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# Adult Perspectives on Growing Up Following Uxoricide

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The purpose of this article is to provide an overview of the state of the science on uxoricide, including qualitative findings on 47 survivors. Two qualitative interviews were conducted between January 2004 and January 2005 with 47 convenience sample adult survivors of uxoricide. Data were analyzed using hermeneutic analysis. A number of themes emerge, such as later experiences with violence, including sexual abuse as a child; family difficulties in speaking about the death; the need to learn about the homicide as an adult as well as a need to reconnect with and forgive the assailant; and the importance of a caring adult to provide stability.

**Keywords:** *uxoricide; parental homicide; violence; sexual abuse; hermeneutic analysis*

The effect on children of the murder of a parent by the other parent, or uxoricide, is immediate and devastating. Usually in a single act, the child loses both parents. The victim is dead and the killer is either also dead, as in the case of homicide–suicide, or is a fugitive or in the custody of the police (Black & Kaplan, 1988; Saltzman, Mercy, O’Corroll, Rosenberg, & Rhodes, 1992). Home, school, neighborhood, and therefore friends, will probably change as the child is moved to the custody of a relative, friend, or foster family. Extended contact with police and other criminal justice system workers may add to the trauma (Pynoos & Eth, 1983).

The incidence of children affected by uxoricide is difficult to determine because the records on domestic homicide do not often specify whether children were involved. It is possible to make an estimate, however, as

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homicides are public records. In Virginia domestic violence figures for 2000 indicate that there were 85 intimate partner homicides. Sixty victims were women and 25 were men. Although there is no information concerning the number of children involved, statistics indicate that nearly 75% of the victims were between the ages of 15 and 44, the childbearing and child-rearing years. In their study "Risk Factors of Intimate Partner Femicide," Campbell et al. (2003) found that in 63% of the cases they studied, children were in the home at the time of the homicide. More significantly, in 43% of cases a child or adolescent actually witnessed the homicide or found the body. Applying this rate to the figures from Virginia, one could estimate about 54 uxoricides involving underage children occurred in Virginia in 2000. With a conservative estimate of two children per family, 108 children experienced an uxoricide in Virginia in 2000, and more than half of them witnessed the killing or found the body. If one assumes that people in Virginia are similar to other Americans, one could extrapolate that 4,144 children in the United States are affected by an uxoricide annually, based on U.S. Census population data from 2000 for Virginia and the United States.

As a comparison, according to the National Cancer Institute, the incidence of childhood leukemia in the United States was 2,700 in the year 2001. If one assumes that the lives of children of uxoricide are disrupted nearly as much as those with cancer, the extent of the problem is obvious. Yet any comparison of the attention given these two groups of vulnerable children by nurses and other health care providers and by researchers demonstrates a significant disparity.

## Literature Review: Parental Homicide

Given the lack of research on this topic, it is not surprising that there is little in the literature. There is a book, *When Father Kills Mother*, by the English psychiatrists Harris-Hendricks, Black and Kaplan (2000). Additionally, there was an article describing the fate of some of these children one year later (Kaplan, Black, Hyman & Knox, 2001). In the original report Black and Kaplan (1988) interviewed 95 children who had experienced the death of one parent at the hands of the other. Some interviews were conducted within hours of the murder and some as long as years later, depending on when the child was referred to the study. Forty percent were aged 5 or under and 40% were between 6 and 11. The sample included a large percentage of minorities: 34% of fathers and 27% of the mothers were minorities. Twenty-four of the children actually saw their parent being killed;

another nine heard but did not see the killing. After the death, more than half of the children immediately went to live with a relative. Thirty-five percent went to the deceased mother's family, usually a grandparent, and 17% went to the father's family; about 30% went to foster homes; and 10 of the children went to institutional children's homes. Almost 75% of the children moved from one placement to another in the first year after the death. Thirteen of the children moved three or more times.

