

## “He Killed My Mommy!” Murder or Attempted Murder of a Child’s Mother

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The murder or attempted murder of a child’s mother in the context of domestic violence is a significant event in a child’s life and carries with it multiple additional possible stressors. Children experiencing these situations have not, to date, been well studied. This paper discusses what is currently known in the literature about these children and provides some initial descriptive sociodemographic and contextual data regarding 237 children who experienced the murder ( $N = 146$ ) or attempted murder ( $N = 91$ ) of their mother by a current or estranged intimate partner. These data are part of a 10-city study to identify the risk factors in intimate partner homicide. This descriptive study suggests the alarming prevalence of children exposed to their mothers’ murders or attempted murders, the paucity of systematic interventions provided to these children, the likelihood of their exposure to prior marital violence and/or child abuse, the multiple stressors they encounter after the incident, and some of the demographic variables associated with femicide and attempted femicide. Affected children are most likely to be under the age of 10 at the time of the homicide or attempted homicide with mothers who are between the ages of 30 and 39, working but earning less than \$25,000 per year. Poor African American women and their children are especially vulnerable. Many of the children actually witnessed the homicide or attempted homicide (35% of homicide cases; 62% of the attempted) or found their mother after the attack (37% of homicides cases; 28% of attempted), but significant numbers of these children received no or little intervention. The critical needs for community-based prevention and intervention programs are discussed.

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**KEY WORDS:** femicide; homicide; intimate partner violence; domestic violence; family violence; childhood bereavement; death of parent.

### INTRODUCTION

*Tina, age 13, was at a friend’s house when her mother was stabbed four times in the heart. She heard sirens and ran home. Tommy and John, ages 6 and 7, were close by in their bedroom where they had been carried by their father and the door locked. They listened as their mother screamed for help and begged for her life. John squeezed*

*through the bedroom window and ran outside to find his older brother, Andy who was 12. Andy and John arrived back at the house to watch their father purposely cut himself with the same knife used to stab their mother and listened to him describing to the police minutes later how he was hurt defending himself from his wife. All of the children saw their mother’s body at the murder scene. They all testified against their father at the trial.*

The death of a parent is a major life stressor (Clark *et al.*, 1996). If it occurs during one’s childhood or adolescence, the loss is even more extreme. The extent of trauma is compounded if the death is the consequence of a murder committed by another significant other, and in the child’s presence. Even if the child’s mother does not die from the murder attempt, the threat of harm and loss and the accompanying feelings of the murder attempt can result

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in significant trauma for a child or adolescent. For most of these children, the stressors accompanying exposure to ongoing domestic violence also compound the trauma. Children who have experienced the murder or attempted murder of their mother in the context of intimate partner femicide have not, to date, been well studied. This paper will discuss what is currently known about these children and provide some initial descriptive sociodemographic and contextual data regarding 237 children who experienced the murder or attempted murder of their mother by a current or estranged intimate partner.

### **Murder of a Parent**

The murder or attempted murder of one parent by the other carries profound and often lifelong consequences. However, there are no epidemiological studies of the scope of the problem of parental loss due to intimate partner homicide in childhood and adolescence. Without national prevalence data describing the sex, age, or race/ethnic patterns for children who have lost one parent to the other by homicide, we can only make estimates on the basis of the national prevalence of homicide of women by intimate partners or ex-partners (Clark *et al.*, 1996).

Homicide of women (femicide) in intimate partner relationships is the most serious form of violence against women, affecting between 2 and 3000 women each year in the United States (Federal Bureau of Investigation [FBI], 1996; Morroco *et al.*, 1998; Sharps *et al.*, in press; Smith *et al.*, 1998). Even though rates have decreased over the last decade, femicide remains an important cause of mortality for young women of every ethnicity, especially when considered in terms of premature death or potential life lost (National Institute of Justice, 1997; Rosenfeld, 1997). When women are killed, they are killed by a husband, boyfriend, or ex-husband or ex-boyfriend significantly more often than by a stranger (National Institute of Justice, 1997).

