CARONTE HANDBOOK

FOR THE ASSISTANCE TO THE FAMILY AND/OR FRIENDS OF VICTIMS OF HOMICIDE

With financial support from the European Commission - Directorate-General Justice

APAV
associação portuguesa de
Apoio à Vítima

CARONTE
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CARONTE/CHARON – In classical mythology, Charon's mission is to take safely the spirits of the deceased across the swamps of the river Acheron to the bank of the River of the Dead. He is portrayed as an white bearded old man, who guides his craft. He is not one of the rowers, as that chore is for the spirits of the deceased who had their toll paid with a coin left on their tongue by their living relatives and friends. This is the origin of the ancient Christian funerary rite where a coin is left in the deceased's mouth before burial, which lasted at least until the Middle Ages.

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FOREWORD

The *CARONTE Handbook – For the Assistance to the Family and/or Friends of Victims of Homicide* was developed by the Portuguese Association for Victim Support / Associação Portuguesa de Apoio à Vítima (APAV) within the project CARONTE – Support to Victims of Homicide, their Families and Friends (2010-2012), with the support of the European Commission, Criminal Justice Programme – Directorate-General for Justice, Freedom and Security, in partnership with the Portuguese Republican National Guard / Guarda Nacional Republicana (GNR), the Portuguese National Institute of Legal and Forensic Medicine / Instituto Nacional de Medicina Legal, I.P., the Portuguese Judicial Police/ Polícia Judiciária (PJ), the Portuguese Public Security Police / Polícia de Segurança Pública (PSP), Victim Support Scotland and Weisser Ring Austria.

The purpose of this Handbook is to collate some of the most adequate procedures to support the relatives and friends of victims of homicide. It is aimed at all professionals who, at any time in different institutions and services, are or may come to be in contact with people with specific support needs from suffering the negative effects of crime. Among these professionals are victim support staff, police officers, health professionals, coroners, lawyers, judicial officers, magistrates and judges, social workers, that is, anyone who has been or might be faced with the family and/or friends of a victim of homicide, and who might have felt uneasy about being able to provide good-quality and efficient support.

The homicide of someone to whom one is connected to by family or affectionate ties is surely a highly traumatic event. The loss can cause intense suffering and significant changes in one's personal, family and social life. Death by homicide is always a violent death and can trigger extreme negative reactions, such as fear, rage, shock and horror. Life might not be the same again and one needs to adjust to reality, gaining new life perspectives. Thus, it is advisable that each individual has access, from the start, to specialised support by attentive professionals who know how to deal with the turbulences of bereavement with expertise, trust, receptiveness and hope.

The relatives and/or friends of the victim of homicide are, sometimes, designated as 'hidden victims', 'the other victims', or 'co-victims', given that, although they are not direct victims of the crime, they suffer the negative consequences of the crime against their relative and/or friend. While the victim may have died at the hands of a killer, these 'other victims' are still alive. In truth, they survive the event.

The problem is of such importance that it does not need either statistics or figures to create social impact. A single victim of crime justifies support professionals across different organisations being concerned about the needs of the victims. In the case of homicide, a single bereaved family and/or group of friends justifies that concern. Statistical justifications are worthless against the immeasurable loss of a person's life, or against the need of support by those who suffer their absence and the negative effects of such a traumatic event as the loss of a loved one in a death by homicide.

These problems justify the need to write and use procedure handbooks as this one in the daily practice of institutions and in the training of professionals, even if these will never be faced with a situation that requires applying this specific knowledge. A professional should be prepared: by acting preventively, he will avoid the unexpected demands caused by such a delicate situation. This Handbook is thus aimed at helping all professionals dealing with essential aspects of the victim support when providing support to relatives and/or friends of victims of homicide. It seeks to be a broad, generic and flexible tool that can be adapted, within reason, to the different circumstances of a crime, different individuals and challenges of a particular case.

To engage with themes as complex as death and bereavement is not an easy or simple task. A procedure handbook could never cover the intercepting and interdependent complexity of these themes. Firstly, it does not attempt to be a dissertation in thanatology or an exhaustive study. Secondly, even if only envisaging a facilitation of the bereavement support (of an individual, a family, friends, a community), a clear and unequivocal reading of its inherent details will always be conditioned by diverse reasons, which will raise doubts or new reflexive questions around concepts and practices. It is not surprising that some points might be controversial. The text reflects Judeo-Christian cultural influences, given the common cultural and religious European traditions. Adapting the content of this Handbook to different religions and cultural contexts present in the multicultural European space should, nevertheless, be strongly considered.

Death and bereavement have always been events strongly influenced by the civilizational path, the history of societies, cultures, religions, and, most of all, personal perceptions. Conceptually, these are quicksand areas which make writing a text a seriously difficult task, even if the author has a broad, generic and flexible approach. Despite these problems, the text should be guided, from the start, by the concern to present the dimensions considered essential and should analyse and clarify them, so as to offer a reading that is both clear and applicable to professional practice.

This Handbook has two Parts, following a structure already used in previous handbooks produced by APAV: «Understanding» (Part I); and «Intervening» (Part II). Although distinct in nature (the first part more theoretical; the second more pragmatic), the two parts have close connections and correspondences that the professionals will be able to establish at a close reading. Nevertheless, and foremost, Part II depends on the understanding of the phenomena object of Part I. It will not be possible to offer good-quality help and support to relatives and/or friends of the victims of homicide (Part II) if there is not a minimal understanding of important aspects such as the phases of the Grief Cycle or Pathological Mourning (Part I). To intervene we must understand. However, much remains unknown about the bereavement process as a human reality centred in the experience of a loss by death.

Although bereavement is part of the natural path of life and implies change in one's life and relationships (and, thus, in life in society), it is a relatively under researched area. Most researchers approaching the subject face serious difficulties that, often, force them either to give up their research or to change their research plans, and consequently extend their deadlines. Researchers find difficult to gain knowledge, as data is sourced mainly from the bereaved individuals. These individuals provide information in the natural course of their bereavement processes: thus, it is necessary to follow them closely to be able to receive and understand that information. Additionally, there is the complexity and the emotional weight brought by the knowledge of the bereavement processes into the researchers' own private lives. A researcher, even if he aims at remaining neutral, is not impermeable or insensitive to the negative charge that the subject implies. His neutrality should not imply coldness or stiffness in face of the bereavement processes he comes in contact with. The researcher must accept that, necessarily, he will be personally very involved supporting the bereavement processes and that this may have costs for him, as he is neither insensitive nor immune to the possibility of one day having to go through a bereavement process (in some cases, he may already have experienced several). The negative effects of the repeated exposure to the pain of others is well known and include strong vicarious aspects, which lead to people feeling psychologically worn out. For some people this is a cost too high or even unbearable. However, this is the only way to understand in depth the feelings of the bereaved.

Children are often the most marginalised (or most neglected) individuals amongst the relatives and/or friends of the deceased and, for that reason, have a central place in this Handbook, which presents key aspects of their bereavement process. Children cannot be denied the right to develop a healthy bereavement process while facing the ultimate reality of human life, death. This is a learning process for all human beings, taking place at earlier ages for some people. We should neither conceal death nor deny the understanding of loss to children. We must trust that they are able to conquer the difficulties with creativity and grow up to be psychological healthy adults.

Particular attention should also be given to parents losing children during childhood or at the adult stage. These bereavement processes are considered the most intense and complex, as well as the ones that often can easily evolve to the establishment of psychological pathologies. The bereaved fathers and mothers need support to reorganise their life projects.

APAV, as an organisation that supports and protects the victims of crime and their relatives and/or friends, has helped relatives and/or friends of victims of homicide by offering emotional, judicial, psychological and social support. The victim support professionals feel a true need to develop their generic knowledge so they are able to support the needs of the victims. Besides, sensitivity is not enough to provide a high quality support service. We must know more to do better. Part of the success of the intervention resides in the specific knowledge of the problems, as often there are better fitted solution mechanisms, that is, solutions focussed on the key aspects of the problem.

Human sensitivity is, nevertheless, determinant and may be a great challenge. Supporting the victims of crime is no light mission, particularly it is not easy to receive the requests for help from the relatives and/or friends of the victims of homicide irrespective of the way they come to us - by letter, phone or face-to-face. When dealing with the victims, the victim support professionals need to be emotionally stable, to have a carefully chosen speech, a quick understanding of reactions, emotions and complex feelings, the capacity for empathy, to treat the victims delicately, to show a posture of serenity and trust, and to be able to manage the silences and the horror of what they are being told. However, these are only some of the aspects that demand a vast personal commitment, even before they put to use their professional competences (as lawyers, social workers or psychologists).

During its activity, APAV has come to know many life stories, filled with difficulties, psychological blockings, fear, guilt, yearn for freedom and hope for better days. The testimonies of the thousands of crime victims (and their relatives and/or friends) in interaction with the professionals (mostly volunteers) are today an invaluable wealth of knowledge, which has helped us improving the understanding and practice when dealing with a range of problems. Year after year, the development of behavioural patterns and proceeding models was possible, in great measure, due to that interaction. The same is true for the cases of the relatives and/or friends of the victims of homicide whose interactions with our professionals during their bereavement processes echo in this Handbook and to whom our professionals sought to help by providing quality support. It is of great value that the brief examples in this Handbook are all true cases (although names and places have been changed).

We hope the future training of professionals in this area can benefit from the contents of this Handbook, that the standard of help and support given can, thus, be further improved, facilitating, as much as possible, the bereavement processes. In order for that to happen, it is paramount that this Handbook is not just the focus of personal reading and reflection, but that its contents are used in professional training programmes and, within those pedagogical contexts, are actively analysed, debated, problematized and exercised.

These training programmes will be richer if designed for multidisciplinary groups of professionals who, with their different points of view (academic, professional and personal), can contribute to create laboratories and/or simulations of daily institutional life. After all, and on a daily basis, it is needed and useful for different institutions to interact, and for professionals with different profiles to work together. Working in partnership is also a challenge, within a culture of institutional isolation that legitimises deficiencies or the lack of community networks. Those paying the costs of this deeply rooted institutional isolation are mostly the service users – in this case the relatives and/or friends of the victims.

Finally, we hope that the professionals reading this Handbook see it as an opportunity to seek further knowledge and better practices, as well as an occasion to launch a debate about very important but less pleasant topics. It is urgent to unveil the ‘other victims’, the ‘hidden victims’ in this contemporary world where to talk about death is a sort of ‘contradictory taboo’. This taboo, as others, represents a risk to society because, due to its position towards death, is feeding ignorance about something that is unavoidable, sudden, tragic, and often happening in an unimaginable way. For many of the relatives and/or friends of a victim of homicide this is what happened. And this is what happens and what will happen if, in the social debate, death related questions, namely death by homicide, are not treated with clarity and the importance they deserve and the respect they need. Only in this way will new avenues of hope be possible – a hope that must be conquered by (and with) the people to whom these events were forced upon, in a day that forever marked their lives.

PART 1
UNDERSTANDING

CHAPTER 1

THE HOMICIDE

Homicide refers to the act of a person killing another person[1].

The death by homicide is considered an aggravated homicide when the circumstances regarding the perpetrator are considered particularly reprehensible or perverse:

a) When the perpetrator is an ascendant or descendant of the victim, related to the victim by blood or adoption;

b) When the perpetrator commits the act against his or her partner or ex-partner of the same or the other gender and with whom the perpetrator maintains presently or maintained in the past a relationship similar to a marital relationship even if it did not include cohabitation or when he or she commits the act against the other parent of a first degree common descendant;

c) When the perpetrator commits the act against a particularly defenceless person due to their age, disability, illness or pregnancy;

d) When the perpetrator employs torture or cruelty to increase the suffering of the victim;

e) When the perpetrator is committed with eagerness driven, pleasure to kill or cause suffering, personal enjoyment or sexual gratification or by any other sordid or futile reason;

f) When the perpetrator is driven by racial, religious or political hatred or by the skin colour, ethnical or national origin, by the gender or sexual orientation of the victim;

g) When the perpetrator intends to prepare, facilitate, execute or conceal another crime , to facilitate the escape or ensure impunity to the agent of another crime;

h) When the perpetrator commits the homicide in conjunction with, at least, two more people, by using a particularly dangerous method or when it results in the practice of a crime of common danger;

1 - References to homicide in this chapter follow the Portuguese Penal Code (Book II – Special Part; Title I – Crimes against people; Chapter I – Crimes against life; Articles 131, 132, 133, 134, 135, 136 and 137). However, it is not this Handbook's intention to cover juridical analysis and specific penal issues pertaining to homicide. Penal issues on homicide are presented succinctly for a better understanding of the basic concepts such as 'homicide', 'aggravated homicide', etc. by professionals who do not have a legal background. Besides, this Handbook does not intend to cover exclusively the Portuguese case. As in previous APAV's handbooks, it seeks to present a text adaptable to other national realities and able to be translated and used by professionals from all the Member States of the European Union. Thus, it requires breadth and flexibility, which are impossible if some details, in this case related to penal issues, are drawn from a national perspective on homicide.

i) When the perpetrator uses poison or any other insidious method;

j) When the perpetrator acts coldly, either by deliberating on which methods to employ or by holding the intention to kill for over twenty four hours;

l) When the perpetrator commits the act against a holder of public office: a member of a sovereign public office, a member of the Council of State, a Representative of the Republic, a magistrate, a member of a political body of the Autonomous Regions, an Ombudsman, a perfect, a member of a local authority body or of any other service or entity exercising public authority, a commander of forces of public law and order, a member of a jury, witness, lawyer, or all those carrying out activities in the area of out-of-court dispute settlement, an agent of security forces and services, a public servant, a civil or military, law enforcement agent or citizen entrusted with public service duties, a teacher, examiner or member of a school community, or a religious minister, sports judge or referee under the jurisdiction of a sports federation, in the exercise or as consequence of their functions;

m) When the perpetrator is a public servant and committing the act represents a gross abuse of authority.

The homicide is considered privileged homicide when it takes place under an understandable violent emotion, compassion, despair or other socially or morally relevant motive, that diminishes significantly the perpetrator's degree of guilt.

The homicide is considered homicide at the victim's request when the perpetrator kills the victim following a serious, insistent and express request by the victim.

Encouraging or assisting suicide is considered homicide, and it occurs when someone encourages or assists another person committing suicide, if the suicide is effectively attempted or if it is consummated.

The homicide is an infanticide when a mother kills her newborn child during or after birth while in postpartum recovery.

The homicide is considered manslaughter when someone causes death to another person due to negligent conduct. That is the case when someone creates, assumes or increases a risk to the life of another person by careless behaviour, not foreseeing the risk of death, or by serious breach of the duty of care.

There are at least two individuals to consider in a homicide: the victim and the killer or, if several people are involved, the victims and the killers. Other people might also be involved, such as:

a) Witnesses (when the homicide is committed in the presence of others);

b) Professionals investigating the crime;

c) Professionals assisting the victim;

d) Professionals supporting the relatives and/or friends of the victim (lawyers, victim support professionals, etc.);

e) Relatives and/or friends of the victim, extremely affected by their loss, seek justice, for a considerable length of time, and want to ensure that the loved one is not forgotten.

A homicide cannot be reduced to the act itself. It triggers complex mechanisms affected by multiple factors pertaining to: the country's history, culture and legal systems; the circumstances surrounding the crime; the killer and the victim as individuals; and the crime's consequences on the present and future of the people and societies.

SOME CONTEXTS OF HOMICIDE

Looking at the previous relationship between the victim and the killer, a homicide can take place either within a relational context or within a non-relational context. These two possibilities influence the way people experience the homicide and condition differently the complex mechanisms underlying each case.

In the case of homicide in a relational context (when victim and killer had a relationship prior to the homicide: they were related, friends, neighbours, work colleagues, etc.), the homicide taking place within the family is particularly problematic (for example, when a son kills his father, or a granddaughter kills her grandfather). The family dynamics are necessarily changed and the family relationships might now include major conflicts and ambiguities (Spungen, 1997). The homicide of a partner or a child are particularly violent cases, occurring in the context of domestic violence.

Domestic violence is a problem that has led to the death of many women. There are cases in which the death of the victim results from multiple health problems caused by severe episodes of violence and/or from the aggressor's lack of assistance. For example, the aggressor pushes the victim from the top of a staircase, and the fall caused her multiple bone fractures, which lead to the victim's death a few days later in hospital (Spungen, 1997)[2]. In some cases the homicide takes place after the victim has received death threats for a long period, thus being premeditated.

In other cases, the perpetrators are the victims of domestic violence. After a long period of victimisation, and either to defend themselves from the aggressor (during an episode of violence) or because they perceive the possibility of being killed as an 'imminent danger' (for example, recognising signs of abuse that indicate they are about to be killed), the victim becomes the killer.

The homicide resulting directly from a situation of constant domestic violence can threaten the family structure and affect the children (often, still young children and/or teenagers), who can suddenly be left without their parents - because one is killed and the other is tried in court and sentenced to prison. In some cases these children do not have other relatives who can serve as their guardians and raise and support them, so they end up being institutionalized.

The children of a victim and a killer (and whom used to witness frequent episodes of domestic violence) find themselves in a difficult situation, that is, under the negative effects of a personal history marked by traumatic experiences of violence and fear. Their ambiguous feelings, namely guilt, are a psychological reality, and accompany these victims into their uncertain or compromised future: these victims will be waiting for the day when their only parent alive (regardless of being the father or mother) leaves prison, either dreading it (mainly if this is the father/aggressor/killer), or looking forward to it and to the perspective of a new life with this parent (mainly if this is the mother/victim of domestic violence/killer of her aggressor).

2 - For information on conjugal homicide in Portugal, see Pais (1998).

In the context of domestic violence, children can also be victims of homicide. In general, when children are killed by a family member, the family structure weakens and is affected by serious problems in the quality of its relationships. Often, these families are considered ‘unviable’ and ‘without future’, drifting with their multiple functional problems.

Children who are victims of domestic violence, and who are sometimes very young, are embedded in most cases in family contexts affected by many problems, namely social problems (delinquency, drug addiction, prostitution, etc.), and their families would have already been identified as families in risk by the relevant institutions.

The frontiers of the risk are still not clearly defined. To prove this, there some (extremely serious and brutally shocking) cases of children removed from families without quality to raise them, who are returned to these families and killed. In many cases, their return to the family and their consequent death shows that the homicide was not a strong possibility in the professionals’ risk assessment. These homicides occur, in general, after children were abused, also sexually, and neglected in their most basic needs (such as being fed, hydrated and cleaned). Their death is the corollary of the whole history of an ‘impossible family’ that no-one recognised as such.

The infanticide is a particular situation as it may be due to the possible psychological perturbation of the mother after giving birth, and therefore it is not included in the context of domestic violence. In some cases, it causes great suffering in the newborn’s family as he or she was a desired baby. The family structure can collapse in these cases as well, with negative material and psychological consequences for all the members, specially for the children.

The homicide of a family member by another family member contradicts the social perception of the family as a place of attachment, affect, protection, support and trust. The homicide within the family breaks this perception and poses a threat to society’s evolution based on the family ‘primordial cell’.

In a non-relational context, the killer is a stranger to the victim, that is, he or she did not have any type of relationship with the victim (for example, a street burglar who kills the victim). In these homicides, the ones committed violently stand out: homicides following burglary, multiple homicides, homicides followed by the suicide of the perpetrator and homicides with sexual violence.

Homicides following burglary can happen anywhere (for example, in the street, at the victim's home, in a bank), and they are committed when the perpetrator's objective is to steal some material good (for example, cash, jewels). The victim can be the owner, who is either robbed and then killed or killed to be robbed. Other people in the area where the crime takes place can also be killed (for example, a pedestrian passing near a jewellers while a very violent robbery takes place).

Multiple homicides have different motives and they cause several victims at once. In some cases, a group can plan attacking a place where a big number of people are concentrated (such as a building or a train station) and therefore kill several people, either simultaneously or moments apart. These homicides have political motives and are very impressive: the perpetrators seek the authorities' and society's attention for a certain political issue and they do not restrain themselves either from killing people foreign to their causes or killing themselves to achieve their goals, or both. These homicides present scenes of great violence and cause great suffering for many victims' families and/or friends, in many cases enhanced by the absence of the bodies of the victims (mainly in explosions). Besides, the area where the homicide occurred can be negatively seen as 'a place of death', or a 'place of horror', and it is hard to find a new use for it without evoking the memory of that homicide.

Other cases of multiple homicide pertain to robberies (for example, in a supermarket, where almost all the customers are killed), to the perpetrator's psychic imbalance (for example, a schizophrenic who kills numerous children in a kindergarten as they are 'demons in disguise'), or to varied religious motives (for example, a religious leader keeps his or her followers in a farm and poisons them the same day he or she announces the end of the world). Some multiple homicides can, however, take place within a family (that is, in a relational context), when one of the members kills the others at once (for example, a teenager shoots his or her parents and siblings during dinner).

In some multiple homicides, the perpetrators subsequently commit suicide (and can be then seen as 'martyrs' for a cause as they offered their lives for that cause; Spungen, 1997). The homicide with suicide can, nonetheless, occur as an 'act of despair' (for example, a perpetrator who was 'corralled' by the police and refuses to surrender, or in cases of 'suicide by cop', when the perpetrator provokes a law enforcement officer to shoot to kill). It can also take place in passion-related relational contexts, in which the perpetrator's suicide completes the victim's death' (for example in a romantic relationship disapproved by relatives, the boyfriend kills the girlfriend and then kills himself, following what they had agreed previously).

Finally, there are homicides with sexual violence. These generally take place either after a sexual crime (for example, rape), and the victim is killed to prevent reporting the aggressor to the authorities, or as a result of a perpetrator's erotic and morbid fantasy (in some cases, the perpetrator achieves sexual pleasure by causing suffering to the victim and/or his or her death).

Some of these homicides occur in a ritualistic context including symbolic details that are specific to the perpetrator's obsessive fantasy. They do not exclude, in some cases, prolonged torture of the victim, body mutilations while the victim is still alive and even violation of the dead body and/or other bizarre details (for example, eating the victim's flesh, keeping only the victim's feet in a freezer). Some perpetrators plan so-called 'satanic' religious rituals (including either the adoration of the idea of Evil, materialized in the crime, or the cult of its personification following certain religions such as Judaism and Christianity: Satan, the Chief Devil, previously named Lucifer when he was God's most beautiful angel and before he revolted against God).

In these rituals, the perpetrators intend to immolate or sacrifice their victims to the devilish divinity or to any other idea of Evil. They can, or not, follow the secret prescriptions from a religious movement or obscure millenary traditions collected or recreated from manuscripts or publications with restricted circulation.

These homicides have a very strong obsessive component and can be committed 'serially'. The perpetrator, after the death of the first victim, looks for potential victims with the same characteristics (for example, age, visual appearance, occupation), and spreads the carefully planned attacks over a period of time. Some serial homicides, however, are not committed with sexual violence.

FAMILY AND/OR FRIENDS – THE 'OTHER' VICTIMS, THE 'CO-VICTIMS'

The homicide means, obviously, the loss of the victim – a definitive loss[3]. This loss causes suffering for the victim's family and/or friends, or for others with close ties with the victim, mainly when these are affective ties.

3 - The victim is still a victim even if the homicide is not consummated, that is, in the case of 'attempted murder'. In these cases, fortunately, family and/or friends do not experience a bereavement process (as there was no loss), but they can be affected, as well as the victim, by the devastating psychological, physical or other effects of that crime.

However, when a homicide takes place, people's and institutions' attention seem to focus mainly in the history of the crime, the motivations of the perpetrators and the details of the crime, either collected by the criminal investigation team or confessed by the perpetrators. These people, because they represent a threat to society, are trialled and sentenced, and then they are supported in their social rehabilitation during and after completion of the criminal sentence. As for the victim, his or her body is buried (in many cases, long after the death), and it is considered that there is nothing else to be done.

However, in many cases the victims were not alone, without family and/or friends. After their death, even if all the legal issues are sorted (identification of the perpetrator, trial, conviction, imprisonment, etc.), the family and/or friends continue feeling the victim's absence and the hard reality of their loss. Their suffering can persist for a long time, sometimes forever. Even in the aftermath of the death, in the crucial moments of the death notification, in the funeral ceremonies, at the start of the criminal investigation, etc., the relatives and/or friends of the victim, in general present and who cooperate with the institutions and their professionals, only receive 'circumstantial support' of short duration and, often, of deficient quality. It is common for them to be alone in these circumstances.

Suffering from the loss is a multidimensional and complex concept. It pertains to a subjective reality, whose breadth and depth is, in truth, impossible to measure (Rando, 1993). However, and since a homicide is a sudden, potentially traumatic and highly disrupting event, it is humanly possible to assume that a homicide would cause great suffering.

The organizations committed to fighting the negative effects of homicide in society should be aware of the suffering of those who lost a loved one in a homicide. These people are so taken by negative feelings that their lives will be at risk of disruption: they share, in some way, the victim's suffering during the homicide attack.

The repercussions of the crime extend therefore beyond the victims and reach their loved ones. This is why the latter are often designated as the 'other victims' or 'co-victims' by some authors. Because their loss and suffering, which 'irradiates' from the homicide, is not always acknowledged, other authors designated them as 'the hidden victims' (Spungen, 1997). Thus, in sociological terms, the 'victim' concept can include 'another form of victimisation' beyond the victim who died as consequence of the crime. Being alive, these 'other victims' prolong in themselves the suffering caused by the homicide.

The relatives of the victim are the members of the 'nuclear family', that is, those who lived or who had closed family ties with the victim (by blood or adoption, including those in the ascending generation) and who had permanent affective relationships, usually nurtured or consolidated by their living together.

Additionally, people who do not have an ascending or descending family link with the victim but who do have a collateral link and a somewhat permanent affective relationship with the victim are also considered relatives of the victim, as well as people who do not have any kinship (by blood or adoption) with the victim but who had family-like relationships (for example, the christening godmother, nanny, housemaid, domestic worker, etc.).

The victim's relatives suffer from the death of the victim at the personal, family, social and professional levels. In many cases, the family of a victim of homicide experiences significant changes in the way it is organised and is forced to adjust to the reality of the loss by redefining the roles performed by each member.

More often than not, one of these changes is related to the sudden economic precariousness experienced by the family after the death of the victim, mainly when the victim was the main or only wage earner (for example, the working man who leaves his non-working wife and two young children, without pension or insurance).

The victim's friends can also be significantly affected. Friendships are developed by 'personal choice', 'free choice', 'genuine affection', as, in general, they are not subjected to any previous family context. Friendships develop naturally, outside family contexts, in general, and are not subjected to more or less formal norms (friends come up naturally, relatives 'are imposed' and are not always loved or preferred). Thus, for many people, friends are a sort of 'extended family', 'alternative family', or even 'the only family' (when the family is non-existent, is far away or the person has not benefited from good family relationships). Friends can suffer with the victim's death as if they were family. In some cases, they might even suffer more than some family members.

The concept of 'relatives and/or friends of the victim' can vary according to the geography and nature of the relationships. In rural areas, where human relationships are closer and family ties are more common and regarded, the death of a victim will be felt by an 'extended family', that is, by a greater number of relatives (for example, great-uncle or great-aunt, third or fourth cousins, distant relatives, cousins of cousins) and/or friends (for example, neighbours, friends of relatives, residents of a nearby village). In cases of homicide, the whole community (for example, a village or a town) will consider itself as 'family or almost family' of the victim, and its members can easily see themselves as friends of the victim (many times, they were only acquainted) or friends of the bereaved family. In a small rural community, where social control is tighter than in a big city, the repercussions of the loss of one member overflow the victim's family and groups of friends and reach a wider number of people (obviously without the same intensity). Instead, in a big city the death of the victim is experienced more privately, being restricted to the people who were closer to the victim, his or her family and/or friends, and often not affecting the community (for example, neighbours in the same block of flats or in the same street).

Work colleagues with whom the victim socialised on a daily basis can also be very affected by the death and experience it as a significant loss, but this is often socially devalued. In fact, they can suffer much as they shared with the victim not only the same professional occupation but also spent many hours together, often over years or decades. Often these colleagues were the victim's closest friends. Other times, some colleagues were the victim's 'rivals' or even 'enemies' and had contributed, openly or not, to undermine the victim's career. This competitive and hostile relationship may cause, after the victim's death, serious feelings of guilt, that are often lived in total silence (Spungen, 1997).

Finally, there is another group of people especially linked to the victim by close affective ties and whose suffering from the victim's loss is not acknowledged. These people maintained affective relationships with the victim that were not considered 'correct' by the victim's family or even society (for example, the ex-boyfriend of a married victim, a married man's lover, the boyfriend of a young man who was killed, the girlfriend of a woman shot by the ex-husband). In general, these people live their loss with the additional burden of the lack of understanding, repulsion, judgement and even persecution by the family's victim and, sometimes, the community. They are usually designated as the 'significant others', as their presence and relationship were important in the victim's life. Their suffering is intense, also because it is not socially acknowledged (Spungen, 1997).

The 'other victims' of a homicide are often affected by the circumstances following the homicide and are not respected in their suffering. They also become victims of 'another form of victimisation' - the so-called 'secondary victimisation', operated in varied circumstances by operators who show hostility towards a victim of crime. These victims, who have already suffered the crime, now suffer the deficiencies or lack of quality of a complex web of pathways (from institution to institution) when looking for goods or services. The suffering victims of crime navigate these pathways countless times and realise that the pace of work of these institutions and their professionals is not in synchrony with their needs. In this way, these victims experience a 'secondary victimisation' from the social and legal system, where they cannot timely find the protection they so much need. On the other hand, when these victims make an appointment in some institutions, they experience lack of quality in the support provided either because staff is poorly prepared to deal with victims of crime or due to the staff's value judgements, negative judgements, harshness, lack of understanding and prejudice. This can also happen to relatives and/or friends of a victim of homicide.

Some authors, however, are more incisive and defend that this form of victimisation is less a 'secondary victimisation' and more a 'second wound', an open wound over a 'first wound', the homicide. This 'second wound' is inflicted after the news of the death of the victim (Spungen, 1997):

a) By the court action of the accused's defence, which can upset the relatives and/or friends of the victim;

b) By the processes of the legal system, which involve an excessive delay in the resolution of many cases, a heavy bureaucratic machine, a heavily technical and inaccessible language and an imposing, inhibiting or even 'frightening' formality;

c) By the media harassment, as journalists might try to obtain interviews and explore feelings as well as publishing or transmitting emotionally violent news and images;

d) By the action of some police agents and/or criminal investigators, which is not always adjusted to the emotional fragility of the relatives and/or friends of the victim, and is in some cases more focussed on developing and solving the criminal investigation than in considering the family' and/or friends' needs for understanding, considerate treatment, and respect;

e) By other relatives and/or friends, mainly if the homicide was committed by a family member (an intra-family homicide), as there are intra-family dissonances and ambiguities, which undermine the family cohesion and the support that family members could give to each other in most difficult moments.

The relatives and/or friends of the victim can suffer social stigmatisation, mainly because they are widely seen as 'sombre people', marked by such a great tragedy that their mere presence is enough to disturb others. Some people get very impressed and do not know what to say to the relative and/or friend of the victim, feeling very uncomfortable with the situation and changing the topic of conversation suddenly (Spungen, 1997). This attitude can also be seen in many professionals, from whom one would expect a confident and adequate attitude. It is not rare for relatives and/or friends of the victims to complain about the way some professionals act towards them in painful moments.

This social stigmatisation is also due to the social prejudice against the victim, the homicide circumstances or even against the victim's family and/or friends. Some victims were already 'people unwanted' by the society, so their death is neither unwelcome nor moves many people. For families and/or friends of the victims, however, their loved one was important. Thus their bereavement process is developed without social acknowledgement because, even before the bereavement process, there was not 'social acknowledgement of those deaths'. This is the case for known offenders who die. Another case pertains to people killed while they were attempting to kill another person. Still another case pertains to people with socially marginal activities or considered indecent (for example, drug traffickers, prostitutes), whose loss is not considered significant to the community.

As in other areas, this stigmatisation can also take place because of the social origins of the victims and the socioeconomic and cultural conditions of their families (for example, a victim who lives in a rundown neighbourhood and who comes from a very poor family of immigrants). Society tends to 'despise' these victims, rapidly losing interest in the news about their deaths, mainly if these deaths are not related with other deaths (for example, as in a homicide committed by a 'serial killer'), that is, if these deaths do not seem to constitute a risk or danger to society.

In summary, victims and their family and/or friends are eventually forgotten when society does not consider them to be socially relevant and is not interested enough to worry about the needs of these victims' family and/or friends. This attitude is reflected in the behaviour of many professionals who, due to their prejudices, do not provide adequate services to the relatives and/or friends of the victim, who they see as poor, illiterate, 'people who mourn an outlaw' or who 'lost someone deplorable and useless'.

CHAPTER 2

TRAUMA: NATURE, DIAGNOSIS AND EFFECTS

Although trauma has always been present throughout human existence, only recently has this presence been recognised. In the last decades, trauma has been mainly identified among survivors of natural catastrophes, wars, genocides and terrorist acts (Valentine, 2003, cited in Pereira & Monteiro-Ferreira, 2003, p. 21) and it also affects many victims of homicide. Studies have shown, for example, that physical wounds resulting from victimisation are a risk factor for developing psychological problems and their severity is a risk factor for developing Posttraumatic Stress Disorder (PTSD) (Blanchard, Hickling, Mitnick, Taylor, Loos & Buckley, 1995, cited in Pemberton, 2010, p.89). Other studies have also shown that wounded victims suffering from PTSD recover less well than unwounded victims (Fraguas, Teran, Conejo-Galindo et al., 2006, cited in Pemberton, 2010, p.89). However, unwounded victims can also suffer from PTSD.