Half of the children saw the surviving parent after the crime. Interestingly, the chronically abused children were more likely to visit their usually incarcerated parent, perhaps based on a learned obligation to care for and protect parents. The authors were unable to draw causal inferences about the symptoms children had because of the lack of a control group or contact with the child before the crime. Variability of the time of first contact with the child was also a factor in reporting sequelae. Both symptoms that generally appear early and resolve, such as posttraumatic stress disorder (PTSD), and those that usually develop later, such as identity problems, were underreported. Half of the children had symptoms of PTSD; 25% had mild symptoms and another 25% showed moderate to severe symptoms. Witnessing the killing was significantly associated with PTSD, but age, gender, and having received crisis intervention were not. The authors also looked at externalizing behaviors, or disruptive acting out; 60% of the children exhibited these behaviors, and 40% were in the moderate to severe range. Internalized behaviors, such as phobias, obsessions, or mood disorders, were present in 40% of the children. Two thirds of the children were judged to be overly emotional in their responses to everyday situations, and another 25% were thought to be overly in control of their emotions. Only 15% of the children did as well in school after the killing as before. A quarter of the children reported health problems that were judged to be psychosomatic. Nearly half of the children were victimized by their peer group, but only 15% showed a tendency toward bullying. About 10% were judged to be excessively passive in their peer relationships. Severe problems with attachment to the adults who were caring for them appeared in approximately 25%. Only 40% appeared to be free of attachment problems.

Kaplan et al. (2001) did a follow-up study of these 95 children by contacting the person making the original referral (most often the assigned social worker). All of the children had been seen by the therapists more than 18 months previously (median 3.5 years; range 19 months to 15 years). Seventy-four percent of the referrers returned the questionnaires. The authors determined that the children lost to follow up ( $n = 34$ ) were not different from those in the follow-up sample in age or in having witnessed the

homicide. There was a difference between the two groups in terms of the child's current placement. Eighty-three percent of children in the followed group were living in residential children's institutions compared to the original group, in which 61% were living with the assailant's family, 41% with the victim's family and 47% in foster care. Interestingly, the only children with regular contact with the assailant were those in foster care. Children with the maternal family had no contact, and in those living with paternal relatives, contact had ceased.

According to the assessment of the referrers, children living with the assailant's family (in all cases the father's) were doing worse in terms of behavioral and emotional problems. Children who had witnessed the homicide also had significantly more behavioral problems, despite having had more therapy. Overall, children living with the victim's family (all were the mother's family) were doing better behaviorally and in peer relationships than children in foster care, and both groups were doing better than children with the perpetrator's (father's) family. Clearly the findings of this study must be interpreted cautiously as the children were not directly assessed or observed, and the referrers might have had limited ongoing knowledge of the children.

Eth and Pynoos (1994) interviewed 55 children ages 3-17 who had witnessed the killing of a parent. Twenty of the deaths were by strangers, and the remainder were by the intimate partner of the parent, though not necessarily the parent of the child. The interviews were conducted usually within days or weeks of the killing, but some were 1 to 12 years later. Much as in the study by Harris-Hendriks et al. (2000), the authors reported the presence of PTSD, but they found that all of the children experienced it to some degree. The event was exquisitely painful and made the children feel helpless, anxious, and overwhelmed. These researchers noted that the children often had "flashbulb" memories (Brown & Kulik, 1977), that is, powerfully charged, detailed memories of the specific horrific event. The vivid memories were stable over time, and sometimes elaborately detailed narratives grew up around them as children reinterpreted the event.

Eth and Pynoos (1994) described a number of presenting symptoms (most of which can be classified as part of PTSD): muteness, aggression, disconnection, anger, guilt, anxiety, and school problems. They also listed a number of what they referred to as the prominent traumatic symptoms: nightmares, reenactment of the event, intrusive memories, fears, and anxiety. Another category of symptoms reflected the grief response; these symptoms included denial, depression, passivity, and an absence of affect when the dead person was mentioned. Pynoos and Eth (1983) offered some insights into the mechanisms of damage, defense, and recovery. Flashbulb

memories, such as that of a mutilated body, sometimes became intrusive and interfered with mourning and prevented sleeping. Previous violence in the house did not seem to lessen the effect of the murder, but it may have provided the child with some defenses to lessen the impact. The study reconfirms the view expressed by Frederick (1980) that stress is greater when the loss is caused by human design and not by nature. The authors also added the notion that ambivalence is a problem when the killer is a parent—it is difficult to blame and be angry with a loved one—and some children felt guilt or self-blame at failing to intervene or prevent the murder.

The authors also presented observations on what the children needed to do to recover. They argued that children needed to accept the reality of what had happened, find ways to tolerate the pain, loosen the affective bonds with the deceased, and make the energy available for other relationships. However, the fact that the death was manslaughter or murder made these tasks more difficult. For example, it was difficult to reminisce about the dead person, which is part of the process of recovery, because horrible images were intrusive and prolonged. Also, the fact that the trauma first produced numbness meant that when some children finally felt the full weight of the grief, all their support had left and they were alone. Many orphaned children have reunion fantasies (i.e., they imagine ways to be with the lost loved one), which might be helpful in nontraumatic deaths, but in homicide, the tendency may be to consider suicide as a way of reuniting with the lost loved one.

