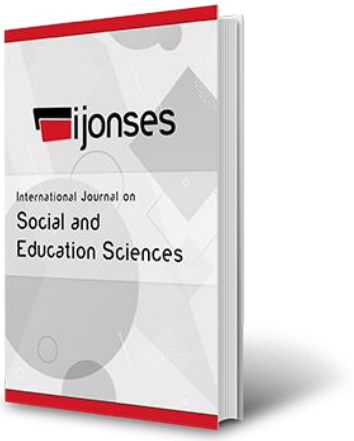


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# Responding to Students after the Homicide of a Classmate

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**To cite this article:**

O'Donoghue, M. (2023). Responding to students after the homicide of a classmate. *International Journal on Social and Education Sciences (IJonSES)*, *5*(2), 225-242. https://doi.org/10.46328/ijonses.504

International Journal on Social and Education Sciences
2023, Vol. 5, No. 2, 225-242 https://doi.org/10.46328/ijonses.504

# Responding to Students after the Homicide of a Classmate

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## Article Info

***Article History***

Received:
13 October 2022
Accepted:
18 March 2023

***Keywords***

Homicide of children and teens
School grief response
Disenfranchised grief
Trauma

## Abstract

This article analyzes how schools in the U.S respond to trauma in children and teens after the homicide of a peer and provides suggestions for best practices. The focus is not on in-school mass shootings but on homicide of young people outside of schools, in neighborhoods, which is the leading cause of death for African Americans between ages 15 to 24 years old, the second leading cause of death for Hispanic youth, and the third leading cause of death among White Youth (Centers for Disease Control [CDC], 2020). Typically, these deaths are not a national focus and schools have little resources to guide them in how to respond in the aftermath. Utilizing theoretical background on disenfranchised grief and trauma based practice, current school based response, and examples from the author's own experience in a large, urban school district in NJ, this article seeks to dissect this difficult topic.

## Introduction

The data on homicides of young people in the U.S. is complex since it involves not only mass school shootings but also homicides of young people in underserved communities that do not garner as much attention. Nationwide, homicide is the second leading cause of death for young people who are 15 to 24 years old and the leading cause of death for African American males in that age group (CDC, 2020). Racial, cultural, and socio-economic aspects overlay societies' response to homicides of school age children particularly in communities of color and the impact on the surviving classmates are often either ignored or responded to inadequately. These serial tragedies, however, impact the psyche of whole neighborhoods leading to trauma in the surviving community members (Jackson, Posick & Vaughn, 2019; Pierre, Burnside, & Gaylord-Harden, 2020; Metzger, Mastrocinque, Navratil, & Cerulli 2015). The after-effects do spill into the hallways and classrooms of schools. Experience indicates that the day after a traumatic event, surviving students, no matter how disconnected they are from the academic demands of the school environment, want to connect with their school community. It is sometimes the only place where they seek support since schools have become the largest provider of mental health services in the U.S. with 96% of public schools offering at least one type of mental health services to their students (Costello, He, Sampson, Kessler, & Merikangas, 2014; Panchal, Cox, & Rudowitz, 2022). As noted by Beehler, Birman, & Campbell (2012), "Stigma surrounding mental health services can be reduced when provided as an educationally connected intervention in a safe, familiar setting, and schools have natural access to families who may be reluctant to seek mental health services for their children in more traditional settings" (p.156).

Schools, however, are very unprepared to respond and have very little guidance from the literature or practice community on how to prepare for and react therapeutically after a student has been murdered as opposed to a suicide or accident. Preparing schools after a homicide is different since it elicits different responses. Homicide differs from other deaths since it is not an accident, it is due to the willful act of an individual, it is intentional and deviant (Sharp, Osteen, Frey, & Michalopoulos, 2014). The actual accounts of young people and school personnel on this topic is very rarely heard in the academic literature. Graduate programs for school mental health professionals do not include modules on responding after a student homicides or indeed after most disasters (Findley, Pottick, & Giordano, 2017). This need for increased responsiveness requires that we create training programs that are directed at professionals while still in University programs rather than solely postemployment workshops and professional development opportunities (Metzger et al., 2015). Step-by-step guidance on the response, or a crisis toolbox is lacking. This topic is relevant, not only to school personnel who fear that they will face this issue sometime in their career, but also to those outside of the school system since trauma and sudden loss has ripples across society. This topic is current, and wide-ranging.

