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“That weird kid without parents”: a qualitative analysis of identity following bereavement due to parental intimate partner homicide in Australia

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ABSTRACT

Purpose: Bereavement through parental intimate partner homicide (IPH) is a unique form of complex trauma that may disrupt and destabilise identity in surviving children. This qualitative study aimed to generate a better understanding of post-homicide experiences and needs in the context of identity to improve support for these neglected victim-survivors.

Methods: Semi-structured interviews were conducted in Australia with 12 participants aged 16 to 55 years (10 females, one male, and one non-binary) who were younger than 18 years when one of their biological parents murdered the other. Data were analysed using reflexive thematic analysis.

Results: Four themes were generated: (1) non-normalcy; (2) isolation and alienation; (3) negotiating silence; and (4) understanding self through connection to parents. Participants' bereavement seemed to catalyse a self-concept of difference that was defined relationally in opposition to “normal” peers. Isolation ensued this othering and was sometimes compounded by a lacking sense of belonging in post-homicide family environments or engagement in support that exacerbated alienation. Societal taboos saw participants mask their inner worlds, which hampered sense making and drove self-uncertainty. Connection to parents was an important vehicle for self-understanding. Participants generally rejected perpetrators and maintained an active connection with the deceased, which sometimes served as a powerful means of resolving identity-based tensions (e.g. fear of inheriting perpetrator traits).

Conclusions: Peer-based models of support and connection to victim parents warrant further investigation as potential intervention targets to alleviate identity-based distress following bereavement due to parental IPH.

KEY POINTS

What is already known about this topic:

- (1) The loss of a parent through parental intimate partner homicide (IPH) is a complex and distressing phenomenon that remains under-recognised.
- (2) Existing research has evidenced increased risk of negative health outcomes following bereavement but has generally neglected the experiences and perspectives of those with lived experience.
- (3) The circumstances surrounding this form of traumatic loss point to identity as a salient source of disturbance and distress.

What this topic adds:

- (1) This is the first qualitative enquiry into lived experiences of bereavement through parental IPH during childhood in the Australian context.
- (2) Results highlight impacts beyond clinical outcomes concerning experiences of non-normalcy, isolation and estrangement, societal silencing, and how identity was negotiated through connection to perpetrator and victim parents.
- (3) Efforts to foster connection between peers with shared lived experience of IPH and victim parents may be helpful in countering experiences of identity-based distress reported by people with lived experience.

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Intimate partner violence; domestic violence; family violence; children; young people; childhood trauma

Introduction

Intimate partner homicide (IPH) is a fundamental human rights issue representing the most extreme

outcome of domestic violence (United Nations Office on Drugs and Crime, 2019). Defined as a fatal act of violence perpetrated by a current or former intimate

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partner (Campbell et al., 2007), these homicides account for at least one in seven (13.5%) murders globally (Stöckl et al., 2013). Women are at disproportionate risk of this unequivocally gendered crime, accounting for just 19% of all homicide victims, but 82% of those killed by an intimate partner (United Nations Office on Drugs and Crime, 2019). Similar gender disparity is observed in Australia, where IPH comprised 18% of the national homicide rate in 2020–21 (Bricknell, 2023).

Decades of research has documented the harm caused by exposure to domestic violence and more recently shed light on the lived experience and perspective of victim-survivors in this space (Doyle, 2020; Noble-Carr et al., 2020; Vu et al., 2016). Children bereaved by IPH however, have received no such attention. Indeed, parental bereavement has been described as one of the last taboos in public health (The Lancet Public Health, 2022), while multiple researchers have identified children as the “neglected victims” of IPH owing to the striking lack of available data on their experiences and life trajectories (Burman & Allen-Meares, 1994; Mertin, 2019). While this absence in part reflects the relative infrequency of these events and potential ethical challenges associated with managing safety and participant anonymity, it is also symptomatic of the privileging of adult perspectives and under recognition of bereaved children as primary victims (Buckley et al., 2007; Callaghan et al., 2017; Jaffe et al., 2015). This neglect is further reflected in the lack of global and national prevalence data, epidemiological work that requires no direct involvement with children. It has been estimated that as many as 3300 children may be bereaved annually in the USA (Lewandowski et al., 2004), while analysis of Domestic Violence and Death Review Committees in the USA and Canada suggests children to be involved in 35%–65% of cases (Jaffe & Juodis, 2006). The Australian Domestic and Family Violence Death Review Network (Australian Domestic and Family Violence Death Review Network & Australia’s National Research Organisation for Women’s Safety, 2022) identified 172 children who survived the loss of one, or both, of their parents due to IPH between the period 1 July 2010 and 30 June 2018. The prevalence of bereaved children is likely greater however, as this review only considered cases following an identifiable history of domestic violence and noted challenges in accurately accounting for surviving children (e.g., stepchildren and those living out of home). Comparison with international data also suggests this figure to be an underestimation of Australian

prevalence. For example, a comprehensive study in the Netherlands identified 256 bereaved children over a 10-year period (Alisic, Groot, Snetselaar, Stroeken, van de Putte, et al., 2017). If these data are extrapolated while accounting for differences in population and national homicide rates,¹ then more than 800 children may have been bereaved in Australia over the last two decades (Alisic et al., 2023). To our knowledge, no research to date has focussed on these children.

Children face a constellation of complex loss when one of their parents is murdered by the other parent or their current or former intimate partner. They abruptly lose not only the deceased – usually their mother – but also the perpetrator – usually their father or another caregiver – to incarceration or suicide (Liem & Roberts, 2009; Steeves et al., 2011). Children are often uprooted from home and school environments in the wake of these events, disrupting familiar routine and social networks (Harris-Hendriks et al., 2000). They may be taken into unstable care placements, separated from siblings and pets, and involved in lengthy custody disputes between families grappling with traumatic grief (Armour, 2002; Hardesty et al., 2008). Children tend to come to such adversity following long-standing exposure to violence, while many witness the homicide or crime scene directly (Alisic, Groot, Snetselaar, Stroeken, van de Putte, et al., 2017; Lewandowski et al., 2004; Steeves et al., 2011). Moreover, children themselves are at risk of being killed alongside their parent (Jaffe et al., 2012), with evidence indicating that surviving children share equivalent risk profiles to those killed (Reif & Jaffe, 2020). In summary, children are confronted with a multitude of cumulative stressors extending before and beyond the specific trauma of their parent’s murder, which may function to hamper recovery and compound difficulties.

