

# Promising Practices: Multidisciplinary Responses to Complex Homicide Cases

Multidisciplinary Responses  
to Families and Communities in  
**Complex Homicide** Cases



## About Us

The National Center for Victims of Crime (National Center) is a nonprofit organization that advocates for victims' rights, trains professionals who work with victims, and serves as a trusted source of information on victims' issues. Since our founding in 1985, we remain the most comprehensive national resource committed to advancing victims' rights and helping victims of crime rebuild their lives. The National Center is, at its core, an advocacy organization committed to and working on behalf of crime victims and their families. Rather than focusing the entire organization's work on one type of crime or victim, the National Center addresses all types of crime.

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# Introduction

The National Center for Victims of Crime developed this publication through the Department of Justice, Office for Victims of Crime cooperative agreement Multidisciplinary Responses to Families and Communities in Complex Homicide Cases (Complex Homicide). The Complex Homicide project began in 2016 with an aim to identify promising victim-centered, trauma-informed responses as well as evidence-based practices that can be implemented through partnerships between law enforcement and victim service providers to address the needs of families and communities in complex homicide cases. The National Center, in partnership with the National Sheriffs' Association (NSA), has provided training and technical assistance to seven demonstration sites during this project:

- Anti-Violence Partnership of Philadelphia, Pennsylvania
- Baltimore Child Abuse Center, Maryland
- Bronx County District Attorney's Office, New York
- County of Palm Beach Division of Victim Services, Florida
- Medical University of South Carolina
- Mental Health Services for Homeless Persons/FrontLine Service, Ohio
- Thresholds/Chicago Survivors, Illinois

We have compiled information provided by the sites in their reports, resources, and training materials to create this publication, which is intended to serve as a resource for organizations that participate in existing multidisciplinary teams (MDT) that respond to homicides, or those that are planning to create such an MDT. More information about the project and resources mentioned throughout this document can be found on [www.ncvctta.org](http://www.ncvctta.org).

Throughout this document, we will use the term "survivor" to refer to individuals directly affected by homicide who are in need of services, such as family members, friends, and community members.

## Building and Developing a Multidisciplinary Team

There is a litany of literature that discusses the value of multidisciplinary approaches to serving victims of crime. Holistic, coordinated support is integral in recovering from trauma. Multidisciplinary approaches have been established as a promising practice for responding to most types of crime victims, including victims of [sexual assault](#), [human trafficking](#), [elder abuse](#), and homicide. MDTs lead to more positive survivor experiences, as victims often need a significant number of services, and can be overwhelmed with the number of agencies and organizations providing these services. When a multidisciplinary approach is used, services are more collaborative, and coordinated; each service provider has established roles, providing an opportunity for understanding the responsibilities of other service providers participating in the team. When organizations work together, they may be able to provide assistance that could not be

provided by individual organizations working separately. Additionally, when creating an MDT, gaps in services become more apparent, so partners can work together to address survivor needs that have not previously been identified or met.

## Who should be involved in the multidisciplinary team?

There are many potential partners who could be helpful when formulating a multidisciplinary response. Typically, MDTs are led by either system-based or community-based victim advocacy organizations. System-based victim advocates are those working within a criminal justice agency, such as a district attorney or attorney general office. Community-based advocates often work within nonprofit or other independent organizations, such as domestic violence crisis centers and survivor-led organizations.

Law enforcement is an integral partner. It is important to consider the many different roles that law enforcement officers have in the criminal justice process, and involve representatives from each group where possible: chiefs, sheriffs, detectives, patrol, those involved in community policing initiatives, and those participating in relevant task forces (e.g., a violent crime task force). In addition to local law enforcement, state, tribal, and federal law enforcement can be invited to participate as well.

Survivor representatives should also be included in the MDT. Too often, survivor voices and experiences are not considered when developing policies, procedures, and protocols that will directly affect them. If there are survivors with whom MDT members already have working relationships, it may be best to start by reaching out to those individuals. While we want to incorporate survivor perspectives, MDT meetings need to keep discussions focused on agenda items; we want survivors to have other safe spaces to seek justice and healing. As with any other portion of a meeting agenda, time limitation should be placed on parts of the meeting dedicated to survivor feedback. We also don't want to re-traumatize victims; it is probably best to recommend survivors who have not experienced recent trauma, as meeting discussions could be triggering and cause re-victimization. Agenda items that may be traumatizing should be noted with a trigger warning.

When asking survivors to participate, be mindful; not all survivors will be interested in joining an MDT or feel comfortable sharing their stories and perspectives. As such, trauma-informed and victim-centered approaches should be implemented when engaging survivors. A [victim-centered approach](#) means “[1] placing the crime victim’s priorities, needs, and interests at the center of the work with the victim; [2] providing nonjudgmental assistance, with an emphasis on client self-determination, where appropriate, and assisting victims in making informed choices; [3] ensuring that restoring victims’ feelings of safety and security are a priority and safeguarding against policies and practices that may inadvertently re-traumatize victims; [4] ensuring that victims’ rights, voices, and perspectives are incorporated when developing and implementing system- and community-based efforts that impact crime victims.”

There are many other potential partners that should be involved in the MDT. The following is meant to be an inclusive list of these individuals, agencies, and organizations, but there may be others that are also appropriate depending upon available resources and the types of populations that are served.