Clements and Burgess (2002) interviewed children aged 9 to 11 who had experienced a family member homicide. They reported that sources of pain and suffering included (a) the way families were notified of the death (most often by the police), (b) extensive police investigation and interrogation, (c) lack of confidentiality, (d) exposure to chaotic events, (e) feelings of grief confounded by guilt and blame, (f) stigma, and (g) difficulties in returning to school. Clements and Burgess concluded with a call for further research on children's exposure to violence. In a separate description of these children, Clements, Faulkner, and Manno (2003) provide case studies and describe the use of drawing in interviews.

These studies leave a number of questions unanswered. One unanswered question is who these children are. The samples in the studies to date were small and nonrandom, and they provide no picture of who these children are. For example, we do not know whether domestic homicide happens more often when children are young or when the children are girls rather than boys. There is some indication that homicide of a mother by her partner is more likely in families with a child who is not biologically related to

the mother's present partner (Campbell et al., 2003). There is also some indication that domestic homicides happen disproportionately in African American families: In 1996 the per capita rate of intimate murders among Blacks was 4 times the White rate (Greenfeld et al., 1998). One possible explanation for this is that minority women do not trust law enforcement or the courts and are thus less likely than nonminorities to call the police when domestic violence occurs, which allows the violence to escalate. Another possible explanation is that in poor families, in which minorities are over-represented, battered women stay in relationships longer because leaving their partners would mean destitution, and this allows escalation.

A second major issue raised by the studies to date is where the children go after the uxoricide and how they fare in different settings. This may be a difficult question to answer because tracking of these children is practically nonexistent. Children of uxoricide are not legally the victims of crimes, nor do they all go into the foster care system or adoption bureaucracies. Fortunately, in many places today victim-witness programs in the criminal justice system are involved with these children. However, a large epidemiological study of uxoricide and the children of uxoricide is needed.

A third issue, which has been covered somewhat better in the studies to date, is the symptoms of these children. PTSD has been the rubric under which most researchers have classified the symptoms of children of uxoricide. The research reviewed here examined symptoms following sudden and shocking violence and long-term bereavement. Symptoms have also been studied in the context of childhood, looking at schoolwork, bullying and regression, and externalizing and internalizing behaviors. Some of the research has looked at the symptoms of children trying to make meaning of their experiences. The research is by no means complete in this area; however, the research is maturing, and understanding of how these children of uxoricide suffer is growing.

A fourth question warranting further research is what seems to help and what seems to make things more difficult for these children. This area has been poorly explored, primarily because of obvious methodological problems. It is not possible to identify children before one of their parents kills the other; thus, before and after comparisons do not exist. Also, because the science is not developed enough for researchers to test interventions, there has been no attempt to compare groups of children who have had different experiences after the killing. However, in the research described above, there have been conjectures about what has been helpful and unhelpful. The way children are sometimes treated in the criminal justice system has been seen as unhelpful, including, for example, the loss of privacy and the

requirement to retell and thus relive the story. What is helpful to children is presented by Eth and Pynoos (1994) as a series of tasks: deal with the guilt, learn to handle the pain, and break the bonds with the deceased so affection is available for a new relationship. However, these tasks are so general as to not be very helpful. Being able to talk about the loss is considered helpful, as is having developed coping skills because of ongoing trauma in the family before the killing. One could, of course, argue that both of these could have deleterious effects. Is it always helpful to discuss a loss? Is it not possible that long-term violence in the family could wear out the coping ability of the children or teach them to cope in ways that are not useful, such as substance abuse? Clearly more descriptive work needs to be done before interventions can be devised and tested.

### **A Study of the Experiences of Children After Uxoricide**

Our ongoing study (NR008532) is a retrospective, exploratory study using qualitative methods to describe the experiences of children from the time of the traumatic killing of one parent by the other until adulthood. Participants are being asked to give a narrative account of their experiences as children, including those circumstances, people, ideas, or attitudes that helped or hindered them. Data are analyzed using hermeneutic analysis.

