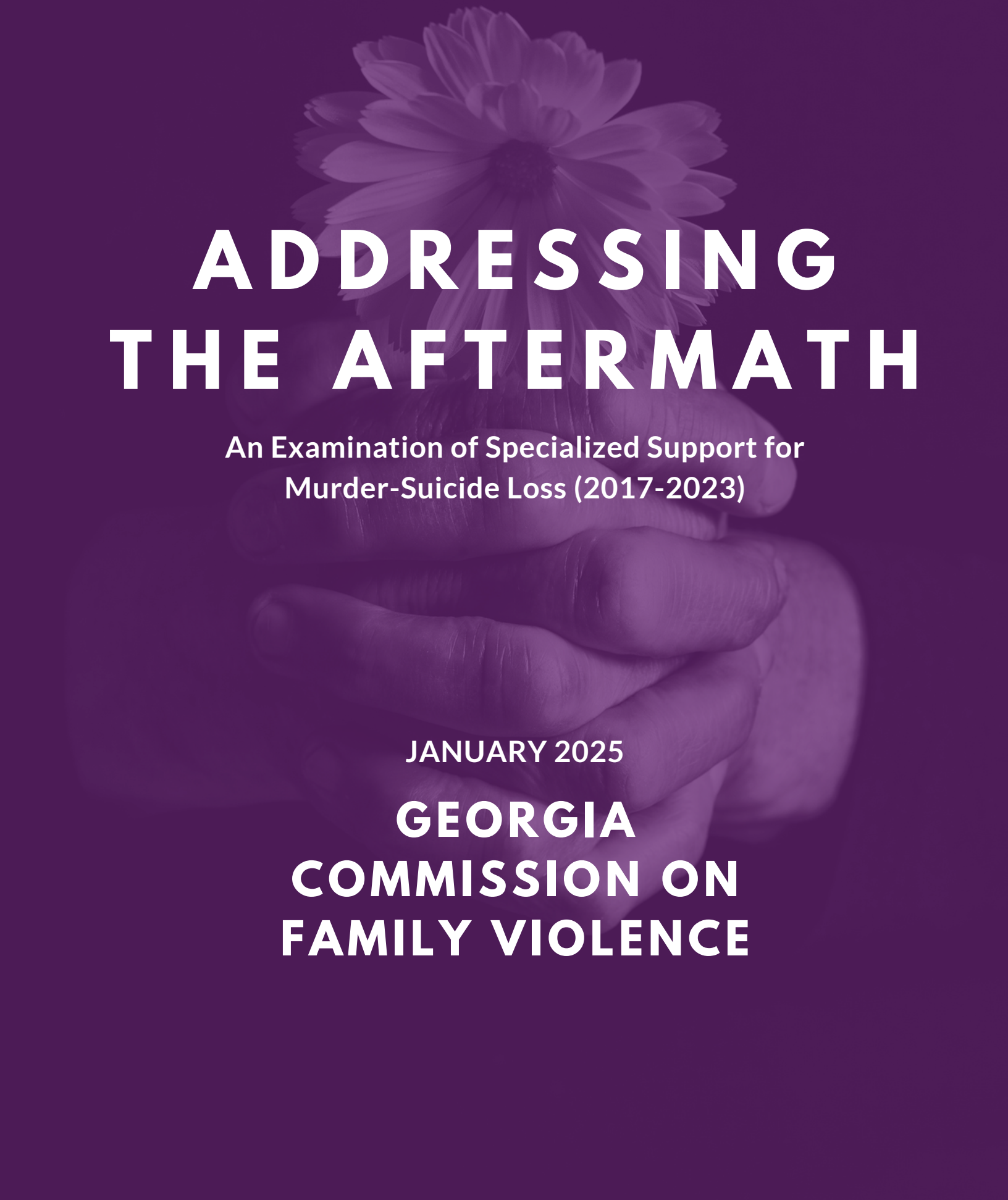

ADDRESSING THE AFTERMATH

An Examination of Specialized Support for Murder-Suicide Loss (2017-2023)

JANUARY 2025

GEORGIA COMMISSION ON FAMILY VIOLENCE

WE DEDICATE THIS REPORT

to the victims of murder-suicide, their children, and families; to the survivors who must carry on without them; to innocent bystanders affected by these tragedies; and to victims of domestic violence who struggle to stay alive every day.