Trauma is, in its classical definition, a lesion caused to a live tissue by an external agent (Valentine, 2003, cited in Pereira & Monteiro-Ferreira, 2003, p. 21); but this definition is confined to physical trauma. Metaphorically, the term also means psychological trauma and can be defined as an altered psychic or behavioural state resulting from mental stress or from a physical lesion. The nature of these two types of trauma is different but theirs effects are similar.

Some events can lead simultaneously to physical and psychological trauma, such as those that disturb the life of a population (for example, an earthquake, with explosion and destruction of buildings, or a homicide) or the life of an individual (for example, the loss of a loved one in a traffic accident). These events involve essentially a death occurrence, the threat of death or of a serious injury or any other threat to the individual's physical integrity. They can also involve watching an event that causes death, injury or a serious threat to a relative or a friend; for example, violent attacks to people such as rape, robbery, strangulation, kidnap, being taken hostage, being tortured or seeing a corpse or parts of corpse, particularly from a loved one (American Psychiatric Association, 2000). Other traumatic responses can be triggered by a series of events that may be diverse and not always related to a crime, for example, a bone fracture, a surgical operation or an attack by an animal (Valentine, 2003, cited in Pereira & Monteiro-Ferreira, 2003, p.22).

Trauma, as the result of a negative impact or a coercive experience of negative events, requires the person's structures to be restored; otherwise, the traumatic effects will persist for a long period. The traumatised person will suffer continuously and feel insecure and dependent. She will go through serious difficulties in many areas of her lives: personal and/or affective relationships, family life, work, economic stability, preservation of physical and mental health, etc. Living with trauma is living a life of persistent imbalance (Valentine, 2003, cited in Pereira & Monteiro-Ferreira, 2003, p.22).

By attacking the basic foundations of life, traumatic events trigger essentially two human responses that are aimed at ensuring one's survival, or the survival of others, in face of the threat or the possibility of death. These responses can also be observed in animals: the fight-or-flight response (for example, a woman, after being attacked in the street by a man, can run away or attack him). Even persistent traumatic events (for example, domestic violence, sexual abuse of children, etc.) alternate fight-or-flight responses. However, these types of responses do not require reflection and premeditation - on the contrary, they occur very quickly.

Traumatic events also trigger some physiological responses, which are mediated in the autonomic nervous system especially by the reticular activating system of the brainstem, the hypothalamus and the pituitary gland. Most alterations in the micro-structural neurochemistry are temporary, but it is possible that an event may lead to permanent structural change. This may occur when the traumatic responses are stored as somatic symptoms. Traumatised people will then show physical problems that, if left untreated, will become persistent complains. Some people do not associate these problems to the previous traumatic events and they fall into substance abuse and dependence.

There are two associated diagnoses - Acute Stress Disorder (ASD) and Posttraumatic Stress Disorder (PTSD). They differ in their intensity and duration and both present symptoms of avoidance, arousal and intrusion. Avoidance symptoms are shown by the onset of depression, emotional numbing or re-experiencing the traumatic event. Arousal or hypervigilance is characterised by anxiety, increased heartbeat, perspiration and a substantial increase in the blood pressure. Intrusion symptoms include unwanted thoughts, intrusive images or flashbacks and nightmares. If any of these types of symptoms lasts more than four weeks then PTSD is diagnosed. When someone has symptoms from three areas lasting less than four weeks, then ASD is diagnosed.

The effects of traumatic stress include:

a) Concentration difficulties;

b) Decreased emotional expression;

c) Disruption of personal relationships;

d) Mental health problems due to intrusive thoughts;

e) Alarm responses;

f) Nightmares;

g) Increased demand for health services.

These effects lead to a general instability and the traumatised person will feel progressively more insecure and lonely. When the trauma is caused by human action, as in a homicide, its consequences can be devastating and of longer duration than when the trauma is caused by natural events (a flood, for instance) or by chance events (a traffic accident resulting from a burst tyre, for example). Effects will become more serious if the human action is intentional.

Although the generalised view that all survivors of potentially traumatic events will be traumatised is false, some variables make trauma more likely. These include, for example, the fact that another person caused the event, the action was intentional, this person is an acquaintance, is close to the traumatised person or is a relative, and the length of time since the event. Another variable is whether the traumatised person has a weak social network. Further variables include: the event changed the person's vocation or their role in the family or in society; the event took place in a safe place; surviving the event is seen as a source of personal pride and social recognition or as humiliating; the person has experienced a similar trauma in the past.

The shock resulting from the traumatic event is an important variable. Its specific effects can be shown to affect learning and memory, addiction, immunity and stress tolerance, identity formation and personality integration, and fantasy. Memory loss is one of the most harmful effects as the memory of the event, if kept, allows for a certain degree of self-control. Losing the memory of the event means enhanced stress because the person cannot remember what he or she lived or witnessed.

This memory loss can lead to delays in criminal proceedings or even prevent these proceedings, in which the person would like to take part to seek justice for his or her victimisation in the homicide. Memory loss (and sometimes vision loss) results from the psychological tension arising from the traumatic event[4] and it can last less than four weeks (ASD), more than four weeks (PTSD) or be permanent.

POST TRAUMATIC STRESS DISORDER (PTSD): DEFINITION, DIAGNOSIS AND EFFECTS

Posttraumatic Stress Disorder (PTSD) is common in victims of homicide and in their relatives and friends (Maia & Fernandes, 2003, cited in Pereira & Monteiro-Ferreira, 2003, p. 42).

At present the symptomatic reaction to a potentially traumatic event is seen as a normal reaction to an abnormal event[5]. It is diagnosed as PTSD if the symptoms persist for more than four weeks, as mentioned previously in this chapter, but their duration varies from person to person. Its effects are known and emerge in either one of the following two situations or in both:

a) The person experienced, witnessed or faced an event or events involving death threat or death, serious injury or threats to the physical integrity of the person or of others;

b) The person's response includes intense fear, feeling that there is no help available, or terror.

The traumatic event can be revisited persistently in one or more ways:

a) Recurring, intrusive and disturbing event memories including images, thoughts and perceptions;

4 - Also known as Shell Shock, related to the stress of the war veterans and used mainly by the experts in this area (Valentine, 2003, cited in Pereira & Monteiro-Ferreira, 2003, p. 28).

5 - PTSD was acknowledged as a diagnosis category in 1980 in the third edition of the *Diagnostic and Statistical Manual* (DSM – III), published by the American Psychiatric Association. This manual fostered further scientific interest and research developed considerably from this date, on top of previous scientific interest that led to the introduction of PTSD in this Manual. The rarity of traumatic events was a criterion included in the revised edition seven years later (DSM – III – R) as PTSD was a disorder mainly associated with less common situations and with high magnitude situations such as war and natural catastrophes. However, rarity was removed in the fourth edition (DSM – IV), which accepts that a person may suffer PTSD after experiencing several successive traumatic events, therefore not rare, such as traffic accidents, domestic violence, sexual abuse, or others (Maia & Fernandes, 2005, cited in Pereira & Monteiro-Ferreira, 2003, p. 35).

b) Recurring and disturbing dreams about the event;

c) Acting or feeling as the event is happening once again;

d) Feeling an intense psychological ill-being when exposed to internal or external stimuli that symbolise or resemble aspects of the event;

e) Physiological reactivity when exposed to internal or external clues.

The traumatic event can induce a persistent avoidance of stimuli associated with the trauma and a numbing of the general reactivity (which was absent before the trauma). This is signalled by one or more of the following symptoms:

a) Effort to avoid thoughts, feelings or conversations associated with the event;

b) Effort to avoid activities, places or people that might trigger recollections of the event;

c) Inability to recollect important aspects of the event;

d) Loss of interest in activities;

e) A feeling of detachment or strangeness towards others;

f) Constrained affections, feeling unable to love others;

g) Reduced expectations for one's future.

Some of the persistent symptoms not present before the event can be two or more of the following:

a) Difficulty falling or staying asleep;

b) Irritability or anger episodes;

c) Difficulty concentrating;

d) Hypervigilance;

e) Exaggerated alarm response.

The consequences of homicide are similar to the consequences of other crimes but they have a different scale and quite undermining effects. Most victims of homicide and their relatives and/or friends show resilience, even if the loved one died in the homicide. In spite of this, PTSD and psychological disorders levels are high among them and make the mourning process more complex, particularly if homicides are frequent in a region or country; as well as in the case of hostage tacking (Pemberton, 2010).

It is possible to assess the individual exposure to traumatic events using specific tools in cases when this is considered adequate, since not everyone who experienced or witnessed a homicide will suffer from severe psychological consequences.

CHAPTER 3

BEREAVED RELATIVES AND/OR FRIENDS OF THE VICTIMS

A bereavement process starts with the death of a relative or someone to whom one is affectionately attached. It is a natural reaction and includes adapting to this new absence (Rebelo, 2004). In this psychological process, grief over the death of a significant one fades over a variable time period (Rebelo, 2004; Lindemann, 1944).

To bereave someone requires readjusting to a new context where the deceased's space is now unoccupied. However, this readjustment stimulates the development of new relationships and the affirmation, or re-affirmation, of new ties in the future.

The bereavement is not a static process; as any process, it involves progression over time. However, as in all human processes, bereaving someone varies from person to person. It involves different characteristics and rhythms that change according to the person's inner reality, to the circumstances surrounding the death of the loved one and to the historical context (Rando, 1993). The bereavement is a personal and complex process:

a) Bereavement is a personal process. Grieving is a personal reality whose extreme manifestations vary across individuals. It is not possible to measure totally the extension and depth of the bereavement process, as each person's grieving develops in his or her mind. However, the process' general characteristics are observed in many people who have lost loved ones in different circumstances, times and places. These processes do not reveal the totality of the feelings one experiences when loosing someone. The bereavement process obeys to personal singularity, which interacts with a multiplicity of internal and external factors. It is misleading to think that a bereavement process is only a conjoint reality (for instance, a 'bereaved family'). In truth, there are several bereavement processes in a 'conjoint bereavement' and each has its own particularities and rhythms;

b) Bereavement is a complex process. A healthy, or 'normal', bereavement process progresses naturally and rather linearly. It is not, however, a simple process. Many multiple factors intervene during this process and these can be historical (mainly related to the death circumstances of the loved one), psychological, family-related, social or other factors.

BEHAVIOURS AND REACTIONS IN THE ‘NORMAL’ BEREAVEMENT PROCESS

In ‘normal’ grief, one experiences emotions and displays behaviours that can depart considerably from the habits and attitudes held before the loss of the loved one. They are, nonetheless, different from deep mental deviations, which have a pathological nature (for example, paranoia, manic states and even depression). In a normal process, one experiences a particular set of emotional conditions that allow coping healthily with the loss (Rebelo, 2004).

The most marking conditions in a bereavement process are:

a) Depressed mood, that is, a lack of interest, which makes daily life effortful and painful;

b) Lack of interest in the outside world, as this world is not the same without the loved one and neither can it bring him or her back;

c) Lack of ‘ability to love again’, as one cannot accept that someone else will be able to take the loved one’s place – he or she is considered to be irreplaceable;

d) Difficulties engaging in activities other than those symbolically associated with the memory of the loved one.

Grief symptoms are displayed at the psychological, physical and social levels.

At the psychological level, the bereaved person feels emotional numbness, alternated with expressions of rage, guilt, self-recrimination, anxiety, loneliness, mental fatigue, helplessness, shock, feeling stunned, deep sadness, grief, disbelief, confusion, the disturbing sensation of the loved one’s presence (feeling that he or she has not died, sometimes accompanied by visual and/or auditory hallucinations) and a sense of depersonalisation (feeling ‘broken in pieces’). The person also dreams frequently about the loved one and feels the need to recollect happy episodes lived by both by revisiting the places where those memories took place and by keeping objects associated with those episodes (Redmond, 1989). The bereaved person can also display compulsive crying on different occasions, even when it is not in a context associated with the loved one.

At the physical level, the bereaved person often feels an 'emptiness in the stomach', a 'hollowness in the heart', a 'lump in the throat', hypersensitivity to noise, lack of air, muscle weakness, lack of energy and a dry mouth. A progressive fatigue diminishes even more the person's low energy levels, which initially resulted from significant sleep and appetite alterations.

At the social level, the bereavement process leads inevitably to behavioural changes and, consequently to changes in the relationship with others in the social context. Therefore, besides 'hovering behaviour' (in which the person seems to 'hover' above daily events without involvement or commitment), dozing and forgetting small and big daily tasks (causing disruption at work, for example), the bereaved person also isolates herself socially by distancing herself from family and/or friends, social groups and, generically, from situations involving gatherings.

THE ADULTS' GRIEF CYCLE

The suffering experienced by a bereaved person is not only psychologically intense but it also affects the person physically and, consequently, his health and the organisation of his daily life. Therefore, this suffering can affect all the person's life dimensions - personal, family, professional and social - and create multiple problems (Rando, 1993).

The bereavement process is not usually made up of random expressions of grief. There is an orderly and gradual development during a defined period, generally from six months to one-year or slightly longer, depending on the person and on the situation of the loss. This is a dynamic process and generally obeys to a sequence comprising three phases (Rando, 1993).

These phases are not always evident and the definition of their boundaries might also not be clear, but they represent the dimensions the bereaved person will go through (Henry-Jenkins, 1993). Due to the high complexity in each phase, some authors consider them as processes. That is, a bereavement process can comprise very intense phases, each of them considered as a 'process within a process' (Rando, 1993). It is then a process with several sub-processes and it will depend mainly on the bereaved person's singularities and on the situation[6].

6 - Not all the authors assign the same names to the different phases. In general, if the designation is not exactly the same (sometimes due to the translation from one language to another), the essential content is. Therefore, the phases described here may have different designations elsewhere but their contents will not differ significantly.

The three phases of the bereavement process are:

a) Crisis Phase. It begins with the news of the death and opens the most sudden and shocking period of the bereavement process[7]. However, the shock will be lessened if the bereaved person thinks that the news of death would have been inevitable in the short-term. Either way, the person will always feel an emotional shock. Its impact can last for many hours or even a week and it can be interrupted by sudden bursts of affliction and anxiety. The blood pressure increases, as well as the heartbeat.

In this phase, and as a natural consequence of the shock, the person will experience numbness - the bereaved person will have a sensation of hovering over the events', feeling vaguely that he is living a nightmare. That is, the person does not feel totally awake and does not have a full grasp of reality, as if under 'anaesthetics'.

This phase often includes an emotional denial of the loss. Many people's first reaction is the immediate denial of the death news, expressing rejection (for example, repelling aggressively the bearer of the news or even attacking him, screaming 'Oh my God, it can't be! It isn't true! It can't be'). Very often, the person needs further information about the death in order to assimilate the news, for instance, asking immediately when did the death occurred, where the body of the loved one is, etc. (Redmond, 1989).

Even if the person accepts rationally that the loved one died, he tends to behave as if this has not taken place. This reaction is an immediate emotional defence towards an acute suffering. Certain subtle gestures may be displayed in everyday life, showing that the person does not want to believe that the loved one has died - for instance, keeping his personal objects clean and in their place, keeping the last message in the voice mail, referring to the loved one as if he is still alive, etc. (Rebelo, 2004).

Frequently, the person justifies not attending the funeral (to the close relatives of the deceased, for example) mentioning the wish to remember the loved one only with 'good memories from when he was alive', not with memories from the funeral or even of the body (Rando, 1993). Some people even say that they do not want to participate in the funeral ceremonies as they do not want to accept that the loved one has died (Volkan, 1975, 1985, 1987; cited in

7 - The situation is different for those for whom a loved one is missing or his or her whereabouts are unknown. Undergoing great suffering, they do not initiate or develop a true bereavement process as they do not know exactly what happened - if he or she is alive or has already died. Many people live years, even decades, searching for news. The bereavement process as described here (that is, due to death) only begins when the news of the death arrives. Before this moment, the person lives in hope that the loved one will return, and do not face the loss as definitive - as only death can be.

Rando, 1993, p.395). In other cases, the person simply apologises missing the funeral by saying 'I don't like funerals'.

Repeated questioning is another form of negation - for example, 'why did my husband have to die and not another person?' The person can feel very irate, angry, fearful, anxious and wishing for revenge. Initially, this negation is considered normal. If it persists it may have a negative impact in the development of a healthy bereavement process and will contribute to a pathological mourning, described later in the chapter, and this is an unhealthy denial.

The Crisis Phase includes painful moments such as the duty to communicate the death of the loved one to other relatives, friends and acquaintances. The person feels uncomfortable because besides having to think about the best way to communicate the news also has to face other peoples' reactions (mainly compulsive crying, denials, questions, confusion, etc.), as briefly as that might be.

Another duty of family members or friends might be identifying the body. Seeing the loved one naked and laying, almost anonymously, on the mortuary's table - and in many homicides, disfigured by a violent death - can be a very painful moment. The requirement for an autopsy might be disturbing for those imagining that, after a violent death, the loved one's body will, for the purposes of forensic examination, be 'cut open and stirred around'.

In many cases, only after many days of medico-legal diligences, media coverage and suffering for the bereaved person can the funeral rites take place. This is a very important time in the bereavement process. For many people, the funeral rites are the most traumatic moments after receiving the news of the death. They are now faced with the 'materiality of death', that is, with the material evidence that the loved one really died, and they see his body or the funerary casket or urn holding his mortal remains. The funeral rites are, for many people, an occasion to express emotions (for example, screaming and crying or insulting someone, present or not, considered responsible for the death), as if they could still be in touch with the loved one for 'the last hours' or for 'the last moments'. Other people live through the funeral rites feeling very down or even apathetic, irrespective of being under medication. For them silence is the place for all the intimacy and 'contact' with the loved one or for the 'farewell'. Only after the funeral rites end will they express their emotions.

In the Crisis Phase, if there are suspicions or evidence of crime, criminal proceedings begin. In some cases the investigation has begun even before (for instance, when the victim went missing because he was kidnapped or his body was hidden for some time). Often the investigation develops simultaneously with the bereavement process, and can extend beyond it or even compromise its healthy development.

The Crisis Phase is a period of immediacy and shock with the hard reality of the loss. The person who suddenly loses a loved one - and because he was a victim of crime - suffers a sort of emotional numbness or 'anaesthesia' that, in many cases, is also confused with the sleepiness effect induced by the intake of calming and antidepressant medication.

Often the bereaved person feels an intense prostration 'as if he had been attacked violently' or 'had fallen from the top of a mountain'. The person feels sore all over his body and physically unwell. He also suffers from high irritability accompanied by loud compulsive crying episodes. In some cultures, people around the bereaved person encourage these expressions either because it seems therapeutic (and it can indeed be; Mallon, 1998) or because it is a cultural demonstration: chants, litanies and funerary lamentations, whose formulae is not textually fixed but that follows an oral tradition. In spite of these demonstrations looking sometimes, at least for some people, as a mere folk production of bad taste, they have been suggested to function as an exhaust to the powerful emotions overwhelming the bereaved person.

Several factors can influence the Crisis Phase and they condition each bereavement process differently because, besides their diversity, they are experienced differently by each person. Some of these factors are the intensity of the crime (for example, whether the victim was mutilated alive or tortured with hot irons), the crime's sudden character (for example, a homicide in a public transport), and the premeditation of the crime (for example, knowing that the victim had been receiving death threats for a while).

Another important factor is the known or unknown crime history, that is, the historical process leading to the homicide. The story may be in the public domain to a higher or lesser degree (for instance, media coverage exploring the number of victims) or it may be totally unknown to the victim's family and/or friends (for instance, not knowing impressive details such as that the victim was quartered after he died or that the perpetrators of the crime painted a wall with the victim's blood).

In the Crisis Phase, the bereaved person often 'feels the presence of the loved one', 'sees' or 'hears' him and has the impression that the loved one is still alive (for example, that he still occupies his bedroom, desk, reading couch, etc.). The bereaved person becomes very sensitive to any external stimuli that reminds him of the lost person (for instance, perfume, favourite colour or music, etc.) Often the bereaved person thinks that he is 'becoming crazy' (Redmond, 1989).

The Crisis Phase is populated by fears, feelings of insecurity, wishes for revenge, rage (for example, crying, screaming, punching objects), guilt for 'not having done anything to prevent the death' (even if that was impossible). Some authors mention that the bereaved person subjects himself to a sort of 'reality test' or 'proof of reality' to face something that, as a defensive tendency, he would rather ignore - the death of the loved one. That is why the bereaved person requests insistently all the available information about what really happened in order to be able to 'believe the truth about what happened'.

In some cases, publicly available information might be very limited as part of it might be under reporting restrictions applied by law or by the courts and be used only in the criminal investigation. The bereaved person tends not to accept this limitation and becomes anxious about 'what is being hidden from him'. He also becomes suspicious and aggressive towards the investigators, with whom, on the contrary, it would be important to cooperate.

In many cases, the Crisis Phase is the onset of a long difficult period for the person. This period will only be overcome when the person has a real, complete and clear understanding of the death of the loved one. This is particularly relevant in cases of homicide, where the criminal investigation process, the identification of the suspects, their detention, accusation, trial and prosecution are determinants for understanding the death. Feeling that justice was made in court, besides inhibiting the frequent wishes for revenge, helps a healthy development of the grief cycle. However, this is not always possible or it can take a long time.

b) <u>Disorganisation Phase</u>. This phase occurs generally a few days after the death of the loved one and after the funeral rites are over, particularly the wakes and the funeral, even if in some cases there are still some other liturgies to perform after the burial. Sometimes, though, this phase can emerge a few weeks later depending on the length and intensity of the Crisis Phase.

The death of the loved one leaves a feeling of emptiness and disorientation. Suddenly, life seems to have lost its meaning. Everything seems off kilter and the perspectives used by the person to understand and organise her personal life, in all their diversity of aspects and intersections, begin to be highly disorganised.

When the more significant and public moments of the death of the loved one are over (for example, the reception of the news, identifying the body, the profusion of the media coverage, the funeral rites, etc.), the immediacy of the death is also over and the weight of the days ahead settles down- at home, with family, with friends, at work. When those moments are over (sorted out from a pragmatic point of view), the bereaved person has now something equally difficult to sort out - her life shaken by loss and full of challenges.

Life might then be lived with anxiety and fear. In some cases, these feelings are not imagined and vague - they are linked to the ongoing criminal proceedings with which the person cooperates but about which knows little. Anxiously, the person might fear that the proceedings 'have stopped', the competent authorities are not interested or that it is not possible to identify the authors of the homicide and, therefore, these cannot be arrested, accused, trialled and prosecuted. This prospect enhances the person's fear of becoming the next victim or the fear of having a family member under the murderous sight of a close-by stranger. These feelings of anxiety and fear can increase if some aspects of the criminal investigation indicate that the perpetrator can attack again and, to prevent this, some people will have to be under protective security.

In this phase, the bereaved person feels lack of energy, and the grief can be such that he easily believes to be 'on the verge of madness' again - everything seems to threat chaos and rupture. Consequently, the person becomes irritable and reacts briskly and negatively to some stimuli, even if they are small and innocuous. He can become aggressive with those around him and even feel indifference to the suffering he is causing. He feels, sometimes, that no suffering can be greater than his.

Bitterness can almost settle and this can last weeks, months, even years, and it is not possible to predict the transition to a new phase of the Grief Cycle. The bereaved person tries to survive the best he can, especially if he has direct support from the family and/or friends and specialised professionals. Slowly, he can regain the energy for an active life by redefining strategies and devising new perspectives for the future. However, for some people this hard task goes back and forth. For others, this task involves disguising their sadness so that they convey an image of security and confidence to the family (mainly when they have young children) and friends, which, in turn, will lead to a greater isolation and helplessness.

Missing the loved one dominates this phase. One realises of 'how much one misses the absent one' or feels the 'absence of the loved one', feelings associated with wishing for the loved one's return – an impossible return. Missing the loved one often means refusing the loss and being unable to let the loved one go - this is fostered by an on-going recollection supported by specific symbols and rituals (for example, not making any changes to the loved one's bedroom, etc.).

Missing the loved one is also linked to the aggressive behaviour displayed and it reflects a violent refusal to accept the reality of the death. Frequently, the bereaved person goes from missing the loved one to rage for her not being there. In homicide cases, this rage is strongly linked to the hate felt towards those responsible for the homicide and to wishes for revenge.

Missing someone is a universal feeling but expressed more deeply in some cultures (for instance, in the Portuguese culture), which might foster its permanence. The feelings will become negative if, in some cases, rather than being transitory, they become persistent. While they persist, the bereavement process cannot develop healthily[8].

Also particularly important in this phase is how the bereaved person behaves in his missing the loved one - his persistent search for the loved one in symbols, celebrations, celebratory rituals, religious places, etc. (Bowlby, 1980). In part, it is the way the persons lives cultural aspects (and often religious ones too) that defines many facets of the bereavement process. These acts can promote bereavement so their taking place is positive. Other people, according to their conscience and religion, can participate in these acts and, in that way, assign new meanings to the death of the person, particularly by fostering union and solidarity among the relatives, friends, sometimes all the community. These celebrations can include diverse liturgies (religious or not), readings (written by the loved one, poems, etc.), speeches (each person gives a testimony about his or her relationship with the loved one), symbols and rituals (planting a tree, throwing flowers in a river, visiting the grave

8 - By the end of a healthy bereavement process, the way the loved one is missed is different: the person has assimilated her loss and the memory of the loved one is now a soft nostalgia, that is, a positive feeling.

and laying flowers on it and lighting candles, etc.). To celebrate the memory of the victims of homicide, many towns erect public monuments where family and friends of the victims and anonymous people pay their homage, particularly in the anniversary of the victimisation event.

These acts can ease the transition from this phase to the next one. In time, and if the bereavement process develops in a healthy way, a progressive liberation will take place. The loss of the loved one is totally assimilated and renewed perspectives for life emerge. The loss of the loved one and the harshness of the bereavement process give place to a greater serenity.

c) Organisation Phase. The pain of the loss starts, thus, to vanish and a new balance of the physical and psychological health is achieved (Rebelo, 2004).

Now the bereaved person feels able to put the death of the loved one into perspective, to reflect about it, to rationalise the available information and to make judgements about different aspects of the death. She is also able to deal with and resolve complex problems. The person starts new adjustments and perspectives and has the energy to start setting new life objectives. All these can be visible for the family and/or friends and/or professionals who have been at the bereaved person's side since the Crisis Phase (Redmond, 1989).

It is also in this phase that, in many cases, the bereaved person begins to feel available to love again (when the loved one who died was the husband/wife, partner, boyfriend/girlfriend) and/or to seek new friendships.

The memory of the loved one is no longer a permanent 'pain of absence'. No longer is the bereaved person missing the deceased in a persistent and tortured way. The memory is now a healthy memory of an important and happy past that marked their personal history and identity but is now lost and overcome. It is a settled memory that does not generate instability or disorganisation; rather, it generates adaptation and a path to a future without grief.

GUILT, RAGE AND WISH FOR REVENGE

During the first phase of the bereavement process, rage is a dominant expression at the psychological level (Rando, 1993). It begins with a rage about 'why did this happen to me?', that is, a diffuse rage associated with rebellion against the events of life, against reality, against the death of the loved one, which, after all, one refuses to accept. It is an immediate reaction in the first moments after receiving the news of the death. That is why some people are aggressive towards the bearer of the news.

Another common recurring expression of rage is to attack the memory of the loved one by accusing him of his death. It is as if, with this death, one loses two con-substantiated things: the loved one and the love given to him (the love he received). After all, it was in that being, and not in another one, that the bereaved person invested so much interest, affection and expectations - he was, in many cases (for example, in the death of the boyfriend or husband) the bereaved person's greater source of pleasure and achievement (Rebelo, 2004).

The bereaved person has also a feeling of guilt. This feeling becomes particularly intense when the bereaved person begins to take responsibility for the death, for 'having done nothing' to prevent it, even if that was impossible, either because the death could not be prevented or because the person did not possess knowledge, means or any other possibility of preventing it. In other cases, when the bereaved person does not find a way of taking responsibility for any aspect in the death, he searches for possible 'failures' in the history of the relationship with the victim. The person then regrets some details, common in daily life, and recriminates himself for them, as if they bore a direct relationship with the death of the loved one. He feels to some extent that, once the loved one was going to die 'so soon', 'so young' or in 'such a brutal way', then he should have devoted more intensity and dedication to the loved one. The person begins to ask himself 'why haven't I treated him always well?' or 'why haven't I shown how much I care?' This guilt pertains to something that he could not have predicted to happen so soon or in such a violent way.

This guilt becomes too heavy and too tense for the already very fragile bereaved person. If the person is not able to hold this guilt in himself, then he transforms it into aggression directed at the exterior. The person begins to behave rudely, being easily irritable and impolite - any achievement, important or not, make him irritable and reactive.

This rage is frequently directed at the closest ones - family and/or friends and work colleagues (Rebelo, 2004). It is easier to hurt the ones one loves, those closest and whom one trusts the most than to hurt strangers. Those closest can also 'put up with', 'tolerate' or 'support' the aggressive reactions as they genuinely care for the bereaved person and feel there is familiarity and camaraderie between them. However, some people will not respond positively to this behaviour and will show anger, accuse the person of being unfair and may even break the affective, family or friendship ties. That is, they do not understand (or do not want to understand) that the bereaved person needs help rather than being repelled or distanced. The bereaved person will lose ties and will become gradually isolated.

Strangers, more or less close to the bereaved person, will have even more difficulty understanding, tolerating or forgiving certain aggressive attitudes. Even so, and in second place, the bereaved person directs much of her aggressiveness to them. The person tends to hurt the ones who accompanied the death of the loved one mainly because she finds them guilty of having not prevented the death (even if that was impossible). The person targets the professionals who tried to save the loved one, the people who witnessed the death and the bearers of the news of the death to family and/or friends, etc.

Rage also extends to entities and institutions (for example, the State, the government or, generically, the fire brigade, the hospital, the police forces, etc.). These are seen as responsible for the wider social, political and organisational realities whose consequences led to the death of the loved one.

In general, the bereaved person is aggressive to those around her. The person is under great guilt, which is transformed into aggressiveness and all the reality seems to act as stimuli to trigger it. If the person is religious, even not being very devoted, she will tend to accuse God and blame Him for 'doing nothing' to prevent the homicide that caused the death of the loved one, an innocent person. If the bereaved person is a believer or had a religious education, particularly in the Crisis Phase or in the Disorganisation Phase, God may be seen as a 'traitor', Someone who did not paid attention to her supplications, who despised her faith and deprived her of someone so much loved.

Particularly during the Crisis Phase or the Disorganisation Phase, the wish for 'taking revenge into her own hands' emerges frequently. This is often a death wish. The relatives and/

or friends wish, or fantasise about, the death of the responsible (or suspects) for the death of the loved one, and they wish it to occur in the same way (Redmond, 1989). In these phases, thoughts about what the person 'plans' to do to those responsible for the death of the loved one can be recurring. These thoughts are even more intense if the responsible has not been trialled or prosecuted yet.

Even after the prosecution, the bereaved person may feel that her pain was not compensated enough or that the victim's memory was not 'restored'. She may feel that 'justice was not made' or that the responsible 'should have been condemned to many more years in prison'. Frequently, she feels that the responsible 'should be in prison forever' or that 'there should be death penalty for them' and ' they deserved to die, to die as violently as the death they inflicted to innocent people'.

THE BEREAVEMNET PROCESS AND DEPRESSION

The bereavement process can indeed be very painful. It can change deeply most of the person's views and behaviours. It strongly disturbs and significantly deviates the person from the normal functioning patterns at the personal, family, social and professional levels.

It is not by chance that, to talk about death, the images and metaphors in almost all texts seem to be insufficient or unsatisfactory. The death of a loved one is described by some people as a 'big earthquake' that, in a single moment, devastated their lives and ruined practically all their structures and, therefore, shook them psychologically, physically, socially, professionally, globally. Many people admit they felt on the 'the verge of madness'.

However, grief on its own is not a psychic illness. That is, it is not a symptom of psychological depression or any other pathological psychic manifestations. In fact, many characteristics of the bereaved person and the depressed person are common and can easily be confounded. However, a bereaved person might not be necessarily depressed (Spungen, 1997). Many bereaved people want (or are advised by relatives and/or friends) to be prescribed antidepressants soon after the news of the death. This does not make it easy to distinguish between a bereavement process and depression and one might think that by addressing the manifestations of depression is also resolving the bereavement process. If the bereaved person takes antidepressants, then those around her might think that she has gone from one phase of the grief cycle to another (due to the suppression or disappearance of certain reactions such as grief, crying, etc.) when, in truth, these reactions are not displayed because they are 'artificially' inhibited (Rebelo, 2004).

However, Depression often occurs in bereavement processes. It can prevent the healthy development of the process and increase the risk of developing pathological bereavement (described later in the chapter). This is more likely to occur in people predisposed to depression (for instance, with a troubled personal path even before the death of the loved one, due to hereditary predisposition, bipolar disorder, etc.) or to those who have suffered from depression previously. When bereavement is caused by the death of a loved one in a homicide it is more likely the development of depression than in other situations of loss by death (Spungen, 1997).

Depression is characterised mainly by progressive changes in mental health. The person shows a low or oscillating mood, lack of energy, sadness, low self-esteem, sleep problems and some incapacity to perform daily tasks, either simple or complex. Due to a progressive fatigue, the person 'drags' herself out of home every morning to go to work. She even thinks that she will 'die of sadness'.