It has been estimated that approximately 38% of all femicides are committed by a husband, boyfriend, or ex-husband, with an additional 10.7% of femicides committed by an ex-boyfriend (National Institute of Justice, 1997). These percentages are higher than official Department of Justice numbers (Uniform Crime Reports and the Supplemental Homicide Reports), which were demonstrated to be an undercount (at least in Massachusetts) due to miscoding and the lack of category for ex-boyfriend (Langford *et al.*, 1998). Even using Uniform Crime Reports data, the number of children affected each year is considerable. Our estimates are that if at least 2400 women are killed by an intimate partner each year, and if at least 60% of those cases involve children (1440 cases) with an

average of 2.3 children in each of these families (from our preliminary data reported here), it means that approximately 3300 children are profoundly affected by these homicides each year. We know very little about these children.

In the vast majority (66–80%) of intimate partner femicides, the woman has been battered sometimes for years before she is killed, subjecting children to the trauma of witnessing the violence even before the homicidal event (Campbell & Parker, 1992; Morroco *et al.*, 1998; Smith *et al.*, 1998). In addition, approximately 14–29% of intimate partner femicides are homicide-suicides, adding additional trauma and grief for the children who may lose both parents at once (Dawson & Gartner, 1998).

### **Intimate Partner Attempted Femicide**

Even more significant, in terms of numbers, are the women who are the victims of attempted homicide and their children. Although the extent of firearm-related and other violence-related mortality is well-documented, data on the number of attempted homicides and nonfatal firearm-related injuries as well as the extent of morbidity and disability associated with resulting injuries is extremely limited. There are no reports to date on risk factors, sequelae, or effects on children associated with either firearm injuries or attempted homicide to their mothers. The scant data related to this issue give us some idea of the extent of the problem, however.

Although no published reports were identified regarding the prevalence of firearm injuries or other attempted homicides on abused women, a study by McFarlane and associates of women abused during pregnancy revealed that 11.9% of 67 abused women reported a knife or gun used against them within the last 12 months (McFarlane *et al.*, 1995). In a clinical trial of 329 abused pregnant Hispanic women, 11.3% ( $n = 37$ ) of the women reported similar experiences (Wiist & McFarlane, 1998). All of the women who reported that a weapon had been used against them also reported significantly higher levels of physical abuse than the abused women who had not been assaulted with a weapon.

On the basis of the ratios of 2.6 nonfatal to 1.0 fatal firearm injuries for women age 15–24 years (Annest, 1995), we estimate that there are approximately three attempted for each completed femicide. However, this ratio is difficult to verify since there is no systematic data collection or surveillance in either the criminal justice or public health system of this phenomena. One of the problems in literature addressing the concept of attempted homicide is that criminal justice definitions are often based on individualistic state laws and jurisdictional interpretations. Public

health investigations of intentional injury are usually framed in terms of the mechanism of injury (e.g., gunshot) rather than relationship issues or perpetrator intent. There is also difficulty in ascribing motive to perpetrators, as well as correlating the intended outcome with actual outcome, which may depend on such unrelated factors as accuracy of aim and quality of medical care.

### Children's Experiences With Murder of a Parent

The death of a parent is particularly significant and has life-long consequences when this loss occurs during one's childhood or adolescence (Clark *et al.*, 1996). When the death is the consequence of a murder committed by another significant other and in the child's presence, the extent of trauma is likely to be compounded. A child or adolescent who witnesses the murder of a parent (usually his/her mother) at the hands of the other parent (usually the father) experiences not only the trauma related to the high threat, sensory inputs (sights, sounds, etc.), and outcome of the event but also a myriad of various types of losses. The child loses both parents "suddenly and simultaneously"; their mother a murder victim, and their father off to jail, in a mental hospital, on the run, or maybe even dead as in a murder-suicide (Black & Kaplan, 1988; Dawson & Gartner, 1998). The children frequently lose their home, neighborhood, school, and friends as they are relocated to a new caretaker's home. They are seen in a new light in the community and may acquire the "label" of being the child of a murderer. Later, they may have to re-live the murder and experience additional trauma if they are called upon to testify in court (Pynoos & Eth, 1983).