- Mental health providers and/or organizations that offer psychological assistance
- Coroners or medical examiners
- Researchers and evaluators
  - Colleges and universities are good partners to consider for this area of expertise
- Crime victim compensation
- Prosecutors, such as district attorneys and attorneys general
- Hospital and emergency room representatives
- Chaplains
- Religious leaders and clergy, such as imams, ministers, pastors, priests, rabbis, swamis, or other spiritual leaders
- Faith-based organizations
- Funeral directors
- Bio-recovery agencies (for crime scene clean-up)
- Tribal partners, such as Tribal victim service providers, Tribal court prosecutors, Tribal attorneys general and Tribal leaders
  - Start by contacting your state Tribal domestic violence and/or sexual assault coalitions if your state has them
    - Find more information on service providers for American Indian and Alaska Native survivors in the National Centers's [Tribal Resource Tool](#)
- Child advocacy organizations, such as child protective services
- Older adult advocacy organizations, such as adult protective services
- Local government representatives, such as a representatives from the mayor's office and/or governor's office
- Grassroots community groups
- Organizations that assist with housing
- Organizations that assist with immigration
- Juvenile justice agencies
- Representatives from school systems
- Special education advocates
- Public safety officials
- Corrections

- Pretrial services organizations
- Public defenders
- Court personnel
- Substance abuse treatment providers
- Employment services
- State statistical analysis centers
- Training and technical assistance providers
- Policy strategists

## Making connections

After listing potential partners, the next step is to conduct outreach to contacts at those organizations and agencies. Having previous connections and interactions with potential partners is advantageous, but don't hesitate to reach out to other potential partners even if you don't have established working relationships. Follow up if you don't receive a response at first. If you know someone who can make an introduction to a new partner, that may be helpful.

Outreach information should include: 1) basic information about your organization and the MDT; 2) general goals for the MDT; 3) why the recipient and/or their organization was invited; 4) expectations for participation; and 5) instructions for next steps, as well as other information that may be pertinent. The outreach information should be kept relatively short (if in letter format, one page should be sufficient), while incorporating relevant information that recipients will want to know.

## Meetings

The initial meeting will be key in setting up the MDT for success, and there are a number of matters that should be discussed. First, think about the purpose, goals/objectives, and timelines. Creating a [logic model](#) that connects activities, outputs, short-term outcomes, and long-term impact may be constructive. Next, determine the logistics for future meetings including the locations, frequency, and possible dates and times. In terms of frequency, weekly or bi-weekly communications about MDT activities may help to keep partners engaged during the time between meetings. In addition, establish leadership roles. It may be constructive to elect a chair, vice chair, or secretary and determine whether an advisory board will be needed (and if so, discuss who should serve on the advisory board). At minimum, a meeting facilitator should be designated to ensure that all agenda items are reviewed and to keep discussion on-topic. Discussion of each agenda item should be followed with action items and an assigned individual or group that will lead efforts to address the action item(s).

An activity that most sites found to be insightful was to outline their current response to survivors, define agency roles and how they presently interact, and create a community service map. Service

mapping should be done with partner organizations, as it provides an overview of what each organization provides and when services are provided after a homicide occurs. The community service map may reveal other agencies that may have been initially overlooked but should be



involved in the MDT. It should also be used to determine tasks and roles for partners moving forward, and identify areas where increased collaboration would improve the response. The community services map can also be used by evaluators to formulate a gap analysis or needs assessment. At this stage, it may be helpful to create a contact list and services directory with an individual point of contact, title, agency/organization, his or her role in the MDT, phone numbers, and email addresses.

Most MDTs will be well-served by conducting a community needs assessment. While MDT partners will be able to identify some gaps in services, a more structured needs assessment should be utilized to ensure that areas of need are not overlooked. One common way to conduct such an analysis or assessment is to utilize surveys that can be completed both by partners and by those in the community that will be served by the MDT. It is vital to include members of the community in a needs assessment. During the Complex Homicide project period, some sites opted to conduct a survivor survey. Survivor surveys provided information on survivors' knowledge and satisfaction with victim services, along with their experiences, concerns, and recommendations. Surveys conducted after the implementation of the MDT can be compared with initial surveys to

measure progress. There are a number of factors to consider when reaching out to survivors, and an evaluator with experience in the field may be able to assist with creating and/or conducting the surveys. For instance, surveys should be anonymous, and should be offered to participants in a variety of accessible forms (online, by mail, or through virtual and in-person interviews, etc.). After the assessment, service providers also have an opportunity to debrief with the survivor and provide information about long-term therapy or other eligible services.

After the needs assessment is completed, an action plan can be formulated. The action plan should cover the need for additional evaluation (e.g., comparing results of survivor surveys conducted shortly after the homicide with surveys completed six months after the original assessment). The action plan should also address data collection -- goals of the MDT must be measurable, and data collected should indicate whether the goals have been achieved. Specific training goals are critical, and there are a number of suggested training topics outlined toward the end of this document. In addition to cross-training, fundamental topics such as victim-centered, trauma-informed responses and vicarious trauma should be incorporated. Lastly, sustainability efforts must be considered, especially if new funding will need to be identified to sustain multidisciplinary efforts.