This project was supported by Subgrant Numbers W23-8-064, V51-8-094, and C23-8-200 awarded by the state administrating office for the Office on Violence Against Women, U.S. Department of Justice's STOP Formula Grant Program. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the state or the U.S. Department of Justice.

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GLOSSARY

AFSP: American Foundation for Suicide Prevention

BDI: Beck Depression Inventory

DAST: Drug Abuse Screening Test

DCS: Department of Community Supervision

DIS: Death Imagery Scale

DPH: Department of Public Health

DV: Domestic Violence

DVTF: Domestic Violence Task Force

FVFRP: Family Violence Fatality Review Porject

GAVDRS: Georgia Violent Death Reporting System

GAMSRN: Georgia Murder Suicide Response Network

GCADV: Georgia Coalition Against Domestic Violence

GCFV: Georgia Commission on Family Violence

IES: Impact of Events Scale

IPP: Intimate Partner Problem

PTSD: Post-Traumatic Stress Disorder

QPR: Question, Persuade, Refer

RR: Restorative Retelling

SSMS: Support for Survivors of Murder-Suicide

VOCA: Victims of Crime Act

VPC: Violent Policy Center

VSSR: Victims Services Statistical Report

EXECUTIVE SUMMARY

- **Overview:** This report presents the Support for Survivors of Murder-Suicide (SSMS) Project, outlining its origins, mission, and growth. It revisits key findings from the 2016 Georgia Family Violence Fatality Review Project (FVFRP) report and highlights the unique approach of the SSMS Project in addressing the service gaps that often leave survivors of murder-suicide incidents feeling unsupported. The report offers a comprehensive overview of the current situation, analyzes the correlation between domestic violence and murder-suicide incidents, and discusses the growth and challenges faced by the SSMS Project during its first eight years.

- **Purpose of the Report:** This report aims to achieve three primary objectives: first, to assess the impact of the SSMS Project since its inception; second, to analyze trends in comparison to the 2016 report findings, identifying both progress and areas requiring further improvement; and third, to propose strategies for enhancing and expanding support services to provide more comprehensive care for survivors.

- **Key Findings:** This section presents the key findings from the data analysis and review of the SSMS Project's performance measures. It examines the evaluative tools and metrics used to assess the Project's impact on the survivors of murder-suicides it has supported. The report provides an in-depth analysis of the Project's successes and challenges to identify opportunities for growth and improvement. Actionable recommendations for stakeholders and suggestions for enhancing and expanding the SSMS Project on a local and broader scale are provided.

ABOUT

The Georgia Commission on Family Violence (GCFV)

In 1992, the Georgia Assembly established the Georgia Commission on Family Violence (GCFV) to create a comprehensive strategy to end family violence in the state. GCFV's mission is to lead the state's response by promoting safety, ensuring accountability, and advancing justice for future generations. GCFV is supported by dedicated, professional staff and 37 appointed Commission members from various multidisciplinary fields. GCFV is administratively attached to the Georgia Department of Community Supervision (DCS).