A number of anecdotal clinical reports describe the serious upset and trauma that children experiences after witnessing their father murder their mother (Bergen, 1958; Black *et al.*, 1992; Lebovici, 1974; Malmquist, 1986; Masters *et al.*, 1988; Pruett, 1979; Pynoos & Eth, 1983; Pynoos & Nader, 1990; Schetky, 1978; Zenah & Burk, 1984). Loss of a parent by a homicide is a significant stressor even if the murder is not actually witnessed by the child, and secondary traumatization may occur as the child learns details of the murder. Several clinical reports describe treatment approaches that might be helpful with children whose parent is murdered by another parent or with other family members of murder victims (Black & Kaplan, 1988; Burman & Allen-Meares, 1994; Masters *et al.*, 1988; Parkes, 1993; Pruett, 1979; Pynoos *et al.*, 1987; Pynoos & Eth, 1986; Schetky, 1978; Zenah & Burk, 1984). It is quite startling, however, how few of these traumatized children receive appropriate ongoing psychiatric care (Burman & Allen-Meares, 1994; Malmquist, 1986; Wilson *et al.*, 1989). Black and Kaplan (1988) evaluated

28 children ages 1.5–14 years who had witnessed their father killing their mother and found delays in referral to treatment ranging from 2 weeks to 11 years. It is unknown how many children never receive treatment or only see a professional once.

Although a number of anecdotal and clinical reports have been published as noted above, actual research in this area is rare. Henricks *et al.* (1993) presented demographic, mental health, and follow-up (placement) information on 95 children ages 1–19. They used data that they garnered from their records of 111 children that they had seen clinically, and with variable regularity, hours, days, or years after their parent's murder. They did not use standardized tests or measures and had no control group. However, their study represents the first attempt in the literature to document mental health outcomes and placement decisions in a systematic manner. In a descriptive study, Eth and Pynoos (1994) conducted one-time interviews with 55 children ages 3–18 from one day to 14 years after they had witnessed the homicide of a parent. In 55% (30) of these cases, the child's mother had been murdered by a current or ex-husband or boyfriend. They described significant stressors and traumatic and grief reactions experienced by the children over time.

Most of the current literature on the topic of children witnessing of parental murder is at least a decade old. No controlled studies to our knowledge have explored the experience of a child witnessing an attempted murder of a parent, finding the parent's body after a murder or the issue of secondary traumatization when a child hears about the murder. However, previous work in the area of child trauma has demonstrated that proximity to a traumatic event is a predictor of posttraumatic stress disorder (i.e., the closer the individual is to the actual event, the greater the likelihood of posttraumatic symptomatology) (Pynoos & Nader, 1988).

A study by Cowles (1988), although not conducted with children, emphasizes the trauma that may be associated with the murder of a family member. This well-designed qualitative study of 12 subjects, ages 18 and above, examined the life experiences of adult individuals in relation to the murder of a family member and described the significant emotional, physical, and cognitive impact the murder and surrounding events and reactions had on their lives (Cowles, 1988). For children who have even less coping resources than adults, the impact may be even more profound and long lasting.

### Intimate Partner Murder/Suicide

Information about children who experience a murder/suicide of their parents is rare to nonexistent.

Approximately 1000–1500 murder–suicide scenarios are estimated to occur annually in the United States (Marzuk *et al.*, 1992), and the majority of these are amongst current or estranged intimate partners (Morton *et al.*, 1998). Over 90% of murder-suicides involving couples are perpetrated by men (Rosenbaum, 1990). Children's responses to the dramatic scenario of the loss of their mother and possibly also their father in a murder–suicide situation have not been explored. Previous studies have demonstrated, however, that the loss of a family member, or friend by suicide is a significant stressor for children and adolescents (Brent *et al.*, 1992; Heikes, 1997; Rudestam, 1977; Sheperd & Barraclough, 1976).

Clearly, much is still to be learned about the children who experience the murder or attempted murder of their mother. The purpose of this report is to present descriptive data regarding some of the sociodemographic characteristics of children who have experienced actual or attempted femicide of their mother at the hands of an intimate partner. Additionally, data regarding the context of the children's experiences and the aftermath are described.

## METHODS

This descriptive analysis of children who experience the actual or attempted murder of their mother by her intimate partner is part of a larger 10-city study of predictors of intimate partner femicide. The parent study sought to identify risk factors associated with actual and attempted intimate partner femicide. The sample of children for this report was drawn from the closed police records of actual and attempted intimate partner femicides of the 10 participating cities: Baltimore, Chicago, Houston, Kansas City, Los Angeles, New York City, Portland, Seattle, St. Petersburg, and Tampa.