Although research on the sequelae of IPH for children is scant, early work derived from clinical case series evidenced deleterious outcomes for children, including post-traumatic stress disorder (PTSD), behavioural and emotional problems, disrupted attachment, interpersonal dysfunction, identity concerns, and schooling difficulties (Eth & Pynoos, 1994; Harris-Hendriks et al., 2000; Lovrin, 1999; Malmquist, 1986). A more recent systematic review on children’s mental health post-homicide identified just 13 independent studies involving 328 children, almost exclusively based in the USA or UK (Alisic et al., 2015). Similar outcomes were reported across psychological (e.g., dissociation), social (e.g., stigmatisation), physical (e.g., feeding issues), and academic domains

(e.g., dropout). A case-controlled study using Swedish national registry data has since shown children bereaved before age 18 to be at increased risk of mental ill-health (including substance use), violent crime conviction, and self-harm compared to matched controls (Lysell et al., 2016).

The relative absence and undervaluing of child and youth voices in the existing literature and wider society has been increasingly recognised and challenged by researchers in this space (Alisic et al., 2015; Buckley et al., 2007; Callaghan et al., 2017). Indeed, an analysis of Domestic Homicide Reviews in England and Wales showed that children are rarely consulted and that reports provide limited information on their needs or ongoing care (Stanley et al., 2019). This contravenes article 12 of the Convention on the Rights of the Child (United Nations, 1989), which assures children the right to freely express their views in all matters affecting them. It similarly runs counter to the principles of trauma-informed care, which champion empowerment, voice, and choice as potential antidote to the silencing of childhood trauma survivors (Substance Abuse and Mental Health Services Administration, 2014). Qualitative approaches provide a means of honouring young peoples' right to be heard and their capacity to safely discuss lived experiences of trauma (Callaghan et al., 2017; Jaffe et al., 2015).

Existing qualitative literature speaks to the complex effects of such interpersonal tragedy for those with lived experience of bereavement. In a study examining lived experience perspectives, Alisic, Groot, Snetselaar, Stroeken, Hehenkamp, et al. (2017) interviewed 23 children and young people (aged 8–24 years) in the Netherlands who were under 18 years of age when one parent murdered the other. Results showed striking diversity in participant views across three domains: perspectives on themselves, their biological parents, and their wider family environment. Participants rarely referenced the homicide in their self-descriptions; most described themselves in positive terms and reported a strong desire to be perceived as “normal”. Several young people voiced identity-based concerns, describing themselves as wearing a mask, feeling uncertain or stupid, or as “that girl whose dad killed her mum”. Children articulated varying degrees of connection with their deceased parent, with photographs and personal belongings holding special significance for some. One child scrutinised a picture of her mother in search of desired resemblance; another questioned the reality of their experience owing to their young age at the time of the homicide. Views on perpetrator parents, while mostly negative, were similarly varied, even between siblings. Some participants feared for

their safety and that of loved ones, particularly where perpetrators had been released from prison. Reported motivations for having contact with the perpetrator included having the opportunity to ask clarifying questions, checking resemblance (e.g., hoping there would be none), to hear remorse, or to appease their surviving parent's wish to have contact.

Steeves et al. (2011) conducted a qualitative study exploring the life narratives of 34 adults (aged 29–64 years) in the USA who survived the loss of one or both parents (31 mothers, 3 fathers) due to parental IPH during their adolescence (mean age = 14.67 years). Participants described significant abuse histories before the homicide (e.g., being strangled, sexually abused, and witnessing extreme violence between parents) alongside intrusive memories characterised by vivid recollection of bloodied crime scenes. Post-homicide experiences were typified by continued adversity stemming from unstable living arrangements, uncaring caregivers, and physical and sexual violence. Many participants grappled with their identity after being reminded that they shared genetic material with a violent killer, promoting poor self-image (e.g., “a bad seed”) and fear of passing on inherited violence to their children. Turbulence persisted into adulthood for most participants, where pervasive difficulties in intimate relationships were attributed to the homicide. Participants reported diverse experiences with sense-making, some integrating their traumatic loss into a core part of the self, others isolating the homicide as a singular event with limited meaning in their life narratives. For some, integration was conceptualised as having a positive imprint on their personhood that propelled an altruistic call to service (e.g., by pursuing a helping vocation), whereas others saw identification with the event as a “curse” perpetuating distress and familial cycles of interpersonal violence.

Researchers have more recently explored narrative identity in 11 Israeli women (aged 21–72 years) whose mothers were murdered by their fathers (Pitcho-Prelorntzos et al., 2023). Though bereavement during childhood was not a criterion for study inclusion, seven out of the 11 participants were under 18 years at the time of the homicide. The authors described a process by which participants seemed to (re)construct an identity in opposition to their perpetrator father, their victim mother, and their imagined perceptions by wider society. In dissonating from these sources of potential catastrophe, participants were described as having “become who they are through who and what they are not”. That is, as intrinsically separate from the abhorrent violence of their fathers, the “helplessness”

of their mothers, and societally imposed projections based on relatedness to both a murderer and victim.

The reviewed studies highlight the multifaceted ways in which parental loss due to IPH might impact experience identity across the lifespan. Born from existential questions regarding phenomenology of the self, identity concerns appraisals of “sameness and difference” at both the level of group affiliation and the individual (Hammack, 2015). The pioneering family therapist Salvador Minuchin locates the family as the “matrix of identity” wherein these ingredients of belonging and separation are mixed in the development of self-hood (Minuchin, 2009).

The impact of parental IPH on self-concept is pertinent for several reasons. First, the development of a coherent self-view is a key developmental process and milestone of childhood and adolescence (Erikson, 1968) predicting favourable psychosocial outcomes (Meca et al., 2015). Bereavement may undermine this attainment by depriving an individual of the precise resources needed to navigate this tumultuous developmental period (Cloitre et al., 2011). Second, traumatic loss can complicate normative grief processes regarding identity (Cohen & Mannarino, 2004). In the context of parental IPH, the bereaved typically confronts the assumption of multiple identities: simultaneously parentless, yet the child of both a victim and murderer. This is of note, as the degree to which trauma is appraised as central to identity is an important determinant of recovery (Berntsen & Rubin, 2006), with higher centrality predicting the development and maintenance of PTSD (Gehrt et al., 2018). Finally, positive adult role models, usually one’s parents, play an essential role in scaffolding identity development (Harter, 1999). While new caregivers can be key supports, care may be unstable, compromised by personal distress, or entangled in conflicts of loyalty between relatives vying for custody (Hardesty et al., 2008; Harris-Hendriks et al., 2000).