The characteristics of participants to date are summarized in Table 1. However, because this is a qualitative study with a small nonrandom sample, the question of who these children are remains to be addressed. Clearly, as noted above, a large epidemiological study is needed.

Not a great deal can be concluded from these demographics. The proportion of African Americans is slightly higher than the 20% African American population of Virginia, where most of the sample has been recruited. The small number of fathers who were killed is in keeping with the fact the most violence in domestic disputes is committed by men (73% in 1998; Greenfeld et al., 1998). Almost half of the participants were adolescents at the time of the homicide. We have found it difficult to classify whether the homicide was witnessed. As qualitative researchers, we decided to allow the participants themselves to decide whether what they saw or heard counted as "witnessing" the event. Some participants heard the struggle and saw the body immediately afterward but did not say they were a witness; other participants, including the young man who heard the gunshot while he was taking his morning shower, counted themselves as witnesses even though they were not in the room. Some participants differentiated between being an "eye" witness and an "ear" witness. Clearly more research is required before we can thoroughly describe these survivors.



**Table 1**  
**Characteristics of Study Participants**

	<i>N</i>	%
Gender		
Male	16	34
Female	27	66
Ethnicity		
African American	15	32
Caucasian	31	66
Hispanic	1	2
Age at Time of Homicide		
0-5	11	23
6-12	14	29
13-21	22	47
Age at Entry Into Study	<i>(M = 40.9 years)</i>	
Who Was Killed		
Mother	41	87
Father	6	14
Did the Participant Witness the Homicide?		
Yes	23	48

Where the participants in our study went after the homicide is difficult to characterize because of the variability. Of the 47 participants in the study to date, 26 lived with a member of the victim's family after the murder, and 11 lived with a member of the perpetrator's family. However, of this number, two went from the perpetrator's family to that of the victim and in another case (a murder-suicide), both sides of the family shared the child rearing. One participant was in a friend's house briefly, and three were raised by distant relatives. Interestingly, only three were adopted by strangers. Six of the participants spent some time in institutional settings immediately after the homicide (the worst of these was described as the county jail for juvenile offenders), and two others were eventually sent by their adoptive parents to institutions as incorrigibles. Most often, aunts and uncles were involved in raising these children, and in some cases the children were handed from aunt to aunt. Sixteen grandmothers, sometimes with grandfathers and sometimes without, also provided homes. Five children lived with a parent after the homicide: one with a father after his release from prison; two with a mother who was not incarcerated for the homicide; and one with her mother because her stepmother, with whom she had lived, was the one killed. Four older teens lived independently, and three returned to college. Of the 47 participants, 30 spent time in more than one home after the homicide.

Nine of the children, or 19%, said that they were sexually attacked or abused by a member of their new household. This is particularly disturbing because this question was not specifically raised by the interviewers, and thus the actual rate is probably much higher. Another five children said that they lived in households that were abusive. The abuse was not always directed at them; rather, another child in the household was the target. However, observing someone else's abuse seemed to be equally traumatic to participants. It is not clear why so many of these children went into dangerous households after leaving one in which there was a homicide. One could argue that the children were not wanted, and several talked about the Social Security checks that followed them to their new homes, which seemed so important to their new caregivers.

One story—not a typical story because there did not seem anything typical about these children—is that of Sarah. After her father killed her mother when she was 5 years old, she and her four siblings had to stay in the county juvenile facility for a couple of weeks. All the children then went to live with a maternal aunt and uncle for several months, but that was too large a family for the couple to handle and the siblings were separated. Sarah and her younger sister went to live with another maternal aunt and her husband. Their uncle was a military officer and the family moved often, sometimes overseas. When Sarah reached puberty, her uncle began to sexually molest her, and then later, her little sister. This went on for several years until her aunt was finally told. Her uncle was thrown out of the house but not prosecuted. Sarah said that after that, she began to stay out late, argued with her aunt, and did poorly in school. Finally, her aunt decided she could no longer control Sarah and took her to court as an incorrigible, and she was sent to what was called reform school. After her release, she spent a little time with her adoptive mother but soon lived with friends while she finished high school.

Because our study is qualitative, we have not tried to determine whether the experiences of our participants fit into an a priori classification of symptomology such as PTSD. We are instead looking at the issue of symptoms in two ways. First, we are documenting the suffering of the participants, which is one reason for looking at symptoms; and second, we are trying to understand how participants made sense of their experiences, which may be both the reason for symptoms and their result. That is, because the trauma has brought into question the meaning of life, these children experience the symptoms of PTSD, for instance, and because they begin to have symptoms such as nightmares and distracting flashbulb memories, they must try to reintegrate their lives in a meaningful way.

