing the experience of one single-parent, African American mother whose only son became a victim of violent homicide. Despite the high accounts of murder and experience of homicidal loss in the African American community, the literature on the subject is limited (Piazza-Bonin et al., 2015). Piazza-Bonin et al. (2015) selected their study sample from Burke et al.'s (2010) Project Bravehearts - a research study of African Americans whose loved ones have been victims of homicide. The Piazza-Bonin et al. (2015) case participant was suffering from complicated grief and discovering her support system reacting negatively (in her opinion) to her situation. Piazza-Bonin et al., (2015) followed Stake's (2008) direction in selecting a typical case "of some typicality but leaning toward those cases that seem to offer the opportunity to learn" (p. 130). However, there was no attempt to extend findings to all homicide survivors or African Americans, and the aim was to inform theory about the interaction between survivors and their support systems (Piazza-Bonin et al., 2015).

Empathic failure. In the immediate aftermath of the homicide of the mother's son depicted in the Piazza-Bonin et al. (2015) study, the mother was surrounded by a tearful support system nurturing her; however, after a few weeks her caring system dissolved (Piazza-Bonin et al., 2015) and the mother was left feeling abandoned. Empathic failings will serve as overall

themes for this study and are classified by Piazza-Bonin et al., (2015) under the following four themes:

Theme 1: Empathic failure: A mother with-community/family system. The empathic failure occurred between the affected mother, her family, and the community support system. The empathic failure happened after the family and community nurturing, and activism ceased perceivably, too soon for the grieving mother's needs. Withdrawal of support was indicated by a sudden lack in emotional, financial, and practical support shown by instances of verbal aggression, taunting, and a lack of mentioning her son's name or death, and the avoidance of speaking to or revisiting the mother. The mother attributed withdrawal of support to societal factors that her grieving period was too long; the belief that this homicide was taboo; and the expectation of maintaining her former role of being the one another person could turn to in times of need. Other reasons identified by the mother included people not knowing what to say or how to help; persons wanting to give time and space for the acceptance by the mother of the death; the mother's emotional outbursts and aggressiveness were too much for some, and her constant talk of her son to friends and strangers.

Theme 2: Empathic failure: A mother-with-self system. After the withdrawal of the mother's support system, she was left feeling tainted, diseased, and unfit as a parent. Her self-appraisal left her feeling guilty and ashamed of doing something to push people away. Results led to disenfranchisement and self-isolation, which in turn led to pessimism, a distrust of others and silencing of her needs.

Theme 3: Empathic failure and resiliency: A mother-with-professional system. The mother began seeking professional help through a support group of homicide survivors and a psychotherapist. The mother's closest friend and major resilient supporter voiced value in the

idea. Both expressed the advantage of having someone to talk to as well as the benefits of helping professionals. However, the mother complained that professional support was more harmful than helpful as experienced during her treatment by an employee at a professional clinic. The mother felt this professional demonstrated a lack of empathy and understanding of her problem rather than providing her a listening ear. The mother was given the name of another clinic to deal with her case. The mother also felt financial constraints kept her from receiving all that she would need.

Theme 4: Empathic resiliency: A mother-with-primary support system. The affected mother's most resilient supporter was a married Caucasian woman who had also lost a child. Both parties knew what each had experienced. The affected mother's friend used humor, emotional support, and encouragement. Both parties benefitted from the relationship; their gains were respective buffers to combat loneliness and to enhance a mutual friendship. However, there were unanticipated outcomes. The friend began to relive her loss while helping the affected mother. The friend eventually became frustrated and worn out from empathizing with the African American mother. Attempting to balance the care for self with the care of the other grieving mother, led the mother's supporter to empathize with her only as much as needed and to cut off the personal pain of the supporter's loss. The friend began to avoid the affected mother and deal with her loss before resuming a supportive role in the affected mother's life. Empathic failure uncovers the significant role empathy plays in support systems of survivors. Without adequate empathic support, disenfranchised grief resulted in the internalization of these negative feelings and heightened the need for help.

Stigma. Stigma is attached to specific tragedies (Piazza-Bonin et al., 2015). Homicide is a tragedy where both interpersonal and intrapersonal persons of the survivor can become

suspicious about the murder, the victim, and the circumstances and avoid aiding or supporting the survivor (Piazza-Bonin et al., 2015). A support system may also back away due to insecurities and fears of how to adequately respond to a violent tragedy (Mehr, 2015). People of color are not known for seeking mental or professional help, which further stigmatizes survivors. Being a parent of a murdered child is a taboo social role in the African American community (Peach & Klass, 1987).

Ethnicity. Violent death produces more symptomatology of complicated grief in survivors than in those surviving the nonviolent deaths of loved ones (Currier, Holland, & Neimeyer, 2007). Burke and Neimeyer (2012) noted ethnicity predicted higher levels of complicated grief in some samples. Goldsmith, Morrison, Vanderwerker, and Prigerson (2008) found rates of complicated grief higher in African Americans (22%) than Caucasians (12%). However, when ethnic differences were examined, no differences were found (Cruz, Scott, Houck, Reynolds III, Frank, & Shear, (2007).

Kinship. Kinship is a strong predictor of grief (Cleiren, 1993) due to the closeness of some family relationships. Parents grieved more than other family members in grief scores 14 months post-loss with mothers recovering slower 4- and 14-months post-loss than other kin in the relationships (Piazza-Bonin et al., 2015). Parents were also 11 times more at risk for complicated grief than others in the same relationship (Neimeyer et al., 2002).

Support. Burke et al. (2010) found survivors having large social networks also display lower levels of complicated grief. But little evidence indicates social support is associated with lowering the psychological effects of homicidal loss (Piazza-Bonin et al., 2015). The size of the network, in addition to the network's make-up and the type of support it provides is significant to recovery (Piazza-Bonin et al., 2015).

Negative social interactions. Negative social networks and interactions indicate higher levels of complicated grief, PTSD, and depressive symptomatology in the survivors (Burke et al., 2010). Piazza-Bonin et al. (2015) suggest researchers review the impact of both negative and positive interactions on the psychological functioning of survivors.

Marginalization. A significant finding in the Piazza-Bonin et al. (2015) case study was that of marginalization, occurring when persons are left disconnected from societal norms or expressions and deemed cut off or separated from mainline or socially accepted inclusion. Physically challenged persons, HIV-AIDS patients, and mothers of murdered youth and children are in many cases, examples of marginalization (Mehr, 2015). The mother in the Piazza-Bonin et al. (2015) study felt marginalized when her expressions of grief far surpassed her cultural norms.

Coping and Intervention

The number of homicide survivors in America is growing, but little attention shines on the survivor's wellness and the conditions for successful healing after the significant loss of a child (Armour & Umbreit, 2012). Accordingly, coping with an incident or event is fighting or striking back and allowing space "to mourn a loss actively" (Knapp, 1986, p. 184). Therefore, there is a need for adequate coping, prevention and intervention strategies, even though effective strategies tend to vary (Asaro, 2001), and some methods have a more positive impact on survivors than others (Raitio et al., 2015).

For instance, Asaro (2001) suggests different combinations of strategies are more helpful to survivors than limited ones. Strategies proving successful are the combined efforts of crisis intervention, grief therapy, peer group support, and pharmacological assistance (Asaro, 2001).

Knapp (1986) poignantly recommends survivors work beyond needing hugs and, instead, work at avoiding pitfalls that hinder recovery. Having no previous experience in the loss of a child, survivors can experience pitfalls ranging from feelings of anger and confusion one day to feelings of depression and guilt on another day (Knapp, 1986). Survivors can also experience symptoms of insomnia, loss of appetite, headaches, confusion, distress, and avoidance of acknowledging the death of a descendant has occurred (Knapp, 1986). Avoiding the fact that the death of a loved one has occurred, can lead to expressions of resentment which, in turn, can lead to rejecting or blaming God for what has happened (Knapp, 1986).

Hatton's (2003) research of 116 homicide interventionists found survivors preferring methods that included crisis intervention and counseling, along with therapy for the entire family in cases of CG. However, there is a notable difference in successful coping strategies between African American survivors of homicide and the middle class non-African American survivors who were interviewed (Knapp, 1986). In Sharpe and Boyas' (2011) qualitative interview of eight African-American survivors from the Massachusetts Office of Victim Services, African-American survivors were found to value the act of coping spiritually, maintaining a connection with the deceased, and caring for others who may be going through a similar ordeal (Sharpe & Boyas, 2011).

Survivors appeared overwhelmed by the unexpected changes in life, yet, they interacted well with support groups of peers. The Sharpe and Boyas (2011) research noted that survivors were less comfortable discussing their feelings with mental health professionals and demonstrated feelings of racism when discovering their loved one was murdered by someone of a different ethnicity (Quisenberry, 2009).

African Americans have larger support systems than Caucasians, and the tendency is to spend less time speaking about personal grief (Laurie & Neimeyer, 2008). More time is spent internalizing feelings in efforts of self-protection (Laurie & Neimeyer, 2010). Internalization efforts may continue due to the high rates of poverty and homicide in communities and the disproportionate number of persons victimized by sudden, violent death displaying symptoms of complicated grief (Piazza-Bonin et al., 2015). The distance between the cultural rules of grieving and the need for more extended perceived periods of acknowledgment and support may increase the chances of disenfranchised grief.

Neimeyer and Jordan (2002) support addressing disenfranchisement in both prevention and intervention modes. Barrett (1998) strongly suggests social cultural considerations when implementing research. The Piazza-Bonin et al. (2015) study suggests the implementation of community outreach strategies in African American communities to increase understanding and empathy in preventing instances of disenfranchised grief. "Churches might serve as a natural forum for community awareness of the unique impact of homicide loss as well as how to identify, support, and attain services for someone suffering from clinical levels of grief distress" (Piazza-Bonin et al., 2015, p. 18). Churches in African American communities not only serve as places of worship, but also, as forums for addressing social needs (Blank, Mahmood, Fox, & Guterbock, 2002).

In the case of intervention strategies, the Dual Process Model [DPM] is suggested by Stroebe and Schut (1999). DPM identifies a dual means of coping with bereavement: (a) DPM notes the loss and restoration stressors that affect grieving and suggests avoiding and confronting them in dosages; (b) the griever is to confront at times, the task of grieving and other times totally avoid the task for a more effective means of coping. The result is an adaptive coping

method. Traditional means of effectively coping with bereavement has had its shortcomings (Stroebe & Schut, 1999). Online resources prove themselves important forms of advanced and effective intervention support for those recovering from bereavement (Stroebe, Van Der Houwen, & Schut, 2008). These resources have several advantages, including anonymity for the survivor seeking information, more availability than traditional support groups, and access to assistance (Meagher & Balk, 2013). Another advantage is in the provision of inspirational messages, suggestions for coping after a tragedy, and links to other available information and services (Meagher & Balk, 2013).

Neimeyer (2012) documents 100 grief recovery strategies possible for survivors and helping professionals due to losses from illnesses, afflictions, accidents, and homicide. One approach involves a helping professional listening, providing presence and compassion to the survivor (Meagher & Balk, 2013). Listening helps validate and clarify feelings, while presence and compassion help to assess and comfort the survivors. Another strategy involves finding meaning in the tragedy of making sense in the loss (Lichtenthal & Cruess, 2010). Useable techniques are journaling and utilizing a spiritual intervention (Meagher & Balk, 2013). Also, there is the technique of reconnecting the bond between survivor and descendant through stories and photographs of the deceased (Meagher & Balk, 2013); and in the grieving with others who may be suffering the same consequences of sudden homicidal loss after the death of a loved one.

Researchers in thanatology have disagreed on the efficacy of grief counseling (Jordan & Neimeyer, 2003; Meagher & Balk, 2013). Why offer therapy to all grieving persons when many have proven recovery without treatment is the question proposed by Currier et al. (2007). Many survivors prove resilient in recovering from loss (Bonanno, 2004). Researchers can learn from those persons surmounting loss without therapeutic techniques (Meagher & Balk, 2013).

Support groups. Numerous, individual support groups and non-profit organizations with hundreds of chapters nationwide exist supporting mothers who have lost loved ones to homicide. One major city on the West Coast has at least a dozen groups in existence promoting the well-being of members attempting to recover from their loss. These entities provide coping methods, crisis counseling, 24-hour hotlines, crisis intervention, court advocacy, trauma therapy, as well as community outreach to survivors. Organizers range from individual victims to mental health practitioners to non-profit support groups as in the Victim Assistance Program (VAP). The VAP was created for the advocacy of victim rights (one of the first in the nation to do so) and birthed the National Organization for Victim Assistance (Knapp, 1986). NOVA helped to make a lack of victim's concerns in America visible and 1975 contributed to consolidating the goals and purposes of survivors (Young & Stein, 2004). Organizations like the VAP and NOVA extend their objectives to not only, the surviving victims, but also other social service agencies, churches, schools, hospitals, clergy, law enforcement personnel and other interested parties (Knapp, 1986).

Grief can be worked through and is easier to overcome with assistance from support groups who help remove feelings of isolation (Knapp, 1986). Support groups contribute to making the child's death matter to the grieving parent as well as to others. However, family and friend support are usually limited to a few weeks after death (Knapp, 1986; Rynearson, 2001). Outside help, therefore, is a necessity for long-term recovery. Grieving persons grieve until they complete their grief work (Lindemann, 1944). It cannot be hurried and must be faced (Knapp, 1986).

Support groups serve an invaluable purpose (Knapp, 1986). Membership is in the shared experience, commitment, and responsibility to members (Lieberman, & Borman, 1979). When

assisting others, members of support groups also learn to help themselves (Lindemann, 1944); they do so in workshops, programs, and group meetings establishing bonds and exchanging invaluable information for going forward. Often, friends, relatives, and family members of the survivors have little knowledge or expertise in how to adequately help in efforts toward recovery and support groups provide access for them as well (Knapp, 1986).

Fear can notably arise in persons desirous to help but are experiencing feelings of helplessness and frustration due to a lack of feeling emotionally armed enough to maintain assistance (Knapp, 1986). Workshops and programming are valuable in assisting affected family members in understanding each other's grief and needs (Knapp, 1986); however, not all support groups reach all affected persons (Knapp, 1986).

Groups are generally known by word of mouth, but membership to these groups can be segregated based upon the socio-economic status of its members (Knapp, 1986). Some cultures discourage families from seeking help outside of the family unit and instead withdraw from social contact; accordingly, Knapp (1986) notes that support groups are not cure-alls, but are, however, compassionate, friendly, autonomous, empathetic, informal, spontaneous and understanding (Knapp, 1986).

Spouses and friends. A qualitative research study used semi-structured interviews with five survivors (Sharpe, 2008). This study revealed that African American survivors of homicide find significant support from family members and friends. Mothers who are married adapt better to their loss than single mothers (Lohan & Murphy, 2007). Knapp (1986) notes families who were strengthened and closer after the devastating event of losing a child did so through effective communication between the family members. Those families with a higher background in education, the financial strength for overcoming funeral expenses, and time off from work issues,

had a considerable healthcare advantage and demonstrated more effective efforts at supporting one another.

Parents experiencing the murder of youth or child end up in divorce, 70% of the time (Knapp, 1986). Knapp attributes this to a breakdown in communication, grieving on various levels, exhaustion, blaming one another, and financial burdens, such as funeral expenses, and needing time off from work. The criminal justice system, guilt, anger, and the feeling that one of the married partners can do better without their mate also, plays a role in the divorce between grieving parents (Knapp, 1986).

Social media as a form of support. Trust is an invaluable asset that undermines the feelings of hopelessness, insecurity, and despair (Walsh, 2007). A significant amount of the effects of trauma is reduced after survivors received a level of comfort, safety, and a sense of reassurance from persons they trust. Today, social media access is a part of everyday life (Hinchcliffe & Gavin, 2009) and can also be relevant in helping in the recovery needs of survivors. Hawdon and Ryan (2012) noted its usefulness by students affected by the Virginia Tech Massacre of 2007. Their research indicated that social media gave a place for student survivors to memorialize victims, express their sorrow, and provide a means for survivors to offer each other support. Facebook disseminated valued information about the tragedy to survivors and interested parties and posted links for readers to know they were safe (Hawdon & Ryan, 2012).

Comfort and religion. Human beings are known for forming a strong bond or relationship with religion when faced with the loss of a loved one (Wortmann & Park, 2008). The relationship with religion is an effective means of sense-making about death and dying (Batson & Stocks, 2004) and beneficial in a time of need (Pargament, Koenig, & Perez, 2000).

The drive to make sense out of tragedy helps survivors face horrific experiences (Frankl, 1962). Making sense out of tragedy is not only an intrapersonal objective but also an interpersonal one (Armour, 2003).

When a child is murdered, the loss is public, but survivors become “invisible as an agenda of the criminal justice system” (Armour, 2003, p. 519). Survivors are left facing their feelings; living in a world that no longer seems to fit them (Armour, 2003).

Researchers have found ways in which the survivors of deceased loved one’s experience stability and support from their religious belief systems (Davis, Wortmann, Lehman, & Silver, 2000). Comforted survivors did not blame God or question Him (Davis & Nolen-Hoeksema, 2001). Many felt they would reunite with their deceased descendant in an afterlife (Rosenblatt, 2000), and that God would take care of them (Schwab, 1990). Survivors have also taken comfort in believing that God had a plan for their loss (Murphy et al., 2003), and there was a reason why the violent death of a loved one occurred (Shuchter & Zisook, 1993).

In other cases, the opposite assumptions were correct. There are those grieving who are dependent upon their faith following the loss of a loved one, yet they were found not finding comfort in spirituality (Burke, Neimeyer, McDevitt-Murphy, Ippolito, & Roberts, 2011). Researchers uncovered discrepancies and many unanswered questions, such as why a child should die (Rosenblatt, 2000). Other findings have leaned toward a loss of faith (Smith, 2006), blaming God (Meert, Thurston, & Briller, 2005), anger at God (Schwab, 1990) and perceived punishment from God (Van & Meleis, 2003).

A longitudinal study of 46 African Americans who lost a loved one to homicide addressed instances of negative religious coping (NRC), such as questioning the power of God or having feelings of abandonment with findings of positive religious coping (PRC). Both coping

actions were compared to instances of complicated grief (CG). The Burke et al. (2011) findings revealed negative religious coping (NRC) related closely to indications of complicated grief (CG), where positive religious coping (PRC) did not.