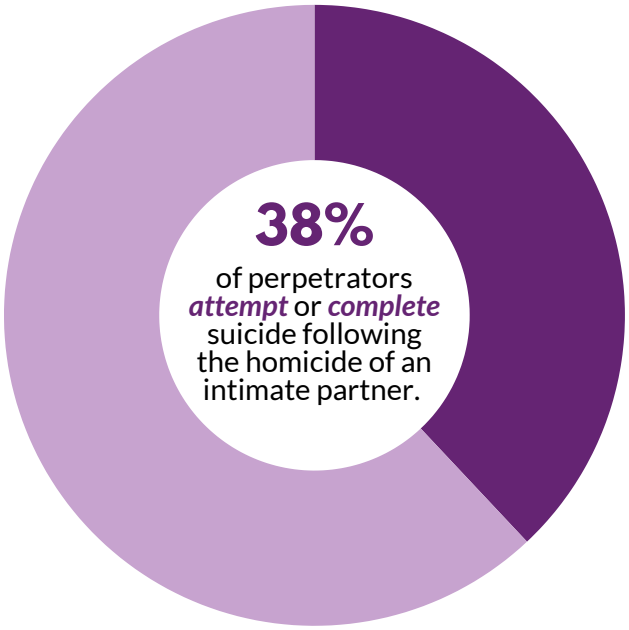
Key Findings of the 2016 Fatality Review Project

In 2016, a report published by the Georgia Domestic Violence Fatality Review Project, a Project jointly produced by GCFV and the Georgia Coalition Against Domestic Violence (GCADV), highlighted significant trends and risk factors associated with murder-suicide cases. The findings indicated that many victims had recently exited abusive relationships or were in the midst of divorce proceedings. Notably, the report revealed that in 68% of the cases, the victim and perpetrator were either married or in a civil union at the time of the incident, with 34% of victims actively undergoing divorce—figures that are considerably higher than those observed in general homicide cases (Lemeshka et al., 2017).

Victims often faced various issues leading up to the fatal event, including stalking, allegations of infidelity, and disputes over child custody, all of which serve as indicators of an increased risk of lethality. Perpetrators frequently displayed personal and mental health challenges, such as suicidal thoughts, depression, and recent personal losses, which may have contributed to the violent outcomes. Alarmingly, firearms were involved in 91% of cases where perpetrators had made suicidal threats, underscoring the critical role of firearms in these tragic incidents (Lemeshka et al., 2017).

The report's analysis also revealed significant deficiencies in criminal and civil interventions. Despite victims often having prior interactions with law enforcement, the findings indicated that courts frequently reduced criminal charges against perpetrators prior to the fatal incident, and supervision was insufficient. While Temporary Protective Orders (TPOs) were prevalent, ongoing child custody and support disputes still potentially jeopardized victims' safety. Although many victims had access to legal advocacy, the report highlighted an urgent need for enhanced supportive services in the aftermath of these incidents. Ultimately, the findings of the 2016 report

emphasized the need to address service gaps and provide specialized, comprehensive assistance to those affected by murder-suicide tragedies. These insights and other final recommendations contributed to the establishment of the Support for Survivors of Murder-Suicide (SSMS) Project.



BACKGROUND & CONTEXT

Introduction to the SSMS Project

The Support for Survivors of Murder-Suicide (SSMS) Project was established in 2017 by the Georgia Commission on Family Violence (GCFV) to address the critical gap in services for survivors of domestic violence-related murder-suicides. As the first program of its kind in the United States, SSMS offers specialized services, including support for coping with complex trauma and grief, tailored to meet the unique needs experienced by this underserved population holistically.

The creation of the SSMS Project was directly informed by the GCFV's 2016 Fatality Review report, which, as mentioned above, identified a significant correlation between domestic violence and murder-suicide incidents. The report revealed that 38% of domestic violence-related homicides in Georgia involved perpetrators who died by suicide after committing the homicide (GCFV, 2024). The findings highlighted the lack of targeted support for survivors, ultimately leading to the SSMS Project's development.

Although a detailed discussion of suicide prevention strategies is beyond the scope of this report, the need to incorporate effective suicide prevention into domestic violence interventions is equally stark. Implementing evidence-based tools, such as Question, Persuade, Refer (QPR) training, is needed. Another critical best practice for prevention efforts is multidisciplinary coordination and collaboration, for instance, between mental health professionals and those who work with domestic violence victims and perpetrators. A comprehensive, strategic approach, including strong preventive measures, is essential to adequately and effectively aiding survivors.