The suffering our participants have reported is not very different from that recorded in the literature. Depending on their age at the time of the homicide, they reported being lost, bewildered and frightened or angry and numb. Many of the participants have reported flashbulb memories, and those memories were usually of their mother's body right after the homicide, or in some cases, the blank, evil, and frightening look in their father's eyes immediately after he committed the homicide. Some of the children did well in school, but most had declining grades, especially in middle school and high school. It was also during adolescence that a number of them began to use alcohol or drugs. Some reported suicide attempts, and one reported a successful attempt by his brother. Almost all of the participants have reported difficulty establishing and/or maintaining love relationships, and for some this has lasted throughout their adult lives.

One of the major interests of our research is to understand how the participants try to make meaning of their lives in the face of this trauma. Our analysis in this area is just beginning, but a few themes have emerged. One of the ways that children deal with the need to find meaning is by trying to discover as much about the homicide as possible. Usually, this is something they do after they become adults, because in most cases family members would not talk to them about the trauma when they were children. Sometimes the search for details about the homicide is done through contact with family members, including siblings from whom they have been separated, and sometimes through old newspaper reports and court records.

One participant became involved with a police detective more than 20 years after the homicide to reopen the case. Her father had been accused of the crime but had managed to elude the police for all those years. The implication was that the meaning of the event could be ferreted out if the young woman could learn all the details. Another participant described taking months off from work to focus on her memories of the event and pray that God would help her determine whether her father had indeed killed her mother. This woman, who was 17 at the time of the homicide, had six siblings. Some of them believed their father was guilty, whereas others thought he was innocent. The father was convicted and served years in prison. The children had limited later contact with him because they were sent to another state to live with relatives. After his release from prison, he remarried and had several additional children. Several of the children from his first family attended his funeral several years later and reported that his new family was surprised to learn of his first family and his history.

Another way of attempting to find meaning was by assigning a reason for what the father did. When the mother was the perpetrator, the reason for

the homicide was fairly well agreed on. The mother was being abused by her husband, and this was her way out or her way of protecting herself (in only one case was the mother convicted of killing the father to collect on an insurance policy). When the assailant was the father, participants often decided that their fathers were mentally ill. In only one case, however, was the mental illness certified by the courts and the father sent to an asylum; in others, the participants decided on their own that he could not have really known what he was doing and must have been insane at the time. Akin to this explanation was that the father was an alcoholic or an addict who was therefore ill, and that was why he did what he did. Illness, either mental illness or addiction, was an explanation shared by a number of participants. One participant remembered her dying mother saying, "Don't hate your dad, he can't help himself, he is sick."

A few participants, though not the majority, relied on a sort of religious determinism to find meaning in what had happened. This was not manifested as a conviction that what had happened to them and their parents was God's will. Rather, it was expressed as the belief that they should not judge the actions of the father who committed the homicide; it was God's place to do so. This seemed to be a much better approach, assigning the meaning making to God, than the approach of two male participants who told of intending to kill their fathers because of what they were doing or had done, and who were prevented from this only by circumstances.

Another way in which a number of participants tried to make meaning was through counseling. This counseling, however, came later in life, long after they were adults. Several participants recounted a triggering event that seemed to cause them to have emotions they did not understand. In many cases they recognized the feelings as part of PTSD and sought a therapist. In one case, the triggering event was the O. J. Simpson trial. This woman found herself terribly bothered by the trial and said she began to realize that she had not "resolved" her experiences as a child. In other cases, the trigger was that the participant had a child who reached the same age as she was when her parent was killed. Although the counselors and the type of counseling varied, the meaning making seemed to have a common theme. The trauma had built up negative emotions inside the participant, and by talking about them, the negativity could be dispelled, or at least lessened.

What can be done to help these children is of paramount concern. The answer the American culture seems to turn to most often is counseling. Very few of the participants in our study received counseling as children, perhaps because many of the homicides occurred decades ago and counseling was not as available or thought as necessary then, or perhaps because the means

to afford counseling were not available. The few participants who received counseling as children were not convinced of its value. Most said they were too young to benefit or too rebellious to listen. Most of those who sought and received counseling as adults were appreciative and believed it was of value. Questions about the timing of counseling and the appropriateness for a given person have yet to be addressed, however.