This article uses a review of literature to dissect and analyze responses in schools to trauma after the homicide of a child or teenager. Context is also provided by this author's previous practice experience as a Social Worker and Administrator in a large school district in New Jersey which has 40% African American students and 50% Hispanic student population (Newark Public Schools). Suggestions for therapeutic best practices are incorporated.

## Background Statistics

The reason for the high rates of homicide in young Black males is complex, including issues of poverty and geography. The difference in social structures, access to jobs, educational opportunities, and many other factors in impoverished black neighborhoods is often a matter of life and death (Cubbin, Pickle, & Fingerhut, 2000; Chilton & Chambliss, 2015; Najem, Aslam, Davidow, & Elliot, 2004). Nationally the percentage of urban youth witnessing a shooting in their life ranges from between 4% to 70%, with the average at 20% (Buka, Stichick, Birdthistle, & Earls, 2001). In one study of 1548, 6$^{th}$ to 12$^{th}$ grade students, 41.7% witnessed shooting/stabbing/beatings; 18.3% witnessed murder; and 53.8% experienced the murder of someone close (Gollub, Green, Richardson, Kaplan, & Shervington, 2019). Smith's (2015, July) study found that for the participants in her study, homicide deaths of peers started in early childhood, peaked in adolescence, and persisted into emerging adulthood. This loss was a significant developmental turning point and disrupted participants' social networks. The associations between exposure to violence and adverse outcomes including psychological distress, anxiety and high blood pressure is well established (Pabayo, Molnar, & Kawachi, 2014).

Research on the media's response to mass shootings has noted that not all shootings receive the same amount of attention. Silva and Capellan (2018) found that despite representing 19% of all mass shootings, mass school shootings receive 40% of all news coverage on these attacks. In fact, mass school shootings are rare (Paez, Capellan, & Johnson, 2021) but homicides of young people are not.

We also don't know exactly which schools experience disproportionate rates of youth homicide since they are not

required to keep records (Frederique, 2020). This impedes a concerted, coordinated response since, without data, it is difficult to contend that there is a problem.

There is a stereotype that the majority of the homicides of young black males are related to gang membership. However, there are complexities around gang involved youth. Some teen's deaths do not fit into what the literature would identify as predictable based on existing risk factors for gang involvement. A study of gunshot victims in Newark, NJ indicated that gang membership and the boundaries of gangs are often fluid and amorphous. Social proximity to a gang member, but not necessarily involvement in the gang can lead to gun injuries (Papachristos, Braga, Piza, & Grossman, 2015). Bystander homicides are not uncommon. In one tragedy during this author's tenure as a social worker in a large, urban school system, three students were murdered by a classmate during the December break and away from a school building. One was the intended target; another just happened to be talking of the teen who was targeted and the third was merely taking garbage to a bin and shot while walking past (Augenstein, 2014).

**Disenfranchised Grief and Trauma**

The death of a peer during adolescence or childhood is considered non-normative (Balk, Zaengle, & Corr, 2011). When the death is sudden, violent, and multiple it can lead to complicated grief particularly based on the status of the victim. Complicated grief refers to "a prolonged grieving process that results in greater than anticipated distress and impairment" (Sharpe et al., 2014, p.332). Further, believing, for example, that the death is gang-related, can lead to disenfranchised grief of the family and peers of the young person who has been murdered.

Doka (2002) describes disenfranchised grief as the process whereby some losses are regulated outside the boundaries of acceptable mourning due to certain social constraints and assumptions. This is applicable to this discussion because the nature of the death and the disempowerment of the survivors leads to a lack of public recognition and support. In effect, the grief over such losses, rather than leading to support, conversely leads to social disapproval. Rather than receiving permission and support to grieve, the survivors are left with a sense of stigma, possibly even embarrassment and shame. The deceased teen may be blamed for making poor choices. Blaming makes it difficult, if not impossible, for survivors to make a claim for emotional support.

Disenfranchised grief impedes a young person's attempts at coping with trauma. Trauma refers to the impact of episodic or environmental violence on community members, experiences or situations that are emotionally painful and distressing, and that overwhelm an individual's ability to cope (van der Kolk, 2014). Trauma can result from an event or series of events. We generally distinguish between two types of trauma, individual and collective. Individual trauma which may cause stress and grief, fatigue, irritability, hopelessness and conflicts. Collective trauma damages community support and affects individual coping (Bonanno, Brewin, Kaniasty, & Greca, 2010) Perception and coping capacities vary widely. What is severely stressful and overwhelming for one person or family may be stressful but manageable for others.