Below are sample agenda items to discuss at recurring meetings:

1. Highlight trainings opportunities
  - a. Training for staff at partner organizations
  - b. Community training
2. Review materials and documentation needs
  - a. Establish policies, protocols, and interagency agreements such as memoranda of understanding (MOU)
3. Identifying survivors
  - a. Engaging survivors for surveys/interviews
4. Identifying gaps in services that may arise, and how those gaps are being addressed
5. Case review
  - a. Depending on the goals of your MDT, this may be specific to one type of homicide victim, such as domestic violence victims, older victims, child victims, cases with higher likelihood of retaliation (such as gang-related homicides), homicides resulting from impaired driving, etc.
    - i. For instance, one site reviewed solved cases to identify whether interventions may have helped to prevent the homicide
  - b. Typically, case review is conducted to determine what components of the response are going well, and identify areas for improvement. Components of the cases that may be discussed include:<sup>1</sup>
    - i. Family's response to the homicide investigation
    - ii. Progress of criminal investigation and/or prosecution

- iii. Safety issues
- iv. Emotional and treatment needs of survivors
- v. Relevant cross-cultural issues
- vi. Ongoing court support and education
- vii. Action plan

**6.** MDT case staffings to coordinate services

- a.** Consider confidentiality concerns -- as MDT partners may have different mandated reporting requirements and adhere to different codes of ethics, the way in which confidentiality will be maintained must be discussed with partners; protocols should be established before cases are discussed

**7.** Forum for feedback/clarification on current services

Key staff in the organization that facilitates the MDT should hold weekly meetings to discuss updates and plan for upcoming meetings. These employees should also schedule meetings with police chiefs, sheriffs, district attorneys, detectives, forensic teams, and others who do not regularly attend MDT meetings to explain their roles and provide additional information about the MDT. The Office for Victims of Crime (OVC) has a [Strategic Planning Toolkit](#) that includes sections that may be helpful when building and developing an MDT. The Medical University of South Carolina also created a thorough manual for [Implementing a Comprehensive Service Model for Survivors of Intrafamilial Homicide](#) with guidance that can be applied to creating MDTs that respond to other types of homicide as well.

## Improving the Response

In this section, we have listed services, information, referrals, and resources that most MDTs should provide to survivors, as well as promising practices that should be implemented in each step of the process.

### Timeline

The first and most critical step in providing a multidisciplinary response is ensuring that law enforcement connects victims directly to the appropriate victim advocate. This process will likely vary by jurisdiction and type of victimization. Some sites operate a 24-hour hotline that connects victims to an on-call advocate. Advocates should arrange for a visit at the family's home shortly after the incident, and ideally within 48 to 72 hours. In some scenarios, advocates may meet families at the scene of the crime, or at a hospital if the victim was transported there for medical care prior to death.

Advocates should assess needs and provide initial services and proper referrals. One site used [echo-mapping](#) to identify needs. Echo maps assess family, social, and community relationships with

<sup>1</sup>This section was developed from a list provided by the Baltimore Child Abuse Center

an aim to exhibit areas of disconnection that can be addressed through the provision of various services. Survivors may have a wide variety of needs that will differ depending on the individual; below is a list of most services that should be considered:<sup>2</sup>

1. Notification: assist in notifying family members about death with law enforcement and attend to emotional and physical needs around notification
2. Grief support: provide psychological services to manage grief and trauma via group sessions, individual sessions, art/music therapy, and/or spiritual counseling
3. Crisis intervention: provide psychological intervention to family members experiencing a mental-health crisis following loved one's traumatic death, including thoughts of self-harm or suicide, anger, and rage
  - a. Victims typically need one to three crisis sessions to learn grounding techniques and self-regulation, and to have questions answered
  - b. Consider acute, early intervention programs, such as *Psychological First Aid* and *Skills for Psychological Recovery* (which will be discussed further in this publication)
4. Liaison/coordination: assist family with understanding, locating, and obtaining services
  - a. Coordinate meetings with numerous individuals and organizations involved with a homicide (e.g. first responders, detectives, medical examiners, victim advocates, prosecutors, mental health professionals, community activists, hospital personnel, child welfare workers, crime victim compensation staff, funeral home employees, and school staff)
5. Basic needs: assist with food/groceries, clothing, medicines, personal items, temporary and permanent housing, employment, benefits, and transportation
6. Safety planning: discuss safety concerns with survivors and create a plan for what they should do if they are in danger; safety planning with family members is essential when survivors in crisis pose a risk to themselves or others
  - a. Relocation may be necessary, especially in gang-related homicide cases
7. Psychiatric services: provide referrals for diagnostic assessments and set appointments with psychiatrists at community mental health agencies
  - a. Provided with stepped care, which is individualized treatment consistent with contemporary research that is the least restrictive but likely to work<sup>3</sup>
  - b. Telehealth: mental health services provided virtually can reach more survivors
8. Funerals: assistance with arrangements and locating resources to cover costs and transport of the decedent (which may include transportation of the decedent to another country)
9. Financial support: assistance with understanding and processing insurance policies, determining eligibility for social security and other governmental death benefits, bereavement leave, and crime victim compensation.