Still, there are other assessments concerning God and religion that have remained neutral (Harvey, 2006). Growth after bereavement tends to lean toward an ongoing experience of understanding the concept of God and religion in a survivor's life (Wortman & Park, 2008). Although the relationship between religion and bereavement can be positive, results can vary depending on how findings are measured (Wortman & Park, 2008).

A search for the meaning of loss can end in despondency (Miles & Crandall, 1983) and comfort in religion may involve reconstructing one's personal view of God (Wortman & Park, 2008). Overall, little research has addressed the concept of religion and spirituality as helpful in adjusting after bereavement, but there is the strong suggestion that religion makes a positive contribution in the life of the survivor (Wortman & Park, 2008).

Narrative storytelling. Human beings, according to Rynearson (2001), are built to communicate through narratives and storytelling. Narratives have explanatory, expressive, and revelatory powers and appear better understood by listeners than a simple reporting of the story (Goldie, 2001). Listening to stories is an efficient way of reading the drama in other person lives and proves helpful to the recovery efforts of the story-telling survivor (Rynearson, 2001). Rynearson (2001), states, narrative storytelling, is restorative and beneficial for survivors (Rynearson, 2001). Survivors may feel a need to tell and retell their story, over and over, again, both publicly and privately. In that manner, a survivor becomes a participant within the story, rather than a victimized survivor of the story and can then move from an emotional state of loss to a renewed or different connection with the deceased (Rynearson, 2001).

Rynearson's experience came in the retelling of the narrative of his wife's suicide. In his words, he saw "no meaning or value in violent death" (Rynearson, 2001, p. xiv). However, since he could not change the end of his wife's story, he found he could transform himself into the retelling of her story. Retelling the narrative reestablished the fact that he was in her life as her husband, and this action revived the memories and restored the value of their relationship. Storytelling, therefore, is a restorative act tight roping a survivor into the future where the ending does not change; the survivor does (Rynearson, 2001). In Rosenblatt's (2000) observation of 29 couples of deceased children data were gathered and organized into domains, with the first domain centered on the death story, which the parents built and rebuilt over time. The story of their descendant's death was followed by actions that made clear how the couples thought of their deceased descendant, such as in observances of the deceased child and how the survivor's world had changed. This narrative was followed by a search for sense-making and thoughts of God and faith.

Through the re-enactment of the death story, survivors can find efficient, productive and effective roles in eliminating any remorse they may harbor for not saving the life of their descendant or, from preventing such a tragic act, such as in the case of Rynearson (2001) from happening in the first place. Reenacting the story helps ease feelings of guilt, anger, and thoughts of revenge against the perpetrator or perpetrators (Rynearson, 2001).

Narrative accounts have explanatory, expressive, and revelatory powers (Goldie, 2001). Survivors telling their narrative of the deceased are better understood than those stories just reporting on the story of the dead (Goldie, 2011). The survivor telling the narrative becomes more of a participant within the story, rather than a perceived victimized survivor (Rynearson, 2001).

Summary

A plethora of research exists on the effects of loss and grief on survivors, but little exists on the experience of disenfranchised grief suffered by survivors whose descendants have become victims of homicide (Piazza-Bonin et al., 2015). The Piazza-Bonin et al. (2015) study details the effects of this type of loss in the life of a single-parent mother who lost her only child to violence and her subsequent reactions to disenfranchised grief.

This chapter presented the literature this study has reviewed concerning homicide, constructs this study is based upon, brief descriptions of types of grief affecting survivors, an overview of the Piazza-Bonin et al. (2015) research and coping methods used by survivors. Additionally, there's a review of marginalization, stigma, and reasons for empathic failure uncovered by Piazza-Bonin et al. (2015) and why empathic failure occurs resulting in disenfranchised grief (Neimeyer & Jordan, 2002).

The literature presented supports Anderson et al.'s (2005) research that surviving mothers experience higher levels of distress after the homicide of a descendant than do fathers and that both parents can view the world as negative and unkind. Additionally, both parents can hold low positive perspectives of their self-worth.

The literature review indicates survivors of murdered descendants can be psychologically stressed and emotionally taxed (Miranda et al., 2010), by the experiences of grief and mourning

that accompanies the loss of a loved one (Akhtar & Kanwal, 2016). Additionally, available studies document survivor's feelings of unfairness on the part of the criminal justice system toward the concerns of survivors (Riches, 1998), and reveals instances of disenfranchised grief (Doka, 2002; Piazza-Bonin et al., 2015). The chapter concludes with research on the advantages of survivor storytelling.

Chapter Three: Methodology

Chapter Three discusses the methodology and design of this study as well as documents the reason a qualitative design was a choice for this research. Additionally, the role of the researcher, the geographical location, sources of data, data collection procedures, and how data are recorded, managed, analyzed, verified are presented despite any named limitations (Roberts, 2010). Chapter Three restates the purpose of this research, the study's research questions and alignment with the Institutional Review Board's application process.

This exploratory qualitative study sought to replicate the findings of the Piazza-Bonin et al. (2015) inductive case study of disenfranchised grief and empathic failings. Piazza-Bonin et al. (2015) appropriately could not generalize their findings past their review of one African American mother whose only son became a victim of a homicide. There continues to be a need to understand the experience of survivors of homicidal loss. Therefore, this research focused on replicating the work of Piazza-Bonin et al. (2015) with purposive sampling from a broader pool of participants and a different set of variables.

The research placed attention on the mothers' experiences from their perspectives. The study also included descriptions of the mothers' feelings, both interpersonally and on an intrapersonal level with support systems. Results assist mothers victimized by the violent loss of descendants and add to the available knowledge regarding disenfranchised grief (DG). An added benefit for the mothers was an opportunity to speak of the real experiences of their ordeal. Persons with interest need efficient coping and intervention methods for assisting surviving mothers in their efforts toward recovery. Discovered findings drew attention to a surviving mother's plight. Additionally, the findings addressed the vestiges of disenfranchised grief and empathic failings affecting this bereaving, grieving, and stigmatized segment of society.

Research Question

How do mothers of murdered youth and children describe their experience of losing a descendant to an act of homicide?

Sub-question: What types of social support system(s) have mothers of homicide victims relied on in their efforts toward recovery?

Research Methodology

The selected methodology for this research was both exploratory and qualitative for replicating the findings of the Piazza-Bonin et al.'s (2015) inductive case study of disenfranchised grief and empathic failings. The exploratory qualitative approach was suitable for assisting this researcher in gaining an in-depth understanding and perspective of the subject matter (Gray, 2009). The qualitative method is naturalistic in its application and has the means of making itself useful where little research is known (Strauss & Corbin, 1990). Additionally, the qualitative approach better uncovers information revealed about a phenomenon and produces details which are more difficult to reveal than in a quantitative approach.

Quantitative research tends to disengage itself from the people researched and remains highly objective; whereas qualitative research tends to connect with the social and cultural aspects of persons or subjects studied (Lincoln & Guba, 1994; Silverman, 2000). Piazza-Bonin et al. (2015) appropriately could not generalize their findings past their review of one African American mother whose only son became a victim of a homicide. As a result, there was a need to understand the experiences of other survivors of homicidal loss, which this study sought to replicate using the qualitative methodology with purposive sampling and a different set of variables. Investigated in this study were the constructs of bereavement, grief, and stigma uncovered by Piazza-Bonin et al., (2015) as having been experienced by their sampled subject.

Consequently, the three constructs of bereavement, grief, and stigma guided the analysis of this study as the researcher sought to uncover the affected mother's specific experiences. All three constructs helped to form the interview questions of this study. Results revealed the mothers' experiences from an interpersonal and intrapersonal perspective of her support team. A survivor's experience of events is just as relevant as her support teams experience with the same event (Roberts, 2010).

Additionally, the qualitative method helped effectively reveal personal issues surrounding disenfranchised grief. Accordingly, this approach involved interviews and questionnaires in producing its findings (Flick, 2018). The researcher also used field notes during this approach.

Research Design

Narrative inquiry is the most applicable design for this study to achieve its stated objective. Although researchers of qualitative research address a variety of meanings to narrative inquiry (Polkinghorne, 1995), a narrative inquiry has advantages over other designs for this research due to its way of understanding human experiences. It is done by not only viewing the phenomenon but also experiencing the storied events (Connelly & Clandinin, 1990).

Narrative inquiry shares human activity in stories (Polkinghorne, 1995); therefore, the term can generally refer to events connecting to or purported as social activities. The narrative type of inquiry displays its effectiveness in its ability to uncover answers to the research questions while maintaining focus on the personal perspectives of mothers who have lost descendants to murder. Additionally, there is an advantage in how narrative inquiry allows stories to be experienced by both the investigator and the investigated. The weakness of narrative inquiry lies in the subjective nature of its storytelling (Hwang, 2007). For example, both major

and minor details of events may be excluded or modified by the narrator at their convenience or reasoning (Ezzy, 2000).

Qualitative research, according to Gray (2009), is open to a multiplicity of interpretations with differences attributed to perspectives of both the researcher and the researched (Flick, 2018). Many researchers view qualitative research as an umbrella term referring to specific methodologies such as case study research, hermeneutics, ethnography, phenomenology, and grounded theory (Roberts, 2010). The disadvantages of these named designs prove their inappropriateness for use in this study as further detailed below.

Gray's (2009) descriptions explain why a case study, hermeneutic approach, or ethnographic designs were not appropriate. A case study design was not applicable in this case because the researcher intended to replicate the Piazza-Bonin et al. (2015) study by using more than one participant. Hermeneutics was not appropriate because of its emphasis on the interpretation of the researcher over the uncovered perspective the subject may have revealed. Ethnography, however, could be used because of its qualitative approach, but individual experiences were sought rather than a study of the interactions within a group of individuals sharing a common cultural or social grouping. An ethnographic study was ruled out because of a participant's tendency to become immersed in the setting of the study being researched, while also attempting to maintain distance from the subject as an observer (Hoey, 2014). Maintaining distance as an observer is not the objective of this researcher.

Phenomenology is appropriate when the focus of the research is in pursuing the essence of the phenomena being studied (Creswell, 2013), but that was not the purpose for studying mothers who have lost a descendant due to acts of murder. While subjects being researched have their perspective on what they have experienced, the researcher may also have a view of what the

studied person reports to have experienced (Gray, 2009). The phenomenologist then must bracket any preconceptions, perspectives, or points of view concerning the research (Gray, 2009). Grounded theory is instrumental to qualitative research and has strength in its exploratory behavior, but because of its emphasis on generating theory based on data gathered, (Gray, 2009) it was not as applicable for this study.

Participant criteria. In this study, three to five mothers were initially sought for participation; however, the researcher settled on four participants to provide an adequate number in achieving the stated objective. The selection of four mothers from the vast and growing population of mothers experiencing the loss of a loved one by homicide centered on purposive sampling for replication efforts of the Piazza-Bonin et al., (2015) study. Types of research focused on several variables differing from Piazza-Bonin et al. (2015), including, location of the incident, whether participants were mothers of more than one child, and how participants were selected.

Mothers solicited for this research did not vary by race. Each participant, as appears in the Piazza-Bonin et al. (2015) study was of African American descent, a victim of gunshot wounds, deliberately targeted and not involved in a mass shooting incident. Each descendant's death was classified as a homicide and not death by suicide, drug abuse, or accident. The murder occurred in the County of Los Angeles, where this research was taking place. Only one victim's demise was classified as gang-related; additionally, the victim was not affiliated with any gang.

Other criteria for participation in this research required mothers: (a) over the age of 19; (b) were the birth mother, step-mother, adoptive parent, or guardian of the murdered youth or child; (c) had experienced their loss within the past 10 years; (d) had proficiency in the use of the English language; (e) were not currently pregnant; (f) resided in Los Angeles County; (g) and

were not the alleged, accused, or convicted murderer of the deceased. Essential background and demographic data regarding the participant mother's age, marital status, education, current employment, or unemployment is disclosed.

Excluded from this research were surviving family members such as fathers, siblings, grandparents, and other relatives. Also excluded from this research were the deceased person's friends, peers, schoolmates, school teachers, classmates, mates, neighbors, spouses, workmates, acquaintances, members of the clergy and parents whose youth, children or child had become victimized by acts of bullying, hazing, abduction, kidnapping, reported missing, runaways, sex trafficking, suicide, domestic abuse, domestic violence and those murdered in school shootings, shopping malls, theaters, and active shooter incidents. Those persons may be addressed in future research.

Recruitment procedures. To reach potential participants from the sample population sought for this study, the researcher distributed *Wanted: Mothers of Youth or Children Victimized by Homicide* flyers in the County of Los Angeles (see Appendix D). The distributed flyers requested three to five participants for this study. A total of 125 flyers were distributed equally in increments of 25 to five entities currently addressing issues accompanying violent acts of murder in Los Angeles County communities. The distribution of flyers was as follows: (a) The South Bureau Ministerial Alliance; (b) The Southern California Conference Ministerial Alliance (SCCMA); (c) Cease Fire – a Los Angeles based gang intervention organization; (d) Project Cry No More – a Compton, California, based grief survivor's support group; and (e) Justice for Murdered Children (JFMC) – a Los Angeles based grief survivor's support group. A request for permission to disseminate flyers to entities named above accompanied these flyers (see Appendix E).

Timelines for subject recruitment and adherence to this study's background criteria varied by each participant's response to the dispensed *Wanted: Mothers of Youth and Children Victimized by Homicide* flyers approved by the Pepperdine IRB; however, due to on-going acts of murder in American communities, and this researcher's consistent involvement in local memorials for the deceased as well as his organizing of annual Walks and public acknowledgments for mothers of murdered youth and children, details of this study had already gathered significant interest from affected mothers.

For example, the researcher has organized and promoted a Los Angeles County-wide *Walk and Concert* in Los Angeles County annually since 2007 acknowledging mothers and family members who have lost loved ones due to violence in the streets. Due to this researcher's request, the City of Los Angeles declared the first Sunday in May as *Mothers Who Have Lost Loved Ones to Violence in the Streets Day*. Additionally, in 2019, The Long Beach City Council members and Mayor of the City of Long Beach, at this researcher's request, recently declared a *Mothers Who Have Lost Loved Ones to Violence Day* in the City of Long Beach, CA. The year 2020 intent is to erect a monument in the City's Second District to honor affected mothers. Public funerals, walks, candlelight vigils, and the result of word of mouth serve to inform potential participants of the researcher's purpose.

When a call was first received by the researcher from a potential participant responding to the approved flyers, an initial screening began on a return call or an immediately answered telephone call to determine if sampling criteria, background types of data and specific demographics for this research have been met (see Appendix F). Answers ensured potential participants were eligible for this study.

Because the possibility existed that all respondents would not meet this study's background and sampling criteria, and emotional turbulence may arise because of it, the following steps were taken to mitigate potential harm to the respondent: First, a basic screening on the initial return telephone call asking specific background and criteria questions of each respondent. The background and sampling questions assessed whether respondents met the eligibility criteria and helped in the prevention of unnecessary emotional upset. Second, the researcher informed the respondents he would appreciate the opportunity to schedule a face-to-face (F2F) meeting between researcher and respondent and stated, he would like to set-up a time to meet in a face-to-face meeting to further explain the study so both researcher and respondent can establish a comfortable rapport between the two of them. Third, when the respondent agreed to meet with the researcher, each was informed, they may be meeting for a single interview with the possibility of an additional interview with an explanation and understanding of an Informed Consent Form. Interview selections were dependent on adherence to the background and sampling information, the timeliness of their call to the number provided on the distributed flyers, and selection of three to five participants with signage of the Informed Consent Form. There was no guarantee on who will be selected.

Potential participants were informed Pepperdine University adheres to strict guidelines of the Institutional Review Board (IRB) and interviews themselves could not be conducted until official IRB approval had been received for this research. Early respondents could learn of the formal approval date by contacting this researcher at the contact number provided on the flyers at their convenience. All potential participants were instructed to telephone their interest to the researcher's supplied contact information on the distributed flyers in the same manner.

Interview selections were dependent on adherence to the background and sampling information, the timeliness of their call to the number provided on the distributed flyers, and selection of three to five mothers with signage of the Informed Consent Form. There was no guarantee on who will be selected.

This statement gave both researcher and potential participant space for voluntary inclusion or exclusion in this study. In this way, participants were not harshly informed, "Thank you, but you do not meet my criteria but thank you for your time." The process of allowing participants to exit and not participate in this study without harm also allowed for the exclusion of mothers who had lost youth, children or child to causes other than murder, survivors of homicide victims who were not mothers and respondents not meeting the stated background and sampling criteria. Each potential participant was informed verbally and timely of their status so as not to raise false hope of participating in this study. Any person not selected was documented as *not available to participate*, and any collected data about her destroyed.

This researcher also recognized the possibility that potential participants might experience feelings of disappointment or rejection from *not* being selected; therefore, the researcher not being a psychologist secured the services of two helping professionals in grief, loss, and trauma for alleviating any obvious emotional distress displayed by the participants. The names of the two professionals as well as their contact information were given when requested by any potential or selected participant for assistance in supplying the most effective means of addressing this concern.

The available professional resources are skilled in supplying the most effective means of addressing emotional concerns and had agreed to discuss the nature of any affected mother's emotional duress at the respondent's expense. The professionals include (a) an ordained,

seasoned Bishop of the African Methodist Episcopal Church (AMEC), and (b) an experienced Grief, Loss and Trauma Specialist. The objective was to ensure mothers were not harmed emotionally by this study due to expectations or by not meeting the research study's criteria for inclusion. Consequently, the researcher made the following query to each potential participant, "Would you like assistance in any area provided by professionals in the areas of bereavement and grief? Their services are available at your request but also at your expense." If her answer was "Yes," the researcher supplied the two professionals' means of contact. These professionals, additionally, participated in pilot testing and assessing the impact of the Interview Questions of this research and suggested modifications where deemed necessary, which the researcher has followed, as detailed in the Pilot Study section of this chapter.

In the event the researcher could not use the initial telephone time between researcher and respondent to gather requested background information, a request for a more convenient time to return the call to the prospective participant was extended. All initial calls from potential participants were noted and documented as to the date and time of their initial response from the flyers and their subsequent eligibility or ineligibility for this research (see Appendix G). Each caller was informed the researcher was seeking a sample of three to five participants. The first five mothers meeting the criteria automatically qualified for next steps.