Depression can be classified as Reactive Depression or as Endogenous Depression.

Reactive Depression can result from an incident involving a significant loss (such as the death of a loved one). The person suffering from depression shows a sad mood, apathy, lack of motivation to live or to perform daily tasks, etc. This state can last longer than normally expected (around a month), and is then considered pathological. However, a depressed state does not imply that the person is suffering from Endogenous Depression.

Endogenous Depression is structural and the person was already suffering from this clinical condition at the time of the death. In these cases, loosing someone will aggravate the depressive state, that is, an existing depression gets worse. The recovery approach for reactive depressions is focussed on what happened (the death of someone, for example), while for endogenous depressions it is based in the sufferer's life story.

People suffering from Depression, be it Reactive or Endogenous, often become progressively socially isolated either because they feel 'out-of-context' in any group and feel 'different' from the others or because the others see them as imbalanced (they can either be in a 'good mood' or become aggressive suddenly) and avoid them. This isolation might also occur because people suffering from depression feel irritable and fear to become unpleasant and/or hurt others, especially relatives and/or friends, so they stay away or avoid being in a group.

A depressed person suffers from a real illness and should be treated. The longer the diagnosis and the treatment take, the greater the destruction caused by the depression in the person's daily life. Depression should not be confounded with 'general states of sadness' (for example due to the death of someone). It is a complex and dominating illness and can become chronic if not treated. In some cases, it might favour the emergence of other psychiatric illnesses and can effectively lead to death.

In fact, depression might also occur alongside suicide ideation and the person might try to kill herself several times and even succeed. In many cases, the person expresses that intention or 'temptation'. It is important that the listener takes this confession seriously as it might be more than a 'notice': it might be an implicit request for help. Nonetheless, some suicidal people die in a time and context where it would have been very difficult for someone to realise they were going to commit suicide.

For a depressed person, suicide can be seen as the immediate solution for a no longer bearable pain (or for a life not worth living without the loved one, in cases of bereaved depressed people). Suicidal ideation can emerge mainly within a depression associated to the loss of a loved one by homicide and the bereaved person might have never thought about committing suicide before. These suicides are more common in men than in women (Spungen, 1997).

Depression is also characterised by anxiety symptoms. Anxiety is caused either by concrete events or by diffuse sensations and it limits considerably the person's well-being.

Panic disorders are extreme manifestations of anxiety and they include unexpected attacks of intense panic occurring in particular situations or when the person fears a new attack (if she has experienced one in the past). The exact cause for the panic attacks and their frequency vary across individuals. They can be triggered by especially difficult or crucial situations (for example, identifying the body of the loved one, meeting the main suspect by chance, going to court or providing a statement in the criminal proceedings). However, panic attacks can also occur in low-anxiety common situations and where the person did not think it was possible to experience panic. In a panic attack, the patient is not able to control her fear, which emerges quickly and violently. She has difficulties breathing and feels tension and tightness in the chest muscles. The heartbeat increases and the person might think it is a heart attack. She has difficulties maintaining a logical reasoning and keeping the notions of time and space. She has also difficulty expressing herself verbally (or cannot do it)- she is not able to pronounce some words or to build long sentences (also because of inadequate breathing). During the panic attack, the person feels surrendered to a sort of inexplicable physical manifestation above her strength, taking place in contexts familiar to the person in some cases, and in which the person's performance was never an issue. Often, after the attack, the anxiety persists and the person feels physically its effects (for example, headaches, fatigue, muscle pain) for several days, feeling also prostrated during that period.

Social phobia is another characteristic of depression. It is strongly associated to a persistent fear of diverse social situations (for instance, to be in a restaurant, bus, work meeting, with friends, etc.). The patient tends to avoid social situations as these are a cause of anxiety or anguish, and he often finds these feelings inexplicable. To be with other people, even if not necessarily interacting with them (for example, to greet them and/or talk) may become a source of anguish. After one or several social occasions (for example, in one day), a few days of deep sadness might follow and one or more panic attacks might also occur.

Another possible mental health problem in the bereaved person is the emergence of obsessive-compulsive thoughts. It is less described in the literature but it is included in the normal bereavement process, usually in the Crisis Phase and in the Disorganisation Phase. Particularly in the first weeks or months of the Grief Cycle, some obsessive-compulsive thoughts (thinking constantly and intensively about the loved one) can inhibit the person's concentration ability. His attention decreases and he tends to forget small daily tasks or things (for example, where the keys are, where the car is parked, etc.). In a case of death by homicide, the person's concentration is focussed in imagining the details of the death of the loved one (when the person did not witness the crime) and in the aspects he can remember (for instance, receiving the news of the death or when he saw the body, etc.) However, when these thoughts persist for years they can become a serious mental health problem (Spungen, 1997).

In many cases it is advisable that the person be medically supported. Self-prescription should be avoid at all times as well as prescription by unqualified others, who might provide pills and other medicines used by themselves or others. In general, the patient needs a trusted person to help him take correctly the medicines and who can prevent the patient from either stopping the medicine intake without medical order (by carelessness or intentionally) or exceeding the prescribed intake. People who are unwell can get better results if they are helped by a relative/friend to assess their health improvements and/or the medicine's secondary effects. In this way, patients can also cooperate with the psychiatrist in decisions regarding the medicines prescribed or in their replacement.

PATHOLOGICAL MOURNING AND CHRONIC MOURNING

As mentioned previously in this chapter, depression can transform the bereavement or grief process into an illness. In other words, depression may prevent the 'normal' development of grief by freezing the person in certain phases of the Grief Cycle and by giving rise to Pathological Mourning (Rebelo, 2004). The latter can manifest itself differently but it is almost always related with a delay in certain phases in the Grief Cycle or even with a total refusal to progress and with a persistent intense mourning associated with suicidal ideation and psychotic symptoms. An unexpected death, such as the death of a son, spouse or partner, that will transform terribly the person's circumstances, or a violent death, are risk factors for the onset of pathological mourning (Rebelo, 2004). Recent studies have reported considerable rates of pathological mourning cases in relatives of victims of terrorist acts, even several years after the death (Neria, Gross, Litz, Maguien et al., 2007; Pfefferbaum, Call, Lensgraf et al., 2001).

Two other important factors are the bereaved person's social isolation (sometimes due to a personal choice to retreat, greater bereavement 'austerity' or behaviours reinforced by certain cultures/religions), already described in this chapter, and the excessive dependence on the loved one (for example, an elderly lady who depended on the husband in almost everything:

materially, in which decisions to take, opinions about people and things, etc.).

Certain visible aspects in the bereavement process indicate Pathological Mourning. One of these aspects is a long-lasting Denial in Grief, with the absence of mourning expressions even in the Crisis Phase. Simply, the person does not admit that the death took place. The person acts as if she has not even received the news of the death. If the person does not accept the death as an historical event, she will not be able to develop a healthy bereavement as she refuses to start it.

This is an 'integral psychological denial', or a 'unhealthy denial of the death', and is different from the denial usually observed in the Crisis Phase. The person shows a huge difficulty accepting the reality of the loss and seeks to deny what is undeniable. So, 'imprisoned by her own stage set', the person develops behaviours that exclude the death of the loved one from her daily life. For example, the person does not integrate mentions to the death in her discourse, speaks as if the loved one was still alive, does not participate in the funeral rites, does not deal with any legal issues related to the inheritance, does not change any daily habits and also keeps all the deceased's objects as if she were still alive and could arrive at any moment to use them (Rando, 1993). Life goes on under an appearance of normality, and this sometimes shocks family and friends who see these behaviours as a sign of coldness, lack of affection and respect for the memory of the deceased. This difficulty is more evident in cases of unexpected death such as death caused by a homicide.

One can also observe mourning overreactions. The person shows out-of-context and disproportionate behaviours after having left the Crisis Phase, that is, these behaviours are no longer related to the initial reactions after receiving the news of the death (for example, crying compulsively in social contexts unrelated to the loved one, screaming in anguish in public if remembering the loved one, etc.).

There are different types of Pathological Mourning. Technically, these are (Rebelo, 2004):

a) Schizoparanoide Mourning where the person shows deliria or auditory hallucinations involving the loved one but still keeps the capacity to understand the surrounding world. That is, although the person can see and hear well what surrounds him, he also keeps seeing and hearing the deceased loved one;

b) Depressive Mourning, when feelings of sadness, insomnia, loss of appetite and weight and lack of interest in almost all activities extend beyond the normal. It is *par excellence* bereavement lived 'in depression', or alongside a depression, and necessarily linked and related to the depression;

c) Obsessive Mourning, where the person has recurring and persistent thoughts, impulses or images of the loved one or related to him, which cause strong feelings of anxiety and ill-being;

d) Compulsive Mourning, when the person displays compulsive behaviours aimed at denying the death of the loved one (for example, waiting for him every day for dinner with the table laid and including a napkin with an embroidery of his monogram and pill box, etc.);

e) Manic Mourning, when the person shows a persistent and abnormal mood and is, in general, very irritable. This type of bereavement is characterised by decreasing sleep, accelerated speech, keeping himself exaggeratedly busy with daily tasks (for example, investing too much time and commitment at work, studying too much, accepting more posts and special missions, having a very active sexual life, shopping, etc.) and exposing himself to harmful consequences to his personal and family life organisation (for example, extravagant expenses, megalomaniac businesses, indiscrete or risky sexual behaviour).

According to some authors, some bereavement cases are in fact unsolvable. Month after month, year after year, grief drags from phase to phase without following linearly the Grief Cycle. The bereaved people do not show a natural evolution from phase to phase until the end of the cycle. And, unhealthily, they perpetuate postponing passing to another phase and, consequently, the cycle cannot end. From the Adaptation Phase they go to the Crisis Phase, and they not put an end to their suffering – they are imprisoned by Chronic Grief (Rando, 1993), also designated by some as the 'Cycle of Perpetual Pain' (Henry-Jenkins, 1993).

The establishment of Chronic Grief will depend essentially on the person's psychological structure. It results from the structure's incapacity to adapt to the traumatic loss and to take the bereavement forward (influenced by many and complex variables as described before) and also from the quality of the support provided by friends, family and professionals.

The bereaved person might show visible signs indicating a tendency to develop Chronic Grief (Rando, 1993):

a) An abrupt and intense bereavement process that only begins some months after the news of the death, and that occurs in the absence of, or in the presence of few, mourning expressions;

b) An acute perturbation, observed three to six months after receiving the news of the death, including crying and on-going laments, deep grief, persistent rage, strong culpability and self-recrimination;

c) When the person has not passed to the Organisation Phase of the Grief Cycle around one year after the death of the loved one;

d) Permanent tension, being unable to rest and missing the loved one strongly even after the first weeks following the news of the death;

e) Feeling that no one can understand his pain and/or help him leave the bereavement even several weeks after receiving the news of the death.

Assessing the specific circumstances in which a bereavement process transforms itself into an illness seems to be the most adequate solution for defining the support that relatives and/or friends or professionals should provide to the bereaved person. For some people, it will be enough to provide them with affection, the solidarity of family and friends, certain symbolic gestures, willingness to progress from one phase to the next and professional support. For other people, the psychological complexity and the risks of the bereavement process demand a specialised intervention from the Psychology and Psychiatry areas (Rebelo, 2004). Without such specialised support and without adequate prescription of medicines, these people might be left on their own dealing with an increasingly darker inner world and enclosed by unhappiness. They might destroy themselves and their relationships with the people around them.

BEREAVEMENT FOR THE DEATH OF ONE'S' CHILD OR ANOTHER CHILD

The death of one's child is generally described as one of the most painful events in one's life (Rebelo, 2004). The parents' suffering, regardless of the child's age, devastates them. When compared to the pain due to the death of another relative, the pain from the child's death is extraordinarily intense (Rebelo, 2004).

The death of one's child, young or old, is in almost every culture the most absurd of deaths, the one that some even designate as an 'anti-natural death' or 'the death beyond any life's natural order' (Spungen, 1997).

The parents' affective attachment to their children is generally intense, in part because the children are seen as the parents' continuity, their projection into the future, as live milestones of their passage through life. Because of that the bereavement process will be complex, sometimes including the development of less common manifestations.

Losing one's child can, therefore, ruin one's emotional balance and increases the risk of developing psychiatric pathologies (Rando, 1993). The death of an infant child, more than any other death, has been described as a sort of 'violent extraction of part of one's being', as 'plucking a vital component' of one's personal identity (Rebelo, 2004). It is not by chance that this bereavement process is also generally the longest one, regardless of the personality structure of the bereaved person. Even if it progresses linearly following the phases of the Grief Cycle, some painful manifestations such as sadness, guilt, anxiety and fear may persist all life. They can show higher or lower intensity but they prevail and never completely disappear.

For a parent, the death of a child causes the same suffering whatever the age of the child - a newborn, a baby, a child, a teenager, an adult or even an elderly person (Rebelo, 2004; Spungen, 1997). Reports from parents who lost children at different ages are very similar, and that includes an only child or children with siblings, regardless of the number (Rebelo, 2004).

The death of the child generally happens when family life is starting and becoming more organised, mostly around the history of that child - how much she was wished, taken care of, admired, and loved by the parents in the few years of her life (Rando, 1993); in sum, how much the parents invested in her in term of affection, family life and socially. Losing the child puts the parents' lives off kilter, destabilises their ideal of happiness and of human achievement. Their planning towards that goal, and to which they had channelled most of their energies, is disrupted.

As a matter of fact, many couples cannot bear the collapse suffered with the loss and they end up splitting. It is as if the loss remains between them and prevents any future planning. After the separation or divorce are completed, they will desperately try to dissolve the pain's power as if, by not being together, the pain could also be 'separated, broken down to pieces'.

Each parent lives the bereavement process individually and that process depends on their individual personalities. It will become difficult to manage simultaneously two bereavement processes, which are different, run in parallel and are very similar since they were started by the death of the same loved one.

There is a significant influence of the traditional gender roles. The father is generally more inhibited in his mourning expressions and has, in many cases, the hard mission of supporting the mother - as if he does not suffer as much as her, as if a man, simply because he is a man, had been born stronger, imperturbable and serene (Spungen, 1997). This idea comes from old cultural conceptions from patriarchal societies where men were seen as the 'stronger sex' and women as the 'weaker sex'. One expects, because of women's mythical weakness, that they will receive immediate protection, support and containment from their husbands or partners, the 'stronger ones' (Rando, 1993).

A father can suffer as much as the mother and it is not possible to measure his pain and compare it with the mother's pain. It is also not fair to demand from a father who lost his child that he puts his bereavement process aside in order to attend to the mother's grief exclusively.

However, the family, the employers, society in general, tend to not forgive the weakness of a father when he says he is not able to support the mother, that is, when he renounces complying with the traditional gender role expectations. This is why fathers return to their daily life, to work, etc. quicker than mothers, being more acceptable that mothers show incapacity, blockage, and remain longer at home.

In truth, the belief in the innate strength of men punishes fathers who try to develop a healthy bereavement process as the opportunities given to mothers are denied to them. This is reflected in the emotional restrain he should show as a man, as exaggerated emotional reactions are acceptable or typical in a woman but not in a man (for example, crying loudly, screaming, hugging someone, fainting, etc.). As he is regarded as a sort of 'Family Guardian' or as an authority, the so called 'the Head of the Family' (in a traditional cultural conception), one does not admit that he hesitates, that he does not impose his view calmly and that he does not cast his protective shadow over his family members, starting with his wife or partner. Because of this, it is easy for a father to feel guilty for the death of a child (in a homicide, for example) as he feels that 'he failed' his protection mission as a men first and then as a father.

Furthermore, to reassure their wives and partners, their other children (the siblings of the child who died), the rest of the family and their friends, many fathers stay in an almost permanent silence, denying themselves the need to express their pain by verbalising it, crying or asking for help. That is, they do not acknowledge their right to openly suffer the loss of their child. This attitude is rooted in ancient cultural conceptions of gender roles.

Frequently, their wives or partners complain about their emotional absence, their silence, in sum, about their lack of support. The criticisms families address at fathers during their bereavement process are another negative aspect making the development of a healthy process more difficult (Spungen, 1997). These fathers often disappoint their families and become more isolated.

As for the mothers who lost a child, not only do they receive more attention and dedication from their families, employers, society in general, but they are also perceived as taking the central role of the mourning family. This comes from cultural conceptions with a remote origin in which mothers have a special connection to their children, a sort of 'immaterial umbilical cord', a mythical tie that was cut abruptly. It is believed that mothers will feel the death of a child more than fathers.

In a bereavement process what makes mothers different from fathers, at least socially, is the expression of their feelings and emotions, which is more liberated in mothers and more contained or even suppressed in fathers.

Some mothers externalise their pain, their rage and their grief so much that some people, particularly some people and friends, think they 'will rapidly reach madness'. To prevent that, these relatives and friends attempt to control these mothers' reactions, providing them with medicines (not always adequate) to inhibit their violent emotional expressions. This violence frightens them and they think that it can somehow 'be harmful' to the mother. This occurs especially in cases of children homicides (Spungen, 1997).

If the child functioned as an axis for the parents' daily motivation or constant reconciliation, then, with the loss of the child, the couple might also lose the centre of a complex field of divergences (Spungen, 1997). Small daily things that used to be insignificant can now take gigantic proportions and add up to the usual aggressiveness of the bereavement process.

To attack the most intimate and closest people is a very generalised behaviour. It is common - and so human - to direct all the accumulated rage to the loved one, who will handle that without a negative reaction in the short- or long-term. After all, the loved one also knows and loves, and will certainly understand and will forgive quickly. In a bereaved couple, the other might be equally fragile - for the same reason, for the loss of their child. The other has the same need to expand his or her rage, which will be, obviously, directed to the other, the partner or the spouse. Mutual accusations will be frequent and their married life will deteriorate even further (Rebelo, 2004).

Compassionately and aware of the pain they both feel, the parents of a deceased child can transform their history into a continuity with hope and future by helping each other in their grief. These processes are, after all, very similar and pertain to the same loved one. It is common for the parents to develop conjoint survival strategies so that they, as a couple, can face the adversity of daily life (Spungen, 1997). They quickly realise the need for this collaboration if they have other children to whom they should pay all their attention. They are also going through painful bereavement processes caused by the death of their sibling and they should be supported.

If the couple does not have other children and can still consider the birth of another child, often they will wish to start planning for that. They are generally aware that this second child will never replace the one who died - a unique and unrepeatable child. They also know that a new child might congregate all the positive things that existed in the family and that, most of them, survived the loss.

The situation for parents who were separated or divorced when the child died is different. During the Crisis Phase they will, in general, keep close to each other and manifestations of great empathy between them are common, as if the loss of their common child has reunited them. Some will even try a new conjugal relationship as if this could retrieve the affective ties with the lost child. However, it is more common that they will have moments of conflict and aggression, depending on the history of their past and present relationship. Blaming the death on the parent guardian of the child is a serious accusation. Reciprocal blaming for the loss is also very common and more so in married parents or those living together. This confrontation can cause in either of them irreparable psychological harm and complicate their bereavement processes (Rebelo, 2004).

A son or a daughter are irreplaceable. Parents who lose a child feel that no other child will be able to take his or her place. That is why they react negatively to attempts (by family, friends or acquaintances) to provide them with emotional comfort by mentioning that they should not be sad as they have other children - 'You have other children' or 'It would have been worse if you had lost an only child; at least you have other children'. The existence of other living siblings will never compensate the pain of their loss.

Other comments can be truly cruel as, besides devaluing the death, they also pressure parents to quickly replace the memory of the lost child by having another child: for example, 'Don't worry, you need to get pregnant soon so you can forget all this. It will be easier when you have another baby' (Spungen, 1997). In some cases, the couple knows or is afraid that having another child might be impossible due to their age or reproductive health.

Unique and unrepeatable, that child will never leave his affective space in his parents' memory. But, in fact, when parents have other children, these need more than ever their parents' presence and support. They also go through bereavement processes for the loss of their sibling. The death of a child requires readjusting roles and reorganising the family (Spungen, 1997). This is a very shaking experience and can alter family relationships. Due to their previous role, parents may start a 'relational tidying up'. Their children, mainly if they are still young or teenagers, expect them to do that. Later in the chapter, the specific difficulties felt by a bereaved child, different from those experienced by an adult, will be described.

Children who lost a sibling ask their parents for sufficient love and strength to feel safe and protected in such a dramatic period of their lives. In spite of this, in many cases they are the family members receiving the least care, mainly when they are very young. Adults are occupied and absorbed by their own bereavement processes and tend to neglect the emotional suffering of their youngsters. Losing one child often causes parents to have a negligent attitude towards the other children. In many families, it is another relative or even someone who works for the family who takes care of the children and who explains to them, not always adequately, what is happening in their family.

When the siblings of the deceased child are young, parents think, in many cases, that they are unable to understand and cope with the news of the death and with the loss. Parents fantasise that they can hide reality from the children forever and they even invent replacement stories to tell their children every time they ask about their sibling (for example, 'He went on a trip', 'He is now in a distant school', etc.). These stories are harmful as they are untrue and can foster anxiety, since the sibling will never return.

Parents can also adopt an attitude of permanent vigilance towards the other children. The fear of another loss from the death of a second child may lead to a very strict protection, which, in turn, may asphyxiate their children's freedom and their healthy development. It can also undermine the children's social life, mainly when they reach adolescence (Spungen, 1997).

It is also worthwhile noting that there is a complicated phenomenon when parents try 'to replace what is irreplaceable'. Some parents embark on an unhealthy search of the lost child by trying to find immediately another child to occupy the empty affective space left by the deceased child. Some try a new pregnancy so that the new child can replace their unbearable sadness with joy. In some cases, the newborn is even given the name and surnames of the deceased child, wears his or her clothes and uses his or her personal objects[9]. This might generate identity problems for the new child, who might try to resemble the deceased child in order to please his or her parents and ensure their affection. Therefore, the new child will not feel loved because of herself but because she is similar to the other child or reminds her parents of the other child.

Some parents, if they cannot have more children, seek an adoptive child to replace the one who died. However, if the agencies and professionals adequately assess their application for adop-

9 - In some societies, mainly until the mid-20th century, this replacement was culturally promoted. Actual genealogical studies show that, in some families there was a systematic repetition of first names and surname composition, clearly derived from the successive death of children in the families. The children who died were always remembered with a sibling bearing the same name, that is, a sibling born after the child's death and given the same names and surnames.

tion, their intention is soon detected and they are dissuaded or even prevented from proceeding with the adoption process. Adopting a child, if it happens in the future, should take place when she can be received as an unique person, a singular person, and even very different from the deceased child. That is, it should occur after the bereavement comes healthily to its end.

In other cases parents try replacing the deceased child with one of the other children. It is a loss denial behaviour. They set up a sort of 'impossible scenario' by trying to set up a symbolic return of the lost child. They may begin to dress this child with the deceased's clothes, or clothes with a similar style, and comb her hair in the same way or with a similar haircut. Even more alienating is to reinforce psychologically in this child the qualities of the deceased child and to value behaviours and attitudes that had been displayed by the deceased child. This child will become the image of the deceased child, stripped out of her identity and representing a role that it is not hers. Grief turns into Pathological Grief as parents begin to show an obsessive fixation with the image of the dead child (Rebelo, 2004).

In general, the death of a child is always an abrupt and violent event for the parents, and that will be even more pronounced when the death was due to an homicide. Culturally, children are seen as 'the most innocent among the innocent' (Spungen, 1997).

THE CHILDREN'S 'NORMAL' BEREAVEMENT PROCESS

In general, adults can benefit from their experience and are able to perspective loss safely. This does not apply to children.

While adults may have previously found several ways to face pain– having established strategies to overcome it, as others have also done – children do not have these references (Mallon, 1998). They are taken by surprise by the death of a loved one (many times, the father or the mother) and neither do they know what death is nor, consequently, how to deal with it.

Undoubtedly, all children can feel deeply a loss by death. Even babies suffer when they lose someone and are aware that something abrupt, unexpected and sad happened and that it has disturbed their environment. They are easily affected by the surrounding adults' emotional charge. As they still do not have the words to express their perturbation, they show their affliction for the absence of someone they loved and who loved them by behaviours such as crying, not sleeping, diarrhoea, etc.

In bereaved families, often children are excluded from their worries or are victimised by the adults' emotional incapacity to cope with the loss. The children's suffering is double – on one hand, they suffer the permanence of death as do the adults; on the other hand, they suffer from adults neglecting them either because they are too absorbed with their own mourning or because they do not know how to help them (Spungen, 1997).

However, children need to be helped and adults should not ignore the characteristics of the children's grief. In this process children learn one of the surest realities of human existence: that all human beings are born, live and die. To learn to accept death is, undoubtedly, one of the most important life lessons a child can learn. After a first loss, a first bereavement, many other losses and bereavements will follow in his future life, the more the longer he lives. It is an inescapable reality of human existence.

THE CHILDREN'S GRIEF CYCLE

Children and their grief or bereavement processes should be considered as much as adults' grief. In many cases, no-one pays attention to their feelings when they lose a relative or a friend. Often their silence covers their deep sadness and causes a huge gap between their feelings and the reaction of the rest of the group - the family, in general - to the death of a loved one. The cases where one of the parents has died are particularly serious as the children have invested almost all their emotional energy in them. They are then left with a feeling of emptiness that is lived painfully (Mallon, 1998).

This emptiness is aggravated by the absence of language in younger children or by a limited vocabulary in older children, for whom the few words they know are insufficient to describe the vastness of their grief. In effect, few words, or a limited vocabulary, has never been synonymous of few or limited feelings. Understanding this is essential to understand the magnitude of the children's loss and their need for support in the development of a healthy bereavement process (Spungen, 1997).

It is precisely in the words that part of the success of the support provided to a bereaved child resides. Often the strange vocabulary, for which the child is not ready, adds up to the child's silence and to the little attention adults pay to him. Consequently, the child's 'outsider' status in the adults' bereavement processes becomes even more painful, as the adults are not aware of the confusion in the child's mind regarding unknown concepts such as 'death', 'passed away', 'transit', 'defunct', 'deceased', 'buried', 'resting in peace', 'cremation', 'condolences', 'body', 'soul', 'tomb', etc. These concepts pertain to tragic dimensions and reflections of the human life and require a metaphysical, religious or spiritual understanding of the human life. For the child, this is an abstract world, which is often very difficult to understand.

Often the child's mind tries to find some understanding for these concepts on his own, since the adults around him have not tried explaining them or are not brave enough or emotionally able to do it. The child begins to understand some meanings when he hears some phrases (for example, in conversations among adults or during the funeral rites) or when he reads them (for example, in epitaphs in the cemetery). Some of these phrases can be: 'Here rests in God ...', 'Let his soul rest in peace', 'In remembrance of N.', 'Here lies the mortal remains of N.', 'Sacred heart of Jesus have mercy on her soul', 'Eternal rest grant unto them O Lord', 'Gone but not forgotten', 'In our hearts forever'. These expressions will not always be calming, as each word understood by the child will be about his loss, about a reality that remains dramatic in spite of mentions to a metaphysical life. Besides, the child's understanding of spiritual realities may be very limited.

The child's confusion will then increase. She may try to understand literally such concepts (she might think that to 'rest in peace' means that the deceased is effectively sleeping, for example) or muddle them with other concepts (to transit from the earthly life to an eternal life can be mixed up with 'transit' meaning the transport of people or goods from one place to another, for example). In some cases, this literal understanding will give rise to anguish rather than calming the child. For example, the child may think that the deceased is sleeping in a bed that has a lid (the funerary casket or urn), that she is buried during her sleep and suffocates under the soil. Mixing up the concepts causes also strong feelings of strangeness and disquiet. For example, the child might think that 'God took him to heaven' means that that unknown being called God came from the clouds and snatched her father or mother, whom the child misses dearly. The child can also imagine her parent feeling cold, in the sky, without wings and about to fall from the wind; she can imagine the sky as a vast space filled with rain and thunders or that the loved one can be hit by a plane.

Children have a prolific imagination and that might give rise to not very positive, unusual and unhappy ideas. In homicide cases, children might live under a constant fear of being attacked or fear of having the rest of the family killed.

Children live their own Grief Cycle, which is different from the adults' cycle (Mallon, 1998). To understand the children's cycle is to have a minimal understanding of the general or possible characteristics of a particular child's bereavement. Only this understanding will provide an emotional space for the child to grief openly.

As described earlier in the chapter, the Grief Cycle has three phases: the Crisis Phase, the Disorganisation Phase and the Organisation Phase. For both adults and children these phases are not rigid. Each child in each specific context of loss will live his Grief Cycle uniquely, that is, with its own length, intensity and rhythm, in an unique evolutive dynamism. Once again, bereavement is a process, not a linear path and does not have a fixed pattern.

Children have their own ways, as do adults, of expressing feelings related to death and to the loss of a loved one. However, age is an important factor to consider with children. Younger children have a limited understanding of the permanence of death, although they acknowledge the separation from the loved one and react with deep sadness to that separation - this is the beginning of the bereavement process.

When children are aged between five and eight years they are in a development period where their thinking is influenced by 'magic' – children think that it is enough for them to formulate a wish for it to come true, one way or the other. Therefore, often they will understand death as a temporary absence of the loved one and they will wish the loved one to come to life. They will have a tendency to assign a more literal, or immediate, meaning to certain words. They might think, for example, that the 'eternal resurrection' so often mentioned in the Christian liturgy will have a quick effect in the deceased, that in two or three days or in some weeks, the resurrected parent will be back and everything will be back to normal. On the other hand, if the children have wished the death of the loved one, in an inconsequent and innocent way, they will be convinced they are responsible for the death. This situation, which is possible and may be more frequent than expected, might give rise to feelings of anguish and guilt. The child thinks that because he wished for it, then it happened.

Children aged eight to ten years are often disturbed with death and they feel curious about it. They imagine death – for example, personified by a woman with a sinister appearance or by a sort of ghost. They also assign a moral function to death – they think that death will take the one who somehow disrespected the 'universal order of Good and Evil', or that death will take the one they love the most because they were not always on the side of 'Good' (by misbehaving or hitting another child, for example). Children will feel guilt but will not always express that and, for that reason, adults will have difficulties perceiving these feelings.

From age nine onwards, however, children tend to understand death as an irreversible reality and they can express their loss and their mourning in a way that is closer to the adults' expression.

A 'normal' Grief Cycle in children may develop in the following way:

a) <u>In the Crisis Phase</u>. In this phase the child might experience shock, numbness and refusal of reality. The shock of the loss affects the child physically and psychologically. The physical alterations are, in general, increased heartbeat, increased muscle tension, increased perspiration, dry mouth, upset tummy, bed-wetting and respiratory alterations, mainly shorter inbreathes and deep and continuous sighing. These reactions can emerge in waves that last from a few moments to a few hours. The child will feel weak and drained afterwards and any daily task will be performed with great effort. Accepting the loss is very energy consuming, but the child's tiredness cannot be seen initially as threatening - it is only a natural response to the death of the loved one.

On the contrary, in some cases children seemed not to react to the news of the loss. They refuse to believe it is true, that it is an historical fact. They talk about the loved one as he is still alive, using the present tense and asking adults when he is back as if death was a return journey. Adults find this apathy or indifference to an evident loss strange. In some cases, children even saw the body during the funeral rites. This lack of reaction is caused by shock and dominated by anguish, and does not disclose the child's feelings (Spungen, 1997). The child's apparent calm when receiving the news of the death is a common reaction.

The child's first reactions to the news of the death of the loved one can be very superficial and therefore misleading. However, the child hides her great distress in such a way that it can reach apathy. The child realises however that her life has changed forever. Afterwards, her reactions will be triggered by the expressive reactions of the surrounding adults. Anyway, children's reactions will focus mainly in practical aspects of their lives – for example, when hearing that her mum died, the child asks 'So who will take me to school every day now?' It looks as if the child does not have a long-term perspective for this dramatic and irremediable loss.

Children also focus their attention in immediate interests, putting unbearable feelings or fear and anguish aside. Some children often engage themselves in games and sport activities in the painful days following the news of the death. It is as if spending physical energy keeps their minds busy and provides them with some distance from such a harsh reality.

Children tend to act mechanically in the days following the news of the death. Either they still smile, hiding their feelings and despite their lack of energy, or they look alienated from the family grief. Sometimes this linear behaviour is interrupted by sudden and intense bursts of anger and uncontrollable crying. The introspection can last hours or weeks and is only interrupted by rare (and sometimes unexpected) avalanches of tears.

As the loss of the loved one begins to be assumed, lethargy alternates with anguish, and that becomes increasingly evident for the adults. Some physical symptoms such as nervous eczema and enuresis can then emerge, or worsen, if they have already occurred.

In terms of behaviour in the Crisis Phase, boys tend to become hyperactive and aggressive while girls become more attached to adults and less open (Mallon, 1998).

In normal child development, children aged five to six years reach the so-called 'peak of intense fear of death'. If the loss of the loved one coincides with this period, the bereavement process is inflated by the child's fear that she will be the next one to die. Some children going through a bereavement process believe that their turn to die is close. It is as if they see death occurring linearly, as a sort of predefined list of live people to put down. Children fear the idea that death can have an evil multiplying effect. In the case of a death caused by homicide, that fear can be overwhelming, since they are afraid that the perpetrator will also kill them.