<sup>2</sup>This section was developed from a list provided by FrontLine Service

- a. May include assistance in dealing with decedent's affairs and belongings, and preparation for probate court
- 10.** Crime scene clean-up: assistance with contacting, identifying, and coordinating resources to compensate local companies that provide the services to clean a crime scene (in cases where homicide occurred in someone's home)
- 11.** Child services
- a. Child care: assist with arrangements for child care if needed, and identify appropriate child care providers
  - b. Emergency guardianship and youth services
  - c. Support with school (e.g. truancy issues)
  - d. Custody: coordinate plans for custody of and providing care for minors, including involvement of county child welfare department and legal services as needed
- 12.** Legal
- a. If the perpetrator is prosecuted, provide court accompaniment and/or support during criminal justice proceedings (including pretrial, sentencing, post-conviction, etc.)
    - ii. Assist in preparation of necessary court documents, such as the victim impact statement
    - iii. Enroll survivors in Victim Information and Notification Everyday (VINE)
  - b. If prosecutors reject a case where police recommended charges, offer families a meeting with the prosecutor to clarify the reasoning
  - c. Provide referrals to attorneys or legal aid/advocacy organizations for assistance with family law, probate issues, civil litigation, etc.
    - i. If there is a civil case, provide support during civil litigation
  - d. Therapy dogs: provide comfort to survivors dealing with the emotional impact of victimization; can be helpful during stressful proceedings that survivors must participate in during the criminal justice process
    - i. For example, one site that worked with child witnesses has a therapy dog that provides support to children during forensic interviews and on the witness stand when they need to testify in court
- 13.** Witness intimidation
- a. Establish protocols and procedures to protect victims and witnesses
  - b. Explore options for relocation
    - i. Provide emergency financial assistance for relocation in cases where there have been threats

<sup>3</sup>Sobell, M. B., & Sobell, L. C. (1999). Stepped care for alcohol problems: An efficient method for planning and delivering clinical services. In J. A. Tucker, D. M. Donovan, & G. A. Marlatt (Eds.), *Changing addictive behavior: Bridging clinical and public health strategies* (p. 331-343). The Guilford Press..

- c. Consider safety issues for staff
14. Immigration services: regardless of their immigration status, survivors have a right to safety, healing, and justice<sup>4</sup>
- a. Develop internal protocols to respond effectively to clients at risk of detention and removal including authorization release of portions of their file
  - b. Have survivors speak with an attorney or legal advocate who has experience with seeking immigration remedies
  - c. Develop meaningful partnerships with culturally specific organizations to provide services in the survivor's primary language
15. Information: provide information about local resources and available services, as well as information about each organization or agency's role
- a. Provide some general information about the investigative and criminal justice process so that victims know what to expect from law enforcement and prosecutors
  - b. Be familiar with your state victims' rights laws and let survivors know where to find additional information about their rights

Death notification is an integral part of the process of responding to homicides.<sup>5</sup> Training for law enforcement on death notification is highly encouraged to decrease the risk of retraumatization. Subject matter experts can provide procedural guidance to ensure that death notifications go as smoothly as possible. A two-person team is best, and having an advocate present may be beneficial as well. Once the next of kin has been identified, obtain some background information on families, friends, or witnesses who will receive the devastating news. Knowing their gender, race, ethnicity, religious beliefs, medical conditions, disabilities, what language they speak, and whether law enforcement has responded to the residence in the past can help law enforcement with providing a victim-centered death notification. Be prepared for common reactions such as shock, denial, anger, fear, fainting, sobbing, or immobilization. Also, keep in mind that news travels quickly on social media, and there is a chance that survivors may find out about the homicide before the notification is provided.

Those providing the death notification should familiarize themselves with the proper protocol and the jurisdiction's standard operating procedures. Upon arrival, confirm the identity of the next of kin, make introductions, ask to enter the residence, and encourage those present to sit down. There are special considerations for children, and they should not be present during the initial notification. One person should provide the notification, while others provide support and monitor reactions of individuals. Use clear language, such as "died, death, killed," etc., because terminology such as "passed away" can be confusing. Be prepared to answer questions patiently

<sup>4</sup>This information on immigration services was provided in presentations by Leo Martinez.

<sup>5</sup>Most information on death notification contained in this publication was gathered from presentations by Michelle Palmer and from resources produced by the Federal Bureau of Investigation, available at <https://www.fbi.gov/news/stories/death-notification-with-compassion>.

and honestly. Explain what the next steps will be and provide written information, as it is more difficult for survivors to process and retain verbal information during traumatic situations. It is a good practice to follow up with the next of kin about 24 hours after the notification to answer any other questions they may have. Particular attention should be given to any family or friends who were also witnesses to the homicide, and follow-up is even more imperative for these survivors. Survivors should also be provided with information on interacting with the media, particularly when dealing with high profile cases. Additional information on this topic can be found toward the end of this publication, and also in the National Center's "[Privacy & Dignity: A Guide to Interacting with the Media.](#)"

Survivors' questions after death notification are often about the identification of their loved one, and they will need information about how and when they can view their loved one's remains. During a notification, families should be informed about whether an autopsy has been or will be conducted, and advocates should be prepared to answer questions that survivors may have about the procedure, including details about the autopsy process, if they would like to know. Information on retrieving the property and valuables of their loved one should also be provided.

The next steps to consider are typically funeral arrangements. Burial rituals can vary widely between communities; in tribal populations, tradition and culture may vary within the same spiritual group.<sup>6</sup> Victim service providers should have an understanding of the communities in which they serve prior to a crime occurring. Before responding to individual survivors, advocates should speak with spiritual leaders about how investigations could account for spiritual practices. When assisting individual survivors, advocates should obtain some background information about the survivor's spiritual beliefs so that they can understand how the justice process may affect their burial rituals. Communication is key -- advocates must take some time to speak with survivors and ask about their traditions. This conversation may include spiritual leaders if the survivor wants them to be involved.<sup>7</sup>

Advocates should also refer survivors to victim compensation for assistance with expenses. In addition, they might provide (1) assistance with completing applications for crime victim compensation; (2) assistance with appeals if compensation is denied; and (3) options for families who are ineligible for crime victim compensation. An MDT may be able to assist with reviewing denied applications and informing an appeals strategy as well. Other challenges related to victim compensation may arise, too. For instance, one of the sites experienced issues with predatory funeral homes that inflated prices, solicited survivors, and fraudulently took advantage of those who were grieving the loss of a loved one. They developed a brochure entitled "[Your Rights in Funeral Planning](#)" (also [available in Spanish](#)) that provides information on typical cost and procedures, and makes survivors aware of predatory practices. Some states may provide other death benefits for survivors; advocates should be aware of available compensation for survivors and guide them through the application process.