At the first (F2F) meeting between the researcher and potential participant, the researcher: (a) established satisfactory rapport between the researcher and respondent; (b) described the research study's purpose; (c) communicated what would be involved, including the expected length of time; (d) set a convenient date and time for the interview questions; (e) and, explained, reviewed, asked for and received a signed Informed Consent Form from the respondents (see Appendix H).

The Informed Consent Form explained itself as the legal document acknowledging the purpose of the study, the research study's procedures, types of questions asked, and the study's expected length of time. Additionally, whether there are any known or expected risks, known or expected benefits to participants or any compensation involved, the Informed Consent Form served to disclose any conflict of interests or appearance, thereof, and how identifying data would be handled as anonymous, treated confidentially, stored, and later destroyed. Additionally, the Informed Consent Form included explanations of participant participation and withdrawal means, alternatives to the full involvement, emergency care, the researcher's contact information, IRB contact information and signatures of both researcher and respondent.

Before asking participant interview questions, the process was designed for the researcher to review the previously signed Informed Consent Form with the selected mother. The mother was thanked for her interest in participating, and the researcher's condolences were extended regarding her descendant. Any potential participant refusing to sign the Informed Consent Form was excused from the research and thanked for her time. The researcher's condolences regarding her tragedy were expressed again as the participant was noted as *not available to participate*, and any background data collected about her destroyed.

Human Subject Considerations

The researcher sought and obtained eligibility for an Expedited Review from the Institutional Review Board (IRB) of Pepperdine University (see Appendix I). The subject matter was sensitive and involves interviewing mothers who had suffered significant losses. Given the highly emotional discussion surrounding a mother's loss and the laws regarding the collection of data on human subjects, the researcher considered any real or potential risk to the mothers and

prepared as much as possible to eliminate or mitigate any potential issue or concern. Emotional responses can be exhibited or experienced by mothers while participating in research.

Pepperdine University's Graduate and Professional Schools Institutional Review Board (GPSIRB) assisted in protecting the rights and welfare of human subjects by reviewing this study's application for an Expedited Review, which after suggested modifications were approved conducted this study's interviews. Institutional Review Board (IRB) approval is the legal and ethical requirement preceding collecting and analyzing data, analyzing existing data, performing a program review, or meta-analysis or critical review of the literature. Additionally, all Expedited Review applications from the Graduate School of Education and Psychology (GSEP) of Pepperdine University are also submitted to the Education Division Methods Review Committee.

This study sought and received approval from its Committee Chair before submission of required IRB documents. Next steps included determining the level of review and type of application, completion of Human Subjects training, addressing eProtocol directives and submitting a completed application with an understanding of the purpose and significance of an Informed Consent Form. Scheduled interviews took place within a week from receiving the individually signed Informed Consent Forms. Human Subject Consideration informed participants of the possible advantages of participating in this research. Conveniences include the opportunity for the mother to tell her story, attention brought to a subject affecting communities and more effective methods revealed for helping affected mothers in their efforts toward recovery.

Participants agreed to private, one-hour, face-to-face (F2F), audio-recorded interviews between the researcher and participant at the permission granted Los Angeles church locations in Los Angeles County; however, the researcher remained amenable to the participant's choice of meeting locations and conveniences toward her comfort. At the (F2F) meetings, the researcher

assigned pseudonym jewelry stone names, such as ruby, jade, or amethyst to each participant, taking into consideration each participant's jewelry name of choice and availability. No names were duplicated. Each mother's selected or assigned name remained exclusive to her and known only to her and the researcher to help ensure confidentiality and anonymity. Additionally, this allowed each participant to identify her pseudonym name for identification purposes should she wish to back out of the research once it has started.

All interviews were conducted with the understanding that the mother could excuse herself from this study at any time, before, or during the interview process. Participants were informed all interviews would be audio-recorded, taping stopped at any time at the interviewee's request without retribution, threat, or coercion of any kind. In the case of natural or unnatural disasters disrupting scheduled interviews, allowances were in place to reschedule interviews at different places and different times.

An additional human subject consideration informed participant that participation in this study was strictly on a volunteer basis. There was no suggested or implied compensation, and there was no guarantee on behalf of the researcher on which three to five participants would be selected as indicated on the distributed flyers. Of the eight mothers immediately making themselves available for participation, the first three passing background criteria and timeliness of response were selected for this study. Eleven potential participants responded before the researcher concluded seeking respondents. Mothers qualifying for this study, but not selected were asked to remain available for 30 days as alternates. This act covered the study in case mothers who were selected had circumstances or life changes precluding them from completing the study.

Instrument use permission. Permission has been granted to this researcher to use the Burke Revised Thesis Proposal (2010) questionnaire and the Bereaved Interview Questions of the Arizona Social Support Interview Schedule (ASSIS) as the instruments for this research (see Appendix J). The ASSIS is an interviewer-administered format utilized in Burke's et al. (2010) study of homicidally bereaving African Americans from which Piazza-Bonin et al., (2015) retrieved their study's participant; however, the researcher designed an instrument of choice for this research and sought its validation through a pilot test.

Processes and Procedures

The following sections contain the processes and procedures that were followed when conducting this research and the researcher's assumptions. These processes and procedures ensured the study followed human subject considerations, and an investigation was done ethically and appropriately. Note, however, due to the researcher's work as a Pastor in an urban community addressing community needs, conducting funerals and participating in candlelight vigils for the deceased and surviving family members certain assumptions were already present.

Bracketing. During interviews of participants, the researcher was influenced by various physical, verbal, and emotional reactions of the mothers. The researcher bracketed personal feelings and assumptions by means of reflexivity journaling - making note of particular participant responses that impacted empathy for the bereaving mother. According to Lincoln and Guba (1985) the researcher is regularly observing and documenting data recording methodological decisions and the influences on them, while additionally, observing changes in one's own interests and mindsets toward the participants or study. This type of journaling by the researcher helped reflect personal changes and distinctly separate any empathetic influence from the participants. The researcher was then able to remain objective in documenting this research,

while noting the following: “A researcher's background and position will affect what they choose to investigate, the angle of investigation, the methods judged most adequate for this purpose, the findings considered most appropriate, and the framing and communication of conclusions” (Malterud, 2001, p. 483).

Pilot Study of Interview Questions

Because this study involved the researcher conducting sensitive-type interviews for sought after results, the researcher met with two helping professionals for guidance in doing an interview for this research and providing much-needed insight on how to conduct this sensitive form of an interview. These two helping professionals include: (a) an ordained, seasoned Bishop of the African Methodist Episcopal (AME) Church; and (b) a Grief, Loss and Trauma Specialist. Both professionals determined a need for a review of the interview questions. Their participation helped ensure an unbiased outside perspective and understanding of how mothers might interpret the interview questions.

The two professionals were asked the following questions: (a) what kind of guidelines can you as professionals give this researcher when talking to these mothers? and (b) I intend to conduct interviews talking about bereavement, grief, and stigma. From your perspective as a counselor, what are some other things I should think about when I'm doing these interviews? The researcher informed the helping professionals that he was not interviewing these women as a pastor but as a researcher seeking data divulging the experiences of mothers of homicide victims and their relied-on efforts toward recovery. The professional's response was for the researcher to speak at a minimum and listen attentively with empathy and eye contact. Pilot study results indicated interview questions needed modification, enhancement, or elimination. The interview questions were, therefore, revised reflecting modified changes to reflect sensitivity, purpose, and

adherence to the constructs of bereavement, grief, and stigma. The interview questions tested by the pilot study followed an interview protocol created specifically for this research (see Appendix K).

Tested interview questions encouraged the Pilot Study's use for this research (see Appendix L). The pilot study helped validate the interview questions while ensuring the questions focused on the constructs of bereavement, grief, and stigma. Furthermore, the pilot study helped assess the time allotted for the one-hour interviews (Frankland & Bloor, 1999), determined the potential effectiveness of the interview questions, assisted in solidifying this study's design, and increased the likelihood of success of the project (van Teijlingen, Rennie, Hundley, & Graham, 2001).

Data Collection Procedures

Interviews were conducted in a private counseling area or office of a local church where both researcher and participant could talk openly without fear of others overhearing, eavesdropping, or creating distractions (see Appendix M). The researcher reserved the right to remain amenable to the participant's location of choice for her comfort and convenience in discussing a sensitive matter. Any area selected was private to prevent disturbances and interruptions of any kind. The researcher received a signed document authorizing permission and use of a designated private space for the duration of this study at Bethel AME Church, Los Angeles, CA (see Appendix N).

Additionally, the Senior Pastor of Grant AME Church, Long Beach, California, gave authority for this study's use at its Long Beach location as needed. Last-minute allowances were made concerning locations and times due to participant convenience and comfort. For instance, Sapphire requested her member checking at a different location than the interview location. She

cited feeling more comfortable in a secluded area of a restaurant she enjoyed. Both Diamond's interview and member checking took place at Grant AME, Long Beach, rather than Bethel AME, Los Angeles, due to participant's request for consideration of traveling distance and gas expense.

The researcher arrived at each off-site interview and member checking location at least one-half hour before the scheduled meeting for equipment set-up and space suitability.

Participants were thanked for their time and interest and reminded of the right to terminate an interview at any time.

The researcher repeated condolences and reiterates that data produced would be transcribed, subsequently coded with all participant identifiers eliminated. Both researcher and participant agree to use the participant's selected pseudonym names throughout this study. Participants were given pseudonyms to protect the anonymity of the participants' collected data and identities. Names were known only to the interviewer and interviewee. Any/all identifiable information audio taped data and signed Informed Consent Forms are locked in a fireproof safe in the researcher's home office for three years. Data determined as unneeded for completing this study was destroyed.

Qualitative interviews use open-ended semi-structured questioning in informal, conversational, semi-structured, or standardized interviewing formats (Gray, 2009), conducive to eliciting the sought-after information from the participants. Consequently, this research study used semi-structured open-ended questioning in seeking its results. Participant interviews were audio recorded on a Phillips Model 4710, portable recording device with two built-in microphones. The equipment was used to ensure the capture of the participant's wording, verbal responses, and pauses when addressing the interview questions of this study. Each participant completed an audio-recorded reaction to the 13 semi-structured interview questions.

Additionally, the researcher used field notes and observations for documenting data that would not be gathered by audio taping and similarly missed by transcription. The researcher used a lap-top computer for documenting field notes during interviews. The observed physical reactions and actions were essential for completing the objectives of the interviews. All meetings followed the same protocol by the researcher, including tone of voice and inflection, repeating the question, if asked to do so by the participant and accepting a participant's refusal or request not to answer a question (Gray, 2009).

Each participant was able to review privately with this researcher her transcribed data for member checking, which allowed for revisions, deletions, or amendments of interview responses on the part of the participant. The study's design allowed for multiple instances of member checking instigated by the researcher and welcomed by each participant following original interviews. Member checking meetings allowed for clarity of answers, and more relevant data on the mother's experiences. Additionally, member checking will enable researchers to specifically address experiences participants may have of feeling marginalized, isolated, stigmatized, or ignored as a mother of a homicide victim. Member checking produced opportunities for gathering relevant, meaningful data for this study. Consistent caring communication by the researcher generated greater trust and openness for mothers to reveal hidden or undisclosed experiences.

Coding processes. Coding is considered an interpretive act (Saldana, 2009), influenced by the types of questions asked, responses received (Kvale, 1996), the ethnicity of the researcher and the participants involved (Behar & Gordon, 1995). The results of coding, however, can reflect the theory or theories that influence a researcher's interest in a study before the research began (Merriam, 1988).

Coding processes began with the researcher accruing answers and responses from the 13 semi-structured interview questions of this study. This process consisted of the researcher recording the interviews, transcribing results, submitting results for member checking and rereading transcripts after they had been member checked several times. The researcher found having multiple instances of member checking helped produce a richer amount of data, resulting in more relevant and useful information necessary for deducing emerging themes for this study than would have been obtained otherwise. The researcher attributed this to the increasing amount of rapport, trust and comfort that was continually developing between researchers and participants.

Coding procedures. Member checked data were documented, listed on separate pages, per each participant's answers and reviewed for commonalities and correlation between the four individual transcripts. These findings produced codes uncovered by the researcher after separately reviewing each member checked transcript. Highlighted were the participant's purported responses that aligned with each participant's interview questions. Results were subsequently and separately reviewed for any correlation between the four transcripts; however, the researcher found that codes revealed after the first review of transcripts were changing from prominence after member checking due to participant's revisions, deletions, and additions to their response to the interview questions. Additionally, the researcher discovered that codes initially identified as relevant by the researcher were being displaced by more dominating codes, which were slowly being revealed.

Consequently, the researcher requested a review from a peer reviewer to assist in uncovering additional codes the researcher may have missed. This produced a more exhaustive

review of the member checked transcripts for codes with coding strategies implemented by the peer reviewer and researcher using the HyperResearch (QDA) software coding program.

Coding of the disclosed data began with an exhaustive review of each participant's responses to the semi-structured interview questions. Collected data were separately highlighted, reviewed, documented, and extracted for commonalities by both researcher and peer reviewer. Additionally, this design allows the researcher to document each participant's body language and verbal expressions (moans and sighs). Participant mannerisms, language use, tone of voice, and body language are in Field notes for comparison and correlation. Emerging data are subsequently coded with the researcher's use of HyperResearch (QDA) software.

Additionally, field notes, along with other data extracted from the participant's interviews, are included. Field notes assist in identifying coded responses for replicating results of the Piazza-Bonin et al. (2015) study. This action allows for a more comprehensive overview of collected data and becomes useful in analyzing the interview data collected later (Gray, 2009). For instance, the researcher noted that Participant #1 was thoughtful, reflective, and gazing upward as she informed this researcher of her grief. Participant #2 smiled a wide grin when speaking of her relationship with her adopted son. Participant #3 showed a visible look of discomfort with tearful eyes when speaking of how long it had been since her daughter's homicide. Participant #4 showed physical signs of anxiousness with hand gestures for the researcher to hurry and allow her to tell the narrative of her son.

Data Analysis

Data collected from the interviews were transcribed professionally after each meeting, then returned to the researcher within approximately two to three days for member checking. The semi-structured interview questions asked of each participant of this study were designed to elicit

honest and forthright answers to experiences of empathic failures and disenfranchised grief experienced by the participants. The researcher found member checking added to the participant's comfort in sharing their stories and experiences. The researcher made allowances for any changes in answers or responses by the participants, and data were subsequently re-transcribed where needed.

After transcription, the typed data were read, re-read, and reviewed numerous times for accuracy in defining codes useful for observing emerging themes. Along with triangulation, there was a peer review of findings and the researcher's use of the HyperResearch (QDA) software program. Strauss (1987) writes, "The excellence of the research rests in large part on the excellence of the coding" (p. 27). This computer application for coding proved practical for classifying interview results (Hesse-Biber & Dupuis, 2000) and helping to produce codes the researcher initially missed. Analysis continued until all data had been reviewed and synthesized for completion.

Piazza-Bonin et al. (2015) used MAXQDA II qualitative software in organizing their data resulting in their identification of meaning units and a coding scheme with a hierarchical structure. A credibility check was then used by Piazza-Bonin et al. (2015) to establish intercoder reliability and protect their coding scheme. Additionally, Piazza-Bonin et al., (2015) used two additional investigators (including the third author) which resulted in 80% agreement on the identified codes.

In this study, an interview question asked participants if (a) there were any feelings toward or against the perpetrator(s) of the crime against her descendant. If the mother answered, "Yes, I feel anger toward the murderer," the deciphered word *feelings* could become a prevailing theme of *anger* and indicated as such in a table prepared by the researcher. If the participant's

answers are, "Yes, I feel anger, but I don't forgive," the deciphered word *feelings* can become themed and tabled under the word *unforgiveness*. In the event, an interviewee could indicate perceptions of non-support, or a perceived lack of adequate support from close family members and friends, when she feels she needs it most. The researcher could then decode the mother's response as an empathic failure or as stigma and tabled or themed as such. The researcher compiled and analyzed all coded data of this study into three themes or commonalities based on the mothers' answers to the research questions.

The researcher used narrative analysis to capture the participants' perspectives. The concern was how they were addressing the constructs of bereavement, grief, and stigma after their son or daughter had become a victim of murder. Issues included the possibility of disenfranchisement, mental, emotional and physical impairment, PTSD, marginalization, and stigma. The narrative analysis helps explain contradictions and complexities in people's lives (Bryman & Bell, 2007). Participant data were collected from interviews and the researcher's documentation field notes. Interviews allowed this researcher to reach subjective experiences and observe the emotions displayed of the ones being researched (Peräkylä, 2004). The lived experiences of the four participants of this researcher's study were exposed and led to data that otherwise may not have been revealed (Musson, 1998), while also remaining sensitive to the participant's accounts of the event(s) (Bryman & Bell, 2007). Participant data were collected from interviews and the researcher's documentation field notes. Interviews allowed this researcher to reach subjective experiences and observe the emotions displayed of the ones being researched (Peräkylä, 2004). The lived experiences of the four participants of this researcher's study were exposed and led to data that otherwise may not have been revealed.

The narrative analysis leans on the approach of membership categorization analysis (MCA) for analyzing text produced in this study. MCA was a useful tool for understanding and reflecting the reasoning behind differing categories of talk or text and is constructive in reviewing how texts are labeled (Peräkylä, 2004). Accordingly, MCA was useful in making it possible to evaluate the spoken words received or retrieved from the interview (Baker, 1997). The MCA approach, along with the method of conversation analysis (CA) originated from the work of Harvey Sacks' (1992) Lectures on Conversation (Stokoe, 2012). Sacks had expressed concern with the methods in which descriptions of people and subjects involving them were both produced and understood (Peräkylä, 2004). The two methodologies of MCA and CA indicate a distinct difference in the manner of analyzing talk and text (Housley & Fitzgerald, 2002). MCA, however, is a more appropriate and accurate manner of reviewing text and represents a useful tool for analyzing interviews sensitive to the issues of the researcher (Peräkylä, 2004).

The researcher used a thematic analysis approach with one interview's richness of data building on the other. Thematic analysis of data began with data obtained from the first interviewee building on subsequent data collected from the second interviewee. The resulting themes of anger, fear, and an apparent lack of compassion by law enforcement were compared with the empathic failure findings of Piazza-Bonin et al. (2015) research subject. Similarities and dissimilarities were assessed between their single case study of a sampled mother and this exploratory research study. Subsequently, specific themes were interpreted as findings of empathic failure discovered by Piazza-Bonin et al. (2015) or noted as distinct differences. The semi-structured interview questions asked of each participant of this study were designed to elicit honest and forthright answers to experiences of empathic failure and disenfranchised grief

experienced by the participants. Additionally, the objective was to reveal what affected mothers relied on in their efforts toward recovery.