This study forms part of a larger qualitative project exploring the experiences of people who have been bereaved by parental IPH during childhood, caregivers of bereaved children, and professionals who work with this population. It represents the first effort to give voice to Australian victim-survivors and is well aligned with policy directives of national and state governments (Australian Government Department of Social Services, 2015; Victorian Government, 2016). The current study only included data from participants with lived experience of bereavement, and aimed to improve future support by generating a better understanding of participants’ experiences and post-homicide needs in the context of identity. This

exploratory enquiry was guided by the following research question: *How is identity experienced and negotiated by those with lived experience of bereavement due to IPH during childhood?*

Method

Research design

This study was underpinned by reflexive thematic analysis, a theoretically flexible method for exploring patterns of shared meaning across qualitative data (Braun & Clarke, 2019, 2022). Reflexive thematic analysis is well suited to the focus of this study in that it aligns with questions of lived experience and interpretation of a particular phenomenon (Braun & Clarke, 2021a).

It is useful to consider the distinction between so-called “Small q” and “Big Q” methodologies in distinguishing reflexive thematic analysis from other approaches. “Small q” research operates within the positivist tradition; it is concerned with establishing coding reliability as the researcher(s) works to “discover” themes said to “exist” in the data (Terry et al., 2017). “Big Q” approaches are purely qualitative in orientation; themes do not passively “emerge”, but rather, are actively constructed through the process of interpretive engagement with data (Terry et al., 2017). Reflexive thematic analysis is situated in the Big Q paradigm; here the subjectivity of the researcher(s) is positioned as central to the analytical process rather than a source of bias to be managed (Braun & Clarke, 2019). There is thus no “correct” or “reliable” way to code data or construct themes; the results are the product of a creative and interpretive endeavour reflecting the theoretical orientation of the researcher(s), their analytical expertise and resources, and data richness (Braun & Clarke, 2019). This study was approved by the University of Melbourne’s Human Research Ethics Committee (2057659.1).

Reflexivity

Given the above, it is important to describe the make-up of the research team and the theoretical assumptions underpinning our approach. Our team included an individual with lived experience of bereavement through IPH, a public health specialist, graduate social work and psychology students, psychologists, and social workers. Team members brought their unique perspectives to roles in study design, data collection, and analysis via regular engagement in virtual meetings and in person workshops, where reflections and insights were shared and developed. The team

member with lived experience of bereavement had a dual role as both researcher and study participant. Their expertise was essential in informing safe and sensitive study procedures and meaningful engagement with prospective services and participants.

All coding was conducted by the first author, who is a White, male identifying psychologist with interest in childhood trauma stemming from clinical and research experience in youth and adult mental health services. He operated from an experiential orientation, whereby participant language was seen as reflecting the truth of participant(s) experience and perspective (Braun & Clarke, 2022). Coding was also inductive in that analysis was grounded in the data rather than interpreted through the lens of a specific theory or model, although previous literature, which discuss frameworks and theoretical notions (e.g., Alisic et al., 2015; Hardesty et al., 2008), has informed our understanding of the topic.

Participants

Eligible for study inclusion were individuals (aged 12 years and above at the time of interview) in Australia with lived experience of bereavement due to IPH during childhood (0 to 18 years; at least 6 months prior to participation). There were no formal exclusion criteria other than incapacity to provide informed consent. The final sample included 12 participants, aged 16–55 years ($M = 33.08$, $SD = 12.82$). Individual participant characteristics have been withheld to safeguard confidentiality. Ten participants identified as female, one as male, and one as non-binary. Participants' biological fathers were the perpetrator and their biological mothers the victim in 10 instances. In the other two cases, participants' biological mothers were the perpetrator and their biological fathers the victim. Age at the time of the homicide ranged from 3 months to 15 years ($M = 7.44$, $SD = 5.00$). Interviews took place approximately 26 years after the homicide on average ($SD = 10.78$). Ten participants were born in Australia, one in Southeast Asia, and one in Southern Europe. Ethnicity were not collected; however, no participant identified as Aboriginal or Torres Strait Islander. Participants were assigned pseudonyms that are used narratively throughout the results.

Recruitment and sample size

Participants were recruited via a three-pronged approach. First, study information was shared with relevant organisations through research team

networks (e.g., victim support services). Second, the study was advertised through relevant groups on social media (e.g., victim-survivor and trauma-practitioner communities). Third, participants were asked if they were aware of anyone who might also be interested in participating. Data on participation refusal rates were not available; however, no participant dropped out after providing consent.

Saturation has been increasingly critiqued as a vague and problematic concept for guiding recruitment stop points (Aguboshim, 2021; Saunders et al., 2018; Sebele-Mpofu & Serpa, 2020). This is particularly the case when applied to interpretive forms of qualitative analysis, like reflexive thematic analysis, where new understandings are always theoretically possible with additional data (Low, 2019). Braun and Clarke (2022) argue that sampling decisions should instead be shaped by data adequacy (richness and diversity) alongside inevitable pragmatic constraints (e.g., time and resourcing). This approach underpinned decision making in the present study, where available data after 12 interviews were deemed sufficiently in-depth and nuanced to address the research question.

Procedure

Prospective participants were sent a copy of the study plain language statement after registering their interest and given the opportunity to ask any clarifying questions before providing informed consent through an online Qualtrics form.

Participant interviews were conducted online and recorded via video conferencing software due to the COVID-19 pandemic. Remote interviewing also served to improve participant reach across Australia. In-depth interviews were semi-structured and guided by a topic schedule (see supplementary material). Main topics for the interview schedule were informed by the team's previous work in the Netherlands (Alisic, Groot, Snetselaar, Stroeken, Hehenkamp, et al., 2017). Open-ended prompts were used to elicit further elaboration (e.g., "could you tell me more about that?") and participants' own language was used where possible. Interviews took place between May 2021 and June 2023 and ranged in length from 37.30 minutes to 110.28 minutes ($M = 78.81$ minutes, $SD = 24.25$ minutes). One repeat interview was conducted with a participant who wished to expand upon their responses. Transcripts were not returned to participants for checking.

Interviews were conducted one on one by individual members of the research team in the interest of sharing interviewer burden and increasing availability

of interview times. All interviewers received training by a researcher with expertise in qualitative interviewing. This included attendance at a training session on IPH, consent, the interview topic list, and psychological first aid. Interviewers were required to review a full interview video recording prior to conducting their first interview and participate in a mock interview using identical procedures, sitting as both interviewer and interviewee with another member of the research team, followed by collective reflection on the experience.

Careful attention was paid to safety as part of interviewing procedures. Participants were informed that they did not have to answer any question that they did not feel comfortable with, and that they could take a break or cease the interview at any time. Participants were informed of available support options and received a wellbeing check at the conclusion of the interview, 2–3 days later, and again at 2 weeks post-interview. No adverse events were recorded. Participants received a \$30 gift voucher for their involvement.