<sup>6</sup>This information on tribal burial practices was provided by Gayle Thom.

<sup>7</sup>Most information on homicide and spirituality was provided in presentations by Janice Harris Lord.

## Evaluation and collecting data

Collecting data is imperative. Not only does data help to evaluate the success of programs, it also is needed when seeking funding to sustain efforts. In order to collect useful data, proper equipment (such as computers or laptops) as well as infrastructure necessary for collecting and analyzing data are critical. Protocols for collecting and analyzing data, such as who will be collecting data and how it is being collected and analyzed, must be established and implemented



throughout the MDT. Partners should agree upon data points and measures of interest that will show whether the program has been implemented as intended and define how success is assessed. Ideally, an organization with some expertise in evaluation will be participating in the MDT and will have the capacity to lead evaluation efforts; alternatively, a consultant may be helpful. The most important aspect of data collection in an MDT is to ensure that there is standardization of information collected from all partner organizations. It is often difficult for many organizations to utilize the same system; however, data will be more useful when partners can provide information that can be uploaded to one system, reflecting relevant statistics from all partners. Collaboration with state statistical analysis centers is also vital. Below is some information to consider collecting:

1. Consent to participate in program
2. Demographics
  - a. Age
  - b. Gender
  - c. Race and/or ethnicity
  - d. Relationship to deceased

3. Circumstances of death
  - a. Type of event (e.g., community violence, family violence, police shooting, etc.)
  - b. Mode of death (shooting, stabbing, strangulation, vehicular, assault/blunt object, drowning, hanging, unknown)
  - c. Age of deceased
  - d. Whether death represented a cold case
4. Referral source
  - a. Other agencies client was referred to, and date of referral
5. Date when initial contact was made
  - a. If case is closed, note closing date as well
6. Services provided
7. Procedural posture in criminal justice system
  - a. Whether investigation is open/closed
  - b. Future court dates
8. Therapy program data
9. Birthdays, anniversary dates (e.g., date of death)
10. Pre- and post-treatment assessments
11. Client satisfaction data

The data that you aim to collect will depend upon the reason for establishing the MDT. For instance, if your goal is to improve the MDT in a specific category of homicide (such as intra-familial homicides, homicides involving gang violence, or homicides resulting from impaired driving) you will need to utilize identifiers to separate those cases from others. Data collection and analysis can be utilized to identify trends and areas for improvement as well. Partners should submit quarterly reports to the organization that will be collecting and analyzing data, which can in turn produce annual reports with infographics that may be compelling when fostering partnerships and securing additional funding.

## **Establishing policies, protocols, and memoranda of understanding**

Once MDT members have been established, partners should work together to create policies, protocols, and memoranda of understanding (MOUs) to solidify collaborative efforts. These documents will look different for each MDT but will likely contain similar information. Each should have a description of the MDT. Policies may include a wide variety of practices, such as anti-discrimination policies or mandatory cross-training for MDT partners. Protocols should outline the response to victims and designate a lead organization for each step in the process (death notification, identification of the deceased, retrieving personal property, transporting remains for burial, the investigative process, etc.). Partners should provide input and specifically consider where advocates can be incorporated as a resource for both survivors and other members of

the MDT. Ideally, advocates can be involved in each step of the process. In order to provide a victim-centered response, feedback from homicide survivors must be incorporated, gathered through interviews or focus groups. If MDTs will be conducting case reviews, a description of the objectives and process for them should be incorporated. MOUs may contain: (1) a list of member organizations; (2) a description of the organization that will facilitate MDT meetings; (3) the purpose of the agreement; (4) the terms of the agreement; (5) confidentiality expectations; and/or (5) any amendments made after parties have signed. An example produced by the Medical University of South Carolina for their Homicide Early Intervention and Advocacy Response Team can be found [here](#).

## Staffing

Ideally, there should be at least one designated victim advocate who responds to homicide cases, and at least one designated therapist who assists survivors of homicide victims. During the course of this project, many sites found that having an advocate co-located with a law enforcement agency resulted in successful collaborative efforts. In one area, the advocate had a desk in the office with homicide detectives. Having an advocate to assist with homicide cases has numerous benefits. Advocates can focus on family/community needs so that law enforcement can focus on the investigation. They can also return calls to families and provide information, updates, and referrals to other needed resources. This will likely decrease the number of calls that families make to investigators. Research has shown that “access to information, a sense of control, and constructive exchanges with criminal-justice personnel decrease traumatic bereavement for survivors.”<sup>8</sup> Advocates can also provide guidance to law enforcement on what to say (and what not to say) when engaging with victims. Similarly, advocates may provide support to detectives who can talk with them about the stress of the job. Advocates may also help ease any tensions arising between police and public, as they are “uniquely positioned to mediate communication between investigators and survivors.”<sup>9</sup>

In cases where children have lost a parent or sibling due to homicide, or where children witness the homicide, advocates may accompany child and family services to the home. They should provide information on trauma counseling in areas where the children are placed. They also may be able to assist with truancy issues. For instance, one site considered placing social workers at recreation centers to increase their visibility and build trust within the community.