Validity and Reliability

The reported results of any research study represent the trustworthiness of the researcher (Lincoln & Guba, 1985); however, a simple truth test applicable to qualitative research does not exist (Eisner, 1991). Accordingly, the integrity of qualitative research is continually challenged (Merriam, 1995). Lincoln and Guba (1985) use the terms trustworthiness, dependability, and confirmability for validating trustworthiness, as opposed to reliability and validity. Eisner (1991) emphasizes reliability and validity in qualitative studies for its means of helping to “understand a situation that would otherwise be enigmatic or confusing” (p. 58). Eisner (1991) suggests using three components or questions for emphasizing the credibility of any research: (a) first are the results coherent, findings supported, and several data sources, such as triangulation used to substantiate the results? (b) can other researchers reach the same conclusions or interpretations? and (c) are the instruments useable, efficient, and valid? Tools designed for use in this study were validated. Piazza-Bonin et al. (2015) and Burke et al. (2010) permitted using the validated instruments and questionnaires from their research for this study (see Appendix J). In recent years, modern-day researchers have challenged the traditional means and criteria of judging validity or trustworthiness of published research (Marshall & Rossman, 2014). Analyses conducted in the past were reflective of issues relating to power, meaning in many instances, the experiences of oppressed and marginalized groups are set aside and knowledge critical for understanding experiences is neglected or ignored (Rossman & Rallis, 2003).

Research has since, become more liberal where both researchers and participants are empowered to change practices and procedures that formerly, in many cases, just oppressed

(Rossman & Rallis, 2003, p. 23). The result is the knowledge that not only informs but also works collaboratively in disseminating information that improves lives (Rossman & Rallis, 2003).

Summary

In summary, this research used an exploratory qualitative approach in efforts to replicate the findings conducted by Piazza-Bonin et al. (2015). The Piazza-Bonin et al. (2015) single case study indicated instances of disenfranchised grief and empathic failures experienced by only one African American mother after the murder of her only child. The Piazza-Bonin et al. (2015) findings could not be generalized past their inductive case study; however, there was no attempt to generalize all African American mothers, nor to all who have been victimized by the homicide of youth or child.

This chapter reviewed the research questions, methodology, and design used, along with processes and procedures for producing results. The researcher lists human subject considerations, a pilot study of interview questions, data collection, analysis procedures, and a means of obtaining validity and reliability.

Narrative analysis was used to analyze the results of this research with information derived from the interviews of participants and the researcher's document notes. The narrative analysis approach leaned on membership categorization analysis (MCA) for analyzing the uncovered text, and thematic analysis to assist in understanding the reasoning behind differing categories of talk or text (Peräkylä.). Coding occurred after transcription, member checking, and the use of HyperResearch (QDA) software.

Chapter Four: Results

Overview

Chapter Four presents the results of this qualitative, exploratory study as described in Chapter Three. The completed interviews with participants produced data relative to this study's research questions and four themes of empathic failure this research sought to replicate.

After collected data were transcribed, member checked and coded by both the researcher and peer reviewer using the HyperResearch (QDA) software program, five emergent themes were produced. Thematic analysis of results was limited due to the small sample size of this research; however, this sample size was adequate enough in producing the five relative themes, including but not limited to, instances of empathic failure or the lack thereof, experienced by the four volunteer participants of this research.

Empathic failures were discussed in preceding chapters and are followed by the participant mothers' personal experiences after the murder of their son or daughter. Findings, conclusions, and discussion relative to the results of Chapter Four are discussed in Chapter Five.

Research Question

How do mothers of murdered youth and children describe their experience of losing a descendant to an act of homicide?

Sub-question: What type(s) of social support system(s) have mothers of homicide victims relied on in their efforts toward recovery?

Participant demographics. Demographic data included but were not limited to, the participant mother's age, marital status, educational background, current employment or unemployment status and is further detailed in Chapter One of this research. Selected participants were not the alleged, convicted or accused murderer(s) of the deceased and are

identifiable in this study only by pseudonym names. Pseudonyms aided in maintaining confidentiality during and after the conclusion of this study and were as follows: Participant #1 (Sapphire), Participant #2 (Diamond), Participant #3 (Garnet), and Participant #4 (Pearl). Table 1 provides a summary of participant demographic data.

Table 1

Participant Demographic Data

Participant's Pseudonym Names:	Sapphire (Participant #1)	Diamond (Participant #2)	Garnet (Participant #3)	Pearl (Participant #4)
Relationship	Mother	Mother by adoption	Mother	Mother
Parental Age at the Date of the Tragedy	51	55	58	42
Currently Pregnant	No	No	No	No
LA County Resident	Yes	Yes	Yes	Yes
Year of Homicide	2008	2014	2013	2015
Age of Deceased Descendant	21	17	31	19
Gender/Race of Deceased	African American Male	African American Male	African American Female	African American Male

Participant Background Data

What follows is a summary of each participant's background data. Also enclosed is a brief narrative description of the mothers' data relative to the murder of her descendant.

Sapphire's background. Sapphire (Participant #1) was a 51-year-old, African American female, widowed, retired, high school educated with some college when her 21-year-old son was murdered in 2008. Sapphire revealed that this was her third son victimized by an act of homicide within the last 25 years. This son was shot to death by members of law enforcement after a routine traffic stop. Sapphire's son was unarmed, and no weapon was ever found at the scene. The identified law enforcement officers were never arrested, charged or convicted in her son's death. Officers were placed on temporary administrative leave. Sapphire expressed feelings that there is a lack of compassion shown to survivors by members of law enforcement.

Diamond's background. Diamond (Participant #2) laughed and declared herself a 55 + mother when asked her age at the time her 17-year-old son became a victim of homicide. Her son's murder occurred in 2014. Diamond is African American, widowed, retired, high school educated with professional services certificates. Diamond's victimized son was her adopted child. The actual birth mother was a girlfriend of Diamond's oldest son who lost custody of her newborn child at birth. Diamond, the maternal grandparent mentioned several times during her interview, "I did not want this child separated from family" so she sought and obtained legal guardianship of the newborn child within two weeks of his birth. Additionally, Diamond pursued and received the parental adoption status of this child and states her adopted son "was raised in the family as just another one of my children."

Diamond's adopted son was shot to death in a drive-by shooting incident four years ago while walking in his neighborhood. Police determined the shooting was gang-related, although her son was not a member or associate of any gang. That information helped clear the way for a reward established in the victim's name requesting information leading to apprehension of the perpetrator(s). Diamond strongly asserts her son was not a member of any gang and insists that

this fact supported law enforcement's establishment of a reward for information leading to the arrest or conviction of the killer(s). According to Diamond, rewards for information are not sanctioned for victims who were known gang members. The perpetrator(s) of her son's murder has yet to be caught, identified, charged, or convicted. Diamond feels there is a lack of compassion shown survivors by members of law enforcement.

Garnet's background. Garnet (Participant #3) is of African American descent, on disability, 58 years old, a high school graduate, separated from her mate and employed when her daughter, age 31 was killed in 2013.. Garnet paused as she reflected on the phone call informing her of her daughter's shooting which came after 11:00 PM. From the time of that telephone call until 6:00 AM the following morning Garnet had a feeling of anxiousness. She explains it as "a restless night;" however, she was relieved when informed the killer had been arrested. The murderer was identified as her daughter's best friend.

Garnet does not reveal how her daughter was killed, nor if she has an answer why, other than that her daughter was killed by gunfire. Garnet asked, "Why her daughter... her grandchildren's mother?" And now, in her words, she's "angry, misses [her daughter] and I find myself crying a lot."

Pearl's background. Pearl (Participant #4) an African American female was 42 years old, high school educated, employed and a single parent, at the time her 19-year-old son was murdered. This son had been attending a party at a local motorcycle club in the year 2015 when a fight broke out. The shooting occurred after Pearl's son was reportedly attempting to assist a young woman found in distress after the fight. The alleged perpetrator was the club's security guard who was never arrested, convicted, nor charged in the homicide. Police have determined the identified security guard, according to Pearl "was not arrested because he was in the process

of doing his job.” Pearl says she “was in utter disbelief” upon hearing that determination after witnesses say the security guard walked up to the victim [Pearl’s son] and deliberately, unhesitatingly fired his gun at Pearl’s son.

Pearl has been angry over the last four years that her son could lose his life in the way he did, without anyone being convicted or charged in the killing. This same security guard has reportedly been involved in a previous shooting and never charged, tried or convicted. “Now, I hear he’s sick. I hope its cancer” says, Pearl who additionally, feels there is a lack of compassion shown survivors by members of law enforcement.

This concludes a brief description of the background and personal stories of the four participants of this study. Additionally, results from noting the initial emotions of the mothers upon learning of the death of their descendants are listed below.

Initial Emotions

Questioning began with participants asked to name at least three initial feelings or emotions experienced upon learning of the death of their descendants. This led to the following responses by each of the four individual participants of this study:

Sapphire (Participant # 1). Sapphire, upon learning of the murder of her descendant, initially experienced “anger, hurt, and pain.” Sapphire was *angry* at being notified it was law enforcement officers who had shot her son. Her *hurt*, she explains “is the hurt any loving mother would experience when a son is murdered by police!” Sapphire’s initial *pain* was in the heartbreak she felt knowing she had just been through this with the murder of two other sons within the last 25 years. “This interview is bringing it back up,” Sapphire says (in an unhappy tone).

Diamond (Participant # 2). Diamond says she felt “anger, shock and depression” upon learning of the murder of her adopted son. Diamond was angry her son was targeted for murder. Diamond was shocked anyone would take the life of a young man who was so well-loved, friendly, and not affiliated in any gang or gang activities. Diamond says,

I was depressed thinking my efforts to perceivably prevent a tragedy from ever happening to a family member failed! I did everything I could to keep him out of trouble...even drove him to his girlfriend’s house and went to counseling so I would know how to handle a growing young man! And this still happened!

Garnet (Participant # 3). Garnet’s strongest emotions upon being notified of her daughter’s murder were hurt and pain, the urge to cry and of already missing the joy she had of her 31-year-old daughter. Garnet begins to tear and says:

There are no words that can cover this pain...it hurts so bad. Those feelings are always with me. I can’t breathe, I tremble, and I just cry all the time...I miss her! (Garnet begins to tear and reveals): I cry a lot... six years after her murder and I am angry her life was taken away!

Pearl (Participant # 4). Pearl says in an angry tone:

I was outraged, enraged, sad, and in disbelief that my son would be killed! Someone would murder my son?! My [son] now never to be king?! And why this son? (Pearl raises her voice and emphatically asks) This was the good one! The other one was the bad one!

This concludes a brief synopsis of the participants’ initial feelings upon learning their loved one had been murdered. Table 2 depicts three initial experiences.

Table 2

Three Initial Experiences

Participants	Sapphire	Diamond	Garnet	Pearl
Three initial feelings when notified of the murder of her descendant	Anger, hurt, pain	Anger, shock, depression	Hurt, the urge to cry, already missing her child	Outage/enraged, sadness, disbelief
Quotes by participants	Sapphire explains, "The hurt is the hurt any loving mother would experience when a son is murdered by police...this interview is bringing it back up!"	Diamond says, "I did everything I could to keep him out of trouble...even drove him to his girlfriend's...and went to counseling to learn how to handle a growing young man! And this still happened!"	Garnet cries, "There are no words that can cover this pain...it hurts so bad...those feelings are always with me. I can't breathe. I tremble and I just cry all the time. I miss her!"	Pearl asks, "Someone would murder my son?! My now never to be king! Why this son? This was the good one. The other one was the bad one!"

Emergent Themes

The transcribed data of this research were reviewed and coded by the researcher and the peer reviewer using the HyperResearch (QDA) software program for efficiency in coding.

Thematic analysis was limited in nature due to the small sample size; however, similarities have been found among the four participants and are noted here. The important analysis was that of the narrative content provided during the interviews with each of the four participants.

Collected data were initially analyzed for similarity amongst the participant responses. Results emerged into the following five themes: anger, fear, lack of compassion from members of law enforcement, the impact of professional services on participants and participant's

unexpected residual consequences after a tragedy. Each of the five themes is relative to the participant mothers' respective perspectives as indicated below.

Theme I: Anger. Angry feelings were expressed by each of the four participants more than any other experienced emotion. Where the participants did not share how they expressed or suppressed their anger they were forthcoming on some of what they were angry about.

Sapphire. Sapphire has been angry at law enforcement personnel who shot and killed her unarmed son after a routine traffic stop. No weapon belonging to or connected to the victim was ever found. The officers were subsequently placed on temporary administrative leave and never charged, convicted, or jailed for the death of her son. Neither has an apology ever been issued to Sapphire. Ten years later, Sapphire (looking down) says her pain and anger, “somewhat subside, and surface only sometimes.” Sapphire felt her son’s murder was unjustified and revealed: “I am still...angry somewhat (10 years later) at a lack of support or even apology from the police! No one from the police even said they were sorry.” Sapphire was asked if she would explain “angry somewhat” and she replied:

Yeah, I mean to say I am not as angry now as I was before. Yeah, it’s sort of faded. I’m more forgiving now. My faith has brought me through...but to me, it's like they [Police] say, ‘Ok,’ another black man got killed’ (pause) like it’s nothing! Yeah, that was my anger with them.

Diamond. Diamond is angry her beloved and well-liked son was murdered, and no arrests have yet been made. This is despite a reward for information leading to the perpetrator(s) arrest made. Diamond was not hesitant about explaining her anger! She looked downward for a moment while shaking her head with a clenched fist and replies:

I did everything I could to keep that boy out of trouble. I even went to counseling before this happened to learn how to help him! After all that love I put into him this still happened! (Diamond pauses and looks down again) There’s a reward for information leading to a conviction and they have a suspect but won’t arrest him!

Diamond was then asked if she was as angry now as she was four years ago when her son was murdered and said: “No, not as much now. I guess you could say...I have a spiritual guide that keeps me in check.”

Garnet. Garnet is angry at the criminal justice system that only sentenced her daughter’s killer to 20 years behind bars, rather than 50 years, which Garnet says would have been more satisfying for her. Garnet states: “She only got 20 [years]...they should have given her 50! I hope she never gets out...my daughter is gone forever!” Additionally, Garnet is angry at brothers and sisters of her immediate family who do not communicate with her anymore about her daughter.

Garnet then states:

I asked my younger sister who lives in the building next door to me to come over and let me cry on her shoulder and she said, ‘No!’ Either she doesn’t know how to be for me, or she just don’t care! They’re supposed to be there for me! I asked my younger sister who lives in the building next door to me to come over and let me cry on her shoulder and she said, ‘No!’ Either she doesn’t know how to be for me, or she just don’t care! They’re supposed to be there for me!

When asked how she handles that and is she still angry after her daughter has been gone for six years, Garnet replies:

Yes, yes, and all I have is my son, grandchildren, my Pastor who helps me a lot, and two friends who let me cry whenever I call, and they cry with me. Nobody else cares!”

Pearl. Pearl was outraged and in a state of disbelief when learning of her son’s murder. She saw no justification why her “prince to become a king” would be murdered. Her son was always helpful to others. Witnesses at the murder scene reported him helping a woman in distress after a fight broke out with others at a motorcycle club. The killer was the club’s security guard.

According to Pearl:

That man did not have to kill my son...it made me a mad black woman for two years! I wouldn’t even have a conversation with you unless you could tell me why my son was murdered. I was mad at everybody and didn’t care! (Pearl looks around the interview

room and continues): I was mad at God and the world and wouldn't be talking to you today about this two years ago... no one, no one could tell me why my son? Why the good son?

When asked was she still angry, Pearl replied, "Yes, I'm angry. Not as much, but yes. They won't arrest [the killer] him! And they [the police] seem to care more about the murderer than they do the survivors!"

This concludes a brief perspective that each of the four participants shared with the researcher concerning their feelings of anger resulting in Theme I [anger] of this research. Theme 2 [fear] follows below.

Theme 2: Fear. Each of the four participants expressed experiencing an element of fear following the murder of their deceased descendant. The following is a brief discussion of each:

Sapphire. Sapphire revealed the personal loss of three birthed sons by acts of murder within the last 25 years. Sapphire is presently fearful the same may happen to her youngest son. Sapphire is fearful she does not have the power as a parent to protect her offspring from danger. Additionally, Sapphire is afraid of the police who were involved in the killing of her son that they may be inclined to come after her to protect themselves.

Diamond. Diamond is fearful of retaliatory gang activity hurting innocent bystanders who may be victimized by stray bullets or other activities involving street gangs. Diamond is afraid she will not be able to protect other family members as a parent and additionally afraid of law enforcement personnel with negative perspectives of young black males. From Diamond's perspective:

Some [gang members] just want to make a name for themselves, and some in the police department just don't like our young black males. Where does it all end? This is a good neighborhood. I have lived here for nearly 50 years.

Garnet. Garnet appears to be fearful of going on in life without her daughter. The researcher notes it has been six years since her daughter's homicide, and Garnet is still grieving.

(Garnet pauses and looks away from the researcher for a few moments and says):

I miss my daughter and I'm scared! Those feelings are always with me. I can't breathe and I just cry all the time...I'm scared everybody is going to forget my daughter...it's rough sometimes, but GOD has and continues to not let me go!

Pearl. Pearl, when asked to explain her feelings regarding instances or experiences of fear, shakes her head and explains:

I'm scared the police will not make this killer have to pay for what he did to my son! The police said, 'He was in the midst of doing his job.' That man did not have to kill my son! I fear he might try and intimidate me or bring harm to my other family members thinking I may stop pushing for his arrest but I'm not stopping! I asked the police department to move me from my South-Central LA area to the northern county of LA - out of fear of retaliation. I know who he is, and he knows he didn't have to kill my son! I fear he may try to get to me before somebody from my family gets to him. They say he shot somebody before so, somebody will get him. Karma, Karma will get him. I hope I get to see it! They say he's sick. I hope its cancer!

