

CVAC Homicide Survivor Support Group  
By Chaplain Bruce Cook

Any crime victim ministry needs to include pastoral care for those crime victims that are hurting, and wounded, both physically and spiritually. There are a lot of secular therapeutic programs that crime victims can use (psychiatrists, psychologists, social workers, licensed professional counselors, marriage and family therapists, as well as secular support groups). Pastoral care seeks to introduce spiritual care, coping skills to overcome stress that naturally is caused by a horrible murder in the family. A pastoral care support group model should try to repair broken relational ties with the faith community, family and friends. This broken-ness is often experienced as a crisis of faith and a loss of trust in society when a homicide survivor sees how evil and hateful the murderer can be. Pastoral care models of criminal justice ministry have been directed in the past to prison ministry and law enforcement chaplaincy. CVAC is one of the few ministries in North America that includes pastoral individual sessions, family sessions, support groups by crime type (homicide, stalking, innocent parents of the abused child). Other support groups for domestic violence, sexual assault, child abuse, elder abuse, assault and battery, robbery, theft, fraud, can just as easily be included or developed.

The support group movement is very large in this country, the most notable being Alcoholics Anonymous, Rainbows and Compassionate Friends. CVAC offers a homicide surviving family member an opportunity to meet weekly, share the truth about the murder, give and receive help from persons who experienced a similar crime, facilitate coping skills for the stress-related trauma that the crime caused. **The group promises to keep the matters discussed as confidential** and while no one is forced to participate it is hoped that they will interact, rather than be silent. The sharing and caring is deep because of the intensity of emotions. Oftentimes, severe crying occurs because of the feeling of loss and grief. Anger is expressed and listened to without judgment in order for ventilation and catharsis to occur. In addition to anger, grief, members express depression, confusion, and frustration as symptoms of the acute stress or post-traumatic stress reaction. Group members have stated they feel like they are losing their mind and “going crazy”. They can not work at all or work like workaholics. They sleep too much or not at all. They overeat or do not feel like eating. They are irritable and snap at friends family and coworkers or withdraw in isolation. They are hyper-vigilant, or hyper-aroused and easily startled. They are dysfunctional and have short term memory loss. They are obsessed with details of the crime. They complain of physical illness, soreness in body parts related to the grief and stress and often over medicate or self-medicate with drugs or alcohol to mute the intensity of the pain. Many of these symptoms occur because the trauma induced more stress in their life than they are accustomed to handle.

The evil person broke the Golden Rule to do unto others as you would have them do unto you. This murderous event broke the horizontal relationships of respect and love and standards of decency and care. The loving relationships and decency standards were altered by the effects of hatred, evil, deceit promulgated by the murderer or assaulter.

The nature of a self-help support group is to heal and “get better instead of bitter.” A pastoral care support group calls upon spiritual resources to restore the person to as near wholeness and sanity as is possible. One can not be made whole again as if the crime never happened, or as if the loved could ever be replaced, but degrees of wholeness are possible with the care and support of faith, friends, family and sharing in a support group. The support group becomes a spiritual family of bonding, fellowship, closeness.

Oftentimes, members of the support group call each other or meet during the week at lunch or dinner to talk further. The sharing in and out of group allows members to ventilate and get some catharsis. The “talking it out and talking it through” diminishes the power the offence has over their life. With each retelling of the murder when a new member arrives the group members experience a “desensitization” to the horrific nature of the crime. Each time it gets a little easier to

talk about it especially when talking about it has been discouraged, or denied by friends and family who want the person to 'get over it and get on with life.' The sharing and caring support group is a listening post for someone who needs to tell their story to people with similar experiences.

A pastoral care model for the support group should include an evaluation component in order to provide feedback to the group members, and to determine if it is being effective at what it is attempting to do. Since one of the goals is to restore broken relationships on the horizontal, or personal, level and on the vertical or divine level a focus group evaluation model should address some of these questions. In one such focus group evaluation in January 2001 the members said they "felt encouraged by each other and no longer felt they were alone or crazy." They like both "getting and giving help because by helping others they moved beyond their own situation." They liked the mutual sharing and support because it was confidential. They could tell the truth among crime victims who had experienced a murder. They liked the nonjudgmental nature of the group and most liked the prayer as "soothing and healing." The focus group evaluation on January 9, 2001, revealed that the group members liked resources given out, liked being shown how to write a victim impact statement, file a victim compensation form, request victim notification of an offender's release, make a Freedom of Information Act or Open Records Act request, how to cope with the crime by talking of feelings to others, how to use Internet websites as resources, suggested books and articles. The group liked the "go-around" technique and helping the neediest first, use of role plays, counseling and listening skills. The group learned how to relax by using anger release techniques, meditation, exercise, and used physician-prescribed medication. Several group members expressed that they were unable to relax, so relaxation techniques were shared and learned by group members.