Children emotional insecurity is high and is visible in their defensive behaviours: for example, watching all the doors, checking whether the doors are locked and even blocking them with pieces of furniture, sleeping on their day clothes so they can quickly escape from a killer, sleeping with a knife under the pillow, etc. Moreover, children show dependence on adults and seek their immediate protection: for example, they want to sit on the adults' lap constantly, they request hugs, to hold hands and to sleep with the parents, etc.

The constant need for the company of the closest relative (the mother or the father, for example) is not only related with the dependence on adults but also with the fear of a new loss – the loss of another loved one. Children believe that if they are with the adult then the adult might not die. In this phase children usually suffer from insomnia. Their body is in a constant state of alert, ready to react to certain dangers immediately (from a killer, for example).

b) In the Disorganisation Phase. Children's behaviours indicate that they are in a very acute period of the bereavement process. This phase emerges almost always a few days after the death and after the funeral rites are over. In some cases, however, it can emerge a few weeks afterwards depending on the length of the Crisis Phase.

In this period the child tries to accuse someone of the death of the loved one: a close adult (the father, an aunt, etc.) even if it was a death by homicide. Even if the perpetrator is known or suspected, the child might still accuse an innocent adult and direct all her rage to him or her.

Rebellion is an usual reaction in a bereaved child, mainly in this second phase of the Grief Cycle. The child can rebel against the adult to whom she is directing her rage or defocus her rage and rebel against all adults, all the world, or, even more abstractedly, against God, Who did not prevent death and suffering.

However, rebelling is considered a natural response to any type of loss and a constructive and active reaction (Mallon, 1998). It is, at least, a sign of energy, a new impulse to the emotional survival of the child. One should keep in mind that many children express their grief, their helplessness towards death with gestures rather than words. Suddenly, the child might become unbearable to the adults around her, who are going through their own bereavement processes.

In this phase the child might refuse and disbelieve the death of the loved one. They can feel the presence of the loved one in dreams and overcome or 'forget' her death. Fantasy is the only help to soothe the pain of the loss. It also provides them with extra-time in a tragic period of their lives, as if in a 'truce'.

This refusal can be problematic for the adults who sometimes do not understand that it is only an escape. It is also a sign of the children's creative skills, whom are able of recreating a lost world where the strong affective ties between them and the loved one still exist. For the children it is soothing and comforting to wish the loved one back and to think and dream about it. After all, inside them, in some place of their memory, that person (so often the one they loved the most) will always be alive.

Playing with other children can go through changes. Bereaved children may be unable to play with others, and would rather engage in solitary activities. Having an adult present - an attentive and delicate presence - may help bereaved children adjusting to their playing with the other children. However, in a bereavement process this presence is not always possible. After all, the adults around the child are, generally, going through their own grief. For them it is already a great effort to attend to the child's basic needs (bathing, dressing, feeding, take them to school, etc.), lacking energy to play or even talk to the child.

Regression, caused by excessive anxiety, might occur in this phase (Mallon, 1998). Nocturnal enuresis or bedwetting can be one sign of 'return' to long gone behaviours. Some adults do not understand these behaviours as part of the bereavement process, and they criticise, humiliate and even punish the child, and this is more undermining than helpful for the child. Consequently, the adults' responses increase the difficulties the child is going through in his bereavement process. Children in nappies may also take longer to stop using them.

Bedwetting can be a very serious problem for the child. Often it precipitates a feeling of being excluded by other children. The child also tries to keep the enuresis secret to avoid being discriminated by the others. This 'secret', even when kept by an understanding family, is hard to keep if the child often smells of urine or if another child (in the school or in the extended family, for example) finds out about it. Children can be cruel to their peers: easily, that child, whose behaviour they do not understand, will become the preferred target, a recurrent and tormented target, for their bullying including humiliation and even physical aggression.

In some cases, the bereaved child will even begin to suffer from diurnal enuresis. This situation is not always understood by others so the child suffers the worst humiliation: to be seen in his wet clothes or with urine running down his legs. These episodes cause great anxiety to the child.

In this phase the child might have eating problems (for example, eating less or excessively), sleeping problems and nightmares, bite the nails and suffer increased allergic reactions (for example, eczema and asthma). Behaviours such as finger sucking, rocking, asking for soft foods and asking to be hugged have been observed in younger children. It might be an unconscious memory of a comfortable time, before knowing the pain of losing the loved one (Mallon, 1998).

The children's bereavement process implies, as in adults, missing the lost one intensively. The child's imagination may make up for the loss by inventing fabulous scenarios for the past. The child often invents his own stories, a sort of 'alternative version' of the death of the loved one. In general these stories mix mythical elements from the children's stories he knows with biographical elements about the loved one that he can remember or has overheard from other adults. This new elaboration of the reality can be healthy as children control symbolically the life path, win over death and bring the loved one back. Pathological Mourning does not develop in this situation as long as the adults around the child can take advantage of these fantasies to talk to him with enough affection and wisdom to explore feelings and emotions – and thus together win over, by symbols and words, the suffering of the bereavement process (Spungen, 1997). Parents, other relatives, friends, professionals, particularly educators and teachers, have, therefore, an essential role.

Missing someone instils in children, as in adults, a taste for keeping memorabilia related to the loved one. This attitude is considered positive in some cultures and is reinforced and even exacerbated; in other cultures, it is considered morbid and unhealthy. Regardless of the cultural trends, missing someone can be re-defined as a positive and gratifying memory, that is, it is a good way of remembering the loved one. This positive memory will act as a catalyst for building up a peaceful acceptance of the loss and for the continuation of a healthy psychological life. Children too are able to realise that, despite the irreversible loss, they have the memory of the good times (and, in many cases, the good example set by the lost loved one) upon which they can build up a future with hope.

By accepting the permanent character of death the child not only gets closer to the next phase of the Grief Cycle but also acquires an important learning of human life. To the child, as for the adult, it could be important to know that death exists, that one can lose loved ones. By learning the hard way, the child will be readier to face again this experience in the future.

> c) In the Organisation Phase. This is the phase of acceptance. It is described as a conflict between the need to 'drag herself through the days', in a settled and daily sadness, and 'the wish to stay firm and combative'. This tension between a memory of a known past and the perspective of an unknown future is an essential axis for the resolution of the bereavement process and for the closing the Grief Cycle (Mallon, 1998).

Accepting is the most important point in the child's bereavement process. It is here that the child adjusts herself successfully to the reality of the loss. This does not mean that she will ever forget the loved one or stop missing him. All the child's feeling are now memories, that is, gratifying memories of someone she loved, and that does not mean betrayal. The child feels that stopping believing in the return of the loved one does not mean betraying him.

However, some signs of physical weariness such as colds, sore throats, stomach aches and general fatigue can start to emerge. The immune system is more vulnerable.

The child can still have a constant fear of death. When realising that death is part of life, that it happens to all living creatures, including humans, that it can happen in several ways and is permanent, the child also realises that death can happen to herself and to the ones around her. Many children are still afraid that a relative will die too, making her relive the suffering caused by that other loved one.

Dreams are an important aspect in children's bereavement. They can be one of the most distressing events in the life of a child. Sometimes families tend to keep some silence and not talk about dreams, dealing with them as a very private and personal issue. Commonly, families also do not seek either to assign meanings to the dreams or to relate them to life events. Therefore, it is not uncommon for the child to share his family's attitude and, as the adults, they do not talk about their dreams, considering them as something 'secret'.

A bereaved child may never report his dreams. Consequently, they are part of his loneliness and anguish. In these circumstances, the child's dreams generally reflect his negative feelings after the death of the loved one and his bereavement process will be more difficult.

However, in many cases dreams can discharge emotional tension. They allow the child to get some momentary or permanent relief for his anxiety or for the conflicts caused by violent negative feelings. Some feelings associated with destruction and a wish for revenge, which may be very present in a bereavement process, can find an escape in dreams (Mallon, 1998). The child can, however, feel anguished by the recollection of those dreams. It is important that his family, his teachers and other professionals help the child interpreting these dreams and managing its contents.

THE BEREAVEMENT PROCESS AND THE FAMILY

The bereavement process has been addressed so far as a personal process. However, the deceased would have had different relationships (romantic, in the family, friendships, with colleagues at work), so her death would have given rise to simultaneous bereavement processes. Grief, in general, does not take place on its own or away from other grief processes.

Bereavement processes are dynamic. Amongst these there is exchange, reciprocity, ambiguity, rivalry and a high complexity of feelings. This may particularly occur when the death takes place in the family and several people start their bereavement processes simultaneously. This is a common situation as the deceased in general either lived with her family or kept close affective ties with her relatives, which resulted from a common shared history of many years and involved mutual trust and strong attachment.

Consequently, the deceased's family feels the loss strongly and its stability is shaken by the deep emotional suffering its members are going through. In some cases, this grief is such that the family cannot handle it and breaks apart (break downs in relationships and divorces).

Several factors can affect the erosion of the family structure (Rebelo, 2004):

> 1- <u>The age of the family members and of the deceased</u>. Usually it is easier to accept the death of an elderly relative that the death of a young one. For example, one accepts better the death of the 80-year old granddad than the death of a 25-year old brother.

Death in old age is considered a 'natural death' as people, in some way, 'lived until their limit' or 'lived a long life'. The death of an elderly relative is easier to assimilate by the family's structure, as the family sees it as unavoidable and happening to 'give place to others' or for the new generations to perpetuate the family. On the contrary, the death of a child, a young adult or an adult (but still in an age considered socially 'active') is seen as a rupture in the family's continuity and as 'anti-natural', as one believes (and wishes) that children and young people should live to old age.

The family structure is also affected by the age of its members. The youngest, such as children and teenagers, will have difficulties understanding the death of a relative, even in the case of the death of an elderly relative. Adults can 'project themselves' in the death of a same-age relative or an adult, glimpsing the image of their own death.

> 2- <u>The deceased's role in the family structure</u>. The deceased's position in the family structure, namely her kinship is important. In general, children have difficulties accepting the death of their parents, especially if the children are young and/or adolescents or still live with the parents. When one of the parents or both are not there, the family's 'classic' composition is fragmented.

Parents who lost children will also have difficulties preventing the family's disintegration. Many parents lose the sense of family and married life, mainly in the absence of other children and when problems in their relationship already existed. Separation and divorce are frequent in these cases[10].

10 - Several aspects of the parents bereavement process were already described earlier in this chapter so they will not be repeated here.

3- The deceased's power in the family. The relatives' dependence on the deceased, namely for decision-making, family management and economically, is affected by his death. The organisation of the family is considerably affected and they may even not have the basic conditions to go on living together.

The impact of the death can be quite high when the deceased provided material support (for example, the parent who worked and paid the rent, domestic expenses and the university education of the two children) or when the deceased managed the household efficiently and provided for the basic needs (for example, the housewife and mother who took charge of the daily cooking and cleaning). The way the deceased used his power is also important: whether he was benevolent or authoritarian and whether his authority was acknowledged by the family or not.

When the person dies, his power in his specific field is lost, mainly in families that have a very clear definition of the family roles, namely in the more conservative families. If these powers are no longer held by anyone, then the family structure is not the same. In some cases, not having someone replacing the deceased and using his powers, a power transference to other family members or a power usurpation by some family members can lead to serious breaks in the family structure.

4- The deceased's affective involvement with the family members. This is one of the most important aspects in the disruption of the family structure. The quality of a family depends mainly on the affective ties between its members rather than on kinship.

When the family affective involvement is high and expressive, the death of one of its members is always seen as a significant loss, regardless of her age, role or power in the family hierarchy. The family members suffer an affective loss, rather than just losing a relative. If the deceased was particularly expressive in her affective demonstrations, her absence will have more impact in the family dynamics. The family structure is necessarily affected as the deceased was a structural axis in the affective relationships in the family by supporting, energising and revitalising them. This happens mainly if the deceased was very expansive, understanding and sociable within the family.

The way the individual bereavement processes in a family are managed depends partially on the structure and functioning of that family. Mutual support among family members is very helpful for the development of their individual bereavement processes, mainly when they already know how to provide this support. If the family life was affective, with dialogue and respect and emotionally stable, then the family is able to react together to such a traumatic event as the loss of one of its members (Worden, 2003).

On the contrary, if there were constant tensions and conflicts in the family before the death of the loved one, then these problems can increase after the death. The members of the family, instead of helping each other, may see their relationships disrupted. This takes place mainly in the Disorganisation Phase when they are faced with longer and difficult periods, after the immediacy of the news of the death and their reactions in the Crisis Phase (such as shock and numbness). The differences in the way each member of the family mourns will be enhanced and will generate disagreements, arguments and separations.

Families, as basic human communities, are very diverse in their ways. Each family has an unique profile. Besides the singularity of each member, the family's complexity and difference is influenced by a large set of factors: number of members and their ages, history, housing and social conditions, religion, academic background of its members, cultural tastes, socio-economic status, amongst others.

In spite of the differences between families, their similarities in the abilities to accept, understand and manage the feelings of its members can be classified in two groups that illustrate extremes in the families' way of being (Rebelo, 2004):

> 1- Families that do not express their feelings openly. These families usually do not tolerate 'invisible things', that is, they do not tolerate feelings as they do not have physical or material characteristics. Often these families try to focus in the tangible aspects of a problem and ignore or despise the non-visible aspects. For example, if a son says he is depressed, the other members of the family can say instead that 'he is tired after one year of hard work' or that 'he needs a holiday'. They refuse to understand that the problem lies in the son's mental health rather than on work fatigue.

For these families, 'what cannot be seen does not exist'. That is, to feel sad or frequent anguish might be unreal if that is not related to something immediate and concrete (for example, to fail an exam or the football club having lost a match). These families are also elusive when mentioning negative feelings, which are described as 'something that is already over'; for them, things not seen as linear or simple to understand are not considered important. Feelings, which are abstract realities in some extent, collide with their understanding of the world.

These limitations can be seen in the family's daily life. The members of the family do not share perceptions or opinions about less tangible aspects of life in their conversations. They simply avoid communicating about 'non-visible' contents, that is, they avoid expressing their feelings. This is costly when one of them becomes emotionally disturbed because, instead of expressing his distress, he will likely either repress it, so that the others will not notice it, or will isolate himself. Getting away from the others is the simplest way to avoid managing a painful situation.

When one of the family members dies, these families do not talk about the negative feelings and emotions they are going through. Frequently, their way of being imposes a general silence about the loss and even about the deceased. They generate a sort of taboo about his death and sometimes it seems that the deceased has never been alive. Any references to the deceased are erased from the family's daily life: for example, not talking about him and removing or destroying all his belongings such as photos, clothes, writings, personal objects. Conversations that might lead to someone, even friends or acquaintances, mentioning the deceased (his death, his personality, his life path) are avoided. Not even crying is tolerated.

These families may live a Pathological Mourning as they refuse to assume the loss of the loved one. Their structure does not accommodate his absence and it might seem that the deceased was never part of that family structure. In this way the family structure remains apparently the same, and the role of each member of the family remains unchanged. By making the loved one 'disappear', these families make the individual bereavement processes difficult. The members of the family are not able to elaborate their own grief normally. When the member holding the most power in the family structure (usually the one imposing greatest censorship to the references about the loved one) begins to hold less power or no longer holds power, these families will be at risk of becoming very fragile or even collapsing.

2- <u>Families that express their feelings openly</u>. These families usually share their feelings and emotions in their daily interactions. The members of the family, from adults to children, feel that they can talk about what they are feeling, from joy to sadness. The death of one member, despite being very painful, is unlikely to deteriorate the family structure, which will remain cohesive thanks to the sincere and frank sharing of feelings. In these families, members support each other in the loss, which they accept as a reality they need to adjust to and, for that, they promote the necessary adjustments.

Consequently, the bereavement processes of each member are easier and can develop healthily because each member has some experience of managing feelings and emotions. All members can identify feelings and emotions and analyse them due to their daily experience with this in the family. These families are then able to function as the primary support for the bereaved person.

If a family expresses openly their feelings, learns how to manage tensions and conflicts and to cope with problems affectively and with agility, then they will be together in the loss of one of their members. They will face that event 'en masse' and they will become stronger by the union of their members. Solidarity ties are a constant presence in their daily lives and will promote the progressive repair of the shaken family structure. In these families, the deceased's role can be performed by another member who will try to respond to the new challenges.

The individual bereavement processes are then made easier by the conjoint reaction. Each member will know that he or she is not alone in his or her loss. The most determined members will help the most fragile ones and they will share the progress made in their grief. These families, in general, accept help from friends and professionals well and they even seek it, as they are keen on having their support.

Some members of the family might have difficulties expressing their feelings and they might even impose some censorship on the other members' expressing their feelings - for example, a father who is unable to cope with his children's sadness tries at all times to suppress their expressing it as if he could make the sadness disappear. On the contrary, some other members might express their feelings easily - for example, a mother who tries, when the father is not around, to help the children by talking to them and understanding their sadness. These families have, therefore, potential for internal organisation so that they can mourn together, mainly if the members who can express themselves easily try to help the others doing the same.

Another important task for the families in mourning is sharing the loved one's estate or distributing the amount received as compensation. The deceased's assets are in general inherited by her relatives according to the rules of inheritance or according to the dispositions by will. The heirs might need to share the estate after negotiating an agreement. Frequently it is not easy to make an inventory of the assets and negotiating agreements is very difficult, which causes great tension and even break-downs in the family. The private or state compensation received from the death of the loved one can also cause disagreements in the family. The members will compete for the compensation even when there are officially defined criteria to assign it according to kinship. In some cases, increasing conflict is fostered by previous relational incompatibilities. To the pain of the loss is added the pain of the family deterioration - the family ties, the socialising, the trust and the support from relatives previously close are now lost. Some people complain mainly about the lack of respect for the memory of the loved one. The bereavement process thus becomes more difficult.

THE BEREAVEMENT PROCESS AND THE FRIENDS

The bereaved persons' friends are of utmost importance and they expect from them what one usually associates with friendship - companionship, being present, affection, loyalty in every moment, even in the tragic moment of death. It is not rare to find bereaved persons who expect more from their friends than from their own family. They perceive the family as being previously attached to them and, consequently, as providing unconditional and guaranteed support. From their friends, they expect confirmation of an attachment that was established in their own personal history.

The bereaved person thus expects his friends to be close by, despite them not being related and because they shared so many moments of his life, moments that in general were plenty of emotional well-being, joy and celebration. The bereaved person expects his friends to provide him with the emotional strength he is devoid of in dramatic periods, their presence, the comfort that comes from physical closeness (for example, a strong and emotional hug from a friend), words of comfort or even the compassionate silence held in these tragic moments, when the words are always few and poor.

In the Crisis Phase, when the bereaved person receives the news of the death, in general all his friends, even the less close ones and friends of friends, visit or contact him to express their solidarity and their unconditional support (for example, expressing great commitment using expressions such as 'Count on me for whatever you need', 'Friends are for the good and the bad times'). In many cases, this support is well received and is specially provided in the most critical moments such as the first few days after the news of the death or after the funeral. In many cases, if the bereaved person contacts one of these friends, he will have, without hesitation, their support.

In effect, the friends of bereaved people have a fundamental role, particularly in the most painful moments in the bereavement process. Besides ensuring that the bereaved persons' solitude is not total - in many cases due to the loss of a loved one with whom they cohabited (for example, the father, mother, son, husband), friends can help the bereaved express their feelings, by accepting their confidences and laments. They can also help the bereaved friends rationalise their emotions either when these are on the verge of going out of control or when they enhance a pessimistic vision of life and the future (when the bereaved feels that 'nothing else makes senses', or that 'life is no longer worthwhile living'), increasing the suffering.

These painful moments are not confined to the Crisis Phase and occur during all the bereavement process. Friends are still crucial but the truth is that, in many cases, not all of them keep their presence throughout the bereavement process and are then absent from the life of the bereaved person.

In many bereavement processes, and for multiple reasons, most of the friends who were available to provide support in the Crisis Phase are no longer doing so. This is visible in the Disorganisation Phase - the friends absence wears the bereaved person down and undermines the bereavement process because, associated with the loss of the loved one, there is also the loss of friends.

In the Organisation Phase, some of these old friends are no longer seen as friends and, in a healthy bereavement process, new friends are made. These new friends are a sign that the bereavement process is developing adequately and that the bereaved person, in his organisation of a new life, was able to conquer or accept new people in his relational network. These new friends will be part of a necessary life renovation, in which the bereaved person assumes his adaptation to the reality of the loss, overcomes the most sweeping consequences and sees happiness on a possible horizon.

Loosing friends during the bereavement process is one of the most difficult realisations for someone suffering from the loss of a loved one - the greatest loss. Unfortunately, the bereaved person arrives at this conclusion, usually in the Disorganisation Phase. To the loss of the loved one, the loss of the ones who are no longer close by is added. Some people even realise that, after all, they did not have as many friends as they thought. They see their situation reflected by some proverbs, which, in their generalist wisdom, confirm their realisation (for example, 'Misfortune shows those who are not really friends', 'In times of prosperity friends are plentiful', 'Better to be alone than in bad company').

When friends are absent, one wonders why. The bereaved person understands, in many cases, that she was the one who got distant during the bereavement process either because of her strong emotions, great sadness, a tendency to being silent and to isolate herself or because her friends pursued their daily lives, plenty of duties and professional and family obligations, so they were no longer present.

In many cases, the bereaved person's distancing from her friends is conscious and defensive. It can be very distressing to meet or even call friends who are a permanent reminder of a world that has ended with the loss of the loved one. (For example, Alexandra N. and her husband John N. were friends of Anne L. and her husband Mark L. and they all used to spend time and holidays together. After John N. was killed in a supermarket burglary, Alexandra N. distanced herself gradually from her friends - she did not have her husband by her side and was feeling lonely. Besides, it was also extremely painful for her to look at that couple with whom she and her husband had spent so many good moments together.)

Another common situation is the progressive or gradual distancing of bereaved parents from previous family and social circles. Having lost their children, these parents become distant from friends with children, as watching these children growing up is a constant reminder of the son or daughter forever lost and, therefore, who did not have the same opportunity to grow up (for example, Manuel D. e Matilda D. stop visiting and calling Joaquim F. e a Susana F., a couple with two young children, after their son Hugo N. was killed. He was the same age as these children and they all used to play together when their parents socialised). For bereaved parents, lively, happy, dynamic and agile children can be a constant portray of their dead children and they look at them with an ambiguous mixture of tenderness and deep distress.

Paradoxically, the bereaved person may experience their friends' tranquillity and happiness as a permanent weight and a lively reminder that tranquillity and happiness are only a poignant memory. This does not mean, however, that he wishes his friends the same unhappiness and the end of a life free from loss and bereavement and not knowing what it is to live as a prisoner of these realities.

Confused, disillusioned with the ambiguity of his emotions and afraid that others might realise his inner distress caused by a simple episode from another's family life, the bereaved person will prefer to dispense the company of his friends, despite his affection for these friends, despite his joy when meeting them, despite missing 'the good old times'.

In turn, these friends, after several attempts to get closer to the bereaved, give it up, sometimes, hurt and even annoyed, as they do not understand the bereaved constant detachment behaviour. The effort often made by the bereaved person to look in a good spirit and calm every time he meets his friends is a sort of staging of something he does not own (happiness, again). This behaviour is not helpful as their friends might think that the bereaved has recovered from his loss, and so comply with his detachment while feeling unfairly treated, feeling that their good intentions, friendship and support were despised, or even becoming indignant at their apparently arrogant bereaved friend (for example, they might think that 'Now, that the worse is gone, he does not need us anymore' or 'we were only useful for the bad times; now, that's he's fine, he just ignores us'.)

On the other hand, the bereaved person can, in fact, 'loose friends' simply because these friends are not able to remain by her side throughout the difficulties of the bereavement process (Rebelo, 2004). If friends are used to easy or even superficial friendships mainly associated to leisure and pleasurable activities and have not pursued more intimate and deeper affective attachments that go beyond getting together in happy times, then some of these friends are unable (or unwilling) to support a friend experiencing a situation that is the opposite of good mood and fun. In many cases, that friendship never showed significant signs of intimacy or depth (thus, the attachment was not 'really affective'), but, in adversity, the bereaved person will need this friendship and will count on these friends to be immediately available and supportive. Basically, the bereaved person expects the same support from these friends as people in general from their friends, regardless of how close they are. Therefore, the bereaved person may feel disillusioned or even betrayed when these friends distance themselves precisely when she needs them the most.

The bereaved person tends to expect that, sooner or later, these friends will come to her to talk about her mourning and to understand it in an intimate and comforting dialogue. She idealises this moment and thinks of words of affection and comfort or imagines being able to cry freely her loss in her friends' arms. That is, the bereaved person expects that, at least one day, these friends could be brave enough to come to her, break their silence and stop being distant, and that they challenge themselves by being able to talk about sad subjects, diametrically opposed to what they use to talk about (for example, topics pertaining to music, football, night out locations and politics), or that they simply resume their friendly presence.

Often, however, the bereaved person gives up waiting for their friends to come back and might persuade herself that the vastness of her pain, her sombre presence, her unwillingness for fun and even her irritability and aggressiveness were the causes for their friends restrain. In some cases, the bereaved person is already convinced that some old friendships were of poor quality, and that was not even enough to ensure more than a circumstantial or intentional support in such a deep grief. That is, her friends' support was restricted to the Crisis Phase and to the moment of the news of the death, when everyone, friends or simple acquaintances, express their grief.

The bereaved person, however, needed and required much more than that from a friend. She needed and required that her friends dared to extend their support for days, weeks and even years, while the Grief Cycle lasted: a support not restricted to the few circumstantial words and gestures in the Crisis Phase, but present through time, mainly in the Disorganisation Phase. That is, a support that could be insistent and, consequently, consistent - 'palpable'.

With this the bereaved person might think that she was not able to select 'true friendships', to make 'good and long-lasting friends'; that, in truth, she is not, and was never, loved by those friends (at least enough to deserve their braveness against the vastness of her pain). And, finally, that she is very lonely. Much lonelier that she thought she was when her loved one died and immediately afterwards.

This realisation, however, can stimulate the bereaved person to search new social relationships and, in this more or less broad context, to look for new friends. Despite her possible shyness or social inhibition (mainly if she was disillusioned with her 'old friends'), her need to socialise and to develop new affective compensatory relationships may sign the entry in the Organisation Phase. In this phase, new friends can bring novelty, a progressive renewal of her life, a wealth of knowledge of new personalities, the establishment of new interactions and even new perspectives on friendship. With all this, inevitably the bereaved person will have the opportunity to proceed with her personal restructuring.

Lastly, the bereaved person will tend to feel very grateful and hold in special affection those friends who always stayed by her side throughout the instability and difficulties of the bereavement process. This affection is directed both at friends who were already very close at the time of the death (sometimes, long-lasting friends) or who became closer at that time. In both cases, they can be extremely valued by the bereaved person in the continuity of her personal history, which acknowledges the strength they showed in the worse moments of her life and, now, in the conquering of new horizons.

CHAPTER 4

THE FUNERAL CEREMONIES (WAKE, FUNERAL AND OTHER CELEBRATIONS)

The duty to bury the body of the victim can be particularly painful for the relatives and/or friends. The funeral ceremonies are described as a difficult moment, following the news of the death and, in some cases, the identification of the body.

The funeral ceremonies are defined by the deceased's family and/or friends and depend on their culture or religion. In general, the funeral ceremonies include the wake, the funeral and, afterwards, one or more memorial services.

The wake (also called visitation, viewing or calling hours) is a private ceremony that takes place around the funerary casket (for example, a wooden coffin) containing the mortal remains officially received by the family and/or friends (through the services of funeral directors). Its function is simply to 'watch' or 'guard' the body; that is, it is a solemn occasion where people gather to guard the body until the burial. Family and/or friends attend the wake to celebrate the memory of the loved one rather than for any obligation or need to guard the body. The duration of the wake depends on the family's customs and on the choices made by the family and/or friends of the deceased: it can last all night or only a short two- or three-hours period before the funeral.

A wake can take place in a temple, in a mortuary or in any other institution with suitable premises, or in a private house (for example, the house of the deceased). Where it takes place and what it includes depends on the customs and on the religious and symbolic choices of the participants (for example, relatives and/or friends may pray, sing, talk, recite poetry, listen to music, be in silence, etc.).

A funeral is, in general, a private ceremony for the family, friends and acquaintances but it can become a public ceremony by including the people from the community who wish to participate. In truth, the community is not prevented from attending the funeral if it takes place in public spaces, usually in cemeteries.

The funeral can include a religious celebration or not. Usually, it consists of a funeral procession or cortege including the funerary urn (transported in a funeral vehicle or in a carriage, in a cart, by hand, on shoulders, with poles), members of the family and/or friends and other people who wish to show their solidarity.

A funeral can take place in a public or private cemetery, in the interior of a temple, in an institutional building or even in a private house (for example, in the house of the deceased). Where it takes place and which acts are included depend on the uses and on the religious and symbolic choices of the participants. The duration of the funeral varies but in general lasts for a few hours during daytime. Sometimes it is followed by a reunion of the family and friends in a private house with food and drinks.

Other memorial ceremonies can either be included in the funeral or follow it. They can take place in the day of the funeral or in the following days: for example, the mass said for the deceased 30 days after his death in the Catholic liturgy.

The funeral uses and other memory celebrations are considered very important in the bereavement processes of the family and/or friends (Spungen, 1997). The funeral customs, in particular, can soothe the harshness of the Crisis Phase. In these ceremonies, the family and/or friends give the deceased, or his body, a dignified end, which symbolises the 'passage to another life stage', now without their company. They are then a sort of 'frontier' between a Past and a Future to be crossed without the participation of the loved one but with his memory.

In cases of homicide, the funeral ceremonies are perceived by the family and/or friends as a way to 'repair the crime'. If the body of the victim was missing, hidden or waiting to be identified, the funeral ceremonies are certainly restoring. With them, the family and/or friends pay homage to the memory of the victim as if providing him with consolation for what happened, and obtaining consolation themselves.

Finally, the funeral ceremonies provide the opportunity to deposit the body of the victim with dignity in his 'last residence', the grave, for instance, where he can 'rest in peace' after such a violent aggression. Family and/or friends feel that this last residence asserts the victim's dignity. They will also feel that the victim, despite dead, 'has been returned to their people', particularly if the victim's body was missing or hidden, as he is now in a place 'controlled' by the family.

The funeral ceremonies can, in effect, help the family and/or friends and make their bereavement processes easier, mainly because (Worden, 2003):

a) <u>They promote acceptance of the loss</u>. Participating in the funeral ceremonies allows the bereaved person to adjust to the reality of the loss, that is, to consciously accept that the death of the loved one was an historical event. Denying the death is a characteristic reaction when receiving the news of the death and during the Crisis Phase. This denial is now replaced by the realism of the funeral ceremonies where, in many cases, the bereaved person can even see the body of the loved one lying in the funerary urn. Even if the urn is closed (by choice of the family, due to religious issues or due to the decomposition of the body), its presence reinforces the reality of the loss. When the body is cremated, the presence of the cremation urn can have the same effect. In many cases, the body is initially placed in a funerary urn and is seen by the participants; only afterwards is it cremated and delivered in an urn to the family and/or friends;

b) <u>They promote the expression of emotions and feelings</u>. Participating in the funeral ceremonies can provide an opportunity for the bereaved person to express his emotions and feelings in that unique moment. However, this opportunity is not always provided by the family and/or friends of the deceased, who sometimes do not wish that the individual expression of feelings takes place during the funeral ceremonies. In some families, due to their social, economic and cultural conditions or to religious issues, there is some censorship during the funeral ceremonies, which will follow more or less formal conventions and will be controlled, moderate and discrete. In these cases, it is not rare that the bereaved person is taking medication to remain calm and maintain control during the ceremonies. On the contrary, the convention in other families is that the bereaved person must express his emotions and feelings, so it is likely that the funeral ceremonies will be somewhat hectic. They impress by the screaming, laments, 'spasms' and compulsive crying displayed by everybody. Some regions and ethnic groups (for example, the Romani people) use characteristic 'litanies' or 'whining' for the expression of emotions and feelings and for the funerary elegy of the loved one. These expressions include repetition of traditional phrases accompanied by groaning, clapping hands or striking the chest with the hand;

c) <u>They promote reflection about the importance of the loved one in their lives</u>. Participating in the funeral ceremonies can provide an opportunity for the bereaved person to remember the life of the loved one, value her qualities and think about them. It is a moment of unique intimacy as it is socially acceptable to all family and/or friends (even to the ones who had conflicts, rivalry or a breakdown of their relationship with the deceased) to reflect on the life path of the loved one, so that the personal existence of the deceased is not a 'blank page' and her qualities and good deeds are not suddenly forgotten.

In the funeral ceremonies, in general, the deceased is remembered and praised (even when she was considered a 'not so good' or 'bad' person). This can be positive for the bereaved person because it allows her to 'restructure' the image of the loved one, who is now seen in all her existential and relational importance and relatively exempt from mistakes and guilt.

The funeral ceremonies are, in many cases, an occasion for 'forgiveness' of the loved one for the small arguments of daily life or even for the 'redemption' of the bereaved person in the context of those disagreements. The funeral ceremonies can also provide the most important occasion to pay public homage to the loved one and/or to show one's affection. It is a sort of 'last tribute of love', which gives consolation to the bereaved. In the funeral ceremonies of victims of homicide there is participation of representatives of the State (in some cases, members of the Royal Family or the President of the Republic), Government, authorities and anonymous people. Both the presence of the high-level dignitaries and the anonymous crowd can help the bereavement processes of the family and/or friends. This is because these presences express recognition for the professional or political activities of the deceased (for example, when the victims were police officers or politicians), they show solidarity for the loss and condemn symbolically the homicide that victimised the loved ones;

d) <u>They promote the development of a social and/or family support network</u>. Participating in the funeral ceremonies can provide an opportunity for the bereaved person to see his loss acknowledged and to find comfort in the presence of friends, neighbours, colleagues and acquaintances, his or of the loved one, representatives of the State and Government and anonymous people. They not only show their appreciation and affection for the bereaved person but also show that they hold the victim in high regard. Some funerary ceremonies, particularly for the victims of homicide, are authentic public demonstrations of solidarity and involve all the community, which also feels affected by the homicide. This feeling is very much present not only in the funerary ceremonies but also in other memorial services and rituals.