The potential long term effects of trauma include: free-floating anxiety and hypervigilance, underlying anger and

resentment, uncertainty about the future, prolonged mourning/inability to resolve losses, diminished capacity for problem solving, isolation, depression, hopelessness, health problems, significant lifestyle changes (Black, Woodworth, Tremblay, & Carpenter, 2012; van Kolk, 2014) Trauma affects a child in many ways; it affects the developing nervous system and causes anxiety and terror, even in infants. It creates hyper vigilance, dissociation, lack of empathy and depression. In classrooms it can manifest as underachievement, hyperactivity and aggression (Dods, 2013). Serial homicides can affect the psyche of a whole neighborhood.

Shaka Senghor (2016) describes the trauma of being shot as a teenager and how he became hypervigilant, fearing he would be shot again. He notes that in treating his gunshot wounds in the emergency room, his psychological needs went unmet, and he was never referred to a mental health professional. He attributes this inability to deal with his trauma as leading to PTSD and directly linked to continued gun violence and ultimately to his murdering another teen. His experiences are supported by research as noted by Sharpe et.al (2014) who found that homicide survivors are more likely to meet the criteria for full blown PTSD diagnosis as opposed to other interpersonal violence victims.

Trauma informed practice has become a lens through which many schools have focused their practices (Chafouleas, Johnson, Overstreet, & Santos, 2016). The two core ideas underlying a TI approach are that (a) any person seeking services or support might be a trauma survivor and (b) systems of care need to recognize, understand, and counter the sequelae of trauma to facilitate recovery (Substance Abuse and Mental Health Services Administration (SAMHSA), 2014). A TI approach is an overarching framework that guides the behavior of every person in the structure. (Overstreet, & Chafouleas, 2016).

The four aspects of student teacher relationships that supported trauma-related needs at school were relationships that are 1) teacher driven, and involve 2) authentic caring, 3) attunement to students' emotional states, and 4) individualized. Establishing caring connections with teachers is pivotal to student health and well-being and to meeting the core needs created by traumatic events (safety, control, trust, self-worth, self-expression, connections) (Dods, 2013).

**Crisis Intervention versus Psychotherapy**

The therapeutic services provided in schools after a homicide of a peer should be trauma informed and this includes features of crisis intervention. This approach is time limited, with a focus on problems of living, oriented to the here and now, requires a high level of activity by the practitioner, and employs tasks as a primary tactic of change efforts (Bonanno et al., 2010).

Crisis is defined as a perception of an event or situation that is so intolerable it exceeds our capacity to cope. Without relief, the crisis has the potential to cause severe affective, cognitive, and behavioral malfunctioning (Cavaida & Colford, 2017). According to Hoff (1995), the anxiety produced by a crisis can "alter a person's ability to make decisions and solve problems - the very skills needed during a crisis" (p. 86).

It would be helpful for mental health responders, especially those new to the field, to understand the difference between psychotherapy and crisis intervention. Psychotherapy tends to be focused on diagnosis and treatment. The therapist tries to impact personality and functioning of the client by using probing content and gaining an understanding of how the past influences the present. It has a psycho-therapeutic focus. Crisis counseling, by contrast, can be home and community-based with a focus on adaptation of coping skills. The clinician's focus is restoring functioning, and, on that basis, there is an acceptance of content at face value The clinician validates and normalizes and there is, therefore, a psycho-education focus. Knowing this difference, the crisis intervention practitioner must be careful to remain therapeutically with the here and now and not attempt to uncover painful past events.

Responders need to understand also how people tend to behave in a crisis. Decision making is different from normal circumstances and people simplify, cling to current beliefs, remember what was seen or previously experienced and want to know what people like them are going to do (look for leaders) (Bonanno et al., 2010).

### Current Responses

States and school systems are preparing responses to mass school shootings by training students in mass casualty simulations (Chivers, 2022, June 28), digitizing school maps (Salai, 2022, Oct. 20) and creating centers to train police (Ashford, 2022, Sept.22). There is still little monetary investment in more chronic situations including responding to homicides among young people. Most schools depend on local agencies, most of which are volunteer based and focuses primarily on a suicide response not necessarily homicide e.g. The Traumatic Loss Coalition of NJ (https://njcts.org/wp-content/uploads/Traumatic-Loss-Coalitions-for-Youth-Resource-List.pdf). A proactive, coordinated response would involve preplanning with training and approaches that are trauma informed and recognize the grief response.