Data collection began following approval by the appropriate agencies in each city and institutional review boards for human subjects approval at each site. For the intimate partner femicide cases, the sample for this report consists of 121 cleared police cases from 1994 through 1998 in each of the 10 cities. For the attempted partner femicide cases, the sample consists of 57 cleared police cases from 1996 to 1999 that met the study criteria. In jurisdictions in which Attempted Homicide was an official arrest code, cases with that designation were included. For jurisdictions that used the designation Aggravated Assault only, the attempted homicide inclusion criteria are presented in Fig. 1 along with other study criteria. The study criteria are consistent with arrest code criteria.

Using closed police records to obtain addresses, one or more potentially knowledgeable informants (i.e., proxies) usually a mother or a sister of the deceased woman, was contacted by mail. Letters were sent to known addresses explaining the study and giving proxies the option to be contacted further. In the case of attempted murders, the woman survivor herself was contacted by mail. As most potential informants could not be located by mail, appreciable field tracking was required to locate persons who could give information about the situation. Once contacted, a prescreening questionnaire was administered to assess length of time the informant had known the femicide victim and perpetrator and knowledge level about the relationship. If the person did not feel qualified to answer questions about the relationship, they were asked to refer the investigator to other potential informants. Once a knowledgeable informant was identified and informed consent was obtained, a telephone or in person interview was conducted with the informant according to the participant's choice. An extensive demographic profile of the victim or survivor was completed including variables relating to her children such as number, age, gender, whether or not the child had witnessed the incident, threats about or previous harm to the children, etc. In carrying out this parent study, it became evident that many children were also being affected in these situations, children about whom little is known, but who were reported by many informants as having a great deal of distress. This was the impetus to examine the child-related variables more closely.

## RESULTS

A total of 121 cases of femicide and 57 cases of attempted homicide comprise the parent database. Forty-nine percent of the 121-femicide cases were murder-suicides. A significant number of children under age 18 were identified in both cohorts; 146 children resided in the families experiencing femicide, and 91 children resided in the families experiencing attempted femicide, for a total sample of 237 children. The demographic characteristics of the women who were the victims of femicide or were the survivors of an attempted femicide are depicted in Table I.

### Femicide Cases

The age range of the femicide victims was 17–64, with a mean age of 34 years. Almost half (45%) were less than 30 years of age at the time of their death. The ethnic breakdown was 38% African American, 32% Caucasian,

### Attempted Homicide Criteria

1. Firearm or puncture (stab) wound to the head, neck or torso.
2. Strangulation that results in the victim losing consciousness.
3. Multiple blows to the head with a blunt object (e.g., baseball bat), excluding cases in which the blunt object would only in the most rare instances produce lethal injuries (e.g. objects made of plastic).
4. Unambiguous evidence (e.g., from a credible witness, or recorded) that the perpetrator was trying to kill the victim even without serious injury. For example, the perpetrator yelled, "I'm going to kill you!" before: a) firing a gun multiple times, but only wounding the victim due to faulty aim; b) going for her throat or chest with a knife, but being blocked by the victims arm; c) pushing her off a two-story balcony but she survives; d) strangling her but being pulled off by a bystander.

**Fig. 1.** Inclusion criteria.

22% Hispanic/Latina, 7.5% other (primarily Asian American). In terms of education, 70% had completed a high school education or greater. Two thirds (67%) of the women had been employed at the time of their death. Fifty-two percent of the women had annual incomes of less than \$25,000 with 19% earning less than \$10,000 annually.

About two thirds of the femicide victims (63%,  $N = 73$ ) had children resulting in a total of 146 children less than 18 years old exposed to the femicide. The majority of the women had one (40%) or two children (36%) with eight women (11%) having three, eight women (11%) having four, and two women (3%) with five children for an overall average of 2.3 children per family. Most of the children (86%) were children of the victim, 7% were other relatives, 5% were stepchildren who were biological children of the perpetrator, and 1% were nonrelatives who were living in the household at the time. Among these 146 children in the families experiencing femicide, 53%

were boys and 47% were girls. At the time of the murder, 10% of these children were less than 1 year of age, 25% were between 1 and 4 years, 41% were 5–10 years, 17% were 12–14 years, and 10% were 15–18 years of age.

In terms of prior violence (or threat) to the children, at least 9% of these children were victims of reported child abuse (using prior CPS report data), and in 67% of the homes, there had been prior physical assault of the mother. In about a quarter of the families (27.5%), the perpetrator had also threatened the entire family in various ways. In at least 13% of the cases, the perpetrator had threatened to harm the children if the mother left, and in 14.5% of the cases he threatened to take the children if the victim left him. (These percentages may be an underestimate due to the fact that the informants were proxies who may not have been aware of threats the perpetrator had made.)