The researcher asked Pearl if she feared being recognized by the alleged perpetrator and she replied:

Him and I made eye contact at the club my son was shot in when I went to see it and wanted to know who he was, and he looked shocked! Me and my son look-alike and I got scared when he stared back at me...he just kept staring...now he got my whole family scared. I'm afraid he may try and stop me but I'm not stopping! That man did not have to kill my son!

Theme 2 [fear] concludes the four participant's assertions of fear that each reportedly experienced as a mother of a murdered son or daughter. Theme 3 [lack of compassion] describes their perception of a lack of compassion shown by members of law enforcement toward survivors of murdered loved ones and follows:

Theme 3: A lack of compassion by law enforcement. Each mother voiced her perception of an apparent lack of compassion shown by members of law enforcement toward the

survivors of loved ones who became victims of homicide. Sapphire, Diamond, and Pearl each purportedly sensed a lack of compassion shown throughout their ordeal from the beginning of their incidents, through the subsequent investigation(s) to where any determination stands now.

Sapphire. Sapphire stated the officers who killed her unarmed son during what was called a routine traffic stop were placed on paid administrative leave for a time, never charged in his shooting death, and to this day have yet to fully explain to her what happened, nor issue an apology. Sapphire was eager to state the following:

I believe law enforcement don't have the compassion to know the pain of a Mother when she has lost a loved one. They are just there to do their job. I believe they don't understand that kind of pain if they've never experienced it. It makes you angry, 'cause there's no compassion there. They're just like that's another person, um, walking down a street and you don't know them. When she has lost a loved one, they are just there to do their job.

Diamond. Diamond was appalled at the insensitivity of an investigating detective who came with reward posters. "As I was walking away into the other room he said, 'You know, he was nicer than what I thought he was.' That detective was white." Diamond is disturbed by law enforcement's apparent negative perspective of African American males involved in shooting incidents and perturbed when law enforcement personnel do not give timely, nor caring answers pertaining to their particular homicide cases when they are asked. Diamond asserts:

They never had anyone killed and don't know what it's like. Sometimes those personal feelings [inaudible 00:35:41] get in the way of what they have seen or what they have been taught through life to believe about a black person or a gang banger.

(Accordingly, Diamond proclaims [her son] was not a gang banger and says }:

Otherwise, they [police] would not have helped me get the victim of crime compensation. They [the police] would not have signed it away. They knew he [my grandson] wasn't a gang banger. But some police have a perception of people 'cause they dress different and *are* different and wear tattoos. Well, the police have tattoos too. They just cover em up!"

Diamond (shaking her head, while talking) also offers the following:

I think that's why there are so many innocent people who they have forced into plea bargains and they're innocent and they're doing time. Because of the perception, they have put before different races or different classes of people. That's why my answer.

Garnet. Garnet's perspective, however, is different from the other three participants of this research. Garnet feels a closeness to the district attorney who she says, "made me feel comfortable, and to law enforcement personnel who caught and arrested my daughter's killer within the first 12 hours of the murder. I believe they cared." Garnet then confesses the following issue she has with the criminal justice system:

My daughter is gone. She was murdered for no reason. She didn't have to die...and the murderer only got a 20-year sentence. She should have gotten 50! My daughter...and grandchildren's mother is gone forever! I hope she [the murderer] never gets out of jail!

Garnet was asked how does it make her feel when others don't seem to care? Garnet replied: "It makes me wanna cry... all the time. They just don't care! There are no words that can cover this pain!"

Pearl. Pearl explains her disillusionment with police procedures that allow bodies of victims of homicide to lay in streets where he/she died, beyond the bounds of yellow tape cordoning off crime scenes and forbidding mothers from attending to their deceased loved one's body. Pearl understands why but says:

I understand what it is like to be a mother viewing your son or daughter's body from a distance. Bodies of victims can lay for hours in the night or weather waiting for release from a Medical Examiner or Coroner.

Additionally, Pearl expresses her disdain at law enforcement's reluctant arrests of suspects and delayed responses to questions regarding their loved one's homicide cases. When Pearl was asked to explain further, she replies:

We can give them [law enforcement] information and they sit on it or don't tell us what's going on. And then they're on to another case or ours turn into a cold case and they don't tell us anything!

The four mother's perspective on Theme 3 [a perceived lack of compassion] shown by members of law enforcement toward surviving parents of loved ones victimized by homicide concludes here. What follows is theme four [Impact of professional services] indicating the impact [or lack thereof] of professional services in supporting grieving mothers.

Theme 4: Impact of professional services. Psychiatric, psychological, and grief support groups have made significant impacts on the lives of all four participants. Three participants had no problem in relaying their positive experiences to this study. For instance, both Sapphire and Diamond (Participants #'s 1 & 2) recognized a need for assistance from professional services and were satisfied with results. Garnet (Participant #3) refused to comment. Pearl (Participant #4) is quoted as saying, "It couldn't hurt... and I found it beneficial."

Sapphire. Sapphire, who had previously suffered the murder of two sons on different occasions welcomed psychiatrist and counseling services but only after her third son was killed. Sapphire describes professional services as valuable, beneficial and effective toward her efforts of recovery. Heretofore, her reliance was only on prayer, faith in God and close family members who knew her story to get her through. When her third son was murdered Sapphire felt listening to God was even more significant. Sapphire states she decided to:

"Sit still, pray and get closer to God. I felt He was trying to tell me something. So, prayer, the psychiatrist and the grief support group I went to helped out a lot, yeah. Helped me to cope."

Diamond. Diamond decided to accept professional services and grief support group assistance after noticeably experiencing symptoms of depression after the murder of her adopted

son. Diamond's relationship with counseling services had begun early in her young son's life as she sought to raise him as a single parent. Accordingly, Diamond reveals:

I did everything I could to raise him and keep him out of trouble...and this still happened. It's like raising him for nothing! Like I did something wrong. This was a good fun-loving kid. Everybody liked him.

When this son was murdered, Diamond automatically turned to the benefits of counseling, which in turn exposed her to a Life Comforter program for persons who would like to help others who had lost loved ones. Diamond attended the program's classes and is now a certified Life Comforter who found not only a way to comfort others but herself as well.

Garnet. Garnet refuses to answer her perspective on affected mothers, such as herself, receiving professional services support. When asked why or why not she replied she would rather not answer. The researcher did not press further; however, Garnet revealed her preference was "one on one."

Pearl. Pearl hesitantly accepted grief assistance after her son was murdered. She was curious about how other affected mothers were coping. Pearl admittedly had no thought or care about anyone's feelings except her own for two years after her son was murdered. Pearl confides: "Those mothers there helped me to talk and be open at what I was feeling. Prayer, talking and listening to them helped me. They were going through the same thing."

Pearl has since founded a grief support group of her own. Additionally, Pearl, along with Sapphire and Diamond, noted a distinct advantage in accessing information and support from professional services.

A brief assessment of the impact of professional services in the lives of these four participants after experiencing a homicide in their families concludes. The following section reports unexpected residual consequences after their tragedy.

Theme 5: Unexpected residual consequences experienced after tragedy. Each mother initially expressed surprise at receiving any residual consequence from participating in this interview or in experiencing her personal ordeal of losing a descendant to homicide. Each mother had an interest in sharing her loved one's story; however, as Sapphire proclaims this interview "brought things out in me [in a positive way] I did not know. You bring it out of me." Sapphire was referring to her realization that helping others led to a consequence of distracted her from unsettling thoughts.

Sapphire. Sapphire realized her active involvement in her grandchildren occupies her mind and helps her get by day by day. Before this interview, Sapphire remained reclusive from others about her experiences and feelings, but now she values opening, sharing feelings, and found ministering to others and extending herself beyond family members helpful toward her efforts toward recovery. Sapphire is now contemplating writing a book about her experiences as a mother enduring the murder of three sons and the death of two husbands.

Diamond. Diamond found her former interest in union work while working for a unionized employer helped inadvertently influence her current involvement in activities productively occupying her time and thoughts. Diamond discovered a drive to help others in work as a Life Comforter and counselor to grieving persons. Additionally, Diamond has found satisfaction in her regular interaction with City officials and law enforcement personnel helping to better communication between community and police relations. Involvement in this study has assisted her in realizing previously unnoticed consequences following her tragedy.

Garnet. Garnet reveals she was originally hesitant about participating in this study. She had grown reclusive and attributed it to the following:

My urge to cry a lot when thinking of my murdered daughter, the feeling no one really cares she's gone and the thought of just being used for some research work like yours. That's why I started not to do this [with you].

Garnet pauses...

I appreciate what you've done for mothers [in the Annual Mother's Walk] and thank you for letting me say what I wanted to say [at the church program] even though I don't know what I said... thank you for picking me. This was good for me...it's rough sometimes...and there are no words that can cover this pain... but God has and continues to not let me go...thank you for letting me talk. This is good for me.

Pearl. Pearl is a strong, vocal African American woman who finds it easy expressing herself and proclaims:

I don't need nobody to help me tell of my prince who will never become a king, but I thank you, Pastor, for giving this opportunity. This has done me well. It's giving me another chance to tell my story which is not over yet.

Pearl was asked what has changed in her life from year two to year four of her son's death and she replied:

Two years later, faith in God influenced a change in my attitude. Doing a program like this and working with the police department about changing the way they operate. I didn't know at first but now I see the benefits. I also founded my own grief support group: MOMSDAAY. It stands for Mothers of Murdered Sons, Daughters, Adults and Youth (MOMSDAAY).

Pearl works as an employee in one of several counties in southern California and when not working "I involve myself in speaking to young men about going to college and in bettering communication between law enforcement personnel and members of the community." Pearl speaks positively about changes taking place in police department procedures and notes an unexpected residual consequence of what she says are "revisions in policies and communication that are bettering interaction between members of the Black and Brown communities and law enforcement. I like that."

A brief accounting of the participant's unexpected residual consequences after experiencing the murder of a descendant concludes. Additionally, this concludes a review of the five emergent themes discovered affecting participant mothers. The next section involves disclosing the effect [or lack thereof] of instances of empathic failure experienced by affected mothers of this research.

Empathic Failure Effects

As explained in Section II of Chapter Two, empathic failure can occur between the affected mother, her family, and the community support system when welcomed support begins to fade long before the survivor expects or feels the need for empathy to diminish. The family and community nurturing and activism cease perceivably, too soon for the grieving mother's desires or needs. The effects of empathic failure on participants are noted specifically in the following four themes:

- Theme 1: Empathic failure, a mother with a community/family/system
- Theme 2: Empathic failure, a mother with self-system
- Theme 3: Empathic failure and resiliency, a mother with her professional system
- Theme 4: Empathic resiliency, a mother with a primary support system

Theme I: Empathic failure-A mother with a community/family/system: Emphasis is on the participant's relationship with family and community immediately following the murder of a loved one. It centers on the ceasing or deterioration of family and community support sooner than the perceived need, desire or expectation of the surviving mother.

Sapphire. Sapphire shows little symptomatology of disenfranchisement or empathic failure with her interpersonal or family support system. Sapphire had been through this tragic experience with the previous murders of two other sons and had a perspective of who she could

depend on and for how long. Additionally, Sapphire had an idea of what she needed, could expect and faithfully rely on in efforts of recovery. Sapphire indicated to this researcher she was not disappointed by what she did not receive from her environment, but more relieved at what she did. Sapphire made no reference to satisfaction or dissatisfaction in her previous experiences as a mother of a murdered descendant and the researcher did not inquire.

Diamond. Diamond expressed little discomfort with her interpersonal support system following the murder of her adopted son and says:

I put a lot of emotions aside. I did not think about it until you asked the questions. But my family was there for me. I never felt they weren't. And I like the way they support me and represent their brother. They all got tattoos of his name on them and my other daughter named her son after him.

Garnet. Garnet's story is indicative of empathic failure with her interpersonal support system. The results of her participation in this research reveal the designated amount of supportive personal attention given to her immediately following the murder of her daughter did not go on as long as Garnet expected or thought she needed. Garnet still grieves but at the cost of interpersonal relationships with her brothers, sisters, cousins, nieces, and nephews who are no longer grieving as she continually does. When asked how it makes her feel she replies:

I miss my daughter, and I cry a lot and I'm on disability now because of this and my brothers and sisters... don't even ask how you are doing? They don't care [about me]. So, I just have my son, grandchildren, great-grand, and my pastor who is also my doctor and two friends who let me cry and even cry with me.

I believe they lost young people too. That's right, they each lost someone to cancer. They help me get through...and GOD.

Pearl. Pearl is not symptomatic of empathic failure with her support system. On the contrary, according to Pearl:

I was smothered by family and friends and told them to leave and bring no more chicken. I had enough food and people...I didn't care about the people around me, Pastor. I didn't care! For two years I just wanted to know why my son was killed. Why him...he was the good one?

Theme 2: Empathic failure - A mother with a self-system: This model indicates a mother's view of self and her actions after the withdrawal of family, community support.

Sapphire. Sapphire says she deepened her faith in God:

I prayed a lot and had a lot of quiet time with Him just by myself. My family was still around. They didn't abandon me. They just gave me space. I wanted some time alone. It helped, yeah. Then when I was ready, I was able to get help from a psychiatrist, go to a few meetings that provided grief support to those like me, yeah...Then I started helping at church events, yeah.

Diamond. Diamond turned to counseling strategies and involvement in community affairs to keep busy and informs the researcher:

It didn't give me time to think. That helped. Without that, I would have been busy trying to get information on the suspect and giving it to police and getting information from them too - whenever they would give it. My family stayed around. All the brothers and sisters got tattoos with [her son's] name on them (Diamond smiles) We support each other.

Garnet. Garnet seemingly withdraws into the comfort of her support team and repeats: "They let me cry and sometimes cry with me. Other people don't care...they [other people] make me feel like I did something wrong. All I want is for her [daughter] to be here and she's not!" (Garnet begins to tear up) The researcher asks if Garnet would like to stop for a moment and Garnet replies, "No, I'm alright." The researcher informs Garnet she has done well in this interview and thanks, her again for contributing.

Pearl. Pearl decided in her words "not to play the blame game" and instead work at improving herself. Additionally, Pearl decided not to care whether others inquired about the status of her son's case, mention his name or give her attention. Her experience in life is that:

People will do what people will do and I am not waiting for people to tell me about my son. I am going to wear these clothes with his picture on them, these buttons right here...and I am going to carry this poster everywhere I go! They're gonna know about my prince who never became a king!

(Pearl shows the researcher a button with her son's picture on it)

Theme 3. Empathic failure - Resiliency with professional support systems: It can indicate an affected mother's successful or non-successful resiliency interaction, if any, with professional services (i.e., psychiatrist, grief support groups, etc.). Psychiatric, psychological and/or grief support groups have made a significant impact on the lives of all four participants.

Sapphire. Sapphire disclosed enquiring of the services of a psychiatrist, a few months after her third son's funeral. Sapphire's view of professional services was complimentary. She described assistance as valuable, beneficial and effective in helping her efforts toward recovery. When asked what led her to professional services, Sapphire replied:

I didn't want to lose it. I have been through this before...I wanted to be strong for my family...I got help at a couple of sessions, yeah... (nodding her head)
It helped. I felt alone sometimes...my family was surprised at how strong I was, yeah, I prayed a lot too. Then I started asking the hospital for help. They recommended Mental Health people and I found grief support groups and your Walk and Acknowledgment for Mothers of Murdered Youth & Children (MOMYC) things. I find this very beneficial. Yeah. Thank you, Pastor.

Sapphire made no mention of any previous experience with professional services and the researcher did not inquire.

Diamond. Diamond reveals the murder of her adopted son influenced her to seek professional help from grief support groups and a mental health organization:

I needed to know how to help me! I was in shock and getting more and more depressed about what happened. I wouldn't even let them say the word *d e a d* (Diamond spells out the word **d e a d**) in my house. I just didn't want to acknowledge it. I'm glad I had some counseling experience to help me recognize I needed help.

Garnet. Garnet refused to comment on any positive or negative experience with professional services. Her only reply when asked had she received or sought any professional care was “One on one works for me” and looked away. The researcher then asked Garnet if she would like to add an additional comment and she replied, “No,” with an obvious look she was not willing to share any additional information concerning professional services. The researcher did not press further.

Pearl. Pearl was willing and forthcoming regarding her attitude toward professional services. In speaking of her experience four years ago, she states:

[At that time] You couldn't talk to me. That was just 2 years ago when I started going to a grief support group and church and got better...everyone had gone through the same thing there and it helped. Made it easier to deal with and talk to people about. Before that I wouldn't talk to no one who couldn't tell me why my son was killed. I was a mad black woman! Then the psych person helped, and I can talk to you about it now.

Theme 4. Empathic failure and resiliency with a mother's primary support system.

Theme 4 uncovers the value and role empathy plays in tragedies and what can grow out of it.

Neither Sapphire, Diamond, nor Pearl showed signs of empathic failure with their primary support systems. Instead, they showed signs that it did not matter if others stigmatized, attempted to marginalize or ostracize them, these mothers were determined to do for themselves and in their own comfortable way. Each of three participants had turned to their own personally chosen effective means toward recovery.

Sapphire. Sapphire responded quickly when asked about empathic failure and resiliency with her primary support team. She said, “I relied on God, family and on my prayer life to get me through!” Sapphire was then asked to explain what it was like and she replied:

I spend more time helping others, yearly, in and around church now and that helps me. My family helps and they're amazed how strong I am, yeah. They rely on that. And, yeah, I spend a lot of time with my family and friends. That helps. It gets me away from thinking about shootings and the police and killings.

Diamond. Diamond explains:

My primary support comes from my Spiritual Guide...who I talk to every day. He guides me into the prisons where I talk to young men about violence and with the community police task force and I'm involved in community affairs and takes up a lot of my time. It helps me forget about what I was angry about. So, I guess I don't have a primary support other than God and in the work I do.

Garnet. Garnet exemplifies a fine example of a mother suffering from empathic failure with her primary support system. From an objective perspective, Garnet's original primary support has seemed to lessen considerably from the time her daughter was murdered. When the researcher asked Garnet why she feels the way she does she replied, "There no words that can cover this pain! They just don't know and act like it just goes away! It doesn't and I can't breathe sometimes!"

Pearl. Pearl was asked her perspective on instances of empathic failure from her primary support team and asked, "What is that? My primary support comes from my faith in God and He has never left me yet."