## Following up

Most survivors will need additional support and services for an extended period of time after their loved one has been killed. Monthly outreach should be conducted to survivors who have

<sup>8</sup>Malone, L. (2007). In the aftermath: listening to people bereaved by homicide. *Probation Journal*, 54, 383-393.

<sup>9</sup>Spilsbury, J. et al. (2016). Lessons learned implementing community-based comprehensive case management for families surviving homicide. *Child & Family Social Work*, 22.

disengaged with services. Weekly contact with case managers will help to ensure that survivors' needs are being met. Specifically, many survivors need long-term mental health counseling and longer-term evidence-based interventions, and advocates can ensure that such treatments are available. Survivors often experience more grief around birthdays, anniversaries, and other holidays, such as Christmas, Mother's Day, or Father's Day. Reaching out to survivors around these dates can help provide them with needed support. For example, one site holds an annual event around Christmas, called the [Tree of Angels](#), bringing families of homicide victims together at a gathering where they can place an ornament on a tree in remembrance of their loved one. Such events may provide an opportunity for survivors to re-engage in services if needed.

There are many types of memorials that can be held, including national or community vigils and film screenings. One site held an event for families of domestic violence homicide during Domestic Violence Awareness Month. Another site designated a memorial garden as a place of remembrance for survivors. FrontLine Service participated in two camps for children who have experienced homicide in their families. Camp Bridges hosts approximately 50 children who have lost a parent or sibling, and pairs them with a volunteer for the day (many of whom were law enforcement) to participate in both recreational and therapeutic activities. Camp Hope is a seven-day event for children ages nine to 12 who suffered a traumatic loss. Unfortunately, when holding such events, the possibility of victim or witness retaliation must be taken into account, especially in gang-related homicide cases. As such, law enforcement presence is important to consider, because it can mitigate the likelihood of retaliatory violence.

During the course of this project, the sites have identified some other ways to maintain connections with survivors.

- **Restorative retelling:** Peer support groups, such as grief groups, can be very helpful to survivors. One site implemented restorative retelling, "a therapeutic group treatment strategy centered on the unique perspective of people experiencing the loss of a loved one due to violence."<sup>10</sup> Depending on the population served, consider having different groups for those who speak languages other than English and those with specific cultural beliefs and values. For instance, at the demonstration site in the Bronx, groups are offered in both English and Spanish. Locations of group meetings must also be accessible; providers should consider virtual options as well. In any group therapy, pre- and post-evaluation surveys should be conducted to measure the success of the interventions.
- **Survivor University:** FrontLine Service initiates a program entitled "Survivor University" for families of homicide victims. The group meets once per week over a six-week period. Each week, a different professional (involved in investigation, prosecution, sentencing, etc.) prepares a presentation on his or her role from initial response through sentencing, and answers questions from survivors. The audience may include families with unsolved cases, families with cases in the midst of the criminal justice process, or families with cases that have been adjudicated. Ultimately, the aim is to help families understand why things happened the way that they did, regardless of their place in the process.

<sup>10</sup>This quotation and other information on Restorative Retelling was taken from training materials provided by Dr. Ted Rynearson.

- **Cold cases:** If possible, it is important to provide services to families who were not previously provided with assistance, even if investigations have closed. FrontLine Service held an annual event for families and friends of victims in unsolved cases. For this event, attendees were required to register so that detectives who attended could be prepared to answer their questions about the case.

## Community outreach

While providing services is important, ensuring that members of the target population are aware of the services is imperative. Outreach should be tailored to the community that is being served, considering race, ethnicity, culture, language, access to services, and common issues they may encounter. There are a few fundamental ways to get information out into the community. Your organization can conduct presentations and be visible by tabling at local or state conferences and community events. Websites are becoming more and more essential, as many survivors will use internet searches to find answers to their questions. Any information posted online needs to be updated regularly. Each of the project sites created some type of outreach material, and examples of their palm cards, brochures, and other materials can be found at [www.ncvctta.org/resources](http://www.ncvctta.org/resources).

## Challenges

Challenges will inevitably arise, and they will differ in each jurisdiction. In this publication, we will discuss common challenges that some of the sites faced, along with some information on addressing those challenges.

## Engagement

Regular and focused engagement from partners can be challenging. Engagement may be further hindered if there is not buy-in from leadership, or if there is a change in leadership. Using data to show the need for multidisciplinary responses is often the strongest way to obtain support from those in positions of authority, which in turn will elicit engagement from MDT partners. In addition, supportive statements from those who have been involved with the MDT and have had positive experiences can be very persuasive. For instance, many sites encountered engagement issues when there was a change in law enforcement leadership, such as a new chief of police. One of the best ways to exhibit the importance of the MDT was to rely on assertions from detectives who stated that working with a team of advocates was beneficial to investigations. When high profile cases arise, leadership will often look to highlight work done by MDTs and advocates. The National Center developed a training course on [Building Bridges Between Law Enforcement and Victim Service Providers](#) that may provide additional helpful information.

Nearly every site experienced some type of turnover that affected the program timelines. In the time that it takes to hire a new advocate, homicides will occur and some backlog should be expected. New advocates will need to take some time to connect with survivors who were victimized within that time period. MDTs should also consider how turnover may affect activities and designate more than one contact for each organization so that a departure of one staff member does not result in losing connections.