In 58% of the homes with children, all of the children received some sort of counseling after the mother's death (but as little as one session in at least some of the cases),

**Table I.** Demographic Characteristics of the Mother

	Femicides		Attempteds	
	N	%	N	%
<b>Age</b>				
Less than 25	21	18.4	12	21.1
25–29	29	25.4	7	12.3
30–39	37	32.5	23	40.4
40–49	20	17.6	11	19.3
50 or over	7	6.2	7	7.0
<b>Ethnicity</b>				
African American	46	38.2	29	50.9
Caucasian	39	32.2	15	26.3
Hispanic	27	22.3	10	17.5
Other	9	7.5	3	5.3
<b>Education</b>				
Less than high school	35	29.9	26	45.6
High school graduate	32	27.4	16	28.1
Some college	40	34.2	12	21.1
College graduate	10	8.2	3	5.3
<b>Employment</b>				
Yes, full time	63	52.5	23	40.4
Yes, part time	17	14.2	13	22.8
Not employed	40	33.3	21	36.8

in 20% of the homes, some of the children received counseling, but in 22% of the families, none of the children received any counseling. In 35% of the families with children, a child actually witnessed the murder and in another 37% of the cases, a child found the victim's body. Of the families in which children actually witnessed the murder or found the body, all of the children received counseling in 55 and 59% of the homes, respectively, some of the children in 30 and 23%, and none of them in 15 and 18%. We did not collect data on the type, amount, or effectiveness of counseling that was received in all of the cases.

The children's lives were also disrupted after the murder with 87% of the children moved from their home, 47% to live with the mother's family, 12% living with the perpetrator's kin, 10% split up between the victims and perpetrator's kin, and 9% living with other people (e.g., foster care).

### Attempted Femicide Cases

Of the 57 attempted femicide cases, 39 women (68%) had children for a total of 91 children in these households. The women in these families ranged in age from 17 to 51 with an average age of 33. In terms of ethnicity, 50% were African American, 26.3% were Caucasian, 17.5% were Hispanic, and 5% were Asian American. Only 26% of the attempted femicide victims had graduated from high school or had more than a high school education. The ma-

jority of the women (63%) were employed full or part time. The sample was primarily low-income with 82% reporting annual incomes of less than \$25,000; 44% of these women reporting annual incomes of \$10,000 or less. The highest income reported was \$100,000 per year. The majority (64%) had one or two children, eight women (21%) had three children, four women (10%) had four children, and the remaining two women (5%) had more than four children. Almost all (93%) of the children in these households were the children of the surviving woman with the rest being other relatives. Children in the attempted femicide families were divided evenly between boys (49%) and girls (51%). At the time of the attempted murder, 21% of the children were ages 1–4, 47% were 5–11, 15% were 12–14, and 11% were 15–17 years of age.

Similar to the families experiencing actual femicide, in the overwhelming majority (71%) of the attempted femicide cases, there had been prior physical violence directed toward the mother. In 18% of the attempted femicide cases with children, the perpetrator had been reported for child abuse. The perpetrator had made threats toward the entire family in 29% of the cases. In 17% of the cases, the perpetrator had threatened to take the children if the mother left, and in 12% he had threatened to harm the children if the mother left.

Even more of the children in the attempted femicide group were directly confronted with potentially lethal violence. Of the families with children, 62% of the children witnessed the attempt on the mother's life, and 28% found their mother after the attempt. In only 20% of the families did all of the children receive counseling after the attempted femicide in 6% of the families, some of the children received counseling, and in 41% of the families, none of the children received any counseling. Only 41% of the children who witnessed the attempt received counseling and only 64% of the children who found the victim.

The majority of these children also changed residence after the attempt, with 47.5% living with the mother and her kin, but 15% living with the perpetrator's kin, 30% with other people, and three children (one family) split between his and her kin. Only two women remained with their children at the same residence. The vast majority of the homicides and attempted homicides occurred in the homes of the victims.