## Crisis Teams

### Case Study

A young woman, a mother of young children, had been murdered and her body dumped in the back stairwell of an elementary school. At 7am, before the start of the school day, it was discovered that the reason the door to the outside playground was so unyielding was because this poor woman was discarded there. This author received an email to respond to the school to provide trauma counseling. Newly hired by the District, it was my first introduction to their crisis response. The Principal placed all of the counselors in one room to strategize and provide him with advice. The counselors, mostly social workers, and school psychologists, were from across the District and had never met before. One person suggested that the principal bring everyone to the auditorium and announce what has happened. Others disagreed and a debate ensued. This disjointed, even incompetent, response is not uncommon since so few professionals are trained in what to do and have little research to guide them.

The lesson learned on that first experience was that choosing a crisis team should be a deliberate process undertaken well before you ever have the misfortune to use them (Balk et al., 2011). Members of the team can be

guidance counselors, social workers, nurses, psychologists but it should never be assumed that merely holding these credentials qualifies one for work in managing crisis situations. It doesn't. Further, most school support staff have little or no experience or academic background in responding specifically to homicide survivors. A simple solution, therefore, would be to provide school support staff with specific training in areas of crisis management, grief counseling and postvention principles. However, even that is problematic since much of the trauma training currently provided to school staff is focused on responding to natural disaster, mass school shootings suicides and/or bullying (US Department of Education, 2007).

Why is specific training important? In the case of the murdered young mother, the team, if it had been a trained cohesive unit, would have understood that general school assemblies should never be used as vehicles for discussion of death. Small classroom discussions are more clinically appropriate, allowing for response to specific questions, debunking misinformation and providing structure and a feeling of safety. When you provide information in an auditorium setting there is no way to adequately gauge how the information is being received (Marshall, Moutier, Rosenblum, Miara, & Posner, 2018). Free floating anxiety can manifest as anger and there is no way to process feelings with any one individual. It has the potential to lead to mass disengagement or mass anxiety.

It is also a phenomenon that students and staff often resent crisis groups run by "outsiders" who do not know the school environment. Schools should begin with well-trained crisis teams composed of school-based mental health professionals, administrative and teaching staff, and outside professionals as needed (Balk et al., 2011). Members of the team need to be appointed and trained well before they are needed to respond. The practice of asking school based social workers or counselors to react immediately after an event without the requisite training is counterproductive. This is especially relevant since most Schools of Social Work do not offer this type of training so we cannot assume that the available social worker or counselor is equipped to respond (Findley et al., 2017). The crisis team within each school needs to be empowered to take the lead and coordinate the response. A crisis team can include an experienced consultant (district personnel or outside agency) but leave the group and individual student work to the school staff who should already be enough of a support for students that they gravitate towards them in a crisis.

The crisis team, appointed well before the start of the school year, can assist the School Administration in developing a protocol for addressing student needs after a homicide. The most important aspect is to design a plan that conveys support, control and structure. The practical issues they need to consider are:

- Confirming the death. Contacting the family of the victim and conveying condolences.
- Preparing for how to notify students, staff and parents. This requires having phone numbers & email contact in advance. Organizing a staff meeting, as soon as viable, immediately on receiving information on the death. During that meeting staff will be allowed to process feelings and thoughts.
- Preparing media protocols. Since rumors and misinformation are common, contact with the media needs to be carefully monitored. One person should be appointed to facilitate this role.
- Organizing physical space in the school including rooms to provide confidential grief counseling
- Identifying the target of intervention and the manner in which school personnel respond to the survivors,

the family, friends, teachers and classmates of the dead student and the family of the perpetrator.

- Ensure that information is kept confidential including who releases information and in what manner.
- Organizing responses to both families of the victims and families of the perpetrators
- Preparing for support to children/teens, staff, and families.
- Organizing the school days in the immediate aftermath, on the day of a funeral, and memorializing later. As much as possible, a regular school routine should be followed to allow for students to have choices and structure.
- Ensuring a crisis team member follows the student's schedule for days after the event
- Organizing substitute teachers to cover classes since teachers may be involved with supporting traumatizing children & teens and also may be struggling with their own emotions.
- Ensuring there are basic supplies such as tissues, water, food, therapeutic tools i.e. writing materials.
- Responding to the community
- Responding during holidays and vacations
- Planning for how to memorialize the deceased
- Checklists and prototypes of all notifications and other materials.
- Resources that can be useful include, The National Association of School Psychologists' resources for school safety and crisis resources include an article, *Dealing with Death at School* (Poland & Poland, 2004). The National Child Traumatic Stress Network (NCTSN) also has resources https://www.nctsn.org/.