The funerary ceremonies can also be an occasion for the members of the family and/or friends to reunite, mainly for those who, for many reasons, grew apart from the family. After the loss of the loved one, the individual bereavement processes may promote reunion and mutual help. After all, the members of the family and/or friends will all feel that they can find support in their close relationships if they are willing to share their suffering and build together perspectives for the future.

OTHER MEMORIAL CELEBRATIONS

In many cases, the first public celebration of the funerary ceremonies is the funeral. In other cases, the family and/or friends of the deceased feel the need to have, either in public or in private (only family and/or friends), other memorial celebrations. As already described in this Handbook, Memory is one of the needs of the family of the victims of homicide.

The memorial celebrations, because of their nature and when they take place, are not considered part of the funerary ceremonies. However, these memorial celebrations can be as important in the bereavement process as the funerary ceremonies and can even replace the funerary ceremonies in case some of them cannot be performed. In effect, in some cases of death by homicide, in the absence of the body, the wake and the funeral cannot be performed because either the body was not found (although there is evidence of the death) or because it was destroyed by the homicide (in an explosion, for example). For the family and/or friends it is acceptable to celebrate part of the funerary ceremonies (in the Catholic liturgy, a 'suffrage mass' without the presence of the body) and/or other memorial ceremonies organised either by themselves or by others.

The style of these celebrations varies. Each bereavement process influences the celebration style and it is important to respect the personal needs of the bereaved family and/or friends, which are the needs of their individual bereavement processes. The greater the agreement between the family and/or friends on organisation of the ceremonies, showing mutual respect for each other's opinions and suggestions, the richer and the better will be the results for the individual bereavement processes.

Memorial celebrations can be particularly important when they involve the whole community. The community considers homicide cases so horrendous that it feels the need to 'restore' its history and to 'purify' the physical space where the crime took place by invoking respectfully the memory of the victims in that place. This celebration, in general, changes the use of that space - for example, the space is transformed into a park or receives a sculpture or artistic installation.

The following aspects are usual in memorial celebrations:

a) Events related to the victim's biography, such as the birthday of the victim or the anniversary of the death;

b) Events related to the victims of homicide including public homage to mark locally the importance of victimisation by homicide, or events that invoke directly a specific homicide; for example, the European Day for the Victims of Terrorism – 11 March, events related to Peace or to any other subject associated with the victims;

c) The need to convert a tragic event into a less negative memory. In some cases, the community feels the need to convert the homicide into a less aggressive memory. Usually when the homicide took place in a public space (such as a square or a railway station), local authorities or citizen groups mark the place with a monument or a plaque, whose architectural and/or sculptural features and accompanying texts become (as much as possible) 'positive'. These monuments or plaques will promote the memory that something very serious happened there - so serious that that place cannot be left 'blank', as if nothing had happened there (which would have hurt the family and/or friends of the victims). Even in the absence of monuments and memorial plaques, the place can be marked (thereby acknowledging the pain of the family and/or friends) with trees (one for each victim, for example) or flower beds. These do not allude directly to the victims but can be equally meaningful;

d) The need to fight against a very serious social problem. Finally, homicide prevention is also very important as homicide is a very serious problem for society. It should be fought assertively in a public joint effort. In civil society, this combat equates mainly with prevention. One of the most marking aspects of a prevention action (such as a campaign or the celebration of a 'National Day' or an 'European Day') is the direct reference to the victims including available statistics, personal stories and public testimonies by survivors and by the families and friends of the victims. These can influence public opinion and draw the

States' attention for the need to define effective criminal policies to fight and prevent homicide. The role of the mass media is also influential.

Symbolic gestures can honour the memory of the victims and help family and/or friends recover from the loss. Some of these acts can be public, but are frequently confined to the family and friends. These can be, among others:

a) Erecting a funerary monument over the grave (for example, a headstone, maybe a sculpture, and inscriptions);

b) Publishing an obituary including photos (or not) in the newspaper (particularly in the anniversary of the death);

c) Publishing a brochure with a short biography of the loved one, setting up a website or a slide show presentation in memory of the loved one to be presented to the family and/or friends (including photos, citations, chronological information and music);

e) Publishing testimonies about the life and death of the loved one and associated bereavements (for example, in a magazine, newspaper, Internet website);

f) Gathering the family and/or friends near the grave to celebrate the deceased's memory, with solemn readings of letters and/or manuscripts left by the deceased, or poems and prayers, lighting candles, laying photographs and flowers, etc;

g) Planting trees or other plants or spreading flowers in the place where the death occurred or where the body was found (for example, in a river or by the side of the road);

h) Creating works of art such as musical pieces, paintings or literary works (for example, poems, essays or novels) in memory of the loved one, irrespective of them being exhibited or published;

i) Organising a public religious celebration (for example, a suffrage mass for the rest of the soul of the loved one in the Catholic Church).

Memorial celebrations can be very important for the healthy development of the bereavement processes. They help simultaneously to accept the loss, express emotions and feelings and build a family and social support network, which either did not exist previously or was quite disperse. The advantages of memorial celebrations are similar to the advantages of participating in the funerary ceremonies. Moreover, some of these celebrations extend themselves beyond the private sphere of the bereavement processes - they can become part of the cultural heritage of the community through their associated artistic and/or literary production or by alerting society to problems that should be of public interest such as homicide.

Some relatives and/or friends also feel the need to show their mourning and mark the memory of the loved one by wearing completely or partially black clothing. Some people follow social conventions (such as wearing black for one year for the death of a parent) or religious conventions (for example, the Romani men wear dark clothing and let their hair and beard grow). Other people wear black until they feel they 'are ready', which can happen long after the conventional periods; others decide to wear black for the rest of their lives either following social customs (for example, some widows) or by personal choice (for example, some mothers who lost their children).

CHAPTER 5

IDENTIFYING THE BODY

In some cases, family and/ or friends are requested to identify officially the body of the deceased.

Seeing the victim's body can have a very negative impact in the relative or friend who identifies it (Spungen, 1997). The sight of the dead body of someone who was a relative and/or whom we loved can be profoundly traumatic, not only because of the loss but because of the natural disfiguration of the features.

Rarely a dead body will have an appearance similar to the live person as putrefaction starts immediately after death. Even if the body has been kept in a refrigerating chamber, it will show changes in appearance, mainly in the face, which loses the natural flush, becoming paler and acquiring brown, black and green tones. The hair also changes, mainly if left unmanaged during the transportation of the body, becoming damp, with refrigeration. The temperature of the body drops, and can cause a negative sensation to touch. The body's rigidity is visible too.

The nudity of the body during identification is another negative aspect. In general, the body does not have any clothes or accessories and, although usually covered by a sheet, nudity may be visible through the fabric.

Moreover, there is the possibility that the homicide may have left traces of violence on the body of the victim (for example, swelling or haematoma on the face or head). These traces are usually cleaned of blood or other residues. Thus, despite the inexistence of hemorrhages in a body, it can still show signs of violence. To identify the victim, the relative and/ or friend will need to look at parts of the body - usually the face (eyes, mouth, teeth, etc.) but also other parts such as the back and arms to identify tattoos or birth marks, for example. Seeing the marks of violence on these parts of the body makes the experience of identifying the body more painful.

THE EXHUMATION OF THE BODY

In some homicide cases the criminal investigation requires the exhumation of the body of the victim, that is, removing the body from the grave (where it had been placed after the funerary ceremonies), for a total or partial autopsy (another autopsy or the first one).

These situations can cause great suffering to the family and/or friends of the victim. They may feel that somehow this is a 'violation of the sacred space' of the grave, as if 'disturbing an everlasting peace territory' where the body of the loved one rested after the aggression of the homicide.

These situations can also break the peace family and/or friends had conquered in their bereavement processes and, consequently, can disturb their Grief Cycle. The bereaved family and/or friends will however see the need for the exhumation as important so that the criminal investigation can progress. They wish for justice and the exhumation, more than the distress caused by opening the grave, may lead to permanently restoring the victim's peace (and her family and/or friends' peace), which was taken away by the victim's death.

THE VICTIM'S BELONGINGS

For the family and/or friends of the victim it is particularly hard to deal with the victim's belongings. His personal objects (for example, clothes, accessories, books, manuscripts, photos, etc.) can be as precious, if not more, as property or other very valuable assets (for example, furniture, works of art, tapestries, porcelain, etc.).

These belongings, because they include personal objects, have a high affective and symbolic value.

A first group of objects is composed by the clothes and accessories that the victim was wearing when he died. If the death took place at home, the relatives and/or friends removed these clothes and accessories after a competent doctor had pronounced the death and had certified it medically. If the body had to be sent to the medico-legal services (for an autopsy) because of the circumstances of the death or if the person had been admitted in the hospital and died while there, the deceased's belongings will be handed to the family and/or friends when they receive the body of the loved one. The event that caused the death can leave traces on the deceased's clothes and accessories such as tears, cuts, dents, blood, etc., as in the case of homicide. These are sometimes apprehended by the criminal investigation and destroyed after the trial. Clothes and other less important items are sometimes placed in paper bags and usually returned to a direct relative of the deceased (for example, her mother or husband).

The remainder of the belongings is always much more vast, and includes the assets left by the deceased - these can be personal objects (her house contents such as furniture, books, manuscripts, clothes, etc.) or professional-related objects (for example, her office contents such as the desk, photos frames, agenda, etc.).

To go through the objects of the deceased is always a painful moment. Her house, her objects, the emptiness and lack of use they show are a sour memory for many relatives and/or friends. Some feel they are 'invading the privacy' of the deceased by invading her space and objects. For others, this is an opportunity for some consolation, despite being a sad opportunity, as they are in touch with the deceased's personal world.

In the workplace, to go into the deceased's office and undo the way her desk and files were organised is hard for the colleagues. They might have the same feeling of 'invasion of privacy' as well of 'effective loss', as that space and furniture will be either occupied by another person or adjusted to new functions. Among the deceased's belongings, they will find some personal ones that will be returned to the family and/or friends and this will not be pleasant for either of them.

Dividing the belongings can also give rise to conflicts between the relatives and/or friends who, in some cases, will dispute the possession of some of the deceased's personal objects. This may happen especially between her parents and spouse/partner, who owns most (or even all) objects, and can lead either to a conflict between them or to an increase in previous tensions in their relationships. In some cases, the problem is only solved by having an inventory of the assets to be shared including unusual items for this type of document, as these objects do not have great material value. For the family and/or friends of the loved one these objects have, nonetheless, as much value, if not more, than materially valuable objects as they are laden with affective and memorial meaning. They become 'sacred' objects and the dispute for them in the family can be painful.

CHAPTER 6

MASS MEDIA, THE VICTIMS, THEIR FAMILIES AND/OR FRIENDS

A homicide can trigger great media interest. Usually, journalists are the first participants or observers of the operations set up in the area where the homicide took place. They usually seek to interview the professionals responsible for these operations and the family and/or friends of the victims who come to the site (or were already there) and who are easily identifiable by their reactions to the loss (for example, crying, screaming, fainting, etc.). Trying to interview the family and/or friends can be seen by some as taking advantage of these people's fragility in such a critical moment, as they will not be able to give interviews or will not be worried with anything else besides knowing about their loved ones and/or doing something for them, dead or alive.

However, a homicide is an important event for public knowledge. Mass media have a highly relevant role in informing the public, so the professionals involved in the operations and the journalists should truly cooperate. Sometimes the competent authorities release an official statement about the homicide and/or organise a press conference where the statement is repeated and where the journalists are allowed or not to ask questions. Details carefully selected and respecting the mourning of the relatives and/or friends of the victims are communicated in the statement or in the press conference.

Both the statement and the press conference are important to protect the family and/or friends of the victims - sparing them from exposing their pain, their fragility and their mourning in public. However, it is not rare that journalists explore the event beyond what is considered sensible by the authorities. Depending on the media and on the journalist, the story can be covered in an intrusive and/or offensive way for the family and/or friends or the victim.
In some cases the media coverage includes sensitive aspects of the victims' biography. In other cases it includes photos of the area where the homicide took place (for example, showing blood on the floor), of the funerals of the victims and even of their bodies. The family and/or friends can feel horrified when seeing these potentially traumatic images.

Newspapers, magazines and television stations have these images in their libraries, which can be used when there is further progress in the criminal investigation or in the court proceedings or in any other story about homicide. The family and/or friends will then be subjected to see the images again in any time in the future (even years afterwards) and to be faced with biographic details of the loved one, thereby suffering the public exposure of their loss. It is not rare that seeing these images triggers traumatic responses, mainly because they are unexpected and unavoidable.

However, it is natural that the family and/or friends, when they reach the Disorganisation Phase of the Grief Cycle, wish to collect all the information about the loved one that was conveyed by the media or is available in archives. Gathering this information can be a healthy task - it helps coping with the loss by organising one's memory of the loved one through the reconstruction of her life and particularly of her last days - much like preparing a 'biography'. In effect, ignoring the events surrounding the death is harmful for the people who lost loved ones and who are in bereavement (Rando, 1993).

PART 2
INTERVENING

CHAPTER 1

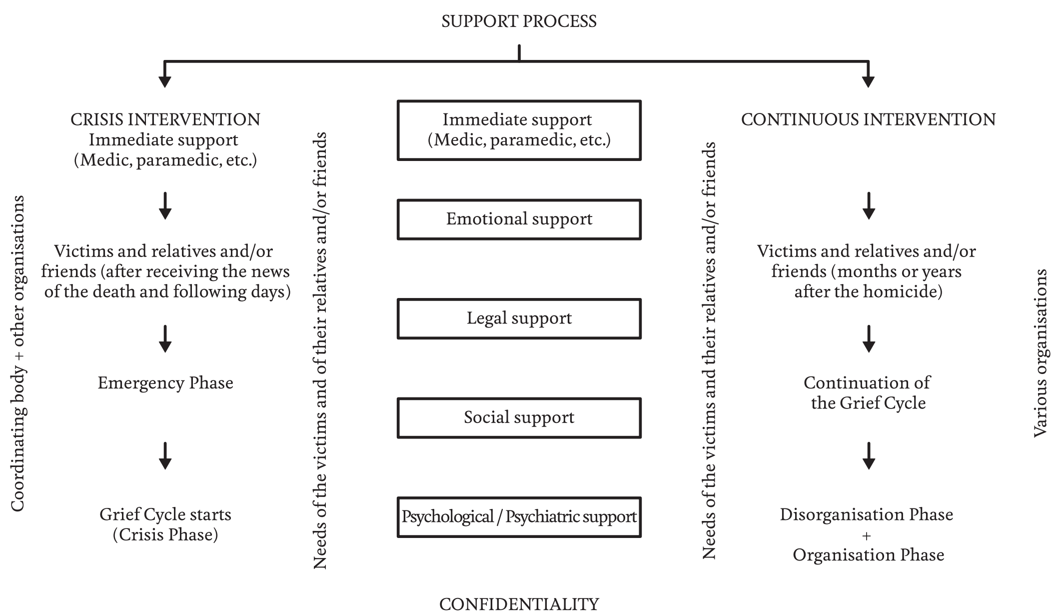
THE SUPPORT PROCESS

The needs of the relatives and/or friends of the victims of homicide lead the professionals to contact different providers of goods and services. The contact between the people affected by the homicide and the professionals involved often starts with the immediate assistance at the scene of the homicide. This contact, based on a support relationship, will be maintained during a period of time, sometimes years. A support process develops from the moment the professionals contact the victims at the scene and lasts until the latter regard that their victimisation problems (legal, social and psychological) are resolved or controlled.

The support process between professionals and victims develops steadily over time and involves several meetings and tasks. It aims at solving or controlling the victimisation problems.

The support process must always be confidential.

The process is described in the figure below:



CRISIS INTERVENTION AND CONTINUOUS INTERVENTION

A support process has two strands: Crisis Intervention and Continuous Intervention.
The Crisis Intervention includes the following phases:

a) The Emergency phase, at the date and place of the homicide and other relevant places (in relation to the direct victims of homicide and to their relatives and/or friends); it includes victim rescue operations and medical and paramedic assistance; emotional, legal, social, psychological/psychiatric support, among others;

b) The Crisis Phase of the Grief Cycle, at the scene of the homicide and in other relevant places (in relation to the relatives and/or friends of the victims), whose intervention aims at providing emotional, legal, social and psychological/psychiatric support, among others.

The Continuous Intervention comprises several tasks and develops over time, responding to the needs of the victims of homicide and those of their families and/or friends. The duration of the phases varies across cases and it can last years.

WHICH TYPES OF SUPPORT IN A SUPPORT PROCESS?

During the support process, besides immediate medical and paramedic assistance, additional emotional, social, legal and psychological/psychiatric support services can be provided.

Of these last four types of support, emotional support is the only one that is not specialised. It can be provided by any professional, independently of their training. Qualified professionals should exclusively provide the other support services.

In detail, the four types of support provided are:

a) <u>Emotional Support</u>. The first type of support provided to the victims, their relatives and/or friends is emotional support. This is a non-specialist support that does not demand spe-

cifically the use of our professional competence, but mostly our sensitivity (although we should always be informed/trained on the reality of the victims and the support process). We need to be welcoming and sympathetic, serene and understanding towards the victims and their relatives, both at the scene of the homicide as in other contexts where we assist or receive these victims, their relatives and/or friends. We need, most of all, to pay attention to their needs, showing empathy.
Emotional support should also be provided across the other types of specialised support;

b) Legal Support. Legal support should be provided exclusively by qualified professionals. It is about providing information and clarification to the victims, their relatives and/or friends regarding their rights and legal procedures. Thus, we should be available to help them understand legislation and legal procedures and establish verbal and written contact with magistrates and the Public Prosecutor Office.
It may also be important to provide support regarding inheritance problems and issues with insurance companies concerning payments of life insurance policies. If there is legal provision about compensation for victims and their families, these should be informed and supported in their claims.
It is important, among other aspects, to repeatedly explain to the victims, their families and/or friends, what is their role in the criminal process. In order to do so, we should always have an up-to-date file with all the existing legislation, available for immediate reference, as well as other legal handbooks and information;

c) Psychological Support and/or Psychiatric Support. Psychological and psychiatric support should be exclusively delivered by psychologists, psychotherapists and/or psychiatrists, according to their competences.
This type of support can be provided individually or in a group setting (for example, in self-help groups).
This support addresses the needs of the victims, their families and/or friends for minimising and treating the psychological consequences – namely in the case of PTSD and whenever a relative and/or a friend asks to be supported in their bereavement process, particularly if it involves depression.
Everyone is likely to require support during the Grief Cycle, particularly in the Crisis Phase and in the Disorganisation Phase, but requesting it is an individual choice. Chil-

dren should be referred to this type of support by qualified professionals and always with the authorisation of their parents or legal representatives.
Psychological and/or psychiatric support will be in place for as long as professionals and patients agree to it and will include the use of medication only when prescribed in the context of psychiatric treatment;

d) Social Support. Social support is provided by social work professionals (for example, social workers, community care officers, etc.).
Social support addresses the victims, their relatives and/or friends specific needs at the social, housing, employment, economic, and educational levels, particularly those directly caused by the homicide.
Social support aims to clarify the relational position of the victims, their relatives and/or friends (for instance, in relation to other relatives and/or friends), their social situation (for example, where they live – in a village or in a city, the family's socio-economic conditions, the school attended by the children, work environment, etc.), and their institutional context (for example, previous support requests, negative experiences with institutional support, difficulties in dealing with particular organisations, etc.).
Social support seeks to address the particular needs of the victims, their relatives and/or friends, referring them to other services and organisations, in order to obtain goods (for example, financial support, clothing, food, etc.) and services (for example, access to medical services, document requests, etc.) that facilitate the swift resolution of specific problems, crucial to their quality of life and well-being.
Social support requires contacts with other professionals, services and organisations and deploys cooperation mechanisms to bring together all the necessary inputs to the support process.

CHAPTER 2

THE SUPPORT PROCESS – CRISIS INTERVENTION (IN THE EMERGENCY PHASE)

Many professionals provide immediate support to the victims at the scene of the homicide: police forces, forensic services, medical teams, fire brigades, psycho-social support workers, etc. Each country has a service ready to respond to this sort of event, normally coordinated by a competent police authority.

Crisis Intervention at the scene is a first stage: the Emergency Phase.

In the Emergency Phase we must ensure that an efficient response is quickly provided to limit the damage cause by the homicide that, by its nature, disrupted the social normality, affected a certain geographical area or urban structure, and caused victims.

Thus, the Emergency Phase should be very methodical and organised.

This Phase should be coordinated from an analysis and decision centre with capacity to manage the available means.

What should we, as professionals, do in the Emergency Phase?

At the scene, our participation in the operations depends, firstly, on our own professional training and role in the organisation whose intervention was requested. Only professionals with adequate training and skills should participate in the operations. Their integration in a particular team, responsible for a specific mission at the scene, should always depend on the decisions taken by the coordinating entity and its instructions.

Our intervention depends thus, and secondly, in our adequate integration in a team with a specific mission at the scene, under the direct or indirect coordination of the entity responsible for the general coordination of the operations.

In this sense, we should clearly identify the limits of our intervention, that is, we should know exactly what are our responsibilities. We should also be aware of who the team coordinator is, to whom we should ask for instructions, explanations and help, if necessary. Team meetings to coordinate tasks are usual and we should actively participate in them and then guide our intervention by the discussed and agreed action lines.

Given the diversity and the complexity of the interventions following a homicide in the European Union in the last decades, it is difficult to specify the role of each professional or team in this Handbook. The roles will depend on each Member State's national policies and resources. The aim of this Handbook is not to specify those roles, but to offer instead a general approach focused on the victims, their relatives and/or friends.

This Handbook, containing basic and generic information, aims at helping the intervention of any professional potentially useful in the Emergency Phase. Organising our participation in specific emergency tasks requires, thus, integration in a team with a specific mission, guided by the responsible coordinating entity.

It is obvious that any 'one-off', 'disjointed', uncoordinated intervention can have negative results, both for us and for those at the scene intervening under that general coordination. This can be particularly damaging for the victims, their relatives and/or friends.

WHAT SHOULD WE TAKE TO THE SCENE?

In the Emergency Phase, if we are to integrate a particular team already at the scene, or to be formed there, we should take certain necessary objects with us. The preparation, at home, of a small rucksack with these objects can avoid many setbacks in our intervention at the emergency scene. We should pack in our rucksack:

a) A change of clothes and shoes and a basic toiletry bag in the event of an extended intervention (for example, overnight, over two days, etc.), not forgetting waterproof and warm coats, rubber boots, woolly hats and umbrellas (in the Winter, and if our intervention is set in open spaces), or light clothing and sun hats to protect us from the sun (in the Summer);

b) Forms (if applicable) needed by the team or by our organisation (for example, victim support registration forms, etc.), and/or procedure manuals to consult when in doubt;

c) Mobile phone, diary, notebook and pencil or pen;

d) A list of phone numbers, up to date, with the contacts of useful organisations;

e) Leaflets and brochures on victims of crime and their rights;

f) Personal identification (for example, identity card, driver's license, professional card, etc.);

g) Uniform and/or identification tag (if in use in the institution).

WHAT CAN WE DO AT THE SCENE?

In certain cases, the relatives and/or friends of the victims witness the homicide, in other cases, they arrive quickly at the scene or where the wounded survivors or fatal victims have been transported to (for example, a hospital or a mortuary).

In any public place where there is a victim of homicide, alive or dead, people will tend to gather either to give support to the victim (for instance, delivering first aid) or driven by curiosity about the unusual event and the morbidity of the situation. Several journalists trying to gather information can also rapidly concentrate at the scene.

When the relative and/or the friend of the victim is present or arrives at the scene after receiving the news of the event (for example, through an acquaintance or the media), the situation can be quite confusing and the scene can become chaotic. Some onlookers and/or journalists may have no scruples about taking photos or interviewing the relatives and/or friends of the victim in a crisis situation, clearly taking advantage of their pain to create the most impact in the audience, sometimes in live broadcasts.

Thus, traumatic stress can be high due not only to the loss of the victim but also to the general environment where the death occurred or where the news of the death is received (Spungen, 1997). It is up to each professional, regardless of his team's functions, to minimize the risks of this traumatic stress and help people coping with its effects, as an immediate PTSD prevention and promoting a healthy bereavement process. Every professional, even those assigned tasks not directly related with the relatives and/or friends of the victims, or the survivors, should demonstrate this attitude.

When the homicide has taken place in a public place where victims are alive and their relatives and/or friends are present, the Crisis Intervention is urgent.

Within our team, we may have to take forward the following tasks (Almeida de Brito, 2006):

1- <u>Protecting the survivors or the relatives and/or friends of the victims</u>. We should assist and protect the survivors or the relatives and/or friends of the victims by taking them to a safe location near the site of the homicide, or where the bodies of the victims were found. Staying at the scene may difficult the operations, or even putting them at risk (for example, in the case of an homicide in a building, the relatives and/or friends may try to enter and rescue the victims by themselves). If relocating the relatives and/or friends of the victims is not possible, it is advantageous to place some sort of screen separating them from the operations involving the victims. Moreover, survivors should also be transported to another location and medically observed and/or assisted (transportation of survivors should, as far as possible, be undertaken by the medical or paramedical team). It is necessary to bear in mind that homicide witnesses may not leave the scene without the authorisation of police authorities.

2- <u>Taking care of survivors in life-threatening condition</u>. We should rapidly attend to survivors in serious condition, or direct them to the medical or paramedical team for a prompt and adequate response to their needs. If survivors have to be transported to a hospital by ambulance, or treated in an improvised medical centre (a tent, for example), it is advisable that relatives and/or friends do not escort them. It is expected that they are anxious and that their behaviour may interfere with the work of the professionals (for instance, a mother screaming at the side of her teenage son while a doctor tries to revive him with cardiac massage).

3- <u>Identifying and contacting other relatives and/or friends of the victims at the scene</u>.

We should seek to identify all the relatives and/or friends of the victims amongst those present or who have arrived at the scene in the meantime, taking note of their identity in a list. We should take additional notes about their general emotional state and memorise their features, so we can easily identify them in a large group (in a crowd of onlookers, or amongst other relatives and/or friends of the victims) and make contact, if necessary.

4- Screening the relatives and/or friends of the victims. We should screen the relatives and/or friends, or help other professionals doing that, by escorting them to a reserved and sheltered area (for example, a room, a tent, etc.), so that they are not exposed to the potentially sensitive setting of the undergoing operations (for example, preventing them to observe the searches in the woods for the bodies of teenagers or survivors victimized during a weekend camping trip). It is not advisable for relatives and/or friends to participate in the searches, unless their presence is fundamental, since they can hinder the operations. This can also be a traumatic experience for them if they find the body of the loved one.

5- Directing survivors or the relatives and/or friends of the victims. Shock, anxiety, panic, confusion amongst survivors, relatives and/or friends may strongly undermine the operations at the scene. We should support these operations actively by directing and guiding the survivors, relatives and/or friends at the scene, and by providing simple and precise instructions on what they should do or where to go. This task can also promote security at the scene (for example, removing hostages held at a building surrounded by a special forces team).

6- Maintaining contact with the relatives and/or friends of the victims or with the survivors. It is important that the relatives and/or friends of the victims are not alone or do not feel alone. We should stay with them, talk to them as many times as possible, letting them know how the operations are progressing at the scene. If it is not possible to continue the operations and these are suspended (for instance, impossibility to search in a river due to mud and darkness preventing visibility), we should direct the relatives and/or friends of the victims to the place where the operations were suspended and explain them the reasons for that. It can be important that they see by themselves the resources involved in the operations, contact directly the professionals unable to continue their work (for example, divers, still in their wet suits, can tell them first hand that nothing else can be done). This will alleviate their feeling that 'not much was done', and show them the opposite: 'all was done, until we were forced to stop for today'.

7- Communicate the news of the death of the victims. In some cases, it is inevitable that the news of the death of the victims is given at the scene. How to give the news of the death should follow what is described later in this Handbook. We should adapt to the circumstances. If, at the scene, there is a medic or paramedic team, it may be important that they give the news, thus ensuring, as previously noted, that 'all was done' to save the lives of the victims. In some cases, the news of the death comes from a 'list of the dead' containing the names of the fatal victims. This list should be updated and we should pay attention to new data, which we should transmit to the relatives and/or friends of the victim as soon as possible. If circumstances allow, they should be informed personally before the list is updated.

8- Avoiding the presence of relatives and/or friends at the exhumation and/or transportation of the bodies of the victims. We should avoid that relatives and/or friends of the victims are present when the bodies are exhumed, moved or transported to the mortuary. The sight of the body can be traumatic. Once found, the body should be immediately covered; making sure that none of it is visible (for instance, feet, an arm, a piece of clothing). During the operations, regardless of the presence of relatives and/or friends, the exhumation area or where the body was moved to should be covered by a screen so that these areas cannot be viewed or photographed by onlookers or journalists.

9- Escorting relatives and/or friends home, to the health unit or to the mortuary. We should make ourselves available to escort relatives and/or friends of the victims to their homes, if they are returning there; or to a health unit, if they are waiting there for news of the medical condition of their loved ones. If the victims have died at the scene, their bodies are now at the mortuary and their identification might be necessary. We should show immediate availability to escort to the mortuary the relatives and/or friends of the victim who might be able to identify the bodies.

It is convenient to leave the scene quickly and discretely, so that relatives and/or friends are not stopped and/or delayed by onlookers or journalists. If possible, when leaving the scene we should also avoid using the main areas of the operations (for example, through the debris caused by the explosion that victimised their loved ones, etc.).

AVOIDING THE SCENE BEFORE IT IS CLEARED

Another important task in the Crisis Intervention is related with the general conditions in which relatives and/or friends of the victims may find the scene of the homicide (Spungen, 1997).

It is important that we advise them not to go to the scene before it is properly cleared and disinfected (for example, after being investigated, that is, after the collection of clues that might be used in the process of criminal investigation). Although relatives and/or friends of the victims might like to visit the scene, it can be traumatic to find traces of blood or violently broken objects, that is, to find immediate references to the homicide.

It is advisable that the relatives and/or friends should, if possible, wait for quite a long period before visiting the site (Spungen, 1997).

If the scene is at the victim's home, then the relative and/or friend may have access to it, either because the victim left the house to her as inheritance, because they were close and this friend/relative used to visit the victim often and had a key to the house or because they lived together. In this case, we should advise hiring a cleaning company to ensure the elimination of all traces of criminal investigation (for example, stickers, soil or mud, crunched papers, sticky tape, etc.) or unpleasant smells (for instance, if the victim was murdered by shot or with a knife, the smell of blood might still be felt).

If the scene is a public place, we should advise relatives and/or friends of the victims to wait long enough until the area where the homicide took place can change by itself - for example, if the act took place by a road side, we should advise them to wait until the following Winter, so that the vegetation grows with the abundant rain and changes the setting where the victim was found. We can also suggest alternative routes if the site is part of their daily route (for instance, when commuting). In certain cases, some people tend to create a memorial at the site (for example, crosses, images of gods, saints or angels, candles, riffs of flowers, a photo of the victim and posters).

We should inform each relative and/or friend of the victim about the memorial so that they can decide to avoid the site or not, to wait for those rituals to cease or to participate in them. We should suggest them to be accompanied by another relative and/or friend when visiting the site. This visit will be beneficial for their grieving processes, as much as it is important to visit the grave of someone we lost (Spungen, 1997).

GIVING SUPPORT AT THE IDENTIFICATION OF THE BODY

When escorting the relatives and/or friends of the victims to the mortuary, or when receiving them there (if, for instance, we work for the medico-legal services)[11], we are executing another Crisis Intervention task.

These relatives and/or friends may wish to go directly to the mortuary, even if their presence has not been requested. They hope the bodies will be handed over to them to be buried with dignity.

The presence of relatives and/or friends can be requested by the medico-legal services for body identification purposes. As mentioned in the first part of this Handbook, in some cases it is a necessary procedure that someone who knew the victims personally recognizes and confirms the identity of the body or bodies. For that purpose, the medico-legal services ask a relative or friend of the victim to see the body and confirm, or not, that the body was the person to whom he or she was connect by family or friendship ties.