The researcher then asked if there were more, she would like to add, and Pearl replied:

Yes, it doesn't matter to me how other people do. What matters is what I do, and I am going to talk about my son, wear this jacket with his picture on it, show these buttons wherever I go, continue to talk to these young men about going to college and work with police reforms! Oh yes, I am going to work my MOMSDAAY program and help these others!

Empathic failure within this study of four mothers' experiences is summarized to demonstrate if, or to what level, evidence of these four themes were found with respect to Sapphire, Diamond, Garnet, and Pearl. Significant were the findings of empathic failure occurring between the affected mother, her family, and the community support system when

needed support began to fade while the mother continued experiencing significant emotional needs. Additionally, relative to this study's research questions are the following findings revealing the participant mothers' experiences after descendant homicide and her relied-on methods toward recovery:

A Mother's Experience After Descendant's Homicide

Each mother was forthcoming enough to share her inner thoughts, feelings, and experiences of descendant homicide. Some thoughts, feelings, and experiences were expressed tearfully, hesitantly and sometimes angrily. The researcher adhered to disclosing what the participants allowed to be publicly shared.

Sapphire. Sapphire felt marginalized by persons aware of her tragedy who stopped mentioning the names of any of her murdered sons while in her presence. She describes her experience of feeling ostracized when those who knew her stopped sending invitations to current events and activities. Sapphire attributed it to no one really understanding how to talk to her and explains:

I don't think they knew what to say in front of me, so they just stayed away like something was wrong with me. It makes you lonely and feel like you just don't fit because something bad happened, yeah.

Sapphire felt persons were sorry for what happened but did not know what to do or say after the funeral was long over and added:

Yeah, it's lonely...at first, I was angry and hurt and this [talking to you] is bringing it back up, yeah, this is bringing it back up... it does surface at times, yeah... (Sapphire displays a more somber tone and continues): I'm better now. Like I said, the police who killed my son was never charged. Never said they were sorry. But I want to forgive, I guess...I still feel lonely without my sons and I never wanted anything bad to happen to them, right? I don't know. Sometimes I have been confused with the police... and why me? Why my sons?

When asked was there anything else she would like to share about her experience, she replied:

Yeah, I felt God was trying to tell me something, so, I just sat still, prayed and got closer to Him, yeah. I find myself helping people a lot now. That helps me get through. You know I'm thinking of writing a book. A woman I was ministering to said I should too.

Diamond. Diamond revealed her experience receiving information from members of law enforcement concerning the status of her son's case. Diamond explains:

Many times, the information is given to family members were infrequent, repetitive and dated. They [law enforcement] act like they don't care or are too busy. What's so busy? We're important too! I think survivors like myself suffer from being ignored, marginalized, stigmatized and ostracized! They wouldn't do that if this was Beverly Hills, but because I live here, and this is a good mixed neighborhood, but we don't get the same attention! They look at us like something is wrong with us while something is wrong with them! Until they get hit by those school shootings and their [white] kids dying then they want to find out what's wrong with the shooter or get rid of guns!

Diamond shares what she describes as two positive experiences with her surviving family members: "One is in [my family members] honoring their brother by having his name tattooed on their bodies in remembrance of him and two by my youngest daughter naming her newborn son after [my son]." (Diamond smiles).

Garnet. Garnet continues to express feelings of being marginalized by her own family members and says:

Nobody seems to care about what I feel when I think of my daughter. She was my light and I miss her. She had a smile and warmth and a caring and it's just not right she would be taken!

(Garnet pauses and begins to get teary-eyed. Wiping her eyes, she says):

People don't care. That's what I experience...they either don't know what it's like or just don't care! They don't even say anything to me around my daughter's birthday! I feel alone...that's what I feel, and they want to forget her!

When asked if there was more about her personal experiences she replied: Yes, people want to stereotype persons like me because my daughter was murdered! They act like I did something, or I didn't go to school or its where I live, and they don't know my story. They don't know me. They don't know my daughter!

Garnet looks down, then up at the researcher and says):

That's why I don't participate with people or psychiatrists. They want to examine you and put you in a box to study and label and don't even know what they are studying. That's why I almost did not respond to you. But you have been real. And good to talk to. Thank you for all you do for us mothers. Those others...

(Garnet looks down as she begins to shake her head)

The researcher acknowledged the comment and asked Garnet if she would explain about "those others" and she replied:

I feel they're nosy but not helpful. That's what I feel. They ignore parents like us. Those others...they don't come around. Don't call or ask how you are doing. It's just that life goes on and we suffer.

Pearl. Pearl, in explaining her experience as a mother of a murder victim, expresses her discomfort at people who seem to stigmatize her for what happened to her son. Pearl criticizes the media who label community killings as "possibly gang-related" which she says, "effectively marginalizes the victim."

Pearl was asked to explain further and replied:

My son was not in a gang, nor was his shooting gang-related, but when the media or police use that term before even really knowing, we mothers become marginalized and are feelings unimportant! You worked all day, put kids to bed and then you get a phone call and cameras and microphones in your face and all you want is answers!

(Pearl pauses...)

I know what it's like to walk in a room and people stop talking or look at you like you did something wrong!... Now, I don't care whether others don't enquire of the status of my son's case mention his name or give him attention. My experience in life is that people will do what people will do and I am not waiting for people to tell about my son! And, (Pearl pauses again) I want to thank you, Pastor, for letting me tell of my son and speak at your church and for what you do in the MOMYC Walk for us mothers.

The researcher acknowledged her comment.

This section concludes a revelation of experiences mothers have had after losing the life of a son or daughter to homicide. Four out of four felt marginalized or stigmatized. All four mothers indicated feeling persons just didn't care or did not know how. The next section reveals the participant's relied-on methods of recovery.

Relied on Methods of Recovery

Relied on methods of recovery are in many instances different than effective methods of recovery; however, participants were forthcoming enough to share their relied-on methods, whether or not those methods were effective. Four out of four participants indicated faith or reliance on God, family, and close friends. Additionally, one participant mentioned relying not only on God, family, and friends but also self. Three out of four appreciated professional assistance.

Sapphire. Sapphire notes 10 years have passed between the time of this study and the murder of her third son. When this [third] son was killed, Sapphire immediately expected both interpersonal and intrapersonal support to assist her in combating her initial feelings of anger, hurt and pain.

Having previous unwanted experience as a survivor, however, Sapphire had a realistic perspective of who to rely on, when to rely on them and how much they could be relied on. Therefore, interpersonal support or lack thereof was of no great surprise to Sapphire. When Sapphire was asked of her relied-on methods toward recovery she states:

I relied on my faith in God, a deepening prayer life, warm close friends and relatives and assistance from some professional services I mentioned before, yeah. It helped me working with church ministries and community feeding programs, yeah. And I stay active with my grandchildren. Those are the things I relied on, yeah, and still do. Your program too. This study brings a lot out of me. I guess I want to thank you.

Out of the four participants of this study, only Sapphire had the unfortunate experience of previously relying on methods toward recovery. Neither Diamond, Garnet nor Pearl had previously suffered the experience of a descendant being murdered.

Diamond. Diamond relied on her Spiritual Guide [God] as a method toward recovery. Diamond's efforts were directed toward influencing law enforcement personnel to feverishly

work to solve her son's murder. Diamond was pleased to say she received "a reward for information" posted on behalf of her son but has yet to see results. No arrests, conviction or charges have ever been filed and witnesses have yet to come forth. Diamond complains,

There is a suspect, but I don't have much confidence in law enforcement solving my son's murder. They don't always act as if they really want to solve the crime! Like I said before, you can give them information and they just sit on it like it's not all that important to them. It's sad sometimes. What are we supposed to do when they say they'll get on it and it's hard to believe them?

When asked what she relied-on to help her through Diamond says,

I rely on God, family, and friends, the work of the reward, my involvement in union activities and my visits to the grief support groups, your program, and the psychiatrist I have been seeing to help me from feeling depressed.

(Diamond relaxes more in her seat then sits up and says):

But what I really like is visiting jailed prisoners on behalf of my son. I find that visiting these young men and speaking on behalf of my son brings me joy and satisfaction. One young inmate drew a picture in remembrance of my son and presented it to me in his honor.

Diamond indicates she is proud of her new norm and describes it as productive interaction between law enforcement and the community they are to police. According to Diamond, "It brings attention to a problem affecting our black and brown communities and that's my new norm - helping others." Diamond appreciates this researcher's annual program for Mothers of Murdered Youth & Children (MOMYC) and reveals she had not cried over her son's death until visiting this researcher's MOMYC program, a year ago and considers this a blessing and relied on method toward recovery.

Garnet. Garnet had been content with the attention she received from law enforcement, the District Attorney's office, and extended family support but not with her immediate family members of brothers and sisters. Their interpersonal support soon faded much too soon for

Garnet's perspective which influenced her to turn inward and rely more on two close friends, her son, pastor, and grandchildren. Garnet feels there are only a few people in her life caring about her feelings for her daughter, miss her daughter or even understand the experience she is going through.

Garnet (beginning to tear) recalls for this study asking a younger sister to come over “and let me cry on your shoulder” and the sister empathically replied, “No!” Garnet has since decided to rely solely on those 5 persons in life whom she believes really support her. She feels being marginalized, ostracized and ignored by most everyone else; however, Garnet expresses her appreciation for the attention received from the researcher’s MOMYC program. Garnet thanks the researcher by saying, “I feel better each time I speak with you.” The researcher acknowledges the comment.

Pearl. Pearl has an air of self-reliance about her and reveals feeling smothered by family members and friends who came to help but whom she quickly began to turn away. "Their presence was just not helpful. It was too much-unwanted attention" says, Pearl who admits she appreciated attention in the beginning, but appreciation faded because she was not receiving the answers she longed for. When Pearl was asked what she longed for and additionally relied-on in efforts of recovery she replied:

I wanted to know why my child. Why this one...why not the other one...he was the bad one! (Pearl looks away from the researcher momentarily and as she looks back says): I had no interest in any conversation that did not involve my son! Everybody else had to go! And, I admit I was a mad black woman for two years. Like I said, you couldn't even talk to me! And, I'll tell you what I relied-on...I relied-on God, a clean pair of pajamas, a bottle of wine and watching a reality tv show. The reality show helped me see what others were dealing with and forget my own pains!

Pearl did not offer further explanation on her “reliance on God, clean pair of pajamas and bottle of wine” and the researcher did not ask.

Summary

This concludes a review of the participants' relied-on methods of recovery and the results of Chapter Four. The researcher committed to objectively capture words, expressions, quotations, and narratives of this study's participants in their own voices. Conclusions, further discussion, implications for practice, and recommendations for research are presented in Chapter Five.

Chapter Five: Conclusions and Discussion

Overview

This qualitative exploratory study sought to replicate the case study findings of the Piazza-Bonin et al. (2015) study of one mother who lost her only son to violence and her subsequent experience of four themes of empathic failure. The four themes reflected their subject's relationship with her interpersonal support team, herself, her rapport with professional systems and with her primary support team. However, five distinctly different themes emerged from the four participating mothers of my research with only one participant indicating symptomatology of empathic failure. The five emergent themes indicated mothers' anger, fear, feelings of a lack of compassion from members of law enforcement, the impact of professional services on participants, and their unexpected residual consequences experienced after tragedy.

Participants of this study informed the researcher of their respective narratives and revealed information they felt helpful and unhelpful for survivors seeking recovery. Included in this chapter are findings relative to the four themes of empathic failure uncovered in the Piazza-Bonin et al. (2015) study, and five themes discovered emerging from this research.

Additionally, differences and similarities between this study and that of the Piazza-Bonin et al. (2015) study are highlighted, along with others of the literature and implications for practice. Recommendations for further research are also included.

The most significant conclusions of this research indicate surviving mothers' want their narratives told and do not want their murdered loved one(s) forgotten. Additionally, they do not want to feel marginalized, or stigmatized because of their tragedy; however, limitations of these conclusions exist due to the narrative responses derived from the mother's interviews and the

small sample size of this study, which prevents generalization of all mothers of African American descent or who have lost a descendant to homicide.

Conclusion 1: This Study Relative to Piazza-Bonin et al. (2015)

Empathic failure, as stated occurs when a degree of empathy is sought after or expected from another human being but is withheld or withdrawn before satisfying the griever's desire (Piazza-Bonin et al., 2015). Central to this finding is the existence of disenfranchised grief as a condition of empathic failure (Neimeyer & Jordan, 2002). Findings based on the results of this study as compared to the Piazza-Bonin et al. (2015) four themes of empathic failure are indicated in Table 3.

Table 3

This Study's Findings Relative to Piazza-Bonin et al.'s (2015) Four Empathic Failure Theme

Theme 1: Empathic Failure, A mother with community, family system: Deterioration of support sooner than needed or expected from family, friends, and community: Findings: Only one (Garnet) of four experienced.	
Sapphire	Spoke of minimal disenfranchisement with her family and community: Sapphire knew what she needed and was thankful for the support she received; however, she described her experience of feeling marginalized when those who knew her stopped sending invitations to current events and even speaking her son's name when in her presence.
Diamond	Similarly, felt supported: Diamond says, "My family was there for me. I never felt they weren't. And I like the way they support me and represent their brother...all of the immediate family members had his name tattooed on each of them in solidarity."
Garnet	Still grieving at the cost of interpersonal relationships with her brothers, sisters, cousins, nieces, and nephews who are no longer showing support: Garnet says, "My brothers and sisters... don't even ask 'how you are doing?' They just don't care!"
Pearl	Experienced bountiful support: According to Pearl, "I was smothered by family and friends and I told them to leave & bring no more chicken. I had enough food and people!"
Theme 2: Empathic Failure, A mother with self-system: A mother's view of self and her actions related to her behaviors and thoughts. Findings: None of the four demonstrated negative self-appraisals:	
Sapphire	Deepened her faith in God: "I prayed a lot and had a lot of quiet time with Him just by myself. My family was still around. They didn't abandon me. They just gave me space. I wanted some time alone. It helped, yeah."

(continued)

Diamond	Turned to counseling strategies & involvement in community affairs: Diamond shares, "It didn't give me time to think. That helped. Without that, I would have been busy trying to get information on the suspect and giving it to police and getting information from them too...they didn't always give us timely information."
Garnet	Withdrew into the comfort of her son, grandchildren, pastor and two friends: According to Garnet, people "make me feel like I did something wrong...my daughter was murdered, and no one seems to care!" And, "Thank you, though, Reverend for letting me speak at your church. I didn't know what I was saying but thank you."
Pearl	Working to continually use herself, Pearl proclaims, "I was a mad black woman for two years!" Pearl displays a button, large poster and the jacket she is wearing with her son's picture on it and says, "I don't care if people acknowledge my son or not...I am going to wear these clothes and carry this poster everywhere I go!"
Theme 3: Empathic Failure and Resiliency: A mother with her professional system: Includes support groups, psychiatrist/psychologist, church/clergy, other systems. <u>Findings:</u> Only one (Garnet) of four responses suggested <i>potential empathic failure</i> .	
Sapphire	"I found help from others to be valuable... I started asking the hospital for help. They recommended mental health people, and I found grief support groups, and your Walk and Acknowledgment for Mothers of Murdered Youth & Children things. I find this very beneficial."
Diamond	Sought help from grief support groups and mental health organizations; "I just didn't want to acknowledge it [depression]. I'm glad I had some counseling experience to help me recognize I needed help."
Garnet	Refused to comment on any experience with professional systems. Her only reply when asked had she received or sought any professional care was, "One on one works for me" and then looked away. When asked by the researcher if there were more she cared to say, Garnet responded emphatically, "No" and the researcher did not press her further.
Pearl	Eventually found professional services helpful: "You couldn't even talk to me before I started going to a grief support group and church and got better. Everyone [at the grief support group] had went [sic] through the same thing and it helped make it easier to deal with and talk to people about my feelings."
Theme 4: Empathic Resiliency: A mother with primary support system: empathy-based strategies and examples of support demonstrated. <u>Findings:</u> One (Garnet) of four may be suffering.	
Sapphire	Strong reliance on God, family, and prayers: "I spend more time helping others, yeah...in and around church now and that helps me. My family helps and they amazed how strong I am, yeah. They rely on that. And, yeah, I spend a lot of time with my family and friends. That helps. It gets me away from thinking about shootings and the police and killings."
Diamond	Finds primary support from her spiritual Guide [God]: "He guides me into the prisons where I talk to young men about violence and with the community police task force and involvement in community affairs takes up a lot of my time. It helps me forget about what I was angry about. So, I guess I don't have a primary support other than God and in the work I do."
Garnet	Garnet spoke disappointedly about her feelings toward her immediate family and counts "My son, grandchildren, Pastor, and two friends who cry with me" as her primary support team. Garnet says, "Nobody else cares!... My daughter is gone!" Garnet appears to suffer from an insufficient amount of primary, ongoing support.
Pearl	Finds primary support from her faith in God: And "He has never left me yet." Pearl has now started her own grief support group encouraging affected persons "toward recovery, young men toward college and better relationships between law enforcement and the communities they are supposed to serve."

Conclusion 2: Five Emergent Themes

The five emergent themes found in this study's participants were inclusive of (a) Anger: of what happened and how it happened; (b) Fear: that what happened to one loved one may happen to another, along with the fear of not being able to protect a descendant; (c) A lack of compassion from members of law enforcement, particularly, at the time of the incident and/or when subsequently giving or seeking information about the crime; (d) An impact of professional services/systems: helpfulness of psychologists, group therapists, support groups: and (e) Unexpected residual consequences after tragedy: recognizing the productiveness of being active and involved in the lives of others not only benefitted themselves but also others in efforts toward recovery.

Differences and Similarities with Piazza-Bonin et al. (2015)

Differences. The objective of this exploratory qualitative study was to replicate the findings of Piazza-Bonin et al.'s (2015) case study of a single-parent African American mother (Louise) from the south whose only son became a victim of homicide. Some, not all, of this study's findings support results of the Piazza-Bonin et al. (2015) study this research sought to replicate. Relevant differences in this study and the Piazza-Bonin et al. (2015) research are listed as follows:

- The Piazza-Bonin et al. (2015) research was an inductive case study of a singularly sampled mother whose tragic ordeal was selected from Project Bravehearts, a study of African Americans who were homicidally bereaved (Burke et al., 2010; McDevitt Murphy et al., 2012).
- The four participants of this qualitative study, however, were volunteers selected by the researcher from their respective responses to flyers recruiting mothers of

murdered youth and children (MOMYC). These mothers were willing to express their individual narratives after established IRB protocols and recruitment requirements were met.