Each of these issues requires careful planning and is often school specific based on the culture of that school (Marshall et al., 2018). The rest of this article will cover some of these aspects in more detail.

**Developmental Needs**

How schools help their students after the homicide of a classmate depends on the developmental stages of the young person (Kenyon, 2001; Slaughter & Griffiths, 2007):

| | |
|---|---|
| Preschool to Age 5 | Children usually sees death as temporary and reversible. |
| 5 to 9 years old | Children begin to see death more like adults but still believe it will never happen to them. |
| 9-11 years old | Children begin to understand that death can happen to them. Death becomes more real. May show keen interest in the cause of death, details of the funeral, and biological aspects of death. |
| Adolescents | The adolescent searches for the meaning of life, which includes death. "Why" questions will be asked, many of which have no concrete answers. Often, adolescents' emotional response to death will be very intense and involve issues of unresolved grief. |

Smith (2015), notes that the timing of homicide deaths along the developmental trajectories of children can shape their cognitive, emotional, and behavioral resources, response, and outcomes. However, this area of research is very underdeveloped. We do know that for adolescence, the peer group is developmentally important. The violent

death of a peer at that stage will affect perception of their own vulnerability to a similar premature death.

**What Do Students Need?**

What grieving students need after the homicide of a peer is the following:

- Information about the death,
- permission to grieve, a place to grieve
- Support that is trauma and grief informed
- information about resources within the school and community
- Support for the friends of victim and friends the perpetrator

**Case Studies**

An 18 year old male had been shot after a party. He had died protecting a young woman who had been a target of the shooter. This young man had graduated from high school six months previously, was enrolled in college, and was doing well. He was one of the "success" stories.

Arriving at his former high school, I immediately needed to comfort his many friends. I met with a young woman, a high school senior, as she sobbed. In her grief, she kept reiterating strongly, "He's a hero, he was in college. He was just at a party doing normal 18 year old things". Since I didn't know him, she needed me to understand that he was one of the good ones. I understood that she had to justify the narrative of his life to legitimize the right to grieve for his death. I sat with her, trying to contain all her confusion, pain, and grief. We were in the walkway between two offices. At times the narrow space was just too tight, and we had to stand to let others get into the office of the Vice-Principal or the Dean of Discipline. She had to stop mid-sentence or suppress a sob while a teacher, expressing regret, asked to walk past.

This grieving young teenager needed a space free of obstructions and intrusions to talk about her friend, to ruminate on her life and how scared she was and to regain some sense of hope. This is, at the least, what she deserved. Confidentiality and a private meeting place, the cornerstone of therapy, is a necessity no matter where your school is located (Balk et al., 2011; Doka, 2002; Dods, 2013; Gollub et al., 2019).

After a traumatic incident, schools need to have designated crisis or care stations distributed throughout the building. It is usually better to use smaller, more private rooms or locations and see students individually or in groups of no more than 10 to ensure control of the situation. Just as sitting with a grieving teenager in a hallway was not therapeutic, telling students to go to one large room, to sit at a conference table or disperse themselves in corners, is ill-advised. In the chaos and urgency after a traumatic incident I have witnessed schools use the "large room approach". It may be expedient at the moment, but it can be overwhelming for the students and the counselors and prevents assessment of the unique needs of each student.

The purpose of meeting students in small groups is to acknowledge the impact of the loss, provide an opportunity

for the expression of feelings and explain and predict what students can expect as they grieve (Balk, 2011). Here is a safe forum for the expression of confusion and anger. “It could have been me”, explained an 8th grader, after surviving an incident where a teen shooter fired randomly in a park. His friends in the counseling group nodded in agreement, repeated the statement, “Yeah, it could have been any of us”, almost in disbelief but with the conviction of inevitability. Sudden death nearly always causes us to wonder about our own mortality but with these students the statement that “it could have been me” seems even more predictive. There is often fear and terror masked by a macho bravado and talk of retribution. In reflecting back to this traumatized group the simple observation, “Watching as your friend was shot, it must have been scary”, caused a reaction. Then the tears flow, all bravado dissipates, and we are reminded that they are children.