Data analysis

Data analysis followed the approach described by Braun and Clarke (2006, 2021b) involving six recursive phases of: data familiarisation; coding; generating initial themes; reviewing and developing themes; refining and defining themes; and write up. Interview audio recordings were initially transcribed by an automated service (Otter.ai). All interviews were listened to at least twice while reading the transcript as part of initial data immersion. Initial notes were made summarising first impressions and salient points of interest and were shared between members of the research team. Data were stored and analysed using NVivo (QSR International Pty Ltd, 2020).

Coding involved the systematic identification and tagging of data segments with descriptive labels capturing participant meaning or interpretations of the researcher. Equal attention was given to all data (i.e., coding was not narrowly focussed on data derived from the interview question explicitly probing identity (see supplementary material). Coding occurred at both the semantic and latent level without the use of structured reliability frameworks due to these being antithetical to reflexive thematic analysis (Braun & Clarke, 2019). Codes were developed as data segments with new meaning were encountered; existing codes were reapplied as appropriate. Theme development involved a critical review of codes and associated data segments. This process involved collapsing and

clustering codes around a central organising concept in relation to the research question. These preliminary themes were iteratively refined in consultation with the research team and with continual verification against raw and coded data. Individual participant feedback on results was not sought. Participants did however have the opportunity to be involved in the broader activities of the project (e.g., involvement in advocacy and dissemination of results).

Several strategies were employed for maximising qualitative rigour. This included the maintenance of a reflexive research diary documenting iterative developments in the analytical process and personal responses to interviews (Koch, 2006), and negative case analysis, whereby consideration of dissenting voices served to reveal nuance and strengthen understandings of patterned norms (Morse, 2015). The research team served as external reviewers to question the first author's assumptions and prompt the consideration of alternative interpretations (Creswell & Miller, 2000). Results have been reported in accordance with the consolidated criteria for reporting of qualitative research (see supplementary material; Tong et al., 2007).

Results

We generated four themes related to identity. Theme 1 – Non-normalcy – explores participants' identification with difference in relational contexts. Theme 2 – Isolation and Alienation – describes experiences of lacking belonging and disconnection generally and within post-homicide family environments and support settings. Theme 3 – Negotiating Silence – looks at the impact of societal taboos on identity and participants' response to these calls for silence. Theme 4 – Understanding Self through Connection to Parents – interrogates patterns of relating to both parents as a vehicle for self-understanding.

Theme 1. "I wasn't living a normal life": non-normalcy

Participants described a pervasive sense of feeling somehow different, or not "normal", in the wake of their traumatic bereavement. This self-view, like all assessments of otherness, required comparison with some homogeneous group to benchmark one's difference. For participants, this was often in relation to peers, who had invariably not lost a parent due to IPH. The following quotes reveal the extent to which perceptions of normalcy were experienced relationally and hinged on the presence of one's biological parents. For example, "Your life is normal, mine isn't so normal" (Lily); "They will think I'm that weird kid

without parents" (Phoebe); "I've always, I have felt in the past that I've never fitted in, that I've always been different. My experiences are different" (Ashton); "I didn't really have any kind of sense of normalcy growing up, it was always ... through this trajectory of, you know, losing parents. And you know, that's, that's not a normal person's experience" (Kate). These reflections are emphatic in their declaration of difference; the use of language implies a sense of permanence and inflexibility that demonstrates participants' conviction to this identity of difference. It is, however, important to note the divergence of one participant with whom this did not resonate. Caroline was resoundingly clear in reflecting on her mother's death as something that did not feel traumatic for her at the time. She instead characterised her experience in terms of normalcy and positive identification with peers, and seemed to attribute this to the love and stoicism of her caregiver grandparents:

I've never throughout the entirety of my life, in my childhood, my adolescence, or my early adulthood, ever felt different to anybody else. I've never been treated differently to anybody else. I've never viewed myself as being in any way different to anybody else – Caroline

Experiences in school seemed to play a key role in the origin and reinforcement of beliefs about the self as abnormal. It was here that participants were routinely subjected to invasive questions about their circumstances, often in response to public markers of their difference (e.g., "Why do you live with your grandparents? Why?! Why?!" [Phoebe]). Mother's and Father's Day activities were described as ostracising and potentially distressing, and several participants recalled being explicitly bullied about their loss (e.g., "Oh your mum's a murderer? We can't be friends with you" [Tessa]; "Haha your mum's dead" [Karla]). For Kate, the return to school was compounded by the fact her father's murder attracted significant media attention: "it felt a little bit surreal ... it was like, there was this weird spotlight that was on me ... I'd become a spectacle and I didn't want to be there". Tessa recalled the burden of having to explain why she did not wear school uniform on days she was required to visit her mother in prison and the discomfort associated with this weekly experience:

I would get picked up from school and taken down to visit my mum, then dropped back at school ... it was really hard because I'd go to school, and I'd be in normal clothes and all my friends would be in school clothes ... I remember feeling awful ... and I sort of got bullied for it – Tessa

The resulting impact on participants' self-hood was profound. Coveting the "normal" lives of those around them, participants internalised this sense of difference, experiencing the self as somehow lacking:

I felt a really strong urge to just, just be normal, actually, that's a good way to put it. To just be normal and feel normal without this enormous kind of darkness and kind of hole that, that I hadn't yet processed, kind of playing a role in my identity – Ashton

I felt like I was always missing something, like there was a missing piece in the puzzle ... I knew I wasn't living a normal life and I knew that everyone else was, and everyone else had something I could never have – Lily

The above quotes highlight an important tension in experience. These participants were not only aware of their abnormality, but also simultaneously longed for a sense of normalcy perceived as fundamentally out of reach. We see Ashton describe this evocatively, in terms of an omnipresent and embodied dark void acting as barrier to his strong desire for sameness. Lily conceptualises her life and self as a perennially incomplete puzzle that is in stark contrast to the wholeness seemingly enjoyed by others. Though expressed as somewhat immovable in these passages, these feelings were not necessarily static. In fact, there was considerable variation in how participants came to understand or relate to this aspect of their identity as they aged. Some were seemingly able to reconcile or make peace with feelings of difference, while others remained committed to, and deeply distressed by, the perceived inflexibility of their felt abnormality (e.g., "This trauma doesn't go away. Doesn't matter how much you actually try and be normal or try and work hard to have a normal life, you're still never going to be normal again" [Anne]).

Theme 2. "I didn't belong. I felt like such an outsider": isolation and alienation

Participants' bereavement not only catalysed the internalised sense of non-normalcy described above, but also affected identity via impact on group affiliation. Feelings of isolation and alienation were key consequences of this disruption to group identification and was reflected in the frequent use of the words "alone" and "lonely" across interviews. Nowhere was this more evident than in experiences with post-homicide family environments, where a lacking sense of belonging often fostered disconnection and experience of the self as an island. Indeed, bereavement generally heralded a seismic disruption to the family, the "matrix of

identity" formation (Minuchin, 2009), to be abruptly placed with extended family or unfamiliar foster carers.