It is natural that these relatives and/or friends of the victim will need professional support. Thus, we can:

a) <u>Welcome the relatives and/or friends of the victim</u>. When the relatives and/or friends of the victim arrive, we should welcome them immediately, introducing ourselves and leading them to a private waiting room. This avoids them being exposed to the curiosity of others in a common waiting room, or them being left standing by the reception area or in a corridor while waiting to identify the body. It is important to keep in mind, when talking to the relatives and/or friends of the victims, that we should not refer to the dead victims as ‘corpses’, ‘bodies’, or ‘mortal remains’, but we should always use their names and their kinship (for example, ‘your daughter’, ‘your sister’, etc.);

11 - This task is developed, in particular, by social workers and psychologists who work in the medico-legal services.

b) Escort them to a private waiting room. We should invite the relatives and/or friends of the victims to sit in a private waiting room. This room should be duly prepared, according to its purpose: for privacy purposes, the room should ensure that people are not seen or heard by others; the room should be as comfortable as possible, with heating or cooling depending on the weather, pleasantly furnished, sufficiently ventilated, with an oxygenated atmosphere and with no unpleasant odors; the room should be well lit, particularly by natural light, coming through open curtains and blinds; aesthetically, the room should be tastefully decorated, with small display objects, curtains and cushions in soft calming colors; plants and flowers;

c) Keep them company during the waiting period. We should remain with the relatives and/or friends of the victims, leaving them only to gather information regarding the identification, namely if the body has been prepared, how long it will take, etc. We should also offer them tissues, water, coffee or tea;

d) Talk about the loved one. During the waiting period, we should be receptive to the relatives' and/or friends' demonstrations of feelings and emotions about their loss and their suffering, by listening respectfully and maintaining serenity. One of the subsequent chapters will describe two important points: how to provide face-to-face support in sessions with the family and/or friends of the victims and how to interview them. Staying with them in the private waiting room is already a support session, thus we should follow the procedures for providing face-to-face support. It is important to keep in mind that, when talking with a relative and/or friend of the victims, we should not use expressions that might be offensive or shocking;

e) Assist in the choice of a relative or friend to identify the body. We should help the family and/or friends choosing which one will identify the body, so that the ones avoiding or refusing this task are respected, while ensuring that the indications of the medico-legal services about the degree of kinship or the nature of the relationship with the victim of the person identifying the body are followed. However, this is a decision that belongs to the family and/or group of friends;

f) Confirm that the body is prepared for identification. Before identification, we should confirm with the medico-legal services that the corpse is adequately prepared and ready to be seen by a relative and/or friend, that is, that the corpse is not shown in an untidy way.

If possible, and depending on the cases, the corpse should be combed, partially covered, clean of blood and any other marks (at least in the visible parts, such as face, head, ears, neck, chest and shoulders). It is important that these tasks are undertaken before the identification. Tidying the appearance of the body, even if minimally, may make the identification experience less traumatic for the relative and/or friend. It is known that, in general, the corpse always presents some disfiguration, due not only to the damage caused by the homicide but also to the natural disfiguration of a dead body: change of color, loosening of the hair, etc. The body is also naked and cold. If something can be softened in this setting without compromising the identification, the less shocking the sight of the corpse will be for the relative and/or friend;

g) Prepare the relative and/or friend for the identification of the body. We should previously obtain information about the general appearance of the body (for example, if it is mutilated, putrefying, partially carbonized, etc.) and about any important details so that we can prepare the relative and/or friend identifying the body. We should also explain to him all the procedures requested by the medico-legal services (for example, if there is a need to use a mask and a gown, if he can touch the body or not, how long he can stay, if he has to see a specific part of the body, such as a leg, to identify a birth mark or a tattoo, etc.). Moreover we should ask the relative/friend to clearly state if he identifies the body as that of the loved one or not, or if he is uncertain (as this is preferable to making an identification statement he is not confident about). The corpse identification process must be explained as graphically as possible. That is, we should explain not only aspects related to the corpse but also aspects related to the wider context. The relative and/or the friend should also be informed about the itinerary within the mortuary premises, the existence of other corpses and their condition and about the existence of strong smells and noises produced by the machinery used in the surrounding area;

h) Personally accompany the relative and/or friend during the identification. We should be with the relative and/or friend during the identification of the body, since that can be comforting. Nevertheless, we should abstain from commenting on the corpse so not to influence the identification, leaving it to the competent professionals (for example, forensic doctors, criminal investigators, etc.). We should restrict ourselves to escorting and leading the relative and/or friend of the victim on his way from the waiting room to the room where the corpse is and, after the identification, back to the waiting room. It is only natural that he feels lost and disorientated;

i) Hand over the belongings of the victim. We should ask the medico-legal services whether the belongings of the victim (or part of them) are available to be handed over to their relatives and/or friends. As mentioned in the first part of this Handbook, the belongings of a loved one are very important to them. An important part of these includes precisely what the deceased was using when she died: clothing, accessories, personal objects, etc. We should be aware that in the case of a victim of homicide, the belongings can have significant traces of the crime (for example, rips, cuts, blood stains, etc.). Thus, when they are handed over (if that is possible, since they may constitute evidence), relatives and/or friends should be prepared to see them. We should warn them about eventual traces of the homicide, and ask if they would prefer to see them later. If they want to open the bag containing the belongings then, the items should be laid on a table, in a private room, being shown with brief explanations about the cause of certain traces. It is important that each item is handled very delicately, since it may hold a high symbolic value to the relatives and/or friends. We should advise the relatives and/or friends not to destroy the belongings and to keep them in paper bags in cool and dry places, away from sunlight, so that they are available to be used again in the criminal investigation process, if needed;

j) Direct the relatives and/or friends to support institutions. Lastly, we should direct the relatives and/or friends of the victim to support institutions, namely to victims of crime support institutions, so that these can develop a Continued Intervention. We should provide concrete advice either by providing informative materials (for example, leaflets, cards, brochures, etc.) or by calling the organization that seems the most adequate for that case and setting up a first face-to-face meeting;

l) At times, we can act as intermediaries between the relatives of the victims and the medico-legal services. The restrictions to the autopsy requested by the relatives of the victims due to religious motives should be respected. For example, they may follow a religion or religious movement that considers the autopsy a sin of profanation, or even forbids it. These religious restrictions may also affect the time of the procedure: for instance, if their religious beliefs forbid touching the corpse during the night, the professionals should await the sunrise to carry out the autopsy. If any of these restrictions conflicts with the present legislation or with the requirements of the criminal investigation process, we should help the involved professionals to discuss the matter with respect, explaining to the relatives of the victims why it is important to perform the autopsy quickly (for example, to avoid the degradation of certain tissues, collect certain traces of organic matter, etc.). One of the most important arguments may be the need to cooperate with the process of criminal investigation and letting the professionals collect evidence so that they can seek justice. This discussion should, obviously, take place within a time frame that does not preclude the medico-legal services procedures.

After the autopsy, as mentioned, it is advisable that the relatives and/or friends are not the ones dressing the loved one, since, inevitably they will come across traces of the procedure (for example, cuts, incisions, amputations, major surgery, etc.), besides the eventual marks left by the homicide (for example, bullet holes, bruises, etc.). That could be a very traumatic experience. A funeral director can take charge of that task, using, as it will be mentioned later, the clothes and accessories chosen by the relatives and/or friends of the victim.

Nevertheless, in certain cases, for religious reasons, there are prescriptions regarding the clothing of the body and the shroud to use (for example, it should be a white sheet in Jewish funeral rituals). The religion practiced by the deceased and their relatives may prescribe customs or rituals that should be respected. The development of the relatives bereavement processes depends significantly on them having a 'clear conscience' about respecting these customs, without which their loved one should not be buried.

Thus, it is important that the organizations (namely the medico-legal services) create a space where relatives and/or friends of the deceased can observe certain religious prescriptions even before the placement of the body in the coffin (for instance, readings, reciting certain psalms or saying prayers before the body is washed and dressed). The shroud can also be chosen by relatives and/or friends according to their own taste or to symbols related to the ideological, political, sporting or religious convictions and affiliations of the deceased (for example, placing over the body, or the coffin, a flag, or a drape, of a political party, or football club, or a religious order, etc.).

CHAPTER 3

THE SUPPORT PROCESS – THE CRISIS INTERVENTION (AT THE CRISIS PHASE OF THE GRIEF CYCLE)

In some cases, the first task of the Crisis Intervention is to inform the relatives and/or friends of the death of the victim. The news of the death initiates the bereavement process and may have a traumatic impact.

Thus, it is advisable that the news is adequately given.

Notifying the death is a task that, depending on the Member State, is of the exclusive competence of particular entities. Nevertheless, that does not exclude other professionals from participating and offering support to the relatives and/or friends of the victims.

If we are responsible for the notification of the death, we should consider some aspects in advance:

a) Agreeing on a format to communicate the news. In case the victim of homicide has survived, and is in hospital, the format of the news should first state that the victim is alive. This is the most important information to transmit, since relatives and/or friends can, thus, hope for the victim's recovery (for instance, we can say: 'I would like to inform you that your son Francisco has survived an homicide'). Then, we should inform them about the medical condition of the victim, clearly and realistically (for example, 'He underwent a lengthy surgical procedure and his condition is fragile. He is staying at X Hospital');

b) Agreeing who will communicate the news. In a team meeting, we should select the professionals responsible for visiting relatives and/or friends of the victims. The visits should be conducted, at least, in pairs (Spungen, 1997). One of the professionals should be a representative of the authorities responsible for the notification of death, usually a police officer. The other, or others, may come from another institution, working as a team in the criminal investigation process and able to provide the necessary support to the grieving relatives and/or friends. The team should not comprise more than three to four elements, since a large number of people create an apparatus out of line with the objective of the mission. In case the victim has survived and is in hospital, a professional from that hospital should be part of the team and should be the one communicating the details of the victim's medical condition. This professional should be a doctor or, if that is not possible, a nurse, a psychologist or a social worker (Spungen, 1997);

c) Ensuring discretion and avoiding information leaks. We should neither provide any information to the media, nor even comment on published news. We should also not make any official statement before the victimization, and related details, is communicated to the relatives and/or friends of the victim. We should, thus, avoid that journalists approach the relatives and/or friends of the victim before our visit to communicate the news to them first-hand. This demands that we do not delay these visits, since we run the risk of relatives and/or friends of the victims knowing about the homicide through the press, radio or television.
We should communicate the news as soon as possible. If information about the homicide circulates before we can communicate with the relative and/or friend of the victims (for example, when journalists arrive immediately at the scene of the homicide), it is usual procedure for the competent authorities to issue an official statement (which will be explained later in the Handbook);

d) Organizing immediate transportation for the relatives and/or friends of the victim after the communication of the news. We should arrange without delay (that is, even before leaving to communicate the news) a comfortable means of transportation for the relatives and/or friends, in case they wish to go to the hospital, mortuary or to the home of other relatives and/or friends. They should not travel on their own, as they can be disorientated/fragile;

e) We should not take any personal objects of the victim with us. We should not take with us any of the objects the victim had when the homicide took place (for example, clothing, jewellery, accessories, mobile phone, documents, etc.). These objects should remain in the custody of the competent authorities, in case they are to be used in the criminal investigation. When no longer necessary, they can be returned to the relatives and/or friends of the victim.

NOTIFICATION OF THE DEATH (AT THE RELATIVES' AND/OR FRIENDS' HOME)

In many cases, the news of the death is given at the home of the relatives and/or friends of the victim.

The news of the death of a victim of homicide will cause great impact in their relatives and/or friends. This is a particularly delicate moment that demands a preparation beyond personal sensitivity. Studies demonstrate that it is an event that will be remembered throughout the life of those who lost someone they loved. The reception of the news is part of the traumatic experience of loss, as well as being the start of the crisis and of the grief processes. It is, thus, fundamental that our task is performed with the utmost dignity and professionalism (Spungen, 1997).

The notification is both a professional duty and a right of the relatives and/or friends of the victims. The correct delivery of the news will partially impact on the grief process – which will be more painful if the news is not appropriately delivered (for example, if given in written form, as a message, through the media or communicated by someone anxious, with no emotional self-control, or respect by the pain of others, etc.).

a) <u>At the door of a relative and/or friend of the victim</u>. If no one is home, we should wait a reasonable amount of time. If, during that period, we talk to neighbours – to check the address or to satisfy their curiosity about our presence (this is a frequent question, particularly if one of the team members is a police officer in uniform, which elicits apprehension and/or curiosity) – we should not communicate any information. If the neighbour insists, we can discretely say there was an accident involving the victim, but not mention that the victim 'died' or 'was killed' (Spungen, 1997).
If the relative and/or friend of the victim is not home, we should repeat the visit. If they are still absent in the next visits, we should try to know the reason for that. In the meantime we should return at different times of the day or, as a last resort, in the evening.
If it is not possible to find the relative and/or friend of the victim in a few days, and after confirming that that is her place of residence and that she has been recently seen there, we can leave, in the mail box or under the front door, a card asking her to contact us regarding an urgent matter as soon as she arrives. Additionally, we can call at different times of the day and evening in an attempt to find the relative and/or friend. Either way, we should never leave information about the death of the victim. This information should be given in person;

b) Confirmation of the identity of the relative and/or friend of the victim. Once the front door is open, we should ask the person opening it to see the relative and/or friend of the victim, without mentioning the victim, if possible. We should, thus, ask by the first and last name of the person we seek. Only to this person should we communicate the death of the victim;

c) Introduction. Once the relative and/or friend of the victim opens the door, we should greet her cordially, immediately introducing ourselves. Our facial expression should transmit serenity and security, and avoid demonstrations of sympathy or relaxation – not adequate to the news we are about to communicate (for instance, a police officer that smiles nervously or greets the person as if he is not bringing terrible news). We should firstly say our name and identify the organization to which we belong. Moreover, we should present our credentials (for example, an identification card, a badge, particularly if not using a recognizable uniform);

d) Entering the house. We should, after the brief introduction, ask permission to come in, so that the news of the death is not communicated at the door, but in a private and more serene place - such as her home;

e) Communication of the death. We should speak with the relative and/or friend of the victim while looking straight at her and making eye contact. We can ask to sit down with the relative and/or friend of the victim (for example, in the sofa, armchair, at a table, etc.), so that she is physically in a stable position to receive the news of the death of the victim.
We should not delay giving the news as this may cause greater anxiety, since such a visit is an unusual, or exceptional, event – which indicates unpleasant news. We should be brief and communicate immediately the reason of our visit. Thus, we should communicate without delay the death of the victim. This communication should be made in a clear voice, loud enough to be heard by the relative and/or friend of the victim without doubts or mistakes due to poor hearing.
We should use adequate wording. We should not use words or expressions that create doubt or ambivalence perceiving the news (for example, 'has gone', 'left us', 'passed on', 'passed away', among others). That is, our communication should be clear.
We should also avoid words that the relative and/or friend of the victim might not be familiar with, which can interfere with the immediate understanding of the news (for example, if they are foreign, or illiterate, their vocabulary may be limited). We should an-

nounce without delay that the victim has died (Spungen, 1997). 'Murdered' or 'was killed' are clear expressions that can be used.

We should also use the first name of the victim, avoiding the use of kinship (for example, 'your son was murdered', 'your brother was killed', etc.), since kinship can cause mistakes (for example, in the case of several sons or brothers, the person will not know immediately which one has died).

Communication should be personalized and direct (for example, 'We bring you a terrible news: your son Joaquim died in an explosion that occurred today in the Underground', or 'Regrettably, we come to communicate that your brother Gonçalo was murdered'), using a single and simple sentence.

However, the communication should not be cold. We should show compassion in our tone of voice and facial expression, being aware that we are the bearers of probably the most dramatic news in that person's life. Communicating that news is a duty of our profession and a right of the relative and/or friend, to which we can lend some humanity (for example, by initiating the sentence with 'We come to bring you terrible news') and/or solidarity (for example, beginning the phrase with 'Regrettably'), to the degree possible with such tragic news and in the context of a sentence that must be clear and to the point.

Some relatives and/or friends of the victim may immediately ask other questions, to which we should answer in the same fashion (for example, 'When did my brother die?', 'Where was that?', 'Where is he?', or 'Who killed him?').

We should reply always referring to the victim by his or her first name and/or degree of kinship to the person to whom we communicate the death. All questions about the homicide should have a truthful and honest reply, but we should always keep in mind that we should not transmit information beyond what was previously defined as adequate;

f) <u>Aftermath of the news</u>. Immediately after giving the news, we should be prepared for any reaction from the relative and/or friend of the victim. The impact of the news may be such that she can show a wide range of reactions: compulsive crying, fainting, absolute silence and/or state of shock, among others. She can also have an uncontrolled reaction of attack towards the professionals, blaming them for the death of the victim, or simply because not being able to bear the news. In a way, the aggression is intended to repel the communication. We should not be surprised by these reactions and should behave calmly and control our own emotions. We should regard all the relative and/or friend's reactions as acceptable and resulting from a situation that, due to its deeply negative character, may disturb her self-control and behavior. To be able to react to a possible attack, or to react quickly to possible fainting resulting from the communication of the news of the death, the other professionals in our team should be alert during the communication. Thus, they can, as necessary, intervene to calm down the relative and/or friend of the victim or to prevent her from falling down if she faints. If that happens, the relative and/or friend of the victim should be laid down with raised legs, until she recovers consciousness (for example, in a sofa or bed, or even on the floor). It may be necessary to call a medical emergency service. We should always keep calm. After all, this is not a personal attack, but a reaction of anger that the relative and/or friend of the victim needed to direct at someone, as she cannot control herself. This reaction can also be directed to nearby objects (for example, a television, a glass table top, crockery, etc.). The destruction of objects may be sudden, but should not frighten us.

We should not seek to control the reactions of the relative and/or friend of the victim; rather, we should give them time and space to express their pain: crying, shouting, screaming, throwing themselves on the ground or even by holding our hand or embracing us. There are only two situations to which we should react and seek to control:

1- <u>When there is a risk to their physical integrity</u> (for example, if they destroy surrounding objects that cause cuts or injuries);

2- <u>When there is a risk to our own physical integrity</u> (for example, by punching, pushing or hitting, etc.) or that of anyone else present.

We should, after the communication of the death, quickly evaluate if we need to repeat it to make it clear. We should also give the relative and/or friend a brief pause, maintaining silence and respecting their sudden emotional suffering. If they reply by asking about the possibility of a mistake, we should provide immediate clarification, communicating our conclusions on the identity of the victim (for example, ‘Unfortunately, there is no mistake: we checked the documents carried by your son’, or ‘Unfortunately, there is no possible mistake: two witnesses at the scene knew your son well’, etc.). This repetition of the communication must be made especially when the relative and/or friend of the victim repeatedly deny the news, saying it is not true (for example, ‘It cannot be true…It can’t!’).

If there is uncertainty over the victim's identity (for example, when there is a need for body identification), we should promptly make sure that this is a remote possibility, mentioning the clues that led to the conclusions of the investigation and what remains to be completed (for example, the official identification of the body by a relative and/or friend). If the body identification is required, we should communicate it without mentioning its legal requirements. We should also allow some time for the relative and/or friend of the victim to recover, since body identification is generally a traumatic experience. The communication of that mission may be for the relative and/or friend as painful as the news of the death. Thus, we should observe a reasonable period of a few minutes between these two pieces of news, allowing the relative and/or friend of the victim to recover minimally. In case we need to give the news to a group of relatives and/or friends, it should be preferable to communicate the need for the body identification to the relative and/or friend who displays the best emotional conditions to receive this news.

We should address the relative and/or friend with respect and dignity. Nevertheless, we should avoid excessive formality, applicable and common in other death circumstances (we should not say, for instance, 'my sympathy', 'my condolences', etc.), and avoid expressions that can be considered offensive. For example, we should not say 'I know what you are feeling', when, in truth, the relative and/or friend of the victim may feel his pain as unique and personal, incomparable with no one else's. We should also not say 'I understand' when, in truth, the relative and/or friend of the victim may feel that his pain is so strong that cannot be understood by anyone. To express our solidarity it is preferable to simply say that we deeply regret what happened (for example, saying 'I deeply regret'). This expression, although it can be repeated, should be used in moderation. No matter what we say to show our sympathy, it will not alleviate the emotional suffering of the relative and/or friend of the victim.

We should assure the relative and/or friend of the victim that our support is available, that is, the support of the institution we represent. If we are part of a team of professionals, we should repeat the introduction, while explaining how each institution represented can be of assistance. We should briefly mention the possibility of psychological counseling (for example, through a victim support organization) and of practical support (such as, contacting a funeral director, other relatives and/or friends of the victim, etc.). Regarding these actions, we should ask the relative and/or friend of the victim if she wishes us to perform them (for instance, 'I could call other relatives and friends of you son Joaquim, if you would like me to', or 'If you wish, we can make all necessary arrangements: contact other relatives on your behalf', etc.).

We should, then, present our business card and other written information (for example, leaflets of victim support organizations, name and address at which the victim is being treated, names of the other professionals). In such an emotional situation, it is difficult for the relative and/or friend to memorize the information. It is useful to leave it in writing.

We should not leave the relative and/or friend of the victim alone for a lengthy period after the communication of the death. We should contact another relative and or friend to assist her, since she may need support, particularly emotional support from the relatives and/or friends closest to her. As in general they are also suffering from the loss of the victim, their presence can be very useful, more than any professional support we might provide.

Lastly, we should explain what are the foreseen events for the next few days. A homicide necessarily implies legal procedures that are more complex than in a natural death. We should, thus, calmly explain them, and repeat the explanation if necessary, being however aware that the repetition of the information may increase the suffering of the relative and/or friend of the victim.

If the identification of the body by a relative and/or friend of the victim is necessary, this communication should be made at the end of our visit, after the person shows some signs of recovering from our news. It is also more adequate to do it then, if we need the relative and/or friend of the victim to accompany us to the medico-legal services, where the identification of the body will take place.

That is, we should communicate that it is necessary to identify the body of the victim. We should communicate this requirement in the same way we communicated the news of the death – directly and clearly, in a short simple sentence. We should avoid language that might be offensive or aggressive to the relative and/or friend of the victim, who has just received the news of the death. Thus, we should neither refer to the victim as 'cadaver', 'corpse' or 'body' (as in: 'It is necessary to identify your son's corpse', or 'We must identify the body', etc.) nor as a 'victim' (for example, 'The body of the victim is in X Hospital'). Instead, we should continue to use the victim's first name and/or the degree of kinship with the relative (for instance, 'We would like to ask you to accompany us in order to identify your son Ricardo').

We should ask the relative and/or friend if they prefer another person to do the identification, in case she does not feel up to such as painful task. If this is the case, and if that other relative and/or friend is not present (thus, not having yet received news of the death), we should visit her to communicate the death. Nevertheless, we should ask the first relative and/or friend if she prefers to bear the news herself, or accompany us to the house of this relative and/or friend.

Our behavior in this second communication of the death should mirror that of the first one, making the necessary adjustments to the presence of the first relative and/or friend of the victim, who surely will break the news or will indicate that something terrible has happen.

Transporting relatives and/or friends of the victim should be ensured by the professional team visiting the family. Before leaving, we should remind the relatives and/or friends to bring documents and personal objects that might be needed (for example, warm clothing if it is cold). Their emotional situation may preclude remembering these important details (Spungen, 1997).

Then, we should also provide them with guidance on how to deal with possible media requests, to ensure discretion and respect for the memory of the victim and the bereaved, as well as complying with the confidentiality requirements of the criminal investigation.

In some cases, the communication has to be made at the workplace of the relative and/or friend of the victim. In those cases, we should not delay our visit and not make prior telephone contact, so not to cause any indiscretion or anxiety in the relative and/or friend of the victim (Spungen, 1997).

At the workplace, we should first ask to speak with the line manager of the relative and/or friend of the victim. We should then request the line manager for authorization to speak with the person without explaining the reason of our request.

As we are welcomed by the relative and/or friend of the victim, we should ask him to speak in private, that is in a private place. Once there, the communication should be undertaken as described for the same situation at home. In case the relative and/or friend of the victim needs to leave with us (for example, for the body identification), we should request a second authorization to the line manager for the person to leave the workplace due to urgent personal motives.

Preferentially, due to its seriousness, the communication of the death should be made in a personal visit.

g) Call or visit the day after the news. If possible, it is convenient to call or visit the relative and/or friend of the victim the day after the news to know how he is. This phone call and/or visit can be of some comfort. We should use the occasion to advise the person on receiving specialist support, even making a first appointment, informing about the forthcoming events, and volunteering to escort him in these events (for instance, to the medico-legal services; during funeral ceremonies).

SUPPORT PROVIDED DURING THE VICTIM'S FUNERAL CEREMONIES

As mentioned in the first part of the Handbook, funeral ceremonies are very important events for the development of a healthy bereavement process. Thus, it can be very important that there are professionals providing support to the relatives and/or friends during this stage.

In the context of the support process, we should show interest in the preparation of the funeral ceremonies, offering our support for what we find adequate. This is another task of the Crisis Intervention.

In this task, we should, nevertheless, act prudently in the dealings with relatives and/or friends of the victim, since they might want to undertake the funeral ceremonies in private. In this case we should not participate.

If they are receptive to our participation, we should get information about the time and place of the funeral ceremonies. Knowing this, we should decide in a meeting with other professionals whom will be present at the funeral ceremonies. It is advisable that each organization involved in the support provided to the relatives and/or friends of the victim of homicide is represented, making up a team with a minimum of two elements.

As professionals, we should participate in the ceremonies with respect and serenity. That is, with no out-of-control emotional displays (as crying, trembling or sighing), and always keeping a calm and confident posture – although we should show sympathy for the loss, keeping a somber and grave expression. Relatives and/or friends of the victim, even if deeply concentrated in their own emotional grief in those moments, will keep the image of our posture in their memory, feeling comforted by our solidarity.

During the funeral ceremonies, we should use appropriate signs of mourning (for example, by using black or dark-colored clothing), in respect for the grief of relatives and/or friends of the victim. The use of mourning signs will obviously depend on the culture and/or religion. We should gather information about the aspects we should take into consideration for the specific case we are attending before participating in the funeral ceremonies. However, if it is not possible to learn much about these, it is preferable to opt for a certain formality instead of casual clothing as this may be considered inadequate and even offensive. Thus, even in the summer, it is advisable to wear a jacket (for example, a dark suit and tie for men, a dark suit and matching accessories for women).

It will be our decision to wear a badge or the uniform of our organization, which can also be accessorized with a black ribbon on the lapel or a black armband.

We should be aware that seemingly less important details may be inappropriate: wearing sunglasses on one's head, overpowering jewellery, chewing gum or smoking during the ceremonies or in the vicinity of the sacred places in which they take place (for example, at the door of the church or cemetery). These mundane behaviours may cause offence, not just to the family of the victim, but also to all people present, since they may indicate a 'violation' of the sacred space and/or of the religious and symbolic spirit of the celebrations.

Mobile phones should be in silent mode or switched off.

We should not talk, even in a low voice.

Moreover we should remove sunglasses when in a worship place or any covered place where the ceremonies take place, and we should not address relatives and/or friends of the victims wearing sunglasses.

During the ceremonies, we should not use any item in red, a color considered inadequate for the event, since it is the opposite of black, the color that symbolizes mourning – particularly in Western cultures[12]. We should be aware that, in some cultures, in a child or even a teenager's funeral ceremonies, dark colors are not used as a sign of mourning. These colors may be offensive for the relatives and/or friends of the victim[13]. Thus, it is best not to use them in any religious or memorial act, opting for the opposite: wear lighter colors (such as beige, pink, light blue), although not very bright (for instance, red or orange). In some countries, white is the color used to mourn children, being used by the mourners and in the decoration of the caskets and funeral objects (for example, candles, flowers)[14].

During the funeral ceremonies, we should occupy a discrete location, relatively near the relatives and/or friends of the victims - never a prominent place. Nevertheless, if relatives and/or friends request our closer presence, we should occupy the place we are shown.

We should never be late for the funeral ceremonies or leave without saying farewell to the relatives and/or friends of the victim – at least to the closest to the deceased (for example, parents, husband, children, etc.) and other people we know.

DEALING WITH THE MEDIA AT THE FUNERAL CEREMONIES

We should not give interviews to the media, respecting the intimacy of the ceremonies. Giving interviews is only acceptable if the family of the victim wishes us to represent them in that task.

In this event, we should:

a) Suggest the interview takes place outside the spaces of the funerary ceremonies (for instance, outside the cemetery). For the relatives and/or friends of the victim, these are considered 'sacred' or 'private', thus, any 'desecration' by an external intrusion should be avoided. That is, the interview's background should not include the participants in the ceremonies (in the event of photos or filming);

12 - In certain regions of rural Portugal, it is considered very offensive to wear red, reddish colours, or even orange, during the ceremonies and even during the conventional mourning period (which can last one year, two years or indefinitely).

13 - In Portuguese popular religion, for example, there is the belief that if one uses these colours to mourn a child, the spirit of the child will be 'burden' by an extraordinary weight that will prevent him/her reaching eternal life as quickly as his/her innocence would have allowed. 'Over'-crying the death of a child can also be seen as a weight – the liquid and transcendent weight of tears – which will difficult the passage of the child to eternal life.

14 - This tradition is found, for example, in the Western cultures of Judaeo-Christian inspiration. These celebrate the innocence of children by using the colour white, a symbol of spiritual purity. This also expresses the belief that the after-life is immediately attainable by children due to their innocence. Often children are viewed, in this religious perspective, as beings similar to angels, that is, similar to beings that are always united with God and, thus, distinct from other human beings.

b) Comment to the point and briefly;

c) Be discrete, particularly about the details of the homicide which have been or will be covered by an official statement from the competent authorities;

d) Appeal for understanding and respect for the mourning of the relatives and friends of the victim, in particular during the funeral ceremonies – this is undoubtedly the main message to the media at that point.

INTERVENTION TASKS IN THE CHILDREN'S CRISIS

As mentioned in the first part of the Handbook, children are the most forgotten elements in grieving families. Often, they experience states of confusion and lack of understanding, fear and helplessness, at the margins of family life.

As the adults, children suffer the loss and develop bereavement processes, and should be supported by their relatives and/or friends. However, specialized professional support may contribute to the healthy development of their bereavement processes.
As professionals, we should:

a) Help relatives and/or friends of the victim preparing how to communicate the news to the child. We should help one or two of the closest relatives, or even friends, to communicate the news of the death of the victim to the child or children in the family.

These relatives and/or friends should be calm and serene to give the news of the death to the child. It is also preferable that they are affectively the closest ones to the child (for example, the father, mother, grandmother, older brother).

We should ask the relatives and/or friends for an urgent meeting to discuss important issues, such as the need for them to remain calm and serene and to demonstrate that in their expression and body language.

It is also important that they know they should speak with the children placing themselves at their height, talking and maintaining eye contact with them.

We should explain that when communicating the news to the children one should use simple words and short sentences – adapting the speech to the age of the children.

We should alert the relative and/or friend for the need to repeat the news, explaining it in different ways.

We should also explain that the child should be told the truth and informed of how their loved one died (for example, in an explosion, etc.). However, this should be explained generically, with no details, since this is a death by homicide.

We should explain to the relative and/or friend that he/she should speak to the child in a low, soft and affectionate tone, clearly answering any questions. As mentioned in the first part of the Handbook, the child's reaction can range from 'normality' to curiosity when experiencing an unusual event in his or her family.

We should point out that no child's reaction should be viewed as strange. Relatives and/or friends should be prepared for different and unexpected reactions (usually, adults expect a negative reaction, with expression of feelings, crying and screaming, etc.).

b) <u>Help relatives and/or friends of the victim preparing to help the children in their bereavement processes</u>. We should ask relatives and/friends of the victims to take constant and dedicated care of the children of the family, so that these are not marginalized and/or neglected during their own bereavement processes.

Children experiencing the painful loss of a loved one (often a new situation) by homicide may be terrified and feel lost in their instability generated in their family after the news of the death. They need attention and affection, to feel protected and to be given physical comfort (for example, by hugging, kissing, keeping them company). In the Crisis Phase, children will feel the need to rest, since they are normally weakened and exhausted by the intense emotional context. Any mundane task may require too much effort, thus many children do not want to go to school. It is important that relatives and/or friends, and also their teachers, understand that the refusal to return to school, or their difficulties in doing school work, are normal in this phase of the Grief Cycle (Mallon, 1998). Younger children will also need to be cared for and dressed in the first days, with more care than usual.

It is very important that there is a relative and/or friend capable of calmly explaining 'what is happening'. Children, as mentioned in the first part of the Handbook, have the right to know what is death and to learn how to deal with this insurmountable phenomenon of human life. Children, as adults, suffer losses and develop grief processes. The adults should follow closely the children's bereavement, as adults are normally more able (by their longer life experience) to understand the complexity of the phenomenon and their implications in family life.

Thus, we should also suggest that children are authorized to participate in the funeral ceremonies of the loved one (Mallon, 1998).

This, however, requires relatives and/or friends to explain in detail the development of the funeral ceremonies to the children. We should suggest them to help children knowing how to dress and behave with dignity in these ceremonies. If they wish to wear signs of mourning (such as dressing in black) they should be allowed to do so. They may also be helped to prepare a bouquet or garland of flowers to lay on the coffin.

We should stress that the child should neither be forced to take part in the funeral ceremonies, even if they pertain to a very close loved one (for instance, the mother or sister) nor to see or kiss the body.

It is important that we always remind relatives and/or friends that children, even very young (including babies) need to feel the safety of their families and friends' love.

At the Crisis Phase, we should suggest that children should not be allowed to watch news about the homicide that victimized the loved one. Children may watch films and listen to music, read, talk or play, rather than watching television or listening to the radio.

It is important to advise relatives and/or friends about the usefulness of providing psychological or psychiatric support to the children, if the support process develops to a Continuous Intervention.

CHAPTER 4

SUPPORT PROCESS – CONTINUOUS INTERVENTION (IN THE DISORGANISATION AND ORGANISATION PHASES)

CONTINUOUS INTERVENTION TASKS

Besides providing legal, social, or psychological/psychiatric support to the relatives and/or friends of the victims of homicide, there are other tasks that can be developed in the Continuous Intervention stage.