In this instance, not one student told an adult immediately after the event, they responded to each other on social media, stayed up all night in their homes, and came to school the next day shocked, hungry, tired and inwardly terrified. They were also emotionally muted. This is consistent with Smith’s (2015, July) findings that gender socialization, masculinity, and the social demands for toughness in underserved communities’ impact young Black males’ openness to discuss emotional pain connected to trauma.

Perhaps the most difficult feeling to handle with bereaved students is the wish for retribution. It’s an obvious human emotion to want to confront someone who has done us harm and demand that they make amends. For the students who I have counseled in these situations, this burden of retaliation is immense. They verbalize the requirement to save face and prove their powerfulness, even as they are terrified of its consequences. When I ask teens what they did when they got home after a shooting incident, they will explain that they talked all night on social media with their friends but did not tell their parents or any adults what they have just witnessed. They draw support from each other, and they often talk about undoing the wrong i.e. retaliation against the perpetrator. The staff in the school must muster all supportive resources and build a safe cocoon around these children. They must reach out to the parents, clergy, after-school programs, athletic programs and all who can engage and direct them into counseling and activities in the immediate aftermath (Sharpe et al., 2014). There must be guidance provided to the parents or guardians in how to respond verbally to their child’s confusion. The parents and the children cannot be left to process this on their own. Most critically, we must have a plan for how to deal with the wish for retaliation long before an incident occurs.

Students report that the perception of support is more important than the actual received support. Social support plays an important role in adaptation during a crisis (Brewin et al., 2000). A most important distinction emerges in terms of what that support looks like since actual support received is not as crucial as perceived support. The subjective perception of being supported is an important variable to resilience outcome post crisis (Bonanno et al., 2010).

Grief research indicates that people at greatest risk after a traumatic death are those that have experienced losses that may be reactivated by the current death. This is why it is important not to process feelings in an auditorium since it is impossible in a fluid large group to identify who may need the greatest support. Other students who may be particularly vulnerable are students who are emotionally fragile but removed from the deceased and may

not even know them personally. They observe the attention generated by the death without experiencing the pain of loss. Both these groups of students need to be identified and approached individually by crisis team members. Mass notification and imploding grief in an auditorium is not the way to identify them or indeed help any of the students. Ideally, in a quiet, private place they can be encouraged to discuss and process their feelings. Particular attention to the possibility of suicide ideation or self-harm would be a necessity. The team member would need to ask specifically about how the teen is coping. Are they eating or sleeping, do they have any support systems? Have they had any thoughts about hurting themselves? Referrals to outside mental health agencies need to be available. I have seen administrators on the day of an incident trying to locate community mental health agencies where students can be referred. This should never happen since the resources should be identified well in advance and a collaboration already established.

Using a triage approach, students are placed in groups based on their emotional proximity to the victim. Other students are identified for individual support based on their vulnerability to mental health issues and suicidal ideation exacerbated by the death (Harpel, West, Jaffe, & Amundson, 2011). In group, students are asked to share about their relationship with the deceased, how they heard about the death, and circumstances surrounding the event. This provides a climate in which to share the details of the death and to intervene to prevent secrets or rumors that may divide survivors. The groups should help the students identify and express their feelings and discuss practical coping strategies (Harpel et al., 2011).

**What Do Parents Need?**

After a violent death parents of school children within that community need the following:

- Information about the death
- Information about the school's response
- Preparation for children's reactions
- Information about community resources
- Support for the bereaved family and for the family of the perpetrator

The family members of the victim are at risk for chronic or complicated grief and post-traumatic stress reactions (Sharpe et. al., 2014). However, there is a paucity of research relating to coping among homicide survivors particularly among survivors of color (Simmons, Duckworth, & Tyler, 2014). It has been noted in the literature that grieving patterns of African Americans often "include a reliance on spiritual, collective or shared coping resources, and the suppression of emotions to manage one's grief" (Sharpe et al., 2014, p. 333). Given this connection to spirituality, it may be helpful to include local clergy and community leaders in the school response. They also require training in responding specifically to homicide survivors and specifically to young survivors.