- The Piazza-Bonin et al. (2015) study uncovered five themes of empathic failure but only referenced four in detail that occurred between the participant, her interpersonal support team, and assessment of self.
- Data uncovered by this researcher revealed five distinctly different themes in its participant's interaction with their interpersonal support team and assessment of self.
- Louise, the Piazza-Bonin et al. (2015) case participant suffered from symptomatology of complicated grief (CG) after discovering her support system reacting negatively (in her opinion) to her situation.
- Only one participant of this research [Garnet] showed signs of CG.

Additionally, the four single-parent African American mothers of this study and the one single-parent of the Piazza-Bonin et al. (2015) study were studied within a different set of variables. These variables include:

- The mothers of this research were parents of more than one descendant. The Piazza-Bonin et al. (2015) mother parented only one descendant.
- The criminal acts of murder committed against descendants of this study occurred in the western part of the United States, specifically in the Southern California area and not in a major city of the southern part of the United States, as was the Piazza-Bonin et al.'s (2015) research.
- Sapphire, Diamond, Garnet, and Pearl of this research were all employed at the time their respective loved ones were murdered; however, Louise's son of the Piazza-

Bonin et al. (2015) study contributed to his mother's financial well-being before being murdered.

- Participants were different ages from each other at the time of their tragedies.

Similarities. Louise, and this study's participants, Sapphire, Diamond, Garnet and Pearl, experienced the following similarities in their respective tragedies:

- The unanticipated and sudden murder of a loved one. None of the mothers expressed any notice, warning, or premonition of their loved one's murder.
- All five mothers were devastated by their respective loss.
- None of these mothers were the alleged, accused or convicted murderer of the deceased.
- The five murdered descendants were victims of gun violence.
- None of the affected mothers made mention of support or opposition to gun ownership.
- All five mothers expressed a desire for conviction of the perpetrator(s).
- The five mothers experienced feeling marginalized and stigmatized by culture and sometimes meaningful but unhelpful persons after their descendant's homicide.
- Surviving mothers did/do not want their deceased loved one forgotten.
- None of the mothers indicate satisfaction with current results of their descendant's case relative to the judicial system.
- The participants of these studies were single parents, widowed, or divorced at the time of the crime.
- None of the mothers expressed personal guilt about circumstances involving their descendant's murder.

- All five participants were of African American descent and of different ages when tragedy occurred.

Both Piazza-Bonin et al.'s (2015) and this researcher's study indicate similarities and accuracy in Laurie and Neimeyer's (2008) findings that grief theories in the United States rely predominately on studies of Caucasians.

- Additional similarities indicate Caucasians are often the primary subjects of bereavement research and not African Americans (Piazza-Bonin et al., 2015).
- Similarly, very little research has been done on African Americans and other cultures in America regarding their response to grief (Piazza-Bonin et al., 2015).
- Researchers are finding it incorrect to assume African American grieving mirrors Caucasian grieving (Laurie & Neimeyer, 2008).

There are similarities, but also differences due to societal experiences and culture (Laurie & Neimeyer, 2008): Members of the African American community experience more bereavement by homicide than other races. African Americans tend to maintain a continuous connection to deceased loved ones, talk less about loss, and seek little professional or mental health support (Laurie & Neimeyer, 2008) as indicated by the four participants.

Findings Related to Other Literature

The mothers of this research study craved a certain degree of attention after their loved one had been slain. Mothers wanted the respective narratives of their deceased loved ones told and heard (Rynearson, 2001). Primarily, the affected mothers did not want the life of their murdered son or daughter forgotten or treated as if they had never existed. Therefore, mentioning the deceased loved one's name or acknowledging birthdates in each of these survivors' presence makes a significant difference in their efforts toward recovery.

A study by Bonanno et al. (2002) revealed, there is no standardized automatic response to grieving; however, this researcher found all four participants of this study feeling powerless (Neimeyer, 2012), a decline in mental and physical health (Rogers et al., 2008), anger, sorrow, guilt and self-pity (Worden, 2002), anxiety, sadness, a lack of interest in meeting new people (Bonanno & Kaltman, 2001) and social withdrawal from others (Solomon, 2004). Societies and cultures would do well in recognizing the propensity for bereaving mothers' experiences and prepare appropriately soon after death for any eventual outcomes.

Research by Hogan et al. (1996) notes that the timeliness of death, the cause of death, or relationship of survivors with deceased loved ones, does not alter the bereavement process. Individual griever's responses vary from person to person as they have with this study's four participants. Responses are influenced by societal rules and cultures each survivor identifies with (Laurie & Neimeyer, 2008).

Bereavement, Cutliffe (1998) observes is not mechanical or automatically linear but can move in stages and the reality must be accepted before the process is completed. All four participants have moved through the process; however, one out of four appears processing slower than others.

Asaro and Clements' (2005) findings indicate murder destabilizes family structures, its means of communicating with one another, and the traditional inherent positional roles (Knapp, 1986). All four participants experienced destabilization of their family structure and were forced to adapt to different ways in which the family communicated with one another and accept missing and changed roles. For instance, Sapphire felt a need for space and alone time with God. This ordeal was her family's third murdered son. Diamond needed her family emotionally close. This son was the most beloved and influential of her family. Garnet lost her only daughter and

grandchildren's mother by the hands of her daughter's known best friend. Pearl wanted distance but answers as to why this good son was killed and not the other.

Implications for Practice

Narrative storytelling has proven to be an added asset as a method of recovery for survivors (Goldie, 2001; Rynearson, 2001). Survivors can portray tendencies of personal blame, responsibility and guilt for their circumstances, which may not be a correct assertion. Narrative storytelling allows survivors to eliminate feelings of guilt they may be harboring for believing they could have prevented the loss of their loved one's life. For instance, Rynearson (2001) discovered after the suicide of his wife, telling and re-telling the narrative allowed him to recognize he was in her life as husband and therefore, able to revive good memories and value the relationship even more (Rynearson, 2001). Additionally, a youth or child after having relentlessly requested to go play in the park, see a movie, attend a concert or just go to a friend's house is suddenly met with tragedy, unfortunately, leaving the mother feeling guilty for having said, "Yes, you can go."

While narrative storytelling is restorative for the survivor, Rynearson (2001) found listening on behalf of persons was just as significant to the survivor. Consequently, caring professionals and members of interpersonal support teams should emphasize more sensitive ways in which affected mothers may view themselves during their times of grief and give the necessary attention they (the mothers) may feel they need at the time they seek it.

Each of the four mothers of this study sought a degree of acknowledgement at one time or another during their grieving process. Tragic circumstances should be recognized by societies and cultures of for the potential creation of harmful instances of marginalization and stigma

before it rises. Mothers do not want their or their deceased loved one's circumstances considered unimportant or looked down upon.

An additional implication for practice can involve caring professionals helping survivors make sense out of tragedy, which can be both an intrapersonal and interpersonal objective (Armour, 2003). Survivors are left living in a world that no longer seems to fit (Armour, 2003). The new reality suddenly becomes opposite the natural order where the young outlive the old.

Four out of four participants of this study claimed a belief in God. An implication for practice can include recognizing human beings are known for strong bonds and relationship with religion or spirituality when faced with the loss of a loved one (Wortman & Park, 2008). A strong belief system can be beneficial in a time of need (Pargament et al. 2000). Survivors tend to believe God has a plan for their loss (Murphy et al., 2003), and there was a reason why the violent death of a loved one occurred (Shuchter & Zisook, 1993). A further implication for practice could involve caring professionals' awareness of a mother's faith so as to become more supportive and encouraging to her.

Additionally, compassion and empathy can be included as an implication for practice, as well as recommendation for further research. There is a need for bettering relations between law enforcement personnel and affected members of black communities. Compassion and empathy are tools that can assist in destroying negative perspectives of community's treatment by law enforcement personnel.

Recommendations for Further Research

Future research could entail studying methods of recovery from the perspective of a father, grandparent, teacher, sibling or spiritual leader of the deceased. Those persons may

experience grief from a far different perspective than a mother and reveal needed methods of recovery of its own.

An additional aspect of study could involve observing survivor's response to gun violence, death by bullying, child abductions, drug sales contributing to opioid addiction, vaping, PTSD on survivors, instances of systemic racism, police shootings and the effects of murder in homeless encampments. Additionally, a utopian universal acknowledgment in today's cultures and societies that murder of a youth or child by any means can lead to adversely affecting caring mothers would give these mothers a degree of attention that may assist them in their efforts toward recovery. A degree of productive attention after homicide by positive means such as nationwide walks, marches, sit-ins, wearing t-shirts and using social media for attention is not only productive, but also helpful.

Caring professionals and researchers with an interest in the well-being of affected mothers could additionally research a concept of religion as an effective means of sense-making about death and dying (Batson & Stocks, 2004). Bereaving and grieving persons often look to religion, spirituality, and God. Making sense out of tragedy is both an intrapersonal and interpersonal objective (Armour, 2003).

Further research on the relationship between religion or spirituality and bereavement and grief can be positive; however, results can vary depending on how findings are measured. Nevertheless, additional research may make a productive contribution in the life of survivors (Wortman & Park, 2008). Further research in the area of prayer and practices of mediation may also yield productive results.

Research in the area of prayer, spirituality, and meditation may very well present opportunities for developing new models of leadership and methods of recovery for better

serving bereaving and grieving persons. An efficient working model of leadership may be birthed from learned tenets of the Educational Doctor of Organizational Leadership (EDOL) program of Pepperdine University and assist in addressing the needs of grieving mothers in both the coping and intervention stages of grief.

Summary

Presented in this final chapter are three conclusions: (a) mothers want their stories told; (b) mothers do not want their loved ones forgotten; and (c) this study's findings were not in full agreement, not fully supported, with the inductive case study of Piazza Bonin et al. (2015). Additionally, five themes emerged from the narrative stories that these four mothers told and are presented in this final chapter. In addition, discussion is presented specific to the four themes of empathic failure uncovered in the Piazza-Bonin et al.'s (2015) study. Discussion herein indicates some similarities between instances of disenfranchised grief and empathic failure experienced by the participants of both studies. Additionally, included are results relative to other literature, implications for practice, and recommendations for further research. Implications for practice include recognizing affected mother's tendencies after homicide. Recommendations for further study suggest research on other closely related subjects and sense-making about death and dying. Further recommendations include researching for uncovering new tenets of leadership in assisting the bereaving and grieving toward efforts of recovery.

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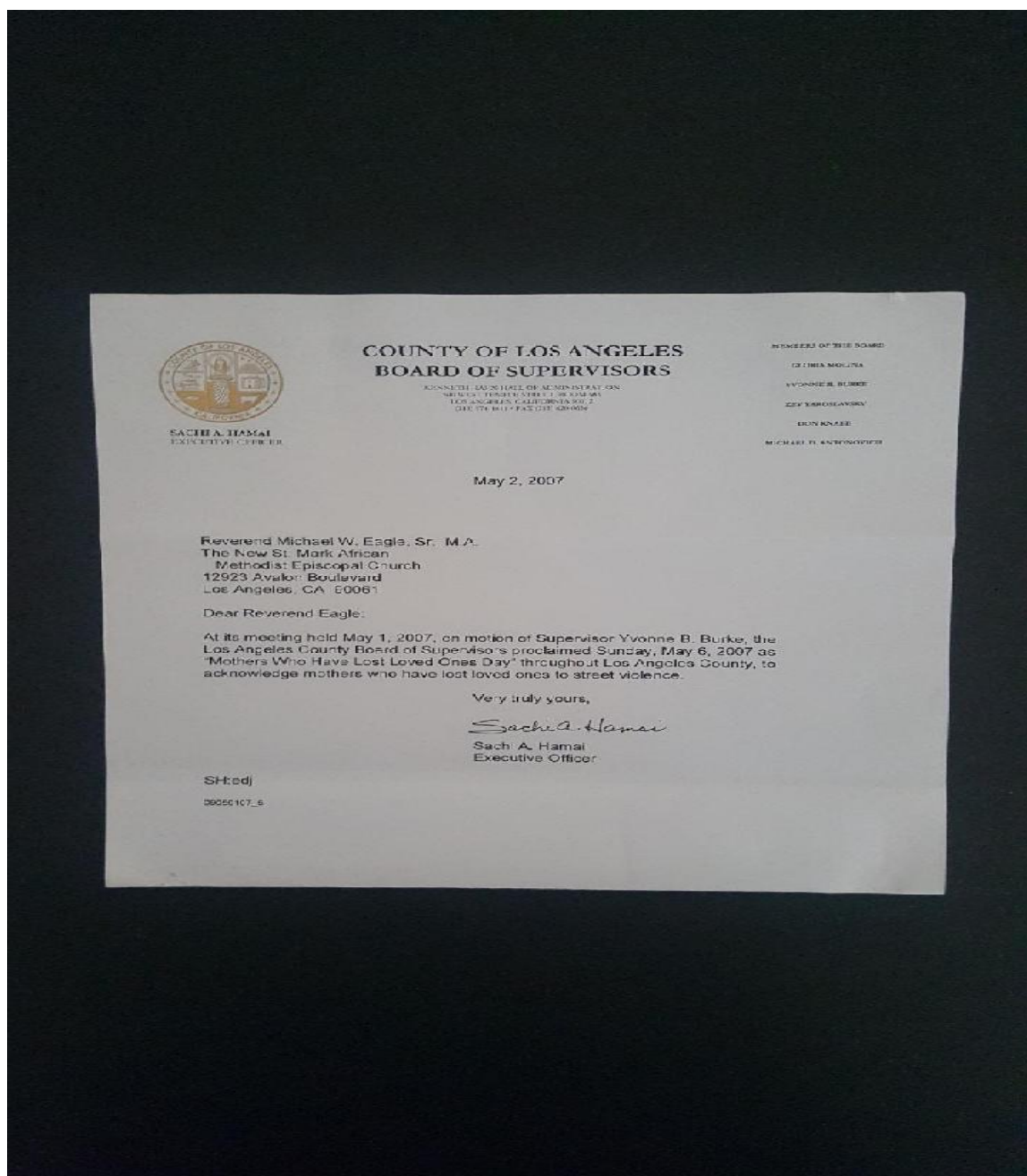
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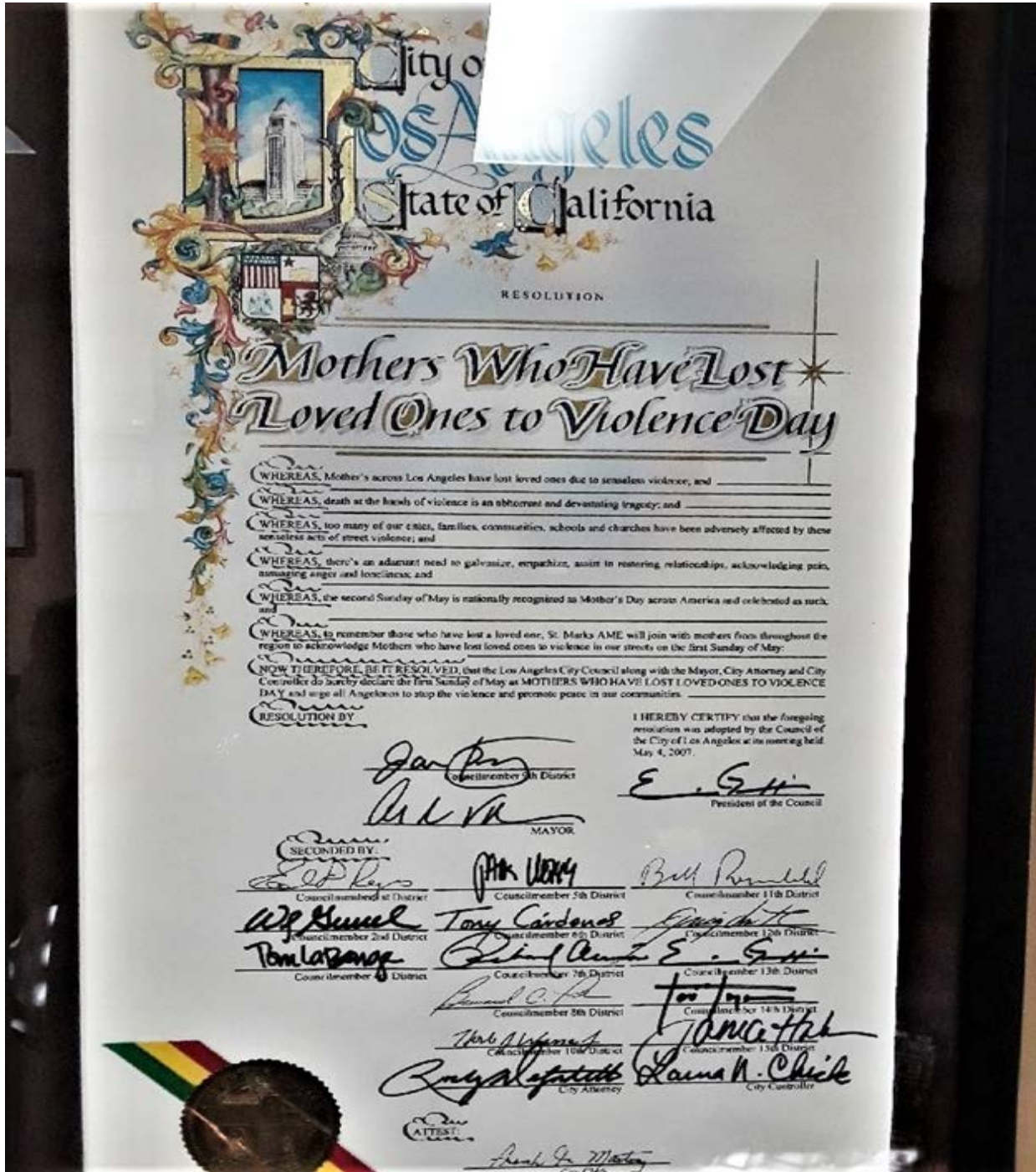
APPENDIX A

Letter from the Board of Supervisors of the County of Los Angeles



APPENDIX B

Resolution from the Los Angeles City Council



APPENDIX C

Certificate of Recognition



APPENDIX D

Mothers of Youth and Children Victimized by Homicide

A research study is seeking mothers over the age of 19 whose youth, children or child has become a victim of murder in the County of Los Angeles. The purpose is to reveal the effects of bereavement, grief and stigma experienced by affected mothers, add to the available knowledge and uncover effective and helpful methods for assisting efforts toward recovery.