Participants told us about a range of stressors accompanying this upheaval that could further compound identity disturbance. Examples included threatened or actual separation from siblings altering self-understanding via connection to others (e.g., losing the sense of "being" a brother or sister); not being allowed to attend parent funerals complicating transition to newfound motherless and/or fatherless identity; protracted involvement in court proceedings attracting media attention as a "child of murderer and victim" or aggressive cross-examination by perpetrator parents; tension between paternal and maternal grandparents promoting identity foreclosure or sense of being torn between conflicting familial identities; difficulties adjusting to life in a different sized family (e.g., suddenly "being" a brother or sister); perceived favouritism by new caregivers; and complexities surrounding placement with the victim parent's family (e.g., grieving caregivers grappling with the child's physical similarity to the perpetrator or having to facilitate contact via prison visits or phone calls in the home).

For Ashton, the experience of being forcibly removed from the family home just days after the murder of his mother represented the "tragedy of the tragedy". This marked the beginning of a dehumanising experience under care of the State, where Ashton experienced himself as a "number" or "prisoner of war" in a system that "churned ... and spat [you] out the other end". Alienated by the idiosyncrasies of foster families who "operated differently" to his, Ashton likened the experience to feeling like a perpetual "guest" in another's home. He described this discomfort using a compelling analogy:

You know when you go to a friend's house, and ... they say to you, the mum says, "Now just help yourself to anything, you know, go grab a drink at the fridge or whatever you like". But there's always a sense of uncomfortableness with doing that ... It's not your fridge to do so, right? – Ashton

Several participants echoed these sentiments. Felicity was uneasy by the way her foster family displayed physical affection and her foster mother's expressed desire to be called "mum". Tessa recalled the "awkward", "weird", and "bizarre" experience of attending significant occasions with her post-homicide family, wondering what it was like for them to have "this kid that isn't actually a part of the family, but is a part of the family" with them. The consequence of this tension between belonging, but not quite belonging, was

clear: "I thought, you know, I was isolated and I was different to them because they were a very different type of family to my dad's family, like complete polar opposites". Factors that seemed to buffer against this type of identity-based distress were efforts to minimise disconnection to pre-homicide family, such as access to special belongings, continued connection to siblings, and placement with known and trusted caregivers, typically on the victim parents' side of the family.

Experiences in the pursuit of formal group support were similarly fraught and served to further isolate participants by providing experiential evidence for the exceptional nature of their circumstance:

So my sister and me and my grandparents went to a support group ... but all the kids there had parents, they just weren't living with them ... I didn't feel in the crowd whatsoever, I felt more left out because they would come up to me and be like "oh so is your mum in jail or she just doesn't want you?", and I'm like "she's dead". This is not the place I wanna be ... sorry I can't go there anymore – Lily

I went to a church camp when I was in [city] ... it was a weekend away for women that have someone that they know in prison ... but something I really struggled with there was that it was ... a lot more for the parents of the kids that went in prison. Whereas me being the kid of a mum in prison, I felt a little bit more frustrated because a lot of the things didn't really relate to me because it was different – Tessa

In search of solidarity and connection with others who might be able to help make sense of their experiences, young people instead learned that while there may be others who have endured hardship (i.e., children with imprisoned parents or parents with imprisoned children), none had been deprived of both parents through an act of fatal violence. Accordingly, participants frequently championed future schemes involving peer support from those with lived experience as helpful in countering the isolation that accompanied their bereavement. Indeed, there was striking ubiquity across participants of diverse age in recommending this type of support and its anticipated benefits:

So just having that person that has been through that same thing and been there when it happened. To talk to, or just spend time with them, remind you that, you know, you're not the only one that's been through this, like you're not alone, other people have gone through it ... I think that could be really beneficial for a lot of people – Isabelle

The thing that I've always wanted to see happen is ... that there's some kind of retreat that people can go to

that they surrounded themselves with other people that actually get it ... who actually have been through it, that can say, "no, you're actually okay, that this is quite normal to feel that way" – Anne

In the same vein, participation in the study was often motivated by an altruistic drive to improve support for others by fulfilling needs that went unmet during their childhood. In sharing their story, participants hoped to show others that while their experiences may be different, they are neither "weird" nor "alone" and that ultimately, "there is a way forward through the trauma" (Ashton).

Theme 3. "It's taboo. No one talks about it": negotiating silence

Participants described a culture of silence surrounding issues related to their bereavement. This all-encompassing environment was identified as having deleterious and cascading effects across aspects of participants' lives, including their self-understanding. They learned, both directly and indirectly, through the discomfort and silence of adults and wider society, that parental IPH was taboo and not to be discussed. And, by extension, that any thoughts, emotions, or difficulties related to their loss were unacceptable and not to be voiced. Kai explained: "I didn't talk about any of these things with anyone ... there was so much kind of silence and shame around the issue". Things were similar for Anne:

Even my friends that I was close with, like, we just didn't talk about it. It was kind of like this thing no one really wanted to know ... It was all too hard. No one knew how to deal with it. So they just didn't. All of our mum and dad's friendship groups, they all just disappeared – Anne

At its most extreme, this silencing manifest in participants being lied to about the circumstances surrounding their parent's murder, either by concerned/avoidant caregivers or the perpetrator themselves. The shattering of this worldview would come abruptly after many years from peers who had not been shielded from the truth:

I had been led to believe it was an accident, until I was about 10. And I was playing with a girl from school ... in the front yard one day and she said to me, "do you know someone in your family killed their wife?" And I thought, "oh that's weird" and then I'm thinking about who my uncles were, "no such and such's wife, he still has a wife, he still has a wife". And then it's like the penny dropped. And I just, I didn't even say anything, I just turned around and ran inside to my grandmother and said, "Did dad kill mum"? – Karla

Even once exposed, this silencing could continue in the form of participants having difficulty accessing or being denied access to legal documents about their parents' case, sometimes well into adulthood. There is a tension here in the way this silence was externally imposed on young people while they were simultaneously being asked about their experiences or bullied by peers. In this difficult position, participants were denied access to the necessary information and support to manage these invasions and work through the identity concerns they likely inspired, exacerbated, or complicated.