### DISCUSSION

The murder of a child's mother constitutes a major loss for the child, is potentially devastating, and could predispose the child to various psychiatric illnesses (Black *et al.*, 1992; Black & Kaplan, 1988). If at least 2400 women

are killed by an intimate partner each year and if (from our data) at least 60% of those cases involve children (1440 cases) and if there are an average of 2.3 children in each of these families (from our preliminary data), it means that approximately 3456 children are profoundly affected by these homicides each year. Children about whom we know very little.

Three thousand children is a relatively small number overall. However, given what we know about the potential for these children being profoundly distressed, and being at risk to become aggressive and violent as adults in their own intimate relationships (Crowell & Burgess, 1996; Fagan & Browne, 1994), they are an extremely important group for whom to direct intensive interventions. Partly because their numbers are relatively small, they are a group for whom well-tested interventions could cost-effectively become part of every community's efforts to address the effects and prevention of violence (Chalk & King, 1998).

Our data support prior research which has found that despite clinical descriptions of treatment approaches presumed to be helpful, few of these traumatized children receive appropriate psychiatric care, and those that do are often long delayed in getting treatment (Black & Kaplan, 1988; Burman & Allen-Meares, 1994; Malmquist, 1986; Masters *et al.*, 1988; Parkes, 1993; Pynoos *et al.*, 1987; Wilson *et al.*, 1989). In our sample, almost a quarter of the children in the homes where their mother was murdered by a father or father figure received no counseling and almost a fifth of the children who actually found the body or witnessed the murder never saw a professional about the event. The situation is even worse in the attempted femicide cases, with close to a half of the children in the homes never receiving intervention and 40% of those who witnessed the event or found their wounded mother not receiving counseling. Even when counseling was initiated, our informants told us that it was often sporadic or one visit only.

It is not clear why children are not consistently receiving intervention after the homicide or attempted homicide of their mother. However, several possible explanations exist. Most U.S. cities have some sort of intervention available for the families of homicide, either through victim assistance programs or a specialized children (and/or family) homicide survivor treatment center. However, most of these programs are sparsely staffed and generally are not able to do more than offer services to families who seek help. They often do not have the resources to do case finding. Few localities routinely offer services to children in situations of attempted homicide. There is often no systematic follow-up of families who do not seek intervention or come once and do not return. There seems to be little

coordination or follow-up with the schools. Police and others who are in contact with the family usually mention services that are available, but do not necessarily explain their benefit and/or tell the family about the services at a time when they are so overwhelmed with the enormity of the event that they are unable to take in this information. Families sometimes are unsure of the benefit of psychological intervention and primary caretakers may believe or be told by friends or other family members that it is better not to bring up the horrific event to the children, that it is better not to talk about it and "just move on." This latter stance may preclude the children from needed grieving and trauma processing.

Children in this sample were not only affected by the homicidal event. More than two thirds had also been living in homes where the father or father figure directed repeated violence at their mother. Numerous studies have found associations between marital conflict and physical and mental health and behavior problems in children, including posttraumatic stress disorder, enuresis, increased childhood illnesses, school problems, and aggression (Campbell & Lewandowski, 1997; El-Sheikh, & Cheskes, 1995; Humphreys, 1993; Wolfe & Korsch, 1994). The negative effects of domestic violence are compounded when the child is also physically abused (Famularo *et al.*, 1994), a reality in this study for at least 9% of the children whose mother was murdered and 18% of the children in homes where the mother was almost killed. It is likely that the co-occurrence of child abuse was in reality higher in these families as the above percentages reflect only informant reports of cases referred to protective services. The correlation between domestic violence and child abuse has been found to be 40–77% in various samples (Atala *et al.*, 1995; Hughes *et al.*, 1989; McKay, 1994). In a national survey of over 6000 families in the United States, 50% of the men who frequently assaulted their wives also frequently abused their children (Straus & Gelles, 1990).