The support for the families of the perpetrator is, of course, very complex. There will be anger and maybe even calls for retribution which can cause terror in the students and their families. However, young relatives of the perpetrator are often school peers of the victim also. Ivers' (2014) article details a 13-year-old boy which brother was charged with the murder of another teenager. The arrest of his brother brought on harassment and threats of

retaliation from the victim's friends and family, forcing them to flee their home. This type of situation creates a need for specific targeted intervention and support to avoid victimization and bullying.

We must be aware of our own cultural values, beliefs, and biases and the need to develop cultural humility about the histories, traditions, and values of clients (Bates, 2018). It is necessary to avoid pathologizing the families who are attempting to cope during the crisis. Instead utilize a family resilience framework which shifts from "viewing families as damaged and beyond repair to seeing them as challenged by life's adversities" (Walsh, 2002, p. 130).

**What Do School Staff Need?**

Faculty and other school staff need the following after the homicide of a student:

- Information about the death.
- Information about the school's response plan.
- Permission to grieve.
- A place to grieve.
- Preparation for students' reactions.
- Guidance in structuring school activities.
- Involvement in the identification of high-risk students
- Information about resources within the school & community support

Many studies discuss how children and adolescents cope with loss and bereavement, but empirical knowledge is lacking regarding how teachers and school staff deal with the death of a student at their school (Hagan, Ingram, & Wolchik, 2016; Lane, Rowland, & Beinart, 2014).

Teachers may have to restrain their own response to be able to care for the other students they teach. In Levkovich and Duvshan's (2021) research regarding teachers coping with the death of a student, their findings revealed themes of distress as the teachers were asked to convey the bad news to their class immediately after hearing of the death themselves. The teachers experienced grief, grappled with feelings about the student's absence, and tried to preserve the student's memory through different activities. Finally, the experience affected them personally, they experienced recurring memories and some even chose to leave the profession due to the problems with functioning afterwards. The authors advocate for the need for early assessment and planning in schools to address grief.

A teacher's race, class, gender or other personal characteristic may play into their interpretation of a student's death and the subsequent impact it has on him or her. How we understand the violent death of a student is socio-culturally charged, based on how we understand death from our own cultural framework and in how we understand the communities in which we work. The crisis team member has to guide the teacher to guard against the phenomena as described by McCann and Pearlman (2015) that those who work with vulnerable populations may become suspicious of other people's motives, including becoming more cynical or distrustful.

School staff interact with students who may exhibit a variety of psychological and behavioral problems including inability to regulate emotions, relationship, identity and somatic reactions that result from their exposure to traumatic experiences (Bremness & Polzin, 2014). This type of traumatic engagement causes cumulative stress since professionals who work directly and intensely with victims of trauma are affected by their client's trauma (Bride, Robinson, Yegidis, & Figley, 2004). This stress is manifested sometimes in vicarious trauma, burnout, or compassion fatigue.

**Vicarious Trauma**

Vicarious trauma (V.T.) is the clinician's or staff member's experience of traumatic stress as a result of indirect exposure to the client's trauma (Cunningham, 2003). Theories of V.T. underscore that exposure to a client's trauma can lead to a disruption in the clinician's cognitive schemas (Pearlman, 2014). Cunningham (2003) notes that addressing V.T. can alleviate the suffering of the clinician and help ensure quality services for the clients they treat. Symptoms of V.T. may look similar to PTSD including anxiety, confusion, apathy, intrusive imagery, somatic complaints, loss of autonomy and trust, and relational problems affecting the professional's personal life (Bride, 2007). Awareness of the potential for experiencing VT and building professional and personal support networks as well as habits of self-appraisal and self-care can decrease the likelihood of VT occurring (Bates, 2018).

**Burnout**

Burnout is considered a progressive process occurring as a result of gradual exposure to job stress (Siebert, 2005). It can lead to feelings of fatigue and disengagement. Burnout includes symptoms of anger and frustration, cynicism, fatigue, withdrawal, procrastination, difficulty relating to or getting along with others, and feeling overworked and underpaid (Maslach, Schaufeli, & Leiter, 2001). Research by Siebert (2005) indicated that burnout is more the rule than the exception, affecting 75% of the Social Workers in his representative sample. In previous research, burnout in Social Workers was positively associated with two personal history variables i.e. having had a troubled parent and having experienced emotional abuse as a child. It is also positively related to worker characteristics such as needing approval, perfectionism, having difficulty asking for help, and feeling very responsible for clients (Siebert, 2005). School Social Workers, therefore, need to be aware of this association and practice self-care including personal therapy. Also mindfulness practices such as mediation have proven successful in increasing self-awareness, emotion regulation skills, and psychological flexibility (Crowder & Sears, 2017).