Preliminary requirements are for potential participants to be residents of Los Angeles County, not currently pregnant, and are the legal birth mother, stepmother, adopted mother or guardian of the deceased youth or child for at least five years with the tragedy occurring within the last ten years.

Participation is solely on a volunteer basis, strictly confidential and there is no implied compensation or risk. Neither is there a guarantee on who will be selected. However, the order of returning a call to the number listed below and adherence to background criteria will weigh heavily on the selection process.

I am conducting this research as a doctoral candidate in the Graduate School of Education and Psychology at Pepperdine University. This project is to take place during the Spring of 2019. For more information, please contact me through the following means and thank you for considering participating.

Student: Pastor Michael W Eagle, MA

Subject: Disenfranchised Grief After Loss by Homicide: Mothers of Murdered Descendants

Cell phone: (310) xxx-xxxx

APPENDIX E

Request for Permission to Disseminate Flyers

MINISTERIAL ALLIANCES, GANG INTERVENTIONISTS AND GRIEF SURVIVOR'S
SUPPORT GROUPS

Dear Ministerial Alliances, Gang Interventionists and Grief Survivor Support Groups:

I am Pastor Michael W Eagle, Sr., a doctoral student, in the Graduate School of Education and Psychology at Pepperdine University. Currently, I am researching the constructs of bereavement, grief and stigma experienced by MOTHERS of YOUTH or CHILDREN VICTIMIZED by HOMICIDE

The study seeks to emphasize the significance of effective social support systems for affected mothers, add to the available knowledge and uncover efficient and effective methods for assisting these mothers in their efforts toward recovery.

Affected mothers visiting your premises are encouraged to respond to flyers explaining this research. There are no known risks for participating in this study, and no implied compensation or benefits. Participation on the part of the mother is strictly voluntary and there is no guarantee on who will be selected.

Allowing public access to these flyers on your premises would be greatly appreciated. Questions, or comments can be directed to (310) xxx-xxxx or by email: xxxxxxxx@aol.com

Thank you for your willingness to participate,

Pastor Michael W Eagle, Sr., MA
Student, Pepperdine University
Graduate School of Education and Psychology

If I have your permission, please date and sign below:

Date:

Name:

Position:

APPENDIX F

Background and Sampling Criteria: Telephone Screening of Potential Participants

Thank you for responding to this request. This research is an important endeavor. Please first let me extend my condolences to you. No mother should have to suffer that kind of pain.

For this study, I will need to ask you several yes or no questions that may be considered a little sensitive, but the answers are necessary for validating your participation in this research.

There are no right or wrong answers. If a question is too sensitive say, I do not want to say.

May I begin?

1. May I have your name please?
2. Are you over the age of 19?
3. Are you proficient in the English language?
4. Do you reside in the County of Los Angeles?
5. May I have the name of the deceased?
6. How old was your loved one at the time of the incident?
7. Has it been within the last ten years?
8. Did you birth, adopt, or raise your deceased loved one?
9. Are you currently pregnant?
10. Are you currently married, single, widowed, divorced, or separated?
11. Are you currently employed, a professional worker, home worker, retired, unemployed or disabled?
12. Do you consider yourself of a certain race or ethnicity (i.e., Black or African American, White or Caucasian, Hispanic or Latino, Asian, Indian or Other)?
13. [There is one last background question] Are you the alleged, accused or convicted murderer of the deceased?
14. [Now, an assistance question] If you felt a need for professional assistance while in this study would you like for me to provide a confidential resource that would be willing to assist you?
15. If you are selected, can you plan to participate in a private one hour, one-on-one, audio-recorded interview answering the pertinent questions of this study

Participation in this study is strictly confidential, voluntary and there is no implied or suggested compensation. This study seeks to select three to five mothers by order of their call

and adherence to the background criteria. There is no guarantee on who will be selected.

However, the researcher will inform each caller of their status. Those selected have the opportunity of having their story told, feelings heard, and information added to the available knowledge for helping other mothers in their efforts toward recovery.

APPENDIX G

Phone Call/Contact Log

Date:

Day:

Time:

Caller:

Contact #:

Did caller meet demographics and background data for participation?

If not, what data were not applicable?

Was prospective participant invited to a 2nd Call or Interview?

Was the prospective participant thanked for their interest and condolences of the researcher expressed?

Was potential participant informed there was no guarantee on who would be selected?

APPENDIX H

IRB Informed Consent Form

IRB #: 18-03-766

Formal Study Title:

Homicidal Loss and Disenfranchised Grief of Mothers of Murdered Descendants

Authorized Study Personnel

Principal Investigator: Michael W Eagle, 310 xxx-xxxx; Secondary Investigator: Barbara Mather, Ph.D.

310 xxx-xxxx

Key Information:

You are invited to participate in a research study involving mothers whose youth, children or child has been a victim of a homicide. Pastor Michael W. Eagle, MA, a doctoral student and research investigator at Pepperdine University is conducting this study.

If you agree to participate in this study, the project will involve: your answering a series of questions in a one-hour, one-on-one, audio-recorded (not filmed) interview and three brief visits which will require a total amount of three hours to complete.

This project cannot proceed without your signed consent. This Informed Consent Form protects your rights as a participant of this study. You may decide to discuss participation in this research with your family or friends and you will receive a copy of this form for your records.

There are minimal foreseeable risks associated with this study and minimized by the use of pseudonym names for anonymity and confidentiality. There is no suggested or implied compensation again, you will receive a copy of this consent form for your records.

Invitation

You are invited to take part in this research study. The information in this form is meant to help you decide whether or not to participate. If you have any questions, please ask. Participation is strictly voluntary.

Why are you being asked to be in this research study?

You are being asked to be in this study because you fit the eligibility criteria. (a) You are over the age of 19, (b) have physically birthed, adopted or raised your murdered youth, child or children; (c) experienced your loss

within the past 10 years; (d) have proficiency in the use of the English language; (e) are not currently pregnant; (f) reside in Los Angeles County; (g) and are not the alleged, accused or convicted murderer of the deceased.

What is the reason for doing this research study?

The number of mothers with youth, children or child victimized by murder continues to rise. This research is designed to (1) better understand intervention and coping strategies and (2) determine whether current strategies could be enhanced to better assist mothers in their efforts of recovery.

What will take place during this research study?

You will be asked to answer a series of interview questions, such as what you may or may not have found helpful to you after the tragic loss of your loved one. A private interview will take place in an agreed upon secure location, audio-recorded, not filmed, and real names will not be used to ensure the participant's confidentiality and anonymity.

How will my data be used?

The researcher will use an outside Transcription service to transcribe your data. The researcher will remove any personal information that could identify you before releasing your data for transcription purposes.

What are the possible risks of being in this research study?

This research presents the risk of loss of confidentiality, emotional and psychological distress due to interview questions about your feelings. Reasonable care and steps are taken to ensure confidentiality; however, you reserve the right to discuss this project with persons outside this study. Emotional and psychological concerns are minimized in this study by the assistance of two private, professional grief specialists available to provide their services or direct participants should the need arise.

What are the possible benefits to you?

A possible benefit for your participating in this study is the opportunity to tell/retell the story of your loved one and the attention it brings to the matter. However, you may not get any benefit from being in this study.

What are the possible benefits to other people?

The benefits to society may include a better understanding of how to help mothers affected by the murder of their youth, children or child. Additional benefits may include but are not limited to: uncovering intervention and coping strategies that add to the available knowledge and a mother's story heard in her efforts toward recovery.

What will your participation in this research study cost you?

There is no cost for you to be in this research study.

Will you be compensated for being in this research study?

There is no implied or suggested compensation for participating in this research study.

What should you do if you have a problem during this research study?

If you have a problem or experience harm as a direct result of being in this study, you should immediately contact one of the people listed at the beginning of this consent form. If needed, seek immediate emergency care for this problem. Please note, it is the policy of Pepperdine University not to pay for any required care. Agreeing to this does not mean you have given up any of your legal rights.

How will information about you be protected?

Reasonable steps will be taken to protect your privacy and the confidentiality of your study data. All data collected will be labeled with jewelry stone names (e.g., sapphire, diamond, etc.) in place of actually named persons. The data will be stored in a locked cabinet in the researcher's office and will only be seen by the research team during the study and for three years after the study is complete. At that time all data will be destroyed.

The only persons who will have access to your research records are the study personnel, the Institutional Review Board (IRB), and any other person, agency, or sponsor as required by law. The information from this study may be published in scientific journals or presented at scientific meetings but the researcher will disseminate the data as a group or summarized data and your identity will be kept strictly confidential.

What are your rights as a research subject?

You may ask any questions concerning this research and have those questions answered before agreeing to participate in or during the study.

For study related questions, please contact the researcher(s) listed at the beginning of this form.

For questions concerning your rights or complaints about the research contact the Institutional Review Board (IRB): Phone: 1 (402) 472-6965; e-mail: gppsirb@pepperdine.edu

What will happen if you decide not to be in this research study or decide to stop participating once you start?

You can decide not to be in this research study, or you can stop being in this research study ("withdraw") at any time before, during, or after the research begins for any reason. Deciding not to be in this research study or

deciding to withdraw will not affect your relationship with the investigator or with Pepperdine University. You will not lose any benefits to which you are entitled.

Documentation of Informed Consent

You are voluntarily deciding whether or not to be in this research study. Signing this form means that (1) you have read and understood this consent form, (2) you have had the consent form explained to you, (3) you have had your questions answered and (4) you have decided to be in the research study. You will receive a copy of this consent form to keep.

Participant Feedback Survey

As part of Pepperdine University's ongoing accreditation efforts, the Association for the Accreditation of Human Research Protection Programs (AAHRPP) standard 1-4: The Organization responds to concerns of research participants, encourages the HRPP to conduct evaluation or research participant satisfaction.

Participant Name:

(Name of Participant: Please print)

Participant Signature:

Date

Signature of Research Participant

Investigator certification

My signature certifies that all elements of informed consent described on this consent form have been explained fully to the subject. In my judgment, the participant possesses the capacity to give informed consent to participate in this research and is voluntarily and knowingly giving informed consent to participate.

Date

Signature of Person Obtaining Consent

APPENDIX I

IRB Approval



Pepperdine University
24255 Pacific Coast Highway
Malibu, CA 90263
TEL: 310-506-4000

NOTICE OF APPROVAL FOR HUMAN RESEARCH

Date: November 27, 2018

Protocol Investigator Name: Michael Eagle

Protocol #: 18-03-766

Project Title: Homicidal Loss and Disenfranchised Grief: Mothers of Murdered Descendants: An Exploratory Qualitative Study

School: Graduate School of Education and Psychology

Dear Michael Eagle:

Thank you for submitting your application for expedited review to Pepperdine University's Institutional Review Board (IRB). We appreciate the work you have done on your proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. As the nature of the research met the requirements for expedited review under provision Title 45 CFR 46.110 of the federal Protection of Human Subjects Act, the IRB conducted a formal, but expedited, review of your application materials.

Based upon review, your IRB application has been approved. The IRB approval begins today November 27, 2018, and expires on November 26, 2019.

Your final consent form has been stamped by the IRB to indicate the expiration date of study approval. You can only use copies of the consent that have been stamped with the IRB expiration date to obtain consent from your participants.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit an amendment to the IRB. Please be aware that changes to your protocol may prevent the research from qualifying for expedited review and will require a submission of a new IRB application or other materials to the IRB. If contact with subjects will extend beyond November 26, 2019, a continuing review must be submitted at least one month prior to the expiration date of study approval to avoid a lapse in approval.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite the best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the IRB as soon as possible. We will ask for a complete written explanation of the event and your written response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the IRB and documenting the adverse event can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* at community.pepperdine.edu/irb.

Please refer to the protocol number denoted above in all communication or correspondence related to your application and this approval. Should you have additional questions or require clarification of the contents of this letter, please contact the IRB Office. On behalf of the IRB, I wish you success in this scholarly pursuit.

APPENDIX J

Instrument/Material Permission

From: Laurie Burke <laburke@burkepsychological.com>
Date: December 6, 2017 at 11:19:46 PM PST
To: bamather.phd@gmail.com
Cc: Mweministries <mweministries@aol.com>
Subject: Re: Research design re: Disenfranchised Grief Following African American Homicide Loss

Yes, Barb, that is fine for Michael to use some of this material and cite us as you do.

All the best on this project, and, yes, we'd love to see how it turns out!

~Laurie

Laurie A. Burke, Ph.D.

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APPENDIX K

Interview Protocol

“Good evening. Thank you for agreeing to this time. This interview should not last for more than (1) hour as your time is valued and appreciated.

It is now (5:00 PM). Let me know if you are ready to begin. Are you ready? Remember the audio-recording device is not yet turned on and can be turned off at any time during this interview. May I turn on the audio device now?

For the sake of confidentiality your identifying name throughout this interview is (Diamond) and the researcher will refer to you as such throughout its duration. For the record, is that ok with you? Thank you.

Over the next hour you will be asked a series of questions concerning bereavement, grief and stigma. If any question seems too sensitive or you do not wish to answer say, I do not wish to answer, and the question will no longer be valid. You can also opt out of this interview or discontinue any part of it at any time. Your comfort is a part of the signed Informed Consent Form.

So again, let me thank you for your participation in this project. And please, again accept my condolences for what has happened to your loved one.

As a researcher, I only know of your descendant by name and that an act of homicide has victimized your loved one. Do you have a photo with you? May I see it? Thank you.”

APPENDIX L

Participant Interview Questions

1. Can you recall for this study, at least three (or more) feelings you experienced after initially learning of the circumstances of your loved one?
2. Can you state what those initial feelings were?
 - a. Would you say you currently experience those same feelings?
 - a. Do you still feel the strongest emotion you felt at that time?
3. Bereavement is an emotion experienced immediately following a heartbreaking loss. Would you say you are still in bereavement?
4. How did or do you cope?
5. Grief is considered sadness or sorrow that immediately follows a bereavement. Would you say you are still grieving at this point in your life?
6. What are some of the strongest emotions you have felt or currently feel towards the murderer or murderers today?
 - a. Have you been able to resolve those feelings and if so, how did you accomplish that?
 - b. Has the murderer or murderers been apprehended?
 - c. How does that make you feel?
 - d. Has the alleged perpetrator or perpetrators been tried, jailed or convicted?
 - e. How does that make you feel?
7. Have you sought any emotional, physical or spiritual assistance since the murder?
8. Are you satisfied with the support you have received from the following groups?
 - a. Law enforcement
 - b. The criminal justice system
 - c. Government entities
 - d. Faith-based institutions
 - e. Professional agencies

f. Family and friends

If your answer is yes, share the type of support you received?

If your answer is no, which group do you feel the support you received was inadequate or failed to meet your needs?

9. As a bereaved mother, how do you feel the following groups perceived your anguish or pain?

- a. Members of Law Enforcement
- b. The criminal justice system
- c. Government entities
- d. Faith-based institutions
- e. Professional agencies
- f. Family and friends

10. Since the murder of your loved one have you noticed any of the entities mentioned earlier acting differently towards you?

If yes, please explain what you have noticed or felt.

11. Do you ever feel ignored or that nobody cares about your circumstance?

12. Were the reactions you experienced after the murder of your loved one expected, unexpected or both?

13. How long have you been on this journey? What have you specifically relied on to help you in efforts of recovery along the way?

Ms. [pseudonym name], I would like to thank you for sharing your responses with me and for your time. Your participation in this study is greatly appreciated and valued.

Although there is no obvious personal gain for participating in this study, collected data adds to available knowledge and may assist other mothers in their efforts toward recovery.

Please feel free to contact me, if there is anything more you would like to add, or if you feel the need for a professional service, I can direct you to the appropriate group or person(s). Again, thank you for your valued participation in this research.

APPENDIX M

Off-Site Permission Request

Rev Dr. Kelvin Calloway
Senior Minister
Bethel AME Church
Los Angeles, CA

DATE: September 27, 2018

Re:

Dear Pastor K Calloway:

I am the Rev Michael W Eagle, Sr., MA, a doctoral student in the Organizational Leadership program of Pepperdine University, Los Angeles, CA. My current scholastic research explores the effects of Homicidal Loss and Disenfranchised Grief on mothers who have lost youth or children to acts of violence in the streets of Los Angeles.

My research involves interviewing three to five selected mothers chosen from purposive sampling in private, one-hour, one-on-one settings. To that end, I would like to request the temporary use of an office or private space in your church facility for the estimated three-month duration of this study.

Interviews are to take place weekly, preferably Wednesday evenings, between the hours of 5:00 p.m.– 7:00 p.m., beginning in the Fall of 2018. There are no special accommodations needed, other than two sitting chairs, regular room lighting and privacy to avoid distractions or interruptions. Interviews are audio-recorded, confidential and voluntary with no implied compensation or foreseeable risk to the mothers or your facility.

Completion of this research satisfies the dissertation requirements of a doctoral degree from the Graduate School of Education and Psychology of Pepperdine University. Any assistance granted by you is greatly appreciated.

Thank you,

Student: Rev Michael W Eagle, MA
School: Pepperdine University
Contact Info: xxxxxxxx@aol.com
310 xxx-xxxx

APPENDIX N

Site Permission Granted

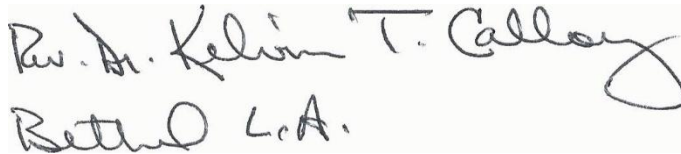
Pepperdine University
Graduate and Professional Schools Institutional Review Board (GPS IRB)
6100 Center Drive 5th Floor
Los Angeles, CA 90045

RE: Pastor Michael W Eagle, sr., MA
Homicide and Disenfranchised Grief

To GPSIRB:

This letter is to convey that I/we have reviewed the proposed research study request lead by Michael W Eagle with the intent to conduct research, at Bethel AME Church, Los Angeles, CA and I/we find the study on Homicidal Loss and Disenfranchised Grief acceptable for Michael W Eagle to use this site. If you have any questions regarding site permission, please contact:

Sincerely,



Rev. Dr. Kelvin T. Callow
Bethel L.A.