Murder-Suicide Incidents in Georgia and Nationwide

According to the Violence Policy Center (VPC), approximately 1,200 Americans annually lose their lives to murder-suicide events, with 65% of these tragedies involving intimate partners. VPC ranks Georgia ***third*** in the nation for murder-suicides (VPC, 2023). GCFV's statewide data estimates more than one person dies every week in a domestic violence-related murder-suicide, highlighting a critical need for targeted intervention and response to these cases (GCFV, 2024).

Suicide is one of the leading causes of death in the United States, and its impact is particularly evident at the state level (CDC, 2024). In Georgia alone, nearly 8,000 individuals lost their lives to suicide from 2018 to 2022 (GAVDRS, 2024). A significant portion of these tragedies are attributable to intimate partner relationship-related issues. A recent study conducted by the University of Georgia and the Centers for Disease Control and Prevention (CDC) found that between 2003 and 2020, ***one in five*** suicides was linked to intimate partner problems, including breakups, divorce, and other forms of domestic conflict (UGA, 2023). This underscores the critical role that relationship dynamics play in the mental health crisis contributing to these deaths. The risk factors associated with domestic violence, homicide, and suicide are well-established both nationally and within Georgia (Aszman & Thompson Tabb, 2015; Joiner, 2014). It is essential to address these interconnected issues because suicide prevention can also help prevent homicide in the context of domestic violence.

On average, every murder-suicide event leaves behind sixteen survivors (GCFV, 2024b). In this context, 'survivors' refers to individuals who may not have been directly involved in the lethal incident but are nonetheless deeply affected by the trauma, grief, and complex emotions that follow. These survivors can include the family and friends of the victims, extended acquaintances, or even a surviving victim who was the primary target of the incident. They often experience feelings of guilt, a lack of closure, and intense grief that differ from the feelings typically associated with other types of loss, especially when the perpetrator is a loved one.

QUICK FACTS

- Around 1,200 Americans die annually from murder-suicide.
- Georgia ranks 3rd in the nation for murder-suicide rates.
- 430 people died in Georgia from murder-suicides between 2017 and 2023.

Between 2013 and 2023, the FVFRP verified 343 murder-suicide incidents, which resulted in an estimated 5,448 survivors who conceivably required support (GCFV, 2024a). The SSMS Project aims to be adaptive, accessible, and responsive in providing the necessary support to those most affected.

Challenges and Service Gaps for Survivors of Domestic Violence Murder-Suicide

Survivors of domestic violence murder-suicide face unique challenges that are often overlooked. One of the main issues identified by the Project is that historically, murder-suicide survivors are not contacted and connected to supportive services. This oversight, though unintentional, stems from how traditional victim services are designed.

In 2016, the SSMS Project began contacting survivors and quickly discovered the profound emotional and psychological trauma they experience. Many survivors are unaware of available resources; more often, the appropriate resources do not even exist. This section explores the challenges faced by survivors and examines how the SSMS Project has made inroads to address them.

Critical challenges faced by survivors include:

Trauma & Grief

The sudden and violent loss of one or more loved ones, often including both the victim and the perpetrator, complicates the grieving process, leaving survivors vulnerable to prolonged or complicated grief and Post-Traumatic Stress Disorder (PTSD).

Limited Access to Resources

With many traditional victim services not recognizing the unique needs of murder-suicide survivors, there are often significant gaps in the availability and accessibility of specialized support services.

Social Stigma

Survivors frequently face stigma and judgement due to the nature of the crime. This can result in social isolation, making it even more difficult for them to seek help.

Murder-suicide events are particularly distressing foremost because they generally involve multiple fatalities. Further, oftentimes, survivors are children or family members who may have witnessed the violent event or lost several loved ones in a single incident. Then, in this traumatized state, those survivors are left to pick up the pieces of their shattered lives.