For a number of participants, forgiveness or reconciliation with the perpetrator, if it was a father rather than a stepfather, was helpful. Using the explanations of mental illness or addiction as reason to forgive, or saying to themselves that God did not want them to judge others' actions, they were able to reconnect with their fathers. One woman in the study said that it was important that her children have a grandparent, and he (the perpetrator) was the only one available. She forgave him, and her children got to know him. In more than one case, a participant became the caregiver of the father after he was out of prison and became old and sick.

Many participants described a need to make peace with the assailant, not to make the assailant feel better, but for themselves. One participant described his feelings about his father, who shot his mother in front of their five children as follows:

One time after he got out of prison, and this was more for my benefit than his, I said I just got to go see this guy because he has a hold on me. I told M [his brother], "If it looks like I am going to get angry and hit him, please do whatever you need to do, throw me off the porch or whatever." I said, "I'm giving you permission to do what you need to do, because I don't want to hurt him . . ." So I said, "Throw me off the porch, wrestle me, tie me up, . . . do whatever you need to do." Because I didn't want to hurt him. [When he saw his father] I looked at him and I felt sorry for him, but that released me to go on. If I had not seen him, I think he still might have had a hold on me. But when I went back and physically and every other way, it was like I was larger than him and that released me a lot. It's kind of like a way to deal with yourself . . . You say, well I don't have to forgive him. Because what he did was, of course, unforgivable. However, you don't have to always carry all this hatred and fear, and so I was working on myself as well.

A finding first reported in our description of the pilot study (Parker, Steeves, Anderson & Moran, 2004) that continued with additional participants was the importance of a strong figure in their lives after the homicide. Usually this strong figure was a family member, such as an aunt or a grandmother. The participant did not have to live with this strong figure to enjoy the benefits. In one case, an aunt who came and went and spent most of her

time as a missionary overseas was the strong family figure. The participant said he always knew he could contact her and she would come. He believed she cared about him and cared about his best interest, untainted by any other considerations.

Often participants did not have an adult they counted on, and they turned to a sibling as a confidant, someone to provide stability and even protection. Generally this was not helpful. Two participants were sisters aged 3 and 5 when their father killed their mother. They managed to stay together, and growing up in an abusive adoptive family they had only each other to confide in. But they discovered they were unable to protect each other from the abuse, and even though they trusted each other, they were unable to find stability in their relationship because each was deeply hurt. Both became rebellious and both found trouble, in different ways.

Several male participants found stability and strength in institutions. One man shot his wife, and while he was in jail, he realized he was becoming like his own father and decided he had to change. He credited imprisonment as a strong altering factor in his life. A second participant dropped out of high school and was "hanging out with hoodlums and thugs" until he joined the Navy. His overseas shipboard experience was disciplined. He said it was the best thing that could have happened to him.

Finally, many participants complained that while they were growing up, no one talked to them about the homicide or about their family before the killing, and sometimes people would not even tell them where their siblings had gone. The participants overwhelmingly agreed that children need to talk about the homicide and surrounding events. According to the participants, silence in the family, caused by the social stigma of the murder, made it difficult to deal with the grief. The situation is complicated by instructions to the family not to discuss the homicide before the trial; families are never told that it is OK to discuss the homicide following the trial or guilty plea.

Participants described how adoptive or guardian family members would tell them to not dwell on the past but to just "get over it" and move on with their lives. As a consequence, they complained that they did not have family stories to link themselves to their past, they did not know what their mother was like, and they believed a part of their identity had been lost. Participants explained that their new families perhaps thought that expression of strong emotions retraumatized children and did not allow them to heal, a view held through the 1970s when many of these homicides occurred.

There was also a negative side to talking about the homicide and the family of origin. When a whole community knew about their family history, participants were often in a hurry to grow up and leave home. Although

some participants found it comforting to live in a community where everyone knew them and their story, just as many found it disturbing. And although all of the participants had told their current partners about the homicide in their family, a few had not told their own children and had spoken only in the most minimal terms about it to their spouse and refused to discuss it further with them. Taking about uxoricide was clearly an important issue for these participants, but it is a complicated issue that we need to address.

## Conclusion

Given the frequency of its occurrence and the obvious deleterious effects of uxoricide, it has been surprisingly understudied. The findings of this study provide an interesting beginning in the description of this complex phenomenon. Research is needed to learn more about the children themselves and to describe the experiences of others who work with these survivors and make placement decisions.

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