These children are at risk for negative psychological and behavioral sequelae because of the trauma of experiencing the murder or attempted murder of their mothers and all of the associated stressors. They are also at risk (particularly if they were themselves abused) for becoming violent adults, repeating the acts that they experienced during their childhood (Crowell & Burgess, 1996; Fagan & Browne, 1994; Maxfield & Widom, 1996). During the developing years of childhood, aggression that occurs in the family may be reenacted by the child in extra-familial environments. Children exposed to family violence tend to become involved in more negative interactions with peers, teachers, and others in their social contexts at a very early age (Coie & Kupersmidt, 1983; Pepler & Rubin, 1991). Over time, without intervention, an aggressive child may

experience rejection and is likely to grow up with the perception of a world (his/her world) that is hostile and biased against him/her. Such children may not develop the capacity to reflect, and find it difficult to accurately and deliberately review their feelings, thoughts, intentions, and motivations in relation to others (Pepler & Rubin, 1991). Moreover, many do not develop the capacity to involve themselves in "trial action," which would provide alternatives to the expressed aggression that occurs in interpersonal relationships (Coie & Kupersmidt, 1983; Emery, 1989; Offord *et al.*, 1991; Pepler & Rubin, 1991). Therefore, these children are definitely at increased risk for aggression and hostile actions.

Our findings suggest that after the death of the mother, other losses and stressors are also likely to follow these children. For example, they will probably be placed in relatives' homes, in crisis centers, or in some other type of housing arrangement, including foster or juvenile homes. The majority of families in which attempted femicide occurred also changed residences so that even though the children may remain with their mother, they often face new schools and neighborhoods, losses of friends, and usual routines. Ongoing police action and court involvement may continue for a long time. Children who have witnessed the murder or attempted murder of their mother will thus benefit most from multiple levels of intervention with various types of resources (Fitzpatrick, 1995).

An important direction for future research is to determine which children are most affected by the stressful events that have been described. There is a need to identify characteristics predictive of more serious later problems (i.e., risk factors) as well as what protective factors and family strengths (Kerouac *et al.*, 1986) may help mitigate these effects. Possible protective factors include positive coping skills, high self-esteem; bonding with significant others such as other family members, teachers, social workers, and community members; a safe place to go to outside the home; and clearly stated healthy beliefs and standards regarding interpersonal relationships where actions and consequences are delineated (Fitzpatrick, 1997; Kolbo, 1996). These multidimensional risk and protective factors could be considered when prevention programs are being designed for children who witness violence within their homes, especially the murder or attempted murder of their mothers (Coie *et al.*, 1982; De Rosier *et al.*, 1995; Hawkins, 1995). Data on these issues are also needed to inform policy as well as to inform recommendations for placement of these children after such an event.

Another important area for consideration is that of prevention of the homicide or attempted homicide. What are the factors that place these women at greatest risk for murder or attempted murder by their intimate partners?

If this and similar questions could be answered, perhaps specific interventions could be developed to assist women most at risk, and, thus, "save" children from experiencing this trauma in the first place. Community-based violence prevention programs that engage youth, especially males, in terms of their intimate partner relationships are also indicated.

When examining the ethnicity of the most vulnerable families, African American women are clearly the most at risk group with over one third of the homicides (38%) and one half of the attempted homicides (50.9%) in this 10-city study occurring in African American families. When interpreting such data, it is necessary to remember that the parallel family and neighborhood factors, such as ethnicity, family income, and household, are highly correlated and all are present at the community level (Kupersmidt *et al.*, 1995). Women and their children who live in poverty are at risk for a range of problems, such as violence and abuse, poor health, mental health crises, and compromised overall well being for themselves and other family members, not because of their ethnicity, but because of the poverty and lack of resources in their neighborhoods. To further understand risks that overexpose children growing up in these types of environments, one should consider a multidimensional approach; exploration and interventions should occur at the individual, family, school, and community levels.

In summary, the present descriptive study suggests the alarming prevalence of children exposed to their mothers' murders or attempted murders, the paucity of systematic interventions provided to these children, the likelihood of their exposure to prior marital violence and/or child abuse, the multiple stressors they encounter after the incident, and some of the demographic variables associated with femicide and attempted femicide. These data suggest that women between the ages of 30 and 39 are at greatest risk for femicide and attempted femicide with the majority of these women working but earning less than \$25,000 per year. Additionally, our findings also suggest that poor African American women are especially vulnerable. Because the women who experience actual or attempted homicide are so young, their children are also young with the majority of children affected being under 10 years of age. It is clear that these young children are experiencing significant stressors and are receiving inadequate services. There is a need for services for children exposed to intimate partner femicide and attempted femicide that are not only offered but facilitated and encouraged with periodic outreach for these children. There needs to be systematic follow-up for these children, no matter where they eventually are placed, with communication with their schools and other agencies that come in

contact with them. These programs should be conceptualized with a sense of urgency.

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