Survivors frequently encounter significant and immediate financial challenges, such as the costs of crime scene clean-up and funeral expenses. Returning to work can be difficult for survivors due to the overwhelming stress, trauma, and grief they struggle with. The Crime Victims Compensation (CVC) Program offers financial assistance for funerals, crime scene clean-up, and lost wages. While the CVC Program can be an invaluable resource for eligible survivors, many are unaware of its existence.

Family dynamics may also change dramatically. If minor children lose both parents, disputes over guardianship and custody can arise, leading survivors to take sides and encouraging children to do the same. This conflict can sometimes result in children becoming completely estranged from one side of their family. Additionally, survivors may face complex legal issues related to estates or attempting to establish postmortem paternity to access survivor benefits.

Unfortunately, it is not uncommon for children to be present during the violent act. The media often reports that these witnesses were "unharmed." However, this is a grave misconception of the realities; the harm caused by these events is not limited to physical injuries. These survivors endure long-term, penetrating psychological wounds that can lead to lifelong challenges (Burns et al., 2020). The same is also true for adult bystanders.

In some cases, the perpetrator does not complete the murder-suicide. When a primary victim survives the assault, they may have to cope with serious or life-altering physical injuries that require ongoing medical care. Even if the survivor overcomes the physical injuries, they must still manage the complicated emotional and psychological harm, which usually involves conflicting emotions, persistent fear, grief, and the isolation of "surviving the unsurvivable," (Avieli, 2025).

Since before the SSMS Project, there has not been a centralized source of comprehensive data on murder-suicides within Georgia or nationally, which helps contribute to a significant gap in understanding the problem and addressing these incidents (Lemeshka et al., 2017; Saindon et al., 2013). Additionally, because incidents of murder-suicide are relatively rare, there is minimal

existing infrastructure to support the *co-victims*—surviving primary victims, witnesses, first responders, and the loved ones and acquaintances of both the victim and the perpetrator. The absence of adequate data and specialized services is particularly concerning, as these tragedies, though infrequent, leave a large number of co-victims in their wake receiving inadequate or no support. Additionally, victim service providers, clinicians, and support groups are often ill-equipped to meet the unique needs of these survivors (Sheehan et al., 2018; Lebel et al., 2024; Abbate et al., 2024; AFSP, n.d.).

The lack of a coordinated response and the absence of specialized services often cause survivors to develop long-term psychological distress and feelings of helplessness. This can lead to other life management-related difficulties, such as navigating the civil justice system and social services (SSMS, 2024; Rheingold et al., 2015; Sheehan et al., 2018; Baca-Garcia, 2019).

Since its inception, the SSMS Project has emerged as a leader in this field, setting the standard for comprehensive, survivor-centered services. SSMS is still undergoing growth and expansion as it continues to be informed by the voices of survivors. The Project is scratching the surface of closing the critical gaps for these survivors with advocacy services, direct individual support, resource navigation, a specialized referral network of mental health professionals, and clinician-led support groups. The SSMS Project also continues to develop training and resources for community leaders and service providers to enhance the systemic response to these incidents. Through these efforts, GCFV strives to create a future where no survivor grieves alone and where communities are empowered to support those affected by these devastating incidents.

The Need for Comprehensive Survivor Support

The impact of murder-suicide extends beyond the immediate families of the deceased, affecting communities and professionals involved in responding to these cases. Witnesses, first responders, and loved ones of both the victim and the perpetrator often grapple with a complex web of emotions, including guilt, anger, and confusion (Baca-Garcia, 2019). In many cases, children are orphaned and left without either parent as their primary caregiver. These co-victims of murder-suicide are frequently overlooked by or not eligible for conventional victim support programs, leading to inadequate support and prolonged suffering (Baca-Garcia, 2019; GCFV, 2023).