Lastly, engaging with survivor-led organizations can be tricky, especially if there are a lot of them in your community. Survivors who start organizations often have lofty goals and may assume that victim service providers will be able to support them in various endeavors. It is important to build trust with survivor-led organizations, include them in MDTs when they have previously established working relationships with other partners, and provide them with input when creating MDT policies and procedures. However, those who work with survivor-led organizations must also be made aware of limitations and boundaries. For instance, the MDT may not be able to help with their independent fundraising efforts.

## Operations

Another common challenge that may arise in any multidisciplinary (MDT) effort is developing the specifics of operations. It is imperative that roles are clarified to prevent the duplication of efforts. Roles of each organization must be explained to survivors. Roles should also be described in documentation for survivors, as this information may be confusing to those who have just experienced a traumatic loss and those who are unfamiliar with the criminal justice process. In addition, advocates must have “respect for the constraints that an active homicide investigation places on service provision.”<sup>11</sup> Confidentiality concerns may arise, and advocates must understand that providing assistance to survivors cannot interfere with active investigations. Delineating roles is necessary when determining how to proceed with referrals for other types of cases, such as suicides or accidental deaths. MDTs should decide whether they will assist in these cases, and develop protocols on how to handle such referrals.

## Vicarious (secondary) trauma

In a report, one of the sites noted, “the impact of the pain and trauma suffered by the families the staff bears witness to heightens the need to deal with vicarious trauma in a systematic, structured way.” Vicarious trauma is an issue that many victim service providers struggle with. Training on vicarious trauma is necessary for anyone participating in an MDT that responds to homicides, and training should be repeated annually, at the least. Vicarious trauma can be addressed by implementing the following policies: (1) working in pairs; (2) having supervisors available to discuss staff concerns/reactions to cases; (3) supervisors’ willingness to honor reasonable requests for time off to enhance staff’s sense of work/personal-life balance; (4) regular time set aside for resiliency exercises; and (5) staff education in signs and symptoms of vicarious trauma.<sup>12</sup> The Office for Victims of Crime’s (OVC) [Vicarious Trauma Toolkit](#) can provide much more comprehensive information on this topic, as well as resources for both victims service providers and law enforcement.

<sup>11</sup>Spilsbury, J. et al. (2016). Lessons learned implementing community-based comprehensive case management for families surviving homicide. *Child & Family Social Work*, 22.

<sup>12</sup>Spilsbury, J. et al. (2016). Lessons learned implementing community-based comprehensive case management for families surviving homicide. *Child & Family Social Work*, 22.

## Survivor feedback

Conducting a survivor survey comes with unique challenges. As mentioned previously, not all victims will be interested in participating. It is best to survey survivors about one year after the homicide, as survivors may relocate. Connecting survivors to services in another jurisdiction can be difficult, and getting information from survivors who have moved will require phone calls or virtual interviews. However, discussing the crime too shortly after it occurred can re-traumatize survivors, so measures should be taken to ensure that survivors are prepared to share information. Support should be available before, during, and after interviews or focus groups are held.

Focus groups may be more efficient as compared to conducting individual interviews, though survivors may not want to discuss their cases in front of others. In addition, focus groups may be more triggering -- hearing about others' victimization may re-traumatize survivors. Choose a method for gathering survivor feedback that is best for both the individual survivor and the community. For example, Chicago Survivors have held successful survivors symposiums to learn about their experiences and also invite them to participate in selected MDT activities. Sample survivor surveys created by multiple demonstration sites are available on the [Outreach Materials](#) webpage in our TTA portal.

## Survivors and the media

Many sites encountered various issues involving the media during the Complex Homicide demonstration project period. Thus, the National Center produced a document entitled "[Privacy & Dignity: A Guide to Interacting with the Media.](#)" The Privacy and Dignity guide has sections for victims, for advocates, and for journalists; here, we have reproduced some key information and takeaways from that document.

Victim service organizations should have written policies outlining procedures for advocates when responding to requests for information from the media. The policies should include confidentiality protocols, which must be strictly upheld. Generally, advocates should not speak with the media without explicit authorization from a supervisor, and must never speak to the media on behalf of a crime victim or surviving family without specific consent to do so. Advocates should provide survivors with information on their rights when interacting with the media. For instance, if inaccurate reports are published, survivors can contact the media outlet to seek corrections, and advocates can help them do so. In addition, survivors are entitled to privacy and have no obligation to speak with journalists. Regardless of whether survivors choose to share their stories, advocates should support their preferences and choices.

In regards to confidentiality, survivors should expect that their names may be publicized. However, advocates can ask law enforcement to keep identities confidential and withhold the information from the public until family or close friends have been notified. They can also ask the media to protect personal identifying information, such as addresses, by not publishing this type of information.

There are many things that survivors should consider before providing an interview to the media. First, they should speak to an advocate or a prosecutor before making public comments to ensure that what they say will not impede the criminal justice process. Before sharing details about a crime, survivors should also consider how it may impact them, their families, the victim's friends, and the case. Advocates can help weigh potential risks and benefits of speaking with the press. If survivors choose to provide interviews, they can place conditions on questions that can be asked, what they will answer, and how their likeness will be used.

It is important to discuss social media with survivors. Journalists may use social media to get information about survivors and their families, so it is best to keep social media accounts private. There is always a possibility that anything posted publicly may go viral and draw more media attention than initially expected. Advocates should also discuss what victims can expect to see in the media. For instance, footage from law enforcement body-worn cameras may be used during investigations and may also be shown by the media. If survivors are interested in fundraising, the media can be valuable. Additionally, if victims would like to hold a press conference, the Privacy and Dignity guide includes information on how they can be organized.