There was variation in how participants responded to these tensions. As evident in earlier quotes, the pervasiveness of this implicit call for silence deprived some participants of the space to talk about their experience with anyone. The internalisation of this messaging led some participants to actively mask their distress, which ultimately hindered self-understanding. An expert in such concealment, Lily described her experience: "the front of my face, it looks perfectly fine, no one really knows what's inside, no one knows, like it feels like I'm wearing a mask if I go to school". For Anais, this masking served to protect caregivers for fear they would not cope with any expression of grief or distress: "So, then, for me, it was a lot of masking. So, it's actually taken me a while to kind of figure out who the hell I actually am". Anais also described a fearful and abusive relationship with her victim mother. While not condoning the actions of her father, she described only recently feeling able to verbalise that she felt a sense of relief after her mother was murdered: "... because it was like a taboo, like it was like, like, 'you can't say that'. Well, well, then I won't, then I won't ever say that ever to anybody for a very long time".

Although this experience of societal silencing seemed to characterise the life course of some participants, others engaged in a process of recognising and actively rebelling against, these forces. This was evident in actions such as seeking out legal documentation (e.g., court transcripts), pursuing helping vocations, commitment to advocacy in the domestic violence space, and even participation in the current study. Tessa was one such participant who was not willing to be silenced by the sociocultural mores governing what can and cannot be said. She felt perpetually stifled by others' reluctance to openly discuss difficult subjects and the reality of her experience. This was particularly problematic in the context of her post-homicide family:

Everyone just wanted to sweep it all under the rug. We didn't air our dirty laundry. We didn't talk about

anything. Everything was peachy and I was the pain in the backside that was like “well, hold on. No, it’s not” – Tessa

The metaphorical lifting of this rug and airing of dirty laundry caused significant familial conflict, which resulted in Tessa being “disowned” by her family. After moving town in search of a “clean slate”, she remained committed to challenging the status quo of silence by speaking up about this “defining” part of her life: “I went, “nope, I’m going to, I’m talking about it, I’m standing up for what I believe in”. By sharing her story and tribulations honestly, Tessa ultimately felt better able to understand herself: “I’ve been able to work out who I am, where I belong in the world”.

Theme 4. “I have all her genes”: understanding self through connection to parents

Participants reported complex and varied experiences regarding post-homicide connection to parents. To some extent, this diversity reflected the unique circumstances surrounding pre-, peri-, and post-homicide experiences of each participant (e.g., developmental stage at time of the homicide). Nonetheless, it was clear that participants’ self-understanding was intrinsically entwined with how they related to their parents.

In general, most participants strived to maintain a continued connection to their deceased parent as an important source of meaning and self-connection. This relationship was actively maintained through varied means, including ritualised grieving activities, speaking to them out loud, referring to them in the present tense (e.g., “she is my mum”; “she is always there for me”), through photos and significant belongings (multiple participants lamented their victim parent’s being thrown away or sold), in attempts to embody their values, and by publicly sharing their story. The opposite was typically true of connection to perpetrators. As the person responsible for this “ultimate form of betrayal”, participants generally endorsed a negative view of their perpetrator parent and accordingly engaged in no such efforts to maintain a meaningful connection despite them usually being alive. Indeed, in comparison to reflections on deceased parents, participants made stark mention of perpetrators throughout interviews, or used language signifying an active denial of any familial relationship (e.g., “I don’t have a father”). It is important to note, however, that this distinction was not necessarily black and white, or a linear journey navigated without tumult. The following sections outline some of the

challenges participants faced and how these impacted constructions of identity.

Though able to condemn the actions of their perpetrator parent, the severance of this connection was sometimes complicated by conflicting feelings towards surviving parents (e.g., “it’s hard to love someone and hate them all at the same minute [Anne]) and an awareness of shared biology. This focus on genetic connection to the perpetrator was a powerful source of identity-based distress inspiring shame, guilt, and fear of inheriting aspects of their character or having passed these on to male children who went on to commit acts of gendered violence. In understanding themselves as the biological product of a murderer, participants became vigilant to internal threats of “becoming” this person or acting as conduit to cycles of intergenerational violence and trauma. These concerns did not develop in a vacuum, however. Participants told us about various ways they were seeded and/or reinforced by external voices keen to remind participants or their siblings of their lineage or potential life trajectory. These reminders came from different people throughout participants’ lives with varied potential effects on self-understanding. For example, identification with perpetrators was encouraged by both Felicity and Tessa’s new caregivers in the form of openly sharing their predictions of a likely shared fate: “My old foster parents, they would sort of make, like, comments in that regard... that we’ve got like a higher chance of like drug abuse” (Felicity); “I was told that I was a disappointment... I was going to end up like my mother” (Tessa).

This messaging was similarly levelled against Karla and her siblings, only later in life and in new relational contexts: “My ex-husband used to tell my children that I’m unstable, I’m like my father” (Karla); “My brother ... his in laws expressed concern ... ‘how do we know you’re not going to kill our daughter like your father killed your mother’” (Karla). Now an adult herself, these quotes from Karla show how these threats could follow participants with renewed meaning and potency at different life stages. In parenthood, we see Karla’s ex-husband attack her fitness to parent by fostering an image of shared instability in their children. For Karla’s brother, preparation to enter marriage brought forth public and volatile expressions of concerns for his fiancée’s safety, as if he were condemned to repeat his father’s actions once in the same union.

This issue was also a pressing concern for Lily. Her response to a question about whether this biological connection to her father had troubled her was revealing:

It hasn't, but it has at the same time. So the reason it has is because I feel almost ashamed that I am his daughter, um because it's just like I wish and I pray that I am nothing like him and I will never ever be anything like him. And honestly I'm not, um, but it's like unfortunately he is my dad at the end of the day and I do 100% feel ashamed of that. Even though I have no responsibility over his actions, I will always feel that sense of guilt, but then again, like I said, he's not in my life anymore, so I do feel happy with that because it's like I don't have to tell anyone he is my dad. No one needs to know, no one does know him, you know, so I feel quite okay with that bit. – Lily

This excerpt illustrates an acute dialectical tension between full acknowledgement and rejection of Lily's paternity and her associated anxieties. As if in dialogue with herself, she swings back and forth between conflicting positions: fearful that she may become like her father, she quickly asserts that she shares no similar qualities; shameful of this connection, she considers her lacking culpability; still guilty, Lily finally takes solace in her father's absence and the agency she wields in withholding information about their connection. It was ultimately connection to Lily's mothers loving and compassionate traits that seemed important in navigating this crisis of identity. In positioning these qualities as more central to the sculpting of her personhood, Lily was able to effectively resolve this tension and take pride in herself as a legacy of her mother:

I honestly feel amazing because, that she is my mum, because it's like I hear stories about her and how much of a loving person she was, caring, kind, considerate and I'm thinking, yep, you know, I have all of her genes ... I couldn't be prouder of who I am because of her, who she made me to be ... I wouldn't want anyone else to have been my mum in any sort of way – Lily