A recent review of literature and survey

of domestic violence services in the U.S. reveals a lack of consistent data on these incidents, as well as a shortage of specialized programs to address the unique needs of survivors of domestic violence murder-suicides, indicating a significant gap in available support services (Saindon et al., 2017).

GCFV's analysis revealed that existing services were fragmented and lacked the comprehensive, trauma-informed approach necessary to support murder-suicide survivors effectively (Sheehan et al., 2018). Survivors themselves reported feeling 'invisible' and under-served by traditional victim services providers (Sheehan et al., 2018). The lack of access to specialized support left many survivors without guidance or resources during their most vulnerable moments.

Overview of SSMS Project Supportive Services

The SSMS Project aims to deliver a comprehensive suite of services tailored to meet the unique needs of murder-suicide survivors. These services include trauma-informed care, clinical grief support, and group counseling interventions, all informed by survivor input and experiences. The Project emphasizes trauma-informed advocacy, providing immediate support to survivors, assisting them in achieving emotional stability, fostering support to survivors, assisting them in achieving emotional stability, and creating opportunities for grieving, communication, and connection following a murder-suicide.

Furthermore, the SSMS Project guides survivors through the complexities of both the civil and criminal justice systems. In the civil context, it helps survivors understand relevant laws and procedures pertaining to needs like Probate Court, guardianship, or assisting with Crime Victim Compensation Program applications. In instances where the perpetrator of a murder-suicide survives, survivors and co-victims could further require support in navigating the criminal justice system to ensure the rights of their deceased loved ones are upheld and justice is pursued appropriately. The approach also prioritizes maintaining ongoing contact with survivors, conducting needs assessments, and coordinating resources and services to provide comprehensive support and case management.

The Georgia Murder-Suicide Response Network (GAMSRN) is a collaborative initiative formed by GCFV. With specialized training and collaborative problem-solving on the issues, the group aims to enhance the availability of qualified mental health services for survivors of domestic violence-related murder-suicide incidents. The SSMS Project recognizes the intricate nature of grief following a murder-suicide and offers specialized clinical grief support to meet

these unique needs. Licensed mental health professionals from GAMSRN provide counseling tailored to each survivor's grief journey, while the SSMS Project Coordinator, trained in grief companioning and support, offers ongoing guidance throughout the healing process. The network also facilitates connections among survivors to mitigate isolation using an evidence-based group support model called Restorative Retelling (RR).

RESTORATIVE RETELLING (RR)

An intervention designed to restore and strengthen one's resilience after being traumatized by a violent death.

In 2022, the SSMS Project expanded its available services by adding a specially designed group counseling program to enhance supportive environments tailored to survivors' needs. Restorative Retelling Groups are grounded in evidence-based practices and focus on helping survivors (primarily surviving family members of either decedent) process and heal from the traumatic memories and integrate the losses they experienced into their lives (Rheingold et al., 2015; Wolfelt, 2008; DPH, 2023).

In 2024, the SSMS Project held the first 'Injured Survivors' Support Group, developed to address the distinct challenges faced by survivors who were a primary target of an attempted murder-suicide. The Project supports the progression of the Support Groups by facilitating ongoing contact between group members and coordinating the Groups with licensed clinicians through the Georgia Murder-Suicide Response Network (GAMSRN). The SSMS Coordinator's role in this aspect of the Project is to strengthen community bonds and promote ongoing healing.

These diverse and supportive services exemplify the SSMS Project's commitment to providing comprehensive, trauma-informed care that addresses the multifaceted needs of murder-suicide survivors. The Project has successfully established a supportive ecosystem for survivors throughout their healing journey by offering a range of individual and group interventions.

METHODOLOGY

The SSMS Project integrates various data sources and assessment tools to monitor participant progress and evaluate the effectiveness of its interventions for survivors of domestic violence-related murder-suicides. These tools provide essential insights into survivors' needs, experiences, and progress, helping to guide outreach efforts, program development, and resource allocation.