*Compassion Fatigue*

Compassion fatigue (C.F.) has been defined as the reduced capacity or interest in being empathic (Boscarino, Figley, & Adams, 2004). Figley (2002) refers to compassion fatigue as "the cost of caring". It resembles "being worn down and emotionally weary from hearing about and dealing with situations where people have been

physically and emotionally injured" (Town, 2004, para. 5). Essentially C.F. grows from a feeling that clinician or staff member has seen it all before and nothing that is done will make a difference (Bates, 2018). Compassion fatigue is a symptom of burnout (Bride et al., 2007).

Aspects of these three conditions can overlap but they generally have some very distinctive features. Research has focused on measures of burnout, compassion fatigue and vicarious trauma in many types of mental health workers including family court-involved professionals (Ordway, Casasnovas, & Asplund, 2020); social work interns (Lewis, & King, 2019); hospice social workers (Quinn-Lee, Olsen-McBride, & Unterberger, 2014); child welfare workers (Travis, LIzano, & Mor Barak, 2016), and teachers in urban middle schools (Bottiani, Duran, Pas, & Bradshaw, 2019). One study on School Social Workers burnout was conducted in Hong Kong (Tam & Mong, 2018). However, as far as these researchers are aware, there have been no studies specifically focused on School Social Workers in urban schools in the United States.

This lack of research data is troubling given that the School Social Work role often involves responding to children who score high on the scale of Adverse Childhood Experiences (Chapman et al., 2004). There have also been very few support structures and specific protocols to guide school districts and staff in dealing with trauma and effect on staff.

**Resilience**

Crisis may actually promote growth. It can lead to self-efficacy, greater spirituality, increased faith in people, compassion and an increase in community closeness. People have an enormous capacity to heal through natural support systems. According to Boanno et al. (2010), disasters produce multiple patterns of outcome, including psychological resilience.

We can also draw inspiration and insights from the resilience of families and communities. Vicarious resilience occurs when school staff recognize and incorporate strengths that might be exhibited by some clients, students and families, such as spirituality, the presence of hope in apparently hopeless circumstances, resourcefulness in facing trauma, or focus on self-awareness and self-care. (Bates, 2018).

## Conclusion

It is clear that this topic of how schools respond to trauma emanating from the homicide of children & teens is vastly misunderstood and often ignored. Societies focus is targeted on mass school shootings while the murder of young Black teenagers is often minimized (Silva & Capellan, 2018). Since homicide is the leading cause of death for African Americans between ages 15 and 24 years old (CDC, 2020), there needs to be more of an urgent response to this issue.

Racial, cultural, and socio-economic aspects overlay our response to homicides of school age children particularly in communities of color. These serial homicides impact the psyche of whole neighborhoods leading to trauma in

the surviving community members (Jackson et al., 2019; Pierre et al., 2020; Metzger, 2015). School personnel are often left floundering in how to respond to the community and their students after a student death (homicide not suicide). Lack of research, training and resources often coalesce at this point of grief when schools face the death of one of their young people.

This article dissects the topic, provides case studies from the author's own practice experience, and makes recommendations for how to prepare schools in a trauma informed manner. This includes forming a crisis response team, responding to student and parent specific needs, and therapeutically evaluating the potential trauma of staff members. Responses should be planned, ongoing, coordinated, and purposeful.

There are practical aspects to consider including how to guide administrators in crafting an appropriate clinical response. Ethical issues include confidentiality and responses to both victims and families of perpetrators. Also of importance is how to prepare for vicarious trauma, burnout and/or compassion fatigue in school personnel. Psychological support for current students is paramount. Experience indicates that the day after a traumatic event, surviving students want to connect with their school community since this is where they generally receive mental health support (Beehler et al., 2012). They come seeking emotional support. It is, sometimes, the only place where they seek it.

## Recommendation

There is a need for dissemination of research, case studies and step-by-step guidelines on how to respond to traumatized students, families, staff and community after the homicide of a peer. The response to a death of a young person by shooting in the community has its own trajectory and specific mental health needs. We need the research to catch up with experiences so we can provide appropriate assistance.

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