By shifting focus towards relatedness with their victim parent, Lily and others could begin to psychologically distance themselves from those "parts" shared with the perpetrator. In this act, the victim parent came to represent the antithesis of the perpetrator, an attainable figure of idealisation to aspire to and embody based on their shared biology. In some cases, however, this process of identifying with the victim parent could be a source of anguish owing to the influence of perpetrators. For example, Kai was returned to the care of their father after he was released from prison. They recalled being told negative stories about their mother throughout their childhood, which functioned to insidiously sully her image and raise difficult emotions. Reflecting on this formative period, Kai felt that their sense of self was increasingly understood

through the prism of their father's gaze. This was damaging, in that their father came to associate them with their mother as they aged, the effect of which saw Kai internalise this projection of their mother – a narrative they had been subjected to from a young age – as a defective and core part of the self:

He had said to me that he felt like my mum was a sociopath. And he had also said that that's how he saw me ... And I kind of weirdly sort of took that on, I thought "God there's something really kind of evil inside me and you can't ever let anyone see it" ... I think my, I saw myself as just this dark, evil kind of person that was hiding this part of myself and that who I was showing to the world was just a fake version ... I spent a lot of time really wrestling with this idea that like, "Who am I, then? I don't, I don't know who I am?" – Kai

Kai was ultimately able to work through these distressing tensions and develop a more cohesive sense of self with support from mental health professionals and community. With adequate time and space away from their father, they embarked on a long-term period of self-discovery that seemed inextricably linked to the act of reimagining and connecting with their mother.

As an adult, you know, I've spent a long time trying to get more of a sense of her through her friends and, and also just getting to know myself more and understand who I am. And sort of, know her through, through myself, I guess ... And it's so nice to like, really feel that in my body, you know, and that she really loved us – Kai

Discussion

The present study represents the first enquiry into lived experiences of bereavement due to parental IPH in an Australian context. Participants' loss seemed to catalyse a self-concept of difference, whereby the circumstances accompanying their bereavement were appraised as fundamentally incompatible with the apparent normalcy of their peers' lives. Isolation ensued this othering and was sometimes compounded by a lacking sense of belonging in post-homicide families or engagement in support that exacerbated alienation. Participants rarely encountered environments where they could freely express their experiences and concerns; societal taboos saw participants mask their inner worlds, which only hampered sense-making efforts and drove self-uncertainty. Finally, connection to parents served as an important vehicle for self-understanding. Though sometimes complicated by the actions of perpetrator parents, identification with victim parents generally served as

a more powerful source of meaning to resolve identity-based distress. The following discussion will explore these results in the context of their potential clinical implications, existing literature, and avenues for further research.

Peer support

There is an extensive literature implicating experiences of trauma in identity disturbance (Berman, 2016; Janoff-Bulman & McPherson Frantz, 1997). In our results, this seemed manifest in participants feeling fundamentally different to, and separate from, others. Defined relationally and expressed in terms of normalcy, participant language was consistent with that of bereaved young people in the study by Alisic, Groot, Snetselaar, Stroeken, Hehenkamp, et al. (2017), with youth in foster care (Johnson et al., 2020), and with accounts of trauma-exposed children more broadly (Van Wesel et al., 2012). Lacking connection to others with shared experience of traumatic bereavement contributed to this self-view and saw participants propose peer support as a something that might have countered the isolation and alienation that characterised their experience. This was a recurring and powerful feature of participant accounts that presents a potentially helpful means of targeting identity-based distress. Peer support leverages experiential knowledge stemming from lived experience in the support of others who have endured similar adversity (MacNeil & Mead, 2005). Peer support models have been implemented in diverse settings and received meta-analytic support in improving self-reported hope, recovery, and empowerment in the context of adult mental ill-health (Lloyd-Evans et al., 2014; White et al., 2020). Naturally occurring peer support between disaster impacted children and youth aged 5–18 years has also been identified as a key determinant of resilience (McDonald-Harker et al., 2021). In the context of our thematic results, one can imagine how peer support might facilitate shifts in self-understanding away from abnormality and difference to one of belonging and connection. Bereaved individuals could learn alongside others at various stages of their own personal journeys and have the opportunity share their own voice and story in a safe environment where masks do not have to be worn.

Qualitative data from observational studies of peer support groups for survivors of traumatic loss (e.g., survivors of childhood sexual abuse; parents bereaved by suicide of a child) also suggest this form of support to be a potent vehicle for sense making and identity (co)construction in the

aftermath of trauma (Hourigan, 2019; van de Ven & Pemberton, 2021). van de Ven (2020) describes a process whereby group members collectively journey towards a transformed view of their experience and post-trauma self. Key phases of this journey involved: the creation and strengthening of group bonds; the normalisation of trauma symptoms; identification with others' interpersonal difficulties outside of the group (e.g., being told to move on); interrogation of trauma-specific changes in self-perception; integration of new information into personal narratives; and transference of transformed identities into life beyond the peer support group (van de Ven, 2020).

Although the present study is not placed to make specific recommendations regarding the design of peer support in the context of parental IPH, existing research has elucidated key characteristics underpinning this form of support and may be useful in guiding design efforts (van de Ven et al., 2021). Important ingredients distilled from a recent scoping review of adult support program in the aftermath of victimisation included the importance of participants having shared a similar experience, there being mutual respect for all emotions, skill development, shared responsibility, commitment to group processes, decision-making opportunities, participation without coercion, and a flexible, non-medical, and non-hierarchical approach (van de Ven et al., 2021). Nonetheless, there are likely to be challenges associated with the development of peer support in the context of parental IPH. For example, none of the reviewed studies explored younger children's (i.e., below 15 years) participation in trauma-oriented peer support groups. While bereaved adults and older adolescents like those in our study may benefit, such an approach is likely to require more specialised design with involvement from trusted caregivers/facilitators to accommodate unique developmental needs. Further, there may be issues connecting lived experience peers given the relative infrequency of these events compared to other forms of trauma. Specificity of group focus also seems critical given how attendance at other types of group support reinforced alienation for participants in our study. Online peer support models have been shown to benefit young people experiencing a range of mental health difficulties (Ali et al., 2015; Huang et al., 2018; Kazerooni et al., 2020) and may circumvent at least some of these challenges. Regardless, it is paramount that those with lived experience be involved at all stages of design and implementation to ensure these initiatives meet the needs of those they purport to serve.

Connection to parents

It is well established that caregivers play an essential role in shaping identity (Erikson, 1968; Harter, 1999). The results of this study illustrate some of the complexities surrounding this influence in the wake of parental IPH, which both cohere and differ from existing findings.