Key data sources include assessments conducted at different stages of participation, such as intake (e.g., Victims of Crime Act [VOCA] assessments and Drug Abuse Screening Test [DAST-10]), post-group completion (e.g., GCFV Survivor Surveys), and program performance data (e.g., Victim Services Statistical Report [VSSR], pre-and post-surveys, Beck Depression Inventory [BDI-A], and Death Imagery Scale-Revised [DIS-R]). SSMS uses these assessments to establish a baseline for the participants' symptoms (e.g., PTSD, depression, substance misuse) and measure participants' progress in the Restorative Retelling (RR) support groups. The tools collect quantitative data on symptom changes and qualitative data through open-ended survey responses, allowing participants to share feedback on their experiences with the SSMS Project and groups.

To ensure participant confidentiality and ethical compliance, all individuals involved in the SSMS Project must sign an informed consent document. This consent grants the Project Coordinator and administrators permission to collect and report health data to the program's funders. Additionally, any data gathered through surveys is de-identified before analysis or reporting. To further protect participant privacy, we use HIPAA-compliant video-conferencing services for the SSMS groups, ensuring that all communications remain secure and confidential.

Together, these tools enable SSMS to assess the impact of its services, monitor progress, and refine its approach to meeting the complex needs of survivors. By integrating both quantitative and qualitative data, the Project aims to continually improve its services and ensure that murder-suicide survivors receive the most appropriate and effective support.

See 'Appendix A: SSMS Measures of Evaluation' for detailed descriptions of each assessment tool.

FINDINGS

Murder-suicide is a particularly devastating aspect of domestic violence.

From 2017-2023, 430 people died in murder-suicide incidents in Georgia (GCFV, 2024). These incidents account for over a third (34%) of all domestic violence fatalities statewide (GCFV, 2024a).

The statistics provide a broad picture of the significance of the problem. But behind the numbers, the profound and far-reaching impacts of murder-suicide underscore the critical need for specialized interventions such as those developed by the SSMS Project.

Fatal Domestic Violence in Georgia

2018-2022 (GAVDRS)

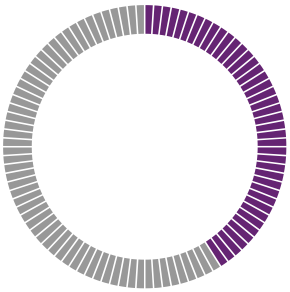
The Georgia Violent Death Reporting System (GA-VDRS), established in partnership with the Centers for Disease Control and Prevention (CDC) and the National Violent Death Reporting System (NVDRS), monitors violent deaths in Georgia, encompassing homicides, suicides, and unintentional firearm deaths (DPH, 2023). Although it does not directly gather data on murder-suicides, the system identifies suicides associated with intimate partner issues, providing valuable insights into demographics, life stressors, and incident specifics (DPH, 2023).

SUICIDES FLAGGED WITH INTIMATE PARTNER PROBLEM (IPP)

Problem(s) with a current or former intimate partner appear to have contributed to the suicide or undetermined death.

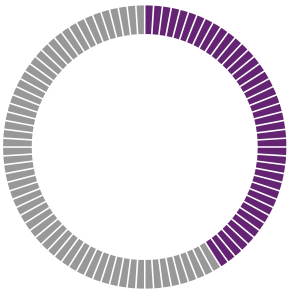
From 2018-2022, GA-VDRS flagged 14% of suicides among Georgia residents with the circumstance variable, 'intimate partner problem' (IPP), to indicate that "problems with a current or former intimate partner appear to have contributed to the suicide or undetermined death," (GAVDRS, 2024). GA-VDRS collects multiple circumstantial variables that may be relevant to an individual's death, with IPP being one of them (GAVDRS, 2024). Other variables include 'history of self-harm,' 'mental health problem,' and 'life stressor,' which refer to circumstances occurring before or during the fatal event (GAVDRS, 2024). The variables are not mutually exclusive, allowing multiple variables to be reported in combination (GAVDRS, 2024).