This chapter approaches some of those tasks: Helping To Accept the Loss; Helping To Deal with the Separation; Helping To Adjust the Experience to the Memory; Helping To Reconstruct the Life Project and To Accept the Future.

This chapter also includes the Continuous Intervention tasks for children, which can be used by educators or teachers.

HELPING TO ACCEPT THE LOSS

It is crucial to help the relative and/or friend of the victim to effectively accept their loss. That is the first task of the Continuous Intervention.

To accept the death of someone with whom one had a family and/or affective tie is no doubt an experience of deep suffering. We should be available to help the relative and/or friend of the victim accepting the death and to start a healthy bereavement process. Denying the loss of a loved one is a normal reaction in the Crisis Phase of the Grief Cycle, but not in the subsequent phases. That is: if, after a few days, the relative and/or friend still denies the occurrence of the death, he/she might be developing a process of pathological mourning. Denial should be replaced by the evidence of the death and by the acceptance of loss, particularly after the funeral ceremonies.

Thus, we should, particularly in the Organization Phase, help developing the support to be provided to the relative and/or friend of the victim, taking into consideration their circumstances and the particular loss.

There are specific strategies we can use to help them acknowledging the loss and developing their bereavement processes (Rando, 1993):

a) Talking about the death and the loss of the victim. We should talk with no constraints about the death with the relative and/or friend of the victim. The loss of the loved one and the circumstances after the death are subjects we should not fear. Many relatives and/or friends are open to and even initiate conversations on the subject immediately; others, more shy or silent, need help to approach it. We should talk about the facts seriously and calmly, even if they are painful. It is important to engage the person in conversation without fearing the feelings that might emerge and to be able to talk about the absence of the loved one, the existing relationship, and mainly, the future that needs to be built after the loss. In this way, we can help the relative and/or friend to break the silence and whatever else is tacitly avoided in their speech and behavior;

b) Using 'memory objects'. We can use certain objects related to the memory of the victim to facilitate the conversation. In the appointment we can ask the relatives and/or friends to show us a photograph, or an object belonging to the victim. These objects will immediately refer to the deceased as someone who has died as they are now only material traces of the deceased's existence. They refer to someone whose loss must be acknowledged by his/her relatives and/or friends.

We can also advise the person to visit the cemetery where the victim is buried: the visit may help overcome the denial of the death. The visit can also reduce the tendency to act 'as if nothing has happened'. This visit can be even more useful if, at the grave, there is already a memorial headstone, with the inscription of the name, biographical dates and/or a photograph of the victim. If the body of the victim has been destroyed in the homicide (for instance, in an explosion), it may be important to suggest a visit to a monument erected in memory of the victims; or, if there isn't one, we can suggest building one (for example, in association with relatives and/or friends of other victims) in a cemetery (for example, a gravestone) or in a public place (for example, a square).

HELPING TO COPE WITH SEPARATION

It is important for friends and/or relatives of the victim to deal with the separation from the victim, a separation that means permanent loss. This is undoubtedly a painful separation, a source of great suffering that, nonetheless, through a healthy bereavement process, can change over time and lead to a more serene life.

We can help them reacting to the separation during the entire support process. This is another of the Continuous Intervention tasks.

We should:

a) <u>Explain and follow the bereavement process</u>. We should define mourning to relatives and/or friends of the victims, explaining its signs and symptoms and the different stages of the Grief Cycle, so that they recognize the different dimensions of their loss and can react to which one with greater serenity and acceptance (Rando, 1993). If this explanation is provided in successive appointments, we will be supporting the relatives and/or friends in the grief process and, thus, actively helping them in its development.

b) <u>Encourage the demonstration of feelings</u>. We should help the relatives and/or friends to express what they feel, manly by expressing it verbally. All feelings, when verbalized, can be understood, and thus resolved and/or overcome, namely those that are more ambiguous (for example, feelings of guilt, anguish, loneliness, fear, hatred and grudge, injustice, etc.).

It is important for those in mourning to express, recognize and analyze their anger, their wishes of revenge and their violent imagery, mainly to avoid self-destruction and the destruction of others (Rando, 1993). As mentioned in the first part of the Handbook, the wish for revenge is very common: some relatives and/or friends of the victims want to 'take the law into their own hands'. We should help the person dealing with these negative feelings by analyzing, mastering and transforming them into peaceful feelings, which are necessary to face the future.

c) <u>Enable the transformation of 'negative feelings' into 'positive feelings'</u>. By explaining the Grief Cycle, we should explain to the relatives and/or friends how to identify and analyze negative feelings (for example, anguish, anger, wish for revenge) and how to transform them into positive feelings (for example, hope, confidence, solidarity for those who suffer, calmness). It is crucial that they understand the dynamics of a 'normal' bereavement process, namely its different stages, and seek to transform creatively the pain into progress to be able to achieve a life in peace with himself and others (Redmond, 1989).

HELPING TO READJUST THE EXPERIENCE TO THE MEMORY

The person's memory of the loved one may be directed to building up acceptance of the loss and to proceeding with a psychologically healthy life.

As professionals, we should:

a) Help revising the personal relationship with the victim. We should help relatives and/or friends of the victim revising their individual relationships with the victim. As mentioned, this is a very frequent memory process in people who lost a loved one. Often, this process tries to 'reconstruct' past events in all their richness of affective gestures, tension of personal conflicts, guilt about particular aspects, and the normal ambiguity of human relations, among other dimensions. This 'reconstruction' represents, for some, a sort of 'reconstruction' of ties forever lost in the greatest and final breakdown – death. For others, it represents the reinterpretation of certain negative aspects, often charged with guilt or anger directed to someone in the family, or particularly to the perpetrators of the homicide that victimized the loved one. In the support process, the professional should be alert for this revision of the past undertaken by relatives and/or friends, showing interest in knowing the facts described by each of them, in their different versions (each relative and/or friend may have different perspectives on the same past reality) and enquiring about details that are relevant, or that may seem important for each relative and/or friend;

b) Gathering information and organizing memory. We should help the relatives and/or friends of the victim to gather the information available on the death of the loved one, so that they can know details about their loss, such as the date, place and circumstances of the death. This information is sometimes dispersed and is not collected at the time of the death and funeral ceremonies (due to inability, lack of time, unawareness, restraint etc.) but collecting it will help acknowledging the loss and developing a healthy mourning.

This information can be researched or requested from different sources: the media (for example, we may help with news' cuttings, requesting copies of television reports), the Criminal Police (for example, we can help understanding the autopsy report, or the death certificate), etc.

Ignoring the facts surrounding the death has been described as damaging for people losing a loved one and for their bereavement processes. Thus one should avoid this lack of information as much as possible by collecting and analyzing other information available (Rando, 1993). We should help the relatives and/or friends of the victim in this task, not dismissing anything; even if seems marginal or unimportant. This information can, in some cases, be communicated to the criminal investigation team, as they may find useful to know some biographic details to complement their research;

c) Dealing with the victim's possessions and giving them new arrangements, purposes and meaning. As mentioned previously, it is particularly difficult for relatives and/or friends of the victim to deal with the victim's legacy. The victim's personal belongings (for instance, clothing, accessories, books, manuscripts, photographs) may be as or more valuable than his or her immovable and movable property of greater material value (for example, furniture, works of art, tapestries, china). These objects are generally listed in inventories of possessions or included in other inheritance related documents.

As the legacy includes the victim's personal objects, it has great sentimental and symbolic value for family and/or friends.

As mentioned before in this Handbook, the first set of objects to consider is the clothing and accessories the victims had when they died. If the death occurred at home, the relatives and/or friends can remove those objects after a competent doctor officially certifies the death. If the body, because of the circumstances of the death, is in the medico-legal services (for autopsy), or if the death occurred in the hospital, the belongings may be handed to the family and/or friends, at the same time as the body of the loved one. Clothing and accessories may have traces of the event that caused the death (for example, explosion or shot), such as rips, cuts, dents, blood. These possessions are normally placed in black plastic bags (which is an advantage, as the color does not allow to see through), or in white or brown paper bags. These are usually handed to a close relative of the deceased (for example, the mother or the husband). Some procedures about this matter have already been suggested in this Handbook, as other professionals can assist relatives and/or friends in the medico-legal services during the Crisis Intervention (Crisis Stage of the Grief Cycle).

The remainder of the possessions includes all the objects left by the deceased, both personal (for example, the contents of their home, such as furniture, books, manuscripts, clothing) and professional (for instance, the content of the work office, such as desk, archives, picture frames, diary). For some, this is felt as an 'invasion of privacy' of the space and belongings of the deceased. For others, despite the sadness, it is an opportunity for some comfort, since they will be in contact with the deceased's 'personal world'.

Deciding how to share the possessions may be a source of conflict between relatives and/or friends, who may, in some cases, dispute among them certain personal objects of the loved one. This can happen especially between the parents of the deceased and their spouse or partner, who holds the majority (or all) of the belongings, and can lead to conflict or to increase of tensions. In some cases, the problem can only be resolved through an inventory of the possessions undertaken to assist the sharing. These inventories may include objects that, although not having great material value, have significant sentimental and memorial meaning for the relatives and/or friends of the deceased loved one. These can become 'sacred' objects and their dispute within the family may be truly agonizing.

As professionals, we should suggest relatives and/or friends 'not to touch anything' without the agreement and/or presence of all the heirs. This will avoid misunderstandings and distrust among them. After an agreement has been reached, or when all are present, the possessions can be dealt with according to their decisions. Some choose to keep only possessions that remind them vividly of the loved one (for example, their scarves or marbles collection). Others choose to give away part or all the possessions to the poor, or to an institution, trying that 'all is used', 'since that was the wish' of the loved one. Others, still, may choose to destroy everything (for example, by burning the objects). The development of the bereavement process may be assessed through the relatives' attitudes towards the 'objects left' by the victim. We should suggest them to avoid 'extreme situations' such as give away everything; destroy everything; or 'sacralise' all objects, not allowing anyone to touch the objects left by the loved one (room, closet, drawers, etc.). We should also suggest alternatively 'half-way' solutions', that is, more balanced situations. Thus, we can suggest reorganizing the physical spaces left by the loved one (for example, his bedroom, redecorating his study) and a new arrangement and meaning for his possessions;

d) Celebrating the memory externally. We should explain to the relatives and/or friends of the victim the importance of celebrating the memory of the loved one through dates (for example, birth or death) and symbols (for example, by planting a tree in the garden or having a funerary plate at the cemetery). That is, we should suggest breaking the silence that the bereavement process can induce;

e) Transforming the memory. If relatives and/or friends wish, we should help them to organize celebrations of memory that, as mentioned in the first part of the Handbook, through their symbolic value, can help the development of the bereavement process. If this wish is not expressed, we can suggest it, explaining the purpose and benefits of the celebrations for the bereavement process and how they are organized. This suggestion can be very useful for-non religious families who do not choose solemn funeral ceremonies or special memorials for their loved one. It can also be useful for relatives and/or friends to whom the body of the victim has not been handed over (for example, in cases where, although the death is confirmed, the body has been destroyed).
There is also growing evidence of the benefits provided by artistic expression and writing in the bereavement process. These facilitate the expression of feelings, tensions and emotional suffering, so often silenced. Some artistic activities may particularly help people who lack sufficient linguistic skills to verbalize freely their mourning (for example, foreigners), who are not very fluent (for example, people with limited or deficient vocabulary), or, still, who feel uncomfortable verbalizing their feelings (for example, extremely shy and inhibited people or who have communication difficulties). Usually, they also allow the sublimation of negative feelings, since these can be 'transferred' to any medium (such as, paper, plaster, stone, photography, etc.) – and, thus, externally communicated; and 'transformed', often with great beauty. Art can, undoubtedly, be therapeutic and its expressive and aesthetic qualities can heal both the practitioner (for example, by painting, drawing, sculpting, molding) and the viewer (for instance, observing, studying, interpreting several works in books, museums). A traumatic experience, such as the loss of a relative or friend in a homicide, may be re-enacted in a work of art and aesthetically transformed by the mourner, as many cases have shown (Mallon, 1998). Some authors do publish or exhibit their work, obtaining public and critical recognition and becoming part of the cultural heritage of a country or community.

HELPING TO RECONSTRUCT THE LIFE PROJECT AND ACCEPT THE FUTURE

Another Continuous Intervention task consists of helping relatives and/or friends of the victim to redo their life project according to their experience of the loss, which has necessarily changed their initial life project.

Thus, we should help relatives and/or friends to:

a) Reinvesting in personal relationships. As mentioned in Part I, in the bereavement process there is a loss of the 'capacity to love again', as people feel unable to accept that someone will replace the loved one – who is considered irreplaceable. We should explore the social and family network with relatives and/or friends, encouraging them to invest in it, to be with people, socialize, share, seek and give support, meet new people, etc. We should always be aware that the bereaved person sees the loved one as someone 'never to be forgotten' or 'replaced by another person' (for example, by a second husband, adoptive child). However, we should encourage a change of attitude, explaining that 'one's life story evolves' and 'develops over time', that is, the past must be respected and remembered and the present may be difficult, but the future must be built upon positive things and one should be able to give and receive affection.
Many bereaved people find meaning in their lives by helping the others through various solidarity practices (familial, social, religious, anonymous, etc.). We should suggest this as a positive path to follow, stressing the 'good things' and the 'good' that it can do for those around them. Many bereaved people, touched by their suffering from the loss, are available at a certain point of the Grief Cycle to help others, who are also suffering, and to dedicate time, energy and hope to them. Volunteering for social work is also a good choice, although we should be careful enough not to direct the relatives and/or friends of the victim to institutions or groups whose mission is not compatible with the bereavement process. That is, we should explain that voluntary work requires balance and wisdom and should not damage the person or others;

b) Learning 'to be alive'. We should help relatives and/or friends of the victim to develop adequate survival strategies for someone who 'is alive' and 'wishes to remain alive', that is, who 'refuses to die' of so much suffering. These strategies are diverse and include occupy-ing time with positive activities (for example, going for a walk, meeting friends, play cards or chess), searching for the spiritual meaning of human existence (for example, meditation and prayer, reading religious books or becoming member of a religion, church or religious movement), and seeking personal development (for example, sport or returning to school), among others. In some cases, bereaved people develop new plans for their personal life, particularly if they feel unable to 'live' in the same places and do the same things they did with the loved one. So they try to move to a new house or to a new job, while feeling that the whole of their life needs novelty and a future 'purified' of bad memories. We should examine these plans with the relatives and/or friends, supporting them in whatever is necessary and possible, evaluating possibilities and guiding and stimulating them. Being able to develop a life perspective for a future in peace is a positive attitude that will facilitate the bereavement process.

CONTINUOUS INTERVENTION TASKS WITH CHILDREN

The tasks of the Continuous Intervention with children who are relatives and/or friends of the victims of homicide are the same as the tasks for adults. Necessarily, they have to be adapted to the age and circumstances of each child.

The Continuous Intervention corresponds to the Disorganisation and Organisation Phases of the Grief Cycle.

As mentioned in Part I, in the Disorganisation Phase children face an acute bereavement period some days after the death and the funeral ceremonies, or even weeks later, depending on the duration of the Crisis Phase. We should pay particular attention to the children and continuously remind their relatives and/or friends that it is important that, more than anyone, they need to pay attention to the children.

During this period, the child may become aggressive, seeking to blame someone for the death of the loved one. We should explain to relatives and/or friends that this is a normal reaction and that it will subside in time.

As mentioned, the child may develop a disorganized and senseless rebellion, usually against an adult in the family. This is a natural response in any type of loss – a constructive and active reaction to feelings of helplessness (Mallon, 1998). It is also a sign of great energy (or maybe of renewed inner strength to react) that, if used rightly, may be a powerful driver for emotional survival. Many children express their anguish, their helplessness in the face of death, not with words, but through behavior. Suddenly, a child may become unbearable to the adults around her, who are also painfully living their own grief. We should explain to the relatives that the child's rebellion is natural and that they should, patiently, act with determination and affection towards the child, helping her to understand that rebellion is not a positive feeling.

As also mentioned previously, in this stage children may refuse to accept believing in the death of the loved one. By fantasizing or dreaming, they may feel her presence, overcoming or 'forgetting' her death. Fantasy can be the only way for them to alleviate the pain of the loss. It is also a way to gain time in a tragic period of their lives, a truce, a fortress erected upon evidence that they cannot ignore – death. The refusal, at this stage, may be problematic for the adults in the family, who, sometimes, do not understand, that this is just an escape. Moreover, fantasizing shows the creative capacity of children, who by imagining are able to recreate a lost world, in which the strong affective ties that connected them to the loved one are still present. Wishing to have the loved one back, to think and dream about her is, for children, a comforting and peaceful space. After all, inside them, in some place of their memory, that person (often the one they most loved) will be kept alive. Adults should not be concerned if children talk about these thoughts or dreams from which they get some consolation. We should explain this reality to the relatives and/or friends of the child, calming and helping them to understand the child's behavior.

Previously in this Handbook we mentioned that playing with other children might change. The bereaved child may prefer solitary activities. The presence of an adult may help the child to make adjustments to her play activities. However, in a bereavement process, this presence – that should always be attentive and delicate - is not always assured. Since the surrounding adults are also living their own mourning and for them is already a great effort to take care of the basic needs of the children (for instance, bathing, dressing, feeding, taking them to school, etc.), leaving little energy to play, or even talk, with them. We should suggest the family to pay attention to the child, assigning the responsibility of caring for the child to a member of the family, if the others are not able to do it.

Lastly, in this stage, children may display regressive behavior, caused by excessive anxiety (Mallon, 1998). Children in nappies may also take longer to stop using them (Mallon, 1998). In some cases, they may even suffer from diurnal enuresis. We should explain that these are 'normal' reactions within the bereavement process and suggest that children have adequate psychological or psychiatric support to reduce or stop these behaviors.

We should also explain that, in this stage, children might have eating problems (for example, not eating enough or excessively), sleeping disorders and nightmares, increased allergic reactions (for example, eczema and asthma) and bite their nails.

As mentioned in Part I, behaviors reported in younger children include thumb sucking, rocking, preference for soft foods and the need to be hugged: this is a subconscious memory of a time they lived in comfort, before knowing the pain of the loss of the loved one (Mallon, 1998). The imagination of the child may compensate her from the loss, making up scenarios where the past acquires fairytale characteristics. Making up stories, 'alternative versions' of the death of the loved one, is common. 'Building a new reality' can be healthy, since the child symbolically controls the course of life, 'defeats death' and 'brings back the loved one'. The development of Pathological Mourning can be avoided if the adults around the children make the most out of these occasions and talk to them with affection, exploring wisely their feelings and emotions. So, adults and children together can defeat, with symbols and words, the suffering of the bereavement process (Spungen, 1997). We should also explain that the role of the relatives and/or friends is fundamental. Although they should not blame and/or stop children fantasizing, they must show them that even if we are 'able to tell a story in a different and more beautiful way', reality shows us that, unfortunately, there is 'another sadder story, that of the death' of the loved one, that we 'should accept' and whom we should 'remember with a lot of love'.

In this stage, the child, as the adults, will appreciate keeping objects and souvenirs of places related to the loved one, in a clear manifestation of nostalgia. We should explain that it is important to help the children transforming the nostalgia they feel into a 'good memory' or 'good remembrance' of the loved one. Thus, the memories of the loved one are channeled into constructing a peaceful acceptance of the loss and proceeding with a psychologically healthy life. Children can also find out that, as the loss is a permanent reality and death is a fatality, they can preserve the memory of 'the good times' and, in many cases, the example of a good character set by the loved one. By building upon the memories, children can envisage a future with hope and grow up into an adult healthy life.

We can suggest to relatives and/or friends to put together with the child a 'Memory Box', where they can keep special objects that remind them of the loved one, such as photographs, letters, stones, postcards, flowers, pencils and pens used by the loved one, diplomas, medals, etc. We can also suggest organizing a 'Memory Drawing Album' done by the child about the life of the loved one; or a 'Memory Book of Poems and Texts'; or, still, a 'Memory Photo Album', gathering special photos of the loved one and the places he had been to or lived in (for example, a photograph of his school, the church he got married, his favorite park, office door, etc.). The child should be the one keeping these memory objects (for instance, in his wardrobe or desk), so they are always available to him.

We can also suggest adults to organize celebrations of memory adapted and directed at the child (for example, planting a flower bed in the garden and/or trees in memory of the loved one, throwing flowers into a river or the sea; releasing balloons or doves; or, still, reading poems or texts). We can also suggest them placing at least one special photo of the loved one at home, preferably chosen by the child. We can suggest visiting the grave of the loved one where the child can help cleaning and embellishing it (for example, washing, clearing weeds, arranging flowers). However, nothing should be done without the child's agreement. That is, if the child is not willing, the adults should not coerce her into participating in those activities.

It is important to explain to the relatives and/or friends of the victim that it is of great importance to be always alert, listening unconditionally to the child, and showing affection and respect for their pain. As mentioned before, accepting the death as permanent is, besides a step towards the next stage of the Grief Cycle, an important lesson for human life. To a child, as to an adult, it might be useful to know that death exists and that during human life it is normal to lose someone important. We should explain to the adults closer to the child that they must help her understand this reality and accept it peacefully.

We should also explain that the bereaved children's play activities with other children may change significantly. The bereaved child may be unable to play with others, preferring solitary activities. The presence of an adult who cares about the child and makes time to listen to her and play with her can be very beneficial. This can be an alternative to the other children's rejection of the bereaved child, since generally children do not like to play with sad and/or aggressive children.

In the Organization Phase the child accepts the loss. This is the most important point of a child's bereavement process. The child successfully adjusts to the reality of the loss. As mentioned previously, this does not mean that she forgets, stops missing or no longer feels grief for the loved one. All the child's feelings are now built into a memory, that is, the memory of someone loved is not a betrayal. Accordingly, the child feels now that to stop believing that the loved one will return one day does not mean betraying him.

We should explain this stage to the children's relatives and/or friends, adding that, still at this stage, some signs of physical and psychological strain may arise, such as colds, sore throats, tummy aches, general tiredness. The immune system is very vulnerable and particularly susceptible to infections.

The child may also continue to show fear of death. Knowing that death is part of life, happens to all living creatures, including humans, can occur in a variety of ways, and is permanent, the child realizes that it may happen to her and those around her. Thus, the child will fear the death of another relative and reliving the suffering caused by the loss.

Another task of the Continuous Intervention is to help children interpreting and managing the meaning of their dreams.

As mentioned in Part I, dreams are very stressful for a bereaved child – they are uncontrollable and extend the grief over the sudden loss of a loved one.

Nevertheless, adults (for example, parents, grandparents and/or teachers or educators) can develop some strategies to help children understanding and managing their dreams (Mallon, 1998).

These strategies can become truly important, since they can help a child overcoming a frightening difficulty: to face uncontrollable images, often upsetting or even terrifying.

As educators or teachers, we should:

a) Know how to create an affectionate and expressive environment. Adults should ensure an intimate and affective environment, where the child can feel constant emotional comfort. It is important that, in this environment (be it a domestic space, a room in a kindergarten/nursery or at school), the child feels that he has someone there to understand and support him if he wants to talk about his feelings or, specifically, about the dreams he has at night;

b) Knowing how to listen. Adults should be available to listen to what a child has to say, namely to listen to it in the child's own way of retelling the dream she had – somewhat childish, broken by silence, or clumsy. We should encourage the child to explore the dream (asking, for example, 'How did you feel in the dream?', 'In the dream was there someone helping you?' or 'What was the worst and the best part of the dream?'). By listening, adults will increase the child's feelings of security and self-esteem; the child will feel accepted by the adults, that is, she will feel that what she has to say is listened to and respected;

c) Respecting confidentiality. Adults should maintain confidentiality about the dreams told by the child, even if they seem innocuous. It is necessary to remember that, for the child, all that he tells the adults is very important. As any adult, a child does not like to feel unsafe confiding personal details – such as a dream, fearing that the listener does not respect his intimacy and devalues it, or even tells the dream to someone else. If the adult intends to tell someone about the dream, he should ask the child's permission and explain why;

d) 'Time is the best healer'. The adult should let the child express her feelings about her dreams at her own pace. Even when the adult witnesses the child's anguished wakening from a dream (for example, when the father or the mother are at the child's bedside, where she is screaming or wakes up quite frightened), the adult should not force her to tell the dream. The child will tell the story if she feels that will alleviate her feeling of anguish, fear, and insecurity. The child decides when this happens, immediately or sometime afterwards (for example, the following day or even months later);

e) Linking the content of the dreams and real life. The adult should help the child to establish possible links between the content of the dreams and the events of real life, so he can help the child interpreting certain images – and, thus, feeling calmer;

f) Acting actively on the content of the dreams. The adult should help the child to actively act on his dreams. That is, instead of hiding the dreams, the child should tell them and creatively express them. The adult should explain that one of the ways to overcome fear and anguish about those dreams is to transform them into art objects (for example, by writing prose or poetry, drawing, acting, etc.), which is an efficient way to use the dreams positively and to put an end to them. Once they both decide that those dreams are 'going to be transformed by art', the adult should suggest to the child to express first the dream (for example, retelling it in a text or drawing it in a piece of paper) and then how she would like it to be. Then, the adult explains that, from the moment the dream is expressed in a different way (for example, writing a new text or drawing new elements), 'it is transformed' by the power of her imagination and creativity.

If the child wishes to show someone the result of this creative exercise (for example, to the rest of the family or school colleagues), the adult should help her preparing the presentation, gathering people and introducing the subject of the meeting. This will lend some dignity to the presentation and, also, to the dream, to the feelings, and to the child's capacity to transform her own feelings. All this will make the child feel rewarded. This exercise might also prevent the repetition of the dream or, if the child has the same dream again, it may be more positive.

HELPING THE CHILD AT SCHOOL

Educators (for example, youth workers, Sunday school teachers and, mainly, nursery nurses) and/or teachers of a bereaved child can be important players in the bereavement process. Sometimes, they are the ones spending the most time with the child, the ones calming him the most, as the relatives are living their own grief and, because of that, less available for the child. The educators and teachers can help the child going through the bereavement process, starting by explaining what happened to the love one he lost and about death as an event in human life.

Educators and/or teachers may also be important regarding the child's relation with the world, specifically with his peers, the other children. These relations are, usually, affected by the sudden death, particularly if it was the result of a homicide. The educator and/or the teacher can help all children in her class understanding the event and the bereavement process. She can suggest the children to offer voluntarily their support and solidarity to the colleague who lost someone so important to him and whom he loved so much in such a tragic way. By doing this she teaches the children who never lost a loved one to perceive loss as a reality of human life and that, sooner or later, will happen to anyone – thus, everyone should minimally know how to deal with this difficult, but inevitable, event.

In their approach, the educator and/or teacher should, obviously, take into account the age of the children, making use of their own educational experience to choose contents and ways of communicating more adequate to the child's understanding. Nevertheless, it is crucial to think that it is not too 'early to speak about death', as many might do, particularly because the child's loss and her bereavement process makes it necessary to deal with the subject of death. This should not be postponed, since we run the risk of neither supporting the bereaved child properly nor 'helping the other children growing up'.

As educators and/or teachers, there are some aspects we should take into consideration:

a) <u>It is important to collect all available information on the death of the victim in advance</u>, namely the exact family relationship with the child, the familiarity between them and the general quality of the relationship, so that we can support the child as much as possible during the bereavement process. For us to be able to provide this support, we should gather information directly from the family, the other professionals involved and/or institutions (for example, hospital social services, victim support organizations) and be attentive to media news about the homicide. Having some information is essential to understanding the child's and his family's loss. Without minimally understanding this reality, we might find it very difficult to deal with the child's grief, which we face frequently since he spends most of his time with us;

b) <u>It is important to talk privately with the bereaved child</u>, paying attention to his feelings and doubts. This conversation should be discrete, in a relaxed and quiet environment, with no other children on sight (for example, in a staff or meeting room);

c) It is important to talk with the other children in a relaxed and quiet environment, in a calm and soft voice, showing no signs of anxiety or fear. Children from a very young age can understand that death is a serious subject. It should nevertheless be approached with some calm and, mainly, emotional balance. Thus, children expect the educator and/or teacher to show a grown up attitude that allows them to analyze and understand the reality of death and to feel in control and safe;

d) It is important to explain clearly the events to the children: what is death and what is a bereavement process. Some particular themes should be approached: the differences between being alive or dead, death being permanent and what one feels when a loved one dies.

We can start by asking children if they know anything about the difference between a live and a dead person, talking about eventual experiences they might have from their personal life (for example, the death of a granddad or even a pet), from someone they know or from fictional stories (for example, death and loss scenes from films or cartoons). Some examples of deaths should be mentioned (Mallon, 1998).

We can ask them to do a piece of graphic work (for example, a drawing or a picture) or plastic work (for example, a clay or papier-mâché sculpture) representing live and dead people (or animals). From this work, we should explore widely the ideas children have about death. It is only natural that we have difficulties approaching such a difficult subject with the children in the class, particularly because we have to take into consideration that the bereaved child is in that group. Nevertheless the subject should be approached naturally and with clarity.

Above all, it is important to bring children to view death as an event that, despite sad, is natural and is part of life – all nature (and not just human beings and animals) lives and dies. The image of nature in perpetual renovation might be a good image to help this reflection. We can also explain that, in the natural world, all living beings are born, live, grow, until, one day, because of illness, accident or old age, they die. We should use simple examples (such as a tree – first it is a seed, then a plug, then a shrub, then a tree that blossoms and gives fruits, until it dies; then it rots and goes back to the soil where it came from). Or, preferably use the examples suggested by the children from their own experience.

The idea that in the cycle of nature 'nothing is lost, all is transformed' may be comforting for children. So, we should stress it: a dead body, particularly when it is buried in a grave, continues to be part of nature, feeding the plants, the trees, all vegetation, which, with all this new vitality, will fill the world with joy and will be useful to all the other living beings. A dead body, thus, is similar to a tree that, once dead and dry, may compost the soil where its dead branches and leaves fall, contributing to the growth of new plants, which will then grow to be shrubs, beautiful flowers and tasty fruits that will feed human beings and animals.

It is also important to explain certain universal concepts about funeral ceremonies, particularly those unfamiliar to the children, even if these concepts are used in the children's culture and community. This is because younger children usually have limited life experience and therefore ignore these concepts. Among these, we should explain what are cemeteries and graves, giving a clear and realistic view of the facts.

The feeling of missing someone should also be explored in the conversations with the children. It is about what someone feels when remembering someone who is absent, and who, in the case of death, will never return. This explanation should lead the children to reflect on the support and companionship needed by those suffering the absence of someone and living a bereavement process and towards whom is important to show solidarity and understanding (namely towards the colleague living a bereavement process).

e) <u>It is important to explain that a homicide is something terrible</u> that should have never been perpetrated. This should lead the children to think about the value of life, human dignity and peace;

f) <u>It is important to answer clearly the children's questions</u>. It is normal that, during the conversations about death and grieving, children express doubts or show an attitude of increased interest and curiosity, asking several questions. For some, it is the first time that they are confronted with the event of death. For others – if not all – it is the first time they hear about death, since, in many families, there is a tendency to not talk about that topic.

Nevertheless, given their candour, children's questions are, at times, quite shocking. These may cause surprise or dismay. Nevertheless, they show a deep lack of knowledge over a certain subject, rather than lack of respect for the death or the mourning. They may also reveal that, after all, children are able to have much more frontal and 'down to earth' attitudes than adults. Children still live a sort of practical and linear attitude to life, in which certain complex realities are easy to accept because they are seen with a simplicity adults can no longer achieve in many moments in their lives (Mallon, 1998).

Our reaction should be as normal as possible, answering with no embarrassment, shock or outrage (Mallon, 1998).

It is important to respect the children's religious beliefs as expressions of faith and within a religion or religious movement (Mallon, 1998). This means that we should not reject the children's concepts about death by labeling them as fantasies, particularly if these imply metaphysic realities such as the belief in eternal resurrection and life beyond death. As much as the adults, children have the right to follow their faith and be respected for that.

CHAPTER 5

MEETING THE RELATIVES AND/OR FRIENDS OF THE VICTIMS OF HOMICIDE

Support can be provided in one or more meetings between the professional and the victim's relatives. This meeting is personal and takes place, normally, in a private room in the services or institution where we work as professionals.

This is where we develop the support process with the relatives and/or friends of the victims. During the process, it is necessary to deliver several face-to-face services (for legal, psychological, social support, etc.).

THE MEETING ROOM

The place where the appointment or meeting takes place and where the different interviews of the support process are conducted should facilitated them, that is, it should be a place where relatives and/or friends of the victim feel comfortable.

The environment of the room where the interviews take place should also meet the demands of such events and that of the support process.