## Cases involving children

There are additional considerations when working with children who have witnessed or lost a loved one to homicide. For either group, counseling should be provided, and in many cases can be done in the home to make children more comfortable. Policies and protocols should be established for children orphaned or left at homicide crime scenes, which is common in intrafamilial violence



cases due to the prevalence of murder-suicides by a spouse. A number of fact sheets related to responding to child witnesses to homicide, including [Developmental Reactions to Trauma and Loss](#), and [Guidelines for Providing Support to Child Survivors of Traumatic Loss](#) are available [here](#). In addition, the settings where services are provided to children should be child-friendly, with books, toys, games, educational materials, art supplies, bright colors, and so on. Some books and websites for children who have experienced a homicide can be found [here](#).

In cases where children are killed, workshops for parents -- among other services and interventions -- may be helpful. One site found that young parents (ages 16 to 24) were often victimized by ongoing gang violence, both within their own families and within their larger social circles. Advocates provided education to these parents on how trauma can affect both them and their children. Advocates also urged them not to engage in retaliatory rhetoric or inflammatory remarks on social media, especially in gang-related cases, as such statements can escalate already difficult situations.

## Gang violence

When working on homicide cases involving gang violence, specific challenges arise. In these cases, perpetrators often intimidate witnesses to prevent them from cooperating with law enforcement. Survivors who fear retaliation may be more likely to seek services if alternative locations are available. One site noted that when they posted flyers in the communities asking for potential witnesses to come forward with information about the case, they needed to consider the possibility of witness intimidation and take measures to protect witnesses. In addition to intimidation, retaliation is a concern; the same site encountered retaliatory violence at funerals. In such cases, additional law enforcement presence at events where retaliation may occur (such as funerals, memorial services, vigils, etc.) can help to prevent additional violence. The National Center has developed a training outline on [Victim/Witness Intimidation, Retaliation, Engagement, and Support](#) that includes additional information on this topic; we are also developing a corresponding report that will be available soon.

## Sustainability

Lastly, sustainability is often a concern for multidisciplinary initiatives that have been started with a limited source of funding. Data showing the success of the initiative is essential when seeking additional funding. One of the most common sources of funding that sites sought as the Complex Homicide demonstration project came to a close was state [Victims of Crime Act \(VOCA\)](#) funding. VOCA state assistance grants allocate some funding for programs that provide victim services. Each state has a VOCA administrator and may have different requirements and deadlines for proposals, so you will need to find more information on how VOCA grants are awarded in your jurisdiction before applying.

## Training and technical assistance topics

Training is a fundamental part of team building and MDT development. Below are a number of topics that may be beneficial to MDTs responding to homicide. Training seminars on many (but not all) of the seminars below have been conducted during the Complex Homicide demonstration project. Additional descriptions of the trainings that were conducted, with information on presenters, corresponding materials, and recordings (for trainings conducted via webinar only) can be found on our TTA portal, on the [Resources](#) page. In addition, a training that is fundamental

for anyone working on homicide cases is offered by OVC, entitled [Serving Survivors of Homicide Victims](#). Notably, this list does not include cross-training that should be prioritized and provided to the MDT by partner organizations in their area(s) of expertise.

- A. Trauma-informed care
- B. Vicarious trauma
  - 1. Secondary trauma and self-care for helping professionals
- C. Death notification
- D. Evidence-based practices for trauma- and loss-related mental health problems
  - 1. Crisis management
  - 2. Early interventions
    - a. [Psychological first aid](#)
    - b. [Skills for psychological recovery](#)
  - 3. Evidence-based approaches for traumatic grief
    - a. Cognitive behavioral therapy
      - 2. 1. Trauma-focused cognitive behavioral therapy
      - 3. 2. Cognitive processing therapy
    - b. Prolonged exposure therapy
    - c. Cognitive processing therapy
    - d. Grief and trauma intervention for children
    - e. Traumatic grief/complicated grief interventions for adults
      - 1. Complicated bereavement treatment
      - 2. Restorative retelling
      - 3. GRIEF approach
  - 4. Eye movement desensitization and reprocessing
  - 5. Acceptance and commitment therapy
  - 6. Behavioral activation
  - 7. Trauma and grief component therapy for adolescents
  - 8. Child and family traumatic stress intervention
  - 9. Functional family therapy
  - 10. Trauma-focused group therapy
  - 11. Grief measurement tools
- E. Resilience and crime victimization
- F. Victim/witness intimidation and retaliation
- G. Working with the media

- H. Crime scene clean-up
- I. Civil justice for homicide survivors
- J. Financial recovery
- K. Implicit bias
- L. Cultural competency and sensitivity
  - 1. Diversity, equality, and inclusion
  - 2. Serving lesbian, gay, bisexual, transgender, queer (LGBTQ+) communities
    - a. [Serving LGBTQ Survivors of Violence](#)
  - 3. Minority communities
  - 4. Latinx communities
  - 5. Tribal communities
  - 6. Various religious communities
  - 7. Other special populations
- M. Evaluation and data collection
- N. Training for specialized groups
  - 1. Law enforcement
    - a. Quarterly trainings/reminder during roll call for law enforcement to remind officers about service providers and who to contact to connect survivors with advocates
    - b. New classes of law enforcement recruits
    - c. Detectives and other law enforcement who interact with survivors (effective victim-sensitive communications with families following homicide)
  - 2. First responders
  - 3. Funeral directors
  - 4. Trauma center/emergency room staff

Multidisciplinary Responses  
to Families and Communities in  
**Complex Homicide** Cases