Among Suicides Flagged with an Intimate Partner Problem (IPP)...



42%
History of a Mental Health Problem

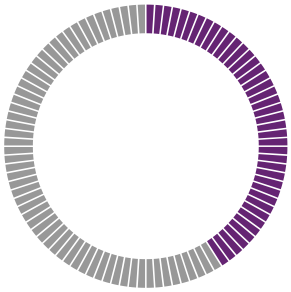
58%
History of a Mental Health Problem



42%
History of Expressed Suicidal Thoughts or Attempts

58%
No History of Expressed Suicidal Thoughts or Attempts

Among Suicides Flagged with an Intimate Partner Problem (IPP)...



41%
Altercation Preceded IPP-Related Suicide

59%
No Altercation Preceded IPP-Related Suicide

Findings reveal that over 40% of IPP-related suicides in Georgia between 2018 and 2022 involved individuals with a 'history of expressed suicidal thoughts or attempts' and a 'mental health problem' (such as anxiety, depression, PTSD, etc.), (GAVDRS, 2024). However, it is important to note that a history of mental health problems only means a prior known diagnosis and does not necessarily mean the individual was experiencing a mental health crisis at the time of the suicide event.

Furthermore, a nearly identical percentage of IPP-related suicides also had an 'altercation' before/during the fatal incident (GAVDRS, 2024). As for weapon type or method of death, the majority (67%) of IPP-flagged suicides occurred by firearm, followed by hanging, strangulation, and/or suffocation (23%), and poisoning (6%), (GAVDRS, 2024).

Over 80% of suicides flagged with an IPP occur among individuals born male at birth (GAVDRS, 2024). More specifically, 54% of IPP-related suicides occurred among non-Hispanic white males (GAVDRS, 2024).

The combined total of IPP-related suicides was highest among age groups '20-29,' '30-39,' and '40-49,' collectively accounting for over two-thirds (68%) of all IPP-related suicides occurring in Georgia between 2018 and 2022 (GAVDRS, 2024).

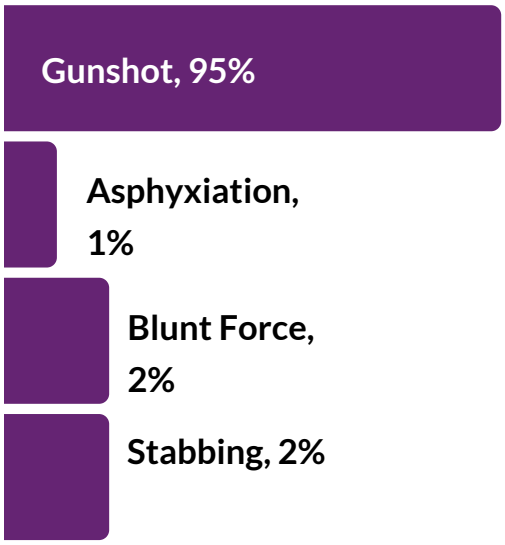
The counties with the highest percent of suicides with IPP's include Gwinnett (10%), Fulton (9%), DeKalb (6.5%), and Cobb (6%), (GAVDRS, 2024). 108 other Georgia counties also had documented murder-suicide incidents, however they accounted for less than 4% of IPP-related suicides between 2018 and 2022 (GAVDRS, 2024).

2017-2023 (FVFRP)

GCFV analyzes statewide data on family and intimate partner violence through the Family Violence Fatality Review Project (FVFRP). Findings from the FVFRP indicate that an overwhelming majority (nearly 80%) of all murder-suicide incidents in Georgia are completed, meaning that both the primary victim and the perpetrator were killed in the incident (GCFV, 2024a).

From 2017 to 2023, the Georgia counties with the highest murder-suicide rates were Fulton (10%), Cobb (6%), Gwinnett (5%), Hall (5%), and DeKalb (4%), (GCFV, 2024a).