For example, young people in the study by Alisic, Groot, Snetselaar, Stroeken, Hehenkamp, et al. (2017) similarly described active efforts to maintain a positive connection to their deceased parent in the context of identity (e.g., scrutinising photos in the hope of resemblance). These participants also expressed mostly negative views towards their perpetrator parents; indeed, in cases where there was ongoing contact, this served purposes other than the maintenance of an ongoing connection (e.g., wanting to learn more about their victim parent or check resemblance in the hope of finding none).

Identification with perpetrator parents was a notable source of identity-based distress for some participants in the present study. This is consistent with both Steeves et al. (2011) and Pitcho-Prelorentzos et al. (2023), where participants similarly grappled with the idea of sharing biology with their perpetrator parent and were fearful of inheriting and/or passing on “dangerous” genes. Agency in deciding to reject or permanently cut perpetrators out of participant’s lives seemed critical in working through this and realising a less troubled sense of self. Whereas participants in the study by Pitcho-Prelorentzos et al. (2023) reportedly disidentified with their victim mothers in a bid to reject victimhood for fear of sharing their same tragic fate, we observed a starkly different process. Namely, that of reverence, continued positive connection, and personal identification, which seemingly functioned to help some participants work through distressing tensions related to identification with perpetrator parents. Explanations for this resounding difference in results and interpretation are not immediately clear, though may be in part driven by gender and cultural differences underpinning study context and sample make up (i.e., Israeli woman bereaved by intimate partner femicide compared to mixed gendered Australians bereaved more generally by intimate partner homicide). Moreover, nearly half of the women in their study were adults at the time of their mother’s murder, which may have inspired stronger appraisals of sameness and thus anxiety related to literally “becoming” their mothers. Finally, Pitcho-Prelorentzos et al. (2023) wondered whether this lack of positive identification with victim mothers may have been driven by an observed culture of silence among many families prohibiting discussion of the murders, and thus, mothers. This feature of silencing aligns with

some of our results, though with seemingly different consequences.

Given our findings, connection to victim parents presents a potential intervention target to address some of the identity-based distress reported here and elsewhere. Therapeutic strategies used in the treatment of childhood traumatic grief (CTG) may be of value in this endeavour. CTG is conceptualised as a condition where trauma symptoms disrupt normative grieving processes in children who have been traumatically bereaved (Cohen & Mannarino, 2004). Trauma-focussed cognitive behavioural therapy (TF-CBT) has been adapted into an individual treatment model for CTG and includes both trauma-focussed and grief-focussed components (Cohen & Mannarino, 2004). A pilot study of this treatment showed significant improvements in CTG, PTSD, depression, anxiety, and behavioural problems in traumatically bereaved children with high levels of child and caregiver treatment satisfaction (Cohen et al., 2006). Results from a recent uncontrolled trial in children and young people bereaved by parental IPH showed that, although 25% remained unchanged, there were clinically significant improvements in posttraumatic stress symptoms in 75% ($n = 30$) of participants (Soydas et al., 2023).

Though this treatment is not indicated in the absence of posttraumatic stress symptoms, grief interventions from this adapted model might be selectively used to help bereaved young people work through key tasks of bereavement; namely: adjustment to a new identity in the absence of their deceased parent, the incorporation of their positive attributes into a renewed sense of self, finding meaning in their parent’s death, and the development of a new relationship through memory rather than interaction (Wolfelt, 2013; Worden, 1996). There is significant scope for creativity in the implementation of the model’s grief components to help young people express thoughts and feelings that may be difficult to verbalise and to ensure intervention is age appropriate. For example, clinicians can help young people honour their parent’s positive qualities, consider lasting impacts on their self-hood, and redefine their relationship with the deceased through: epitaphs and acrostic poems; journaling and creative writing; letter writing; role play; commemoration/rituals; the deceased’s belongings; and drawing and painting (Edgar-Bailey & Kress, 2010).

It is important to stress that such work needs to be individualised and considered on a case-by-case basis. Indeed, one participant in our study described their victim parent as abusive and experienced relief following their murder. Efforts to foster a positive connection with the deceased may thus have been unhelpful here. Similarly, forgiveness and reconciliation with perpetrator parents was conceptualised as an important part of

healing by some participants in the study by Steeves and Parker (2007). While this was not a feature of our results, it highlights some of the complexities that need to be carefully considered by professionals and caregivers.

Limitations

These results do not include voices from Aboriginal and Torres Strait Islander people. This is problematic, as these communities are disproportionately impacted by IPH (Australian Domestic and Family Violence Death Review Network & Australia's National Research Organisation for Women's Safety, 2022; Cripps, 2023; Fairthorne et al., 2016). It is essential that future work explore these perspectives using practices that are culturally safe, acceptable, and non-exploitative (e.g., meaningful community engagement, narrative approaches; Carlson et al., 2021). Our sample also lacked diversity in terms of Queer parental relationships and participant gender. It is possible that male and gender nonconforming persons might face unique challenges following bereavement that may not be well captured here. For example, identity processes may be further complicated in young boys due to identification with perpetrator fathers. There was also substantial variance in participant age at the time of the homicide and age at the time of the interview in our sample. While identity development is a lifelong endeavour (Kroger, 2015), bereavement age has implications for key identity forming processes. There have also been significant shifts in how society understands and responds to family violence during the decades that separate participants in this study (Hawley et al., 2018). Future studies should further interrogate these factors with more expansive interviews across different bereavement ages and societal timepoints. Finally, participant accounts were likely affected by recall bias given the average 22-year latency between bereavement and study interview. While there is poor concordance observed between prospective and retrospective measures of childhood maltreatment (Baldwin et al., 2019), we sought to explore subjective experience rather than the occurrence of specific maltreatment types. Nonetheless, participant interpretations were no doubt shaped by how they processed and made sense of their experience during the intervening years. More proximal accounts may yield different insights that are better attuned to support needs in the more immediate aftermath of bereavement.

Conclusion

Though prevention efforts remain paramount in reducing the incidence of bereaved children, these findings

identify peer support and connection to victim parents as potential intervention targets to alleviate identity-based distress reported here. Comprehensive data monitoring is urgently needed to better understand the magnitude of the problem and would be key in supporting rigorous epidemiological and experimental research to ensure these neglected victim-survivors do not remain an afterthought.

Note

1. Using Worldometer population data for 2023 (17.6 M versus 26.5 M) and UN Office of Drugs and Crime homicide rates for 2021 (.65 versus .74 per 100,000).

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Data availability statement

The participants of this study did not give written consent for their data to be shared publicly, so due to the sensitive nature of the research, supporting data is not available.

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