We should ensure, among other things, the following:

a) <u>Privacy</u>. The room should ensure that the interviews take place without people being seen or overheard by others;

b) <u>Comfort</u>. The room should be as comfortable as possible, with heating or cooling according to the weather conditions. The furniture should be pleasant (for example, sofas, coffee tables, upholstered chairs), with enough ventilation, an oxygenated atmosphere and free of unpleasant smells (for example, smell of cigarettes, mould);

c) <u>Lighting</u>. The room should be well lit, particularly by natural light, flowing through open curtains and blinds. If natural light is insufficient for a clear vision, we should switch on an artificial light;

d) Aesthetics. The room should be decorated with good taste, with small decorative objects (for example, figurines, pictures, posters, lamps), curtains and cushions in soft and calming colours (e.g. cold colours: light blue, beige, olive green) and plants and flowers (potted, in vases or in flower arrangements);

e) Suitable for children. The room should be appealing to the children who are relatives, friends and/or colleagues of the victim. There should be a separate room to meet the children, that is, separated from the room for adults and other people connected to the support process (for example, professionals of other services or institutions, etc.). The room reserved for children should have low furniture - age appropriate - with tables and chairs that they can easily use without getting hurt (for instance, low and of reduced size). The color scheme should transmit joy (e.g. cold colors combined with warm colors: red, yellow, orange) and the decorative objects should meet the children's tastes (for example, pictures of clowns or action heroes, etc.). The room should have a small cupboard, chest, box or basket in a corner, with toys and educational games – and a 'doll house' with all the rooms (bedrooms, kitchen, lounge, bathrooms, garden and yard, loft and shed, etc.).
This room should be safe for children. Thus, the power sockets must be fitted with safety devises to prevent the children from inserting their fingers or other objects in them. It should also have furniture with round edges and in good condition (that is, with no chips or broken parts). It should not have sharp, hard or breakable objects (swords, paper weights, glass vases, etc.). The door should have a lock easy to open from the outside. If the window is high, it should have bars or netting. Rugs should cover the floor;

f) The waiting room. There should also be a waiting room where the people involved in the support process can wait for their appointment. This room should be away from the appointment room to ensure confidentiality. It should have comfortable sofas, a small table, decorative objects, magazines and newspapers, plants and flowers, etc., to feel like a pleasant waiting area. Moreover, this waiting room provides the first impression of the reception provided by the service or of the professional's organization.

THE INTERVIEW

Each appointment within the support process is an interview between the professional and the relatives and/or friends of the victim.

An interview is more likely to be successful if planned ahead. This is the first step, alongside specific training, to carry out successful interviews daily[15].

Before the interview, it is necessary to know as much as possible about the situation of each relative and/or friend of the victim, that is, of the bereaved person. We may do so by looking up available written information on the homicide, on the relation they had with the victim, etc. (reports from other institutions, medico-legal analyses, etc.), by talking with other professionals, etc. All information can be relevant.

It is also important that we define clearly the purpose of the interview - an ultimate, general and wide purpose.

The aims of the interview with relatives and/or friends of the victim of homicide and the support process are the same - to support a healthy development of the bereavement processes in people who lost, in a very violent way, someone they loved.

This aim should always guide our action, namely during the appointments and in all the small details, even if apparently meaningless.

In the support process, the appointments with the relatives and/or friends of the victim are, generally, scheduled regularly. Depending on the characteristics of each situation, this process may imply several relatives of the victim or just one. Other people may also be invited to the appointments: friends of the family, close friends of the victim (e.g., neighbours, mother's best friend, school colleagues, particularly in the case of a teenager victim). These relatives and/or friends may come to the appointment either by their own initiative or brought by others. These relatives and/or friends are invited either because of the emotional support they have been providing to the person receiving professional support or because they think they also need support.

15 - To seek specific training, you should contact support institutions for victims of crime or bereavement support organisations. The training delivered by professionals who deal directly with victims of homicide can provide very relevant theoretical and practical perspectives.

If a family group brings their children to the appointment, these should be directed to another professional while the adults' appointment takes place. During that period, the children should be in a children's meeting room where they can play with toys and games under the supervision of another professional.

Only after deciding in the adults' appointment (for example, with the child's parents) that those children also need support (usually, psychological support), can we start providing professional support to them. We can start immediately (that day, that morning or afternoon), or schedule an appointment to a more convenient date.

During the interview with relatives and/or friends of a victim, we should:

a) Personally escort them to the room. We should collect the relatives and/or friends of the victim from the waiting room and invite them to the room where the session with the adults will take place;

b) Direct the children to another professional. While meeting the adults, the child will be playing in a special room for children;

c) Introduce ourselves. We should introduce ourselves, indicating name and position;

d) Speak in a low, polite and soft tone;

e) Make an agreement. We should set up an agreement about the support process with the relatives and/or friends of the victim in advance. We should explain what is a support process, what type of support will be available to them and the difficulties they might experience. We should agree on a continuation and mutual cooperation commitment for the support process. For example, we can say: 'I am here to try to help you the best I can in these difficult times, after the loss of your daughter. The support process needs you, your cooperation and your will to defeat the pain of your grief';

f) Use clear language. We should not be afraid of using a realistic vocabulary with the relatives and/or friends of the victim, avoiding words that may seem harsh, or censoring others doing it. Words such as 'death', 'dead', 'murdered', 'die', 'deceased', and others, should be faced with normality. Our conversation will flow more easily, without fear of hurting the feelings of relatives and/or friends (Redmond, 1989);

g) Do not be afraid to mention the victim's given name. We should not be afraid of using the victim's given name to avoid hurting the relatives and/or friends' feelings. We should say it with respect, for example, saying 'I know Matilde liked Paris very much, and went there several times' or 'We will speak about Gustavo whenever you want, about his life, the things he liked, the person he was';

h) Show interest for the victim's memory. We should show interest for the victim's life, talking about the relatives' and/or friends' memories and making positive comments (for example, 'I also know that Matilde was very generous, she helped people very much, she even did voluntary work for two organizations');

i) Be ourselves. We should try to be ourselves, be faithful to our convictions, within the boundaries of our professional role. We should have an open and spontaneous attitude;

j) Be respectful and serious. We should have an attitude of constant respect for the suffering of the relatives and/or friends of the victim;

l) Be positive. We should always stress the positive aspects during the interview. It is important to highlight the positive aspects and promote trust and calm during the support process;

m) Listen carefully. We should listen attentively and also pay attention to the non-verbal messages, processing their rational and emotional contents;

n) Reply non-verbally. We should show that we are paying attention to what is being said with our non-verbal behavior (for example, looking directly at the person's eyes, nodding, leaning forward, replying with interjections: 'Hum Hum' e 'Uh, uh'; etc.);

o) Do not interrupt or rush to conclusions. We should avoid interrupting and rushing to conclusions about the problem, without listening to all that people have to say;

p) Ask questions. We should ask timely questions, choosing simple language and adjusting it to the interlocutor. Moreover, we should not be afraid to ask questions about sensitive details of the problems, but this should be done with respect and pertinence.
We can ask open questions, which usually cover wide and/or complex contents or involve abstraction and for which answers are not simple and/or short (for example, 'How do you feel now?' or 'What concerns you the most?). We can also ask closed questions, usually covering objective and linear content and requiring simple and short answers (for example, 'What is your name?' or 'How old is your son?');

q) Try to balance open and closed questions. We should try to have a balanced set of open and closed questions to facilitate communication;

r) Respect silence and allow time for the dialogue to resume;

s) Encourage the expression of emotions and/or feelings. We should encourage the spontaneous expression of emotions and/or feelings, making our interlocutors feel at ease (for example, 'Make yourself comfortable', 'I understand you feel sad and upset', 'Crying is no shame', etc.);

t) Encourage verbalization. We should encourage relatives and/or friends of the victim to verbalize their feelings, namely feelings towards the victim, by identifying them in their discourse (e.g. guilt, anguish, loneliness, fear, hatred and grudge, injustice) (Rando, 1993);

u) Be aware of your own body language. We should not show signs of impatience or anxiety during the interview (for example, crossing the arms, sighing constantly, looking at the watch when we can be seen to do so). Equally we should show a quiet physical posture coherent with our discourse, that is, do not assume postures that are too relaxed or too passive or do not show yourself too affected by the dramatic situations in the session (for example, do not cry or shiver);

v) Pay great attention. We should pay attention to the physical appearance and posture of the relative and/or friend of the victim and to his nonverbal behaviour: tone of voice, posture, pauses in his speech, whether he is keeping or avoiding visual contact, facial expressions, perspiration, flushing, stomach aches, etc;

x) Repeat. We should frequently repeat what relatives and/or friends say during the sessions. This assures them that we are listening to them carefully and can also encourage them to continue the conversation;

z) Summarize. We should summarize the main aspects of the meeting and the support process, so both parts are sure they are understanding each other correctly;

Z1) End. We should end the interview giving relatives and/or friends the possibility to ask questions, clarify doubts and make comments. It is important that we revise the practicalities of the support process, confirm that following sessions will take place and the continuity or frequency of the meetings;

Z2) Escort them to the exit. We should escort relatives and/or friends of the victim to the room where the children are playing with the other professional and then see them to the lift or to the door;

Z3) Say farewell. We should say goodbye politely;

Z4) Meet other professionals. We should then meet the other professionals involved in the support process and discuss the information gathered in the session with them.

INTERVIEWING CHILDREN WHO ARE RELATIVES AND/OR FRIENDS OF THE VICTIM

At the start of the support process it may be necessary to interview the child. These interviews should be conducted preferably by Psychology professionals (for example, psychologists, psychotherapists, psychiatrists).

Before an interview, we should collect information about the child with his carers, usually close relatives. This information will provide a general view of the child's reality which, in turn, will provide the basis to explore specific aspects. These will be particularly related to the bereavement process for the loss of the loved one. Thus, we should meet with the close relatives and note the following:

a) Anamnesic data. We should obtain information, for example, about the place of birth of the child (in hospital, in a clinic or at home), if the pregnancy was followed by a doctor and how did it develop (normal, with problems, etc.), what was the gender of the child parents' wished for, was the pregnancy full-term, was the delivery normal, what was the weight at birth, were there any problems in the first two weeks after the birth, was the child breast feed, his eating behaviour (if they have a healthy appetite or are there any issues, etc.);

b) Psychomotor data. We should equally seek information regarding the child's psychomotricity (at what age did he start walking unaided, does he distinguish between right and left hand, etc.);

c) Psycholinguistic data. We should collect data regarding the psycholinguistic development (how was the crying, at what age did the child began saying understandable words, when did he starting constructing sentences, does he have any speech problems: stammer, mispronounced words, jumbled words, etc.);

d) Data on psychoaffective development. We should obtain information about the psychoaffective development of the child (when he started to smile, at what age was potty trained, how is his sleep, does he have fears, who was the carer up to the third month of life and after that, did he go to a nursery during the first three years of life, did he have problems adapting to nursery, how does he spend the weekends, what is his favourite play activity, what does he do when on his own, in terms of relationships with other children or adults what are his preferences, if there are children or adults he does not like, does the child separate easily from the parents, is he able to share and wait his turn, how does he react when not obliged, what is his favourite object, how much time do the adults spend with the child, what are the child's characteristics, etc.);

e) Data on general health. We should also get information about the child's general health condition (if he normally sees the pediatrician, if he hears well, what is his weight/height, which illnesses he had, etc.);

f) Data on education. We should seek information about the formal and informal education the child has received since birth. At formal level, regarding his schooling (how many schools has he attended and which), what is his current school year and how is his school performance (when did he first went to school; which other schools has he attended; does he have any learning difficulties; has he repeated a school year, etc.).

After obtaining this information we may proceed with the interview.

Doing the interview we should observe the following:

a) Warmly meet the child and carers. We should meet the child and carers in the waiting room with no delays. We should warmly greet them and lead the child to the room;

b) Show the room. We should show the room where the interview will take place, saying to the child that she can play together with the toys and games there;

c) Introduce ourselves. Then, we should introduce ourselves, saying our name and our position in the organisation. We should do it even if we have already introduced ourselves in the waiting room;

d) Ask the child to introduce herself. We should ask the child to tell us her name, age, school year;

e) Make the child at ease, play, laugh. We should, in this sequence, try to make the child feel at ease, making a nice remark (for example, about her name or the colour of her top, etc.) or saying something funny, telling simple and accessible jokes, playing with toys and games. We should do so accordingly to the age of the child, using good sense to interact, with remarks, jokes and play activities suitable for her age.
We should insist moderately in these activities, playing neither too little nor too much. After playing with us more than fifteen minutes the child may not feel like talking to us.
Nevertheless, we should not force the child to leave the toys to sit in another area of the room and just talk. If the child does not want to stop playing is best to leave her be and make another appointment, in which we will try again, experimenting other strategies (for example, by reducing the number of toys in the room, and, particularly, removing, the one she likes the most, etc.). We can also try to talk during the play activity;

f) Observe the physical and neurological development. We should observe the physical and neurological development of the child. This observation can start in the waiting room, where we greet the child.

We should observe aspects such as posture, pace, balance, fine and gross motor skills, as well as speech and voice of the child.

It is also important to observe eventual difficulties the child might have at sensorial level: if she is able to listen and see well and over or under reacts to sensations (for example, to sounds, touch, etc.).

We should pay particular attention to the child's reaction to physical proximity. All physical and neurological activity of the child should be observed, including her performance in games and the use she makes of toys;

g) Observe the mood. We should observe the child's mood and its variations. Mood is very important, and we can observe how it evolves or changes during the interview (for example, sad or happy expressions, cry and laughter, etc.);

h) Observe the capacity to establish relations. We should observe how the child relates to us and to other people. This observation should start in the waiting room: how she greets us, how she behaves with her carer, if she is affectionate or despondent and distant; the distance she keeps from others; if she plays with other children, etc. The way the child enters the interview room is relevant. However, for those moments to be informative they must be analyzed taking into consideration the information from the relationship we establish with the child during the interview.

Therefore, it is important to note the way that relationship is established: how the child greets us, if she shows fear, distrust, if there is an immediate empathy, if the attitude is of closeness or distancing, etc. The development of the relationship between the child and the interviewer will be an important source of information about the child;

i) Observe the emotions. We should observe the emotions, the affections and, mainly, the anxiety displayed by the child. We should pay attention to the different emotions evidenced by the child, in the waiting room, at the beginning, during and at the end of the interview. The affections are many and lived differently by each child. We can observe anger, competitiveness, aggressiveness, assertion, envy, rage, fondness, rejection, shyness, emotional need, empathy, compassion; realities that mirror the child's affective world.

The demonstration of affection and anxiety may be very particular, thus we should be prepared to understand the child in the expression of those personal realities. Some show a wide range of developed subjects and can openly talk about fondness and positive relationships, but, simultaneous and indirectly, talk about opposite dimensions, such as hatred, envy or conflict. Other children may stay still and silent, showing little emotion. We can then witness an isolated scene, in which the child shows anxiety and affection by destroying a doll or caressing a ball, etc;

j) Observe maturity. We should observe the maturity of the child in relation to his age and expected development stage by observing if the child is constant or unstable in his emotions, enquiring about the events in his emotional life that may cause it (For example, regarding anxiety: the child plays with two dolls and stages a scene of violence between the two. Then gets up and goes to a corner of the room, destroying toys and aggressively scattering pencils. This will be an occasion when we can observe the child's distress and how the play sequence mimes, in a way, the emotional path, where disorganization comes up as an answer/consequence to the distress felt. Some children re-enact the same subject, but, in a second time, with a less terrifying outcome);

l) Ask to be told the latest two pleasant episodes in her life. We should ask the child to tell the latest two events she found particularly pleasant (for example, 'Tell me two good things that happened to you... a walk you have done, a present you have received', etc.). Through this invitation to the child, we should interact, talk about the events in a relaxed and humorous way;

m) Compare the type and details of the conversation. During the interview we should pay attention to the type of conversation maintained by the child, the details she offers, its succinctness or depth, etc. The conversation about the latest pleasant events in her life may subsequently help perceive differences between this conversation and a later conversation about the problem;

n) Introduce the main topic of the interview. We should, then, introduce the problem that led to the appointment. We should do it with sensitivity and care, but with no fear. We should show security to the child. However the subject should be introduced in a general way, with no abruptness towards the child (for example, 'Do you know why we are here today, the two of us, talking in this room?');

If, in a first sentence, the child does not respond positively and does not give opportunity to go further, we should try another approach, asking if she wants to tell us about something in particular that has happened to her (for example, 'Is there anything you would like to tell me that has happened to you? Anything that it is important to tell me?'), or asking the child if anything has happened lately that caused her sadness.
If the child is reticent to speak, we should wait for another opportunity. We should be patient and give her all the time she needs;

o) Encourage free narrative. Once we have approached the subject, we should encourage the child to freely develop her narrative, letting her say all she wants about the problem.
In this narrative, the child will offer her version of the events. We should encourage the narrative by asking focused questions. We should however do it in a way that it seems we are helping her remember certain details, and not conducting an interrogation.
We should ask a minimum of questions about the child's narrative, and instead encourage its development with certain expressions (for example, 'Yes, continue'; 'Yes, I understand'; 'Of course'; or 'Hum-hum', etc.).
It is important, nevertheless, that we use silence and frequent pauses, making the effort to let the child express herself with greater freedom. We should abstain to interrupt frequently, challenge or correct the child.
We should listen and observe very carefully. If we have specific doubts to clarify or if the child shows contradictions or inconsistencies in her discourse, we should keep our questions to the end.
After the child has finished, or exhausted her free narrative, we should ask her to tell us again about a certain event or aspect on which we have doubts, and then make use of the opportunity to ask questions.
It is possible that the child becomes very upset with the narrative. We should not insist and should change the focus of the interview to a less distressing topic for the child. It is possible to move in and out of our focus, thus giving the child an opportunity to recover.
With younger children, the narrative should be shorter. Thus, we should not ask too many specific questions. On the contrary, we should be more patient and keep longer silences, giving the child the opportunity to express herself in simple words and short sentences. We should use the same type of words and sentences, so she can understand us;

p) Ask open questions. We should ask open questions if the child's narrative has not offered sufficient information (for example, 'Can you tell me a bit more about the day you went to the party at your father's work?' etc.).
The open questions to obtain information on a certain aspect should only be asked after the narrative, about events already described by the child, never before.
Each question should refer only to one event or episode (for example, the car episode, that of the afternoon in the tent, that of the Saturday spent watching television, etc.), to ensure the episodes are separated and distinct in the narrative and not mixed or jumbled;

q) Ask closed questions. We should consider asking closed questions that generally imply direct and specific content when neither the free narrative nor the answers to the open questions supply all the information we need. Closed questions, should however, be the last resource;

r) Use games and drawing. We can use these to unlock the dialogue with the child. We can only use these techniques if we are psychologists. In the drawing tasks, we should ask the child to draw an activity. If the child hesitates or seems confused, we should encourage him by explaining by words and very simple sentences that he should draw any daily activity. The child should be free from any 'directiveness';

s) Have supervision. When using these techniques and interpreting their results and to avoid errors, we should have competent professional supervision;

t) Not writing during the interview. We should not take notes in notebooks or sheets during the interview, since that can upset the child and make her feel insecure and weary.
Even without taking notes, we should be aware of all the dimensions of the interview that need to be observed, keeping them in memory: all the memorized information should then be put to paper and filed with the confidential documents of the support process;

u) Repeat and summarise. We should tell the child that we are going to repeat the information she gave us by summarising it. We should ask her to correct any mistakes or add any information we might have forgotten. In this way, we can obtain even more information from the child;

v) Conclude. We should conclude the interview thanking the cooperation of the child and saying we enjoyed the conversation. We can encourage the child to value her contribution (for example, 'The interview went really well, don't you think?' or 'You are a very brave and intelligent girl', etc.). If another interview is necessary, we should inform her (for example, 'Next time we can play a bit more with the cars. OK?');

x) Escort the child to the waiting room. We should escort the child to the waiting room, where the carers are. We should warmly say goodbye to all;

z) Meeting other professionals. We should, then, meet the other professionals involved in the support process and discuss the information obtained in the interview.

CHAPTER 6

SUPPORT BY TELEPHONE OR IN WRITING

Some relatives and/or friends of victims of homicide request specialized support (support associations, telephone helplines, etc.). Often this is their first contact with these services and takes place in a particularly agonizing moment of their bereavement. Contact can be established by telephone, by writing a letter, an email or sending a fax.

WHEN THE VICTIM'S RELATIVE OR FRIEND CONTACTS THE SUPPORT SERVICE BY PHONE

We should be prepared to answer the telephone calls of relatives and/or friends of the victim. A telephone call is an important request for support.

Thus, we should consider the following in advance:

a) <u>It is a unique and extremely important moment</u>. It may be the first time relatives and/or friends tell someone about their problem, the first time they find the courage to ask for help. This should be taken into account and we should try to offer a good telephone support service;

b) <u>It may be the start of the support process</u>. That telephone call or letter may be the start of the support process. Thus, we should work hard to motivate the relatives and/or friends of the victim to meet us face-to-face.

Regarding the telephone calls, we should:

a) <u>Answer the phone immediately</u>. We should take all phone calls without delay, answering them within three rings. Delaying picking up the call could make the caller give up;

b) <u>Be aware of our speech</u>. Since we are not able to see the caller, our voice and speech are our main tools of communication. Thus we should take particular care to prevent any negative influences in this telephone session;

c) Swiftly transfer the call. If it is necessary to transfer an incoming call internally, this operation should be reliable and quick: no more than two transfers with waiting times of less than 30 seconds between transfers. If the professional to whom the call is being transferred to does not pick up the phone, or if the line is engaged, another professional should immediately take the call, even if only to ask briefly the person to hold for a moment and explain that the extension is busy. Meanwhile the other professional should be warned that there is a person on the phone, so she can take the call as quickly as possible;

d) Be pleasant on the phone. We should speak to the relative and/or friend of the victim gently, making sure that the tone of our voice is not cold, formal or unwelcoming. We should sound friendly, serious and trustworthy;

e) Introduce yourself by saying your name. You should immediately say your first name to the caller. The use of the surname might make it more difficult for the caller to remember your name;

f) Ask the name of the person. Ask at once the person's name so you can address her by her name;

g) Respect anonymity. Respect the wish of the relative and/or friend for anonymity during the phone call. We should not force disclosure of details regarding identification or residence;

h) Ensure confidentiality. We should assure the caller that she can tell us everything, clarifying from the start that our conversation is confidential;

i) Use plain language. We should use language adequate to the age of our caller, or the age we guess she is by her voice and speech. We should not use unusual words that might be unfamiliar to the relative and/or friend of the victim. Our sentences should be simple and short;

j) Reinforce explanations. We should repeat the information we want to give as many times as we think necessary to ensure that we are properly understood;

l) Ask. We should not be afraid to ask directly about any detail. Nevertheless, we should choose wisely the way and timing of our questions in the development of the telephone conversation. If the relative and/or friend reacts to our questions with silence or refusal, we should say that she should only answer the questions she feels comfortable with, adding that the two of us can discuss that issue at another time. If her silence and refusals increase, we should take particular care not to ask more questions and await future opportunities;

m) Instill security and trust. We should try to transmit an image of security and trust by speaking in a calm steady voice and showing serenity and openness constantly. Consequently, we should also not interrupt or show impatience, anxiety, shock or indignation;

n) Praise them for having called. We should tell the relative and/or friend that she did the right thing by calling and breaking the silence caused by her bereavement. This will help her not regretting having phoned and also encourages further contacts;

o) Advise them to speak to a relative and/or friend. We should advise the relative and/or friend to share her problem with someone else in the family. This relative, close or distant, should be someone she trusts or is fond of. It is important that we stimulate the solidarity ties within the family;

p) Avoid periods of silence. We should be aware that the relative and/or friend may interpret our silence as a sign that we are not listening, are absent-minded or distracted. Thus, it is necessary to show that we are available and 'present' through our tone of voice and by using signs to indicate attention. These can be short expressions or sentences, such as 'Hum-hum', 'Yes, I understand';

q) Show focus. We should always keep our concentration on what the caller is saying and not get distracted. We should not make noise with the computer keys, speak with anyone and avoid background noises (music, television, people laughing and/or talking, etc.);

r) Guidance. If necessary and possible, we should direct the relative and/or friend of the victim to other organizations, particularly the ones closest to her. Therefore, a list or folder with contacts and information about the organizations should always be kept handy, for example by the phone;

s) Ask the person to meet us or call again. We should ask the relative and/or friend to attend a face-to-face session to start a support process. Alternatively we can suggest that she calls our organization again, where attentive and understanding professionals will always be available to provide support. We should try to start developing a support process from that first telephone call.

WHEN THE VICTIM'S RELATIVE OR FRIEND WRITES TO THE SUPPORT SERVICE

We should be prepared to receive and reply to written messages sent by relatives and/or friends of a victim of homicide. A letter may be an important support request.

We should carefully analyze the written message, if possible with the help of other professionals.

We should observe the following aspects:

a) Content of message. We should focus on reading and interpreting (or deciphering) the explicit and implicit content of the letter. We should pay attention to all the words and their logical sequence, the images and symbols they might contain, so we can accurately grasp what the person tried to communicate. The language used may also reveal the cultural and social background of the person (for example, use of regional or group jargon, incorrectly used words that make the writer seem uneducated or a more educated writing style) or their age (more elaborate speech and clearer ideas, or simple words and deficient paragraph structure, etc.);

b) Identification and address. We should take note of the name, surname and address of the relative and/or friend of the victim;

c) Identification of the victim. We should make a record of all the details regarding the victim's identity. These can be scattered and mixed with other biographical data in the text written by the relative and/or friend;

d) Graphic and aesthetic appearance. We should observe the lettering used by the relative and/or friend: if it is handwritten, printed, has glued cuttings, etc. We should also look at the style, colors used, visible amendments, use of different type sets, capital letters and underlines, and observe if the writing is shaky, etc. Moreover, we should note the layout of the overall text, whether the layout of the sentences looks harmonious on the lined or plain paper, etc.

In the case of an email, we should be familiar with abbreviations and expressions normally used in electronic messaging. If not, we should ask for the help of a professional who is familiar with the area.

When preparing a reply, we should observe the following aspects:

a) Reply quickly. We should reply quickly, as the suffering of the relative and/or friend of the victim, and/or their needs cannot wait;

b) Choice of the medium of reply. The medium chosen for the reply is usually the one used by the person contacting us: a letter, a fax or an electronic message. However, the person may have indicated another means of contact, for example by providing a telephone number. If there is choice, and no preference is indicated, we should favour the telephone call or the face-to-face meeting. These are quicker and more effective as they promote a more immediate and free communication;

c) Use simple language. We should use very simple written language, with common words and short sentences – even if the relative and/or friend of the victim wrote using a more elaborate style of writing. We should avoid both a technical style with professional jargon and a formal style. This can be a barrier to the understanding of our reply;

d) Conciseness. We should be brief. Recommendations or analysis of the problem are not adequate given the insufficient information;

e) Praising them for writing to us. We should praise the relative and/or friend for writing to us. This will reassure her and encourage new contacts;

f) Advise to speak also to someone else in the family. We should advise the relative and/or friend to tell someone in the family about her problem. That relative, close or distant, should be someone she trusts or is fond of;

g) Information. We should include in our reply all important information that can help the resolution of the person's problem, namely: what are her rights, how can those rights be claimed, what protection mechanisms are available, etc;

h) Directing. If necessary and possible, we should direct the relative and/or friend to other organizations in her area. We should supply clear contacts and information about those organizations;

i) Ask the person to meet, write or call us. We should suggest a face-to-face session, or, alternatively, that the person writes again or calls us so that a support process may be developed. We should restate that she will always have our attention and understanding;

j) Signature. We should sign our name, clearly indicated in print, along with our job title, so that the relative and/or friend of the victim knows who is replying. A typical format is for example [signature] Beatriz N. Psychologist.

CHAPTER 7

MAINTAINING CONFIDENTIALITY

The support process must be confidential.

As professionals working in public services or in non-governmental organisations, we are ethically obliged to observe confidentiality in the support process and to acknowledge the victims' dignity.

To maintain confidentiality in the support process we should:

a) Create a safe deposit. We must keep all the documents in the support processes in key or code locked cabinets, safes or drawers. We must also prevent these documents or copies from leaving our office;

b) Restrict access. We must restrict access to the documents in the support processes to people working in the process. The consultation of the documents should only take place in our office. These documents must neither be photocopied nor taken or displayed where they can be seen by outsiders (for example, on a notice board in our office, left on the desk or meeting table while receiving other people, etc.);

c) Ensure privacy. We must ensure that the appointments with the victims, their families and/or friends will take place in premises with adequate confidentiality conditions. A good suggestion is using a private separate soundproof room and closing its door. We should also prevent that the victims, their families and/or friends are photographed (for example, by journalists writing a piece about the organisation and taking photos of the people in the waiting room) or questioned about their lives by others (for example, by the front desk staff, the cleaners, administrative staff, etc.);

d) Recommend discretion. We should recommend discretion to the victims, their family and/or friends by advising them to share their problem only with those strictly necessary to the support process, so that their loss will not become a topic of conversation and perhaps of lack of recognition and respect in their community or social groups;

e) On the phone. We must be careful to make phone calls related to the process only when we are alone and in a place where we cannot be overheard. We should first ask our interlocutor whether he can talk about the subject, that is, whether he has similar privacy conditions to proceed with the phone call.

CHAPTER 8

REPORTING THE SUPPORT PROCESS

It is important to register all the information, relevant or not, that is acquired during the process of providing support to the victims of homicide, their families and/or friends.

The record should be systematic and clear so that basic information about the victimisation history, the progress of the support process, past and present actors, events and its dates, difficulties, etc., are always available.

This information is very useful, in particular to prepare reports to be shared with services and institutions that become involved in the support process at specific stages and that need information about the previous phases.

The work of the professionals in these services can then be of a higher quality than in the absence of such historical information, as it will be able to be better linked with the previous work.

On the other hand, registering information systematically allows us to retrieve important details that were apparently insignificant at first but became highly relevant at a later date in the support process, mainly when combined with new information.

Registering information systematically also prevents 'secondary victimisation' by avoiding that the victims, their relatives and/or friends have to repeat the same information in consecutive institutional referrals and preventing further emotional strain. Thus, when the victims, their relatives and/or friends have their first appointment in another institution, the professional assigned to the case will already have the information we sent in advance.

Registering information and forwarding it to other professionals requires always the consent of the victims, their relatives and/or friends.

Usually each service or institution has a template for recording the information about the support processes (for example, appointment record, user card, medical record form), which must be used according to the protocol of the service and archived after filled in.

When we need to send reports to other professionals and a template is not available, we should write a report with the following characteristics:

a) Consistency. All details included in the report, regardless of their relevance, should be described consistently, individually and in relation to the other information. We should clearly identify the objectives for each past or future action in the support process;

b) Logical sequence. The report should follow a logical sequence, a 'thread', with events ordered chronologically and ideas connected in a natural flow;

c) Precision and objectivity. The report should be organised into themes written clearly, easy to understand and be grammatically correct. Its contents should not raise dubious interpretations;

d) Flexibility. However, we need to take a flexible approach in the way we report each theme so that we meet the recipients' information needs.

The report can include the following information:

a) Identification of the victim. The report should include the victims' personal details, particularly the name, date and place of birth, address and telephone number, qualifications and professional activity;

b) Identification of the relatives and/or friends of the victim. The report should include the personal details of each of the relatives and/or friends who have contacted our services, especially name, address, telephone number, age and professional activity;

c) Identification of the homicide. The report should include information about the homicide that victimised the individual such as date, place, number of people involved, number of deaths and number of injured people and the perpetrators, when known;

d) Support provided. The report should include information about the support provided so far to the victim, their relatives and/or friends and by which institutions;

e) General notes taken during the bereavement process. The report should include information about the development of the relatives' and/or friends' bereavement processes and relevant description of the sessions attended (face-to-face, by telephone, in writing).

In some cases it is convenient to add copies of documents from the support process file (for example, photos of the victim, copy of the autopsy report, copies of letters and notifications), which can be very helpful for understanding the case.

CHAPTER 9

PERSONAL AND INSTITUTIONAL COOPERATION

We should always work collaboratively with the professionals from other services and institutions, so that the support provided is efficient and of high-quality. Therefore, we should develop partnerships with the local community, by being:

1. Facilitators. We should facilitate effectively the communication and the relationships between the professionals from the services and institutions in the community.

2. Negotiators. We should create meeting points for professionals around theoretical and practical issues, by identifying common positive aspects between different interests and goals and defining ways to balance effectively these interests and goals.

3. Energisers. We should clearly define the problems, promote their visibility among the local professionals and focus their energies in the pursuit of a common solution.

In this manner, we can all address positively the problems faced by the joint work of organisations:

1. Formality. We should reduce the negative impact of excessive formality in the daily contacts between organisations (for example, excessive bureaucracy and difficult access to the professionals), as this can undermine the speed and efficiency of the support provided.

2. Time. We should manage efficiently the time available for accomplishing the scheduled tasks (for example, sending a report within the next hour), without undermining the functioning of the other services and institutions.

3. Lack of practical sense. We should be practical when contacting other institutions within the development of the support process.

4. Impoliteness. We should be polite with all the professionals we contact within the support process (for example, on the phone, face-to-face, by letter, etc.) and hopefully they will mirror our behaviour.

5. Misunderstandings. We should avoid misunderstanding messages or requests in our dealings with the other professionals, as it can constrain the relationship and undermine the support process.

6. Insufficient communication. We should avoid providing insufficient information to professionals from other services or institutions as the lack of information can limit or delay their work within the support process. For example, if we send a rushed, incomplete or unclear report to a colleague, he will not have valid information to work with.

7. Lack of vision. We should try to have a wide perspective of the support process. We should avoid a narrow and reductionist vision of the intervention, that is, one too focused in our service or institution. Rather, we should see the participation of other professionals as important.

8. 'A culture of negative competition'. We should try not to collude with a 'culture of negative competition' practiced by certain services and institutions. We should commit ourselves to develop partnerships with other professionals, while avoiding standing out.

9. Lack of personalised contact. Lastly, we should try to contact personally the professionals from other services and institutions, by visiting and meeting them to build a more informal and relaxed relationship, which, in turn, will facilitate the work in the joint support processes.

We will not be alone then. Our work will be broader and more efficient and we will surely achieve better results with the victims of homicide and their relatives and friends.

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