Another goal for the group is to learn coping skills for the stress experienced by the trauma of hearing about the murder and its aftermath. A support group model can use some techniques, like client-centered listening, psychodrama, guided interaction, relaxation exercises, but at the heart of all that is said or done there has to be caring and understanding. The leader of the group has to be honest and a participant. He or she should guide and facilitate the participants to ask for help and to help each other. The leader needs to listen deeply to hear what is being said beneath the words and draw the feelings out. He or she needs to facilitate discussion and interaction that enables the group to help each other through the problems. By helping others one can get beyond their own "sticking points." Basic education about the criminal justice system and describing victims rights are important and should be accurate, but the group should be more than just that. Real and genuine care for each other in the group is the most healing agent there is. The sharing of deep feelings of grief and anger and the signs of deep depression can be therapeutic and healing, but also can be clinically dangerous if someone becomes violent or suicidal. A trained leader can spot these violent or suicidal signs and make referrals.

Two techniques will be described in detail, the "talking stick" and the relaxation exercise. After the leader, or co-facilitator, opens with prayer the group begins with a relaxation exercise. The relaxation exercise is as follows: Imagine you are a tall glass of water and it will run down your spine through your toes. Take three deep breaths first. Breathe deeply in and reach a higher lobe of the lung than normal. Sit straight with eyes closed and hands on knees and now imagine the water is trickling down to behind your eyes. As it goes behind your eyes, relax your eyelids. Let the water run down to your throat, your chest and as it reaches your chest relax your shoulders. Let it run down to your stomach and to your hips, separating into right and left hips, turning down to the knees and then turning down to the ankles and then turning out to the toes and then out your toes completely leaving your body. One minute of silence. Now come back to where you are and open your eyes. Share reactions briefly." That is one of the oft-used relaxation exercises.

The "talking stick" involves the use of an object, like a peace pipe or a stone or piece of clothing from a deceased loved one. Then a common question is asked in sequence and each person holds the object while talking. No one else talks or asks questions but tries to "deeply listen, or hear the meaning behind the words." After all have talked a form of respectful questions or

statements can be made to each other. The motive for the reflection and questions should be healing in nature, to “build another up” rather than “put a person down.” Some people may talk with the object in hand for as long as ten minutes and others may be brief and conclude in a few minutes.

To measure the coping skills the leader can use an online test at [www.PsychTests.com](http://www.PsychTests.com), called Coping Skills Inventory Test which is a 45 question test that can be taken in 20 minutes and scored online for a small fee. It measures seven variables, such as reactivity to stress, ability to assess situations, self-reliance, resourcefulness, adaptability, proactive attitude, ability to relax.

#### Evaluation

During a six months period from September 2000 to March 2001 there were 19 Coping Skills Inventory Tests given to homicide survivors by the Chaplain. During that time frame there were 20 homicide survivor support group sessions held weekly for 1.5 hours and 96 attendees (average of 4.8 per session). Some groups were canceled for holidays or bad weather. A core group of 8 attended five or more times and 12 others came less than five times. Four persons attended 14, 14, 13 and 11 times each. Eight of the Homicide support group took the pre-test and the post-test. Their mean score was 66.375 and their average post-test score was 73.63;  $t$  of -3.55; and  $p$  of  $<.01$ . The mean improvement in coping skills was about seven points. All post test scores improved and none went down. Only two of the stalking victims took the pre and post test and both went up 5 points and four points respectively. Nine others took the pretest but did not take the post test as they moved or came too infrequently.

While the number is too small (8) and time frame too short to make any generalizations about the effectiveness of a support group for surviving family members of a homicide it does bear further research to determine if preliminary positive findings can be replicated. Two factors make the test noteworthy: the test is immediately scored on the Internet and it is free. Other tests may be good but they take time and money to score. The test does measure coping skills which is a goal of the group but complete reliance on the test by itself is not recommended. There are at least 18 other tests that measure coping skills as well. The focus group evaluation is just as important and revealing about the group’s sense of healing and improvement. It is recommended that coping skills and focus group models should be used together.

For more information: Contact Dr. Bruce Cook, CVAC, 3101 Paces Mill Rd. Atlanta GA 30339 website:[www.gbqm-umc.org/cvac](http://www.gbqm-umc.org/cvac); email: [askcvac@aol.com](mailto:askcvac@aol.com). Phone number is 770.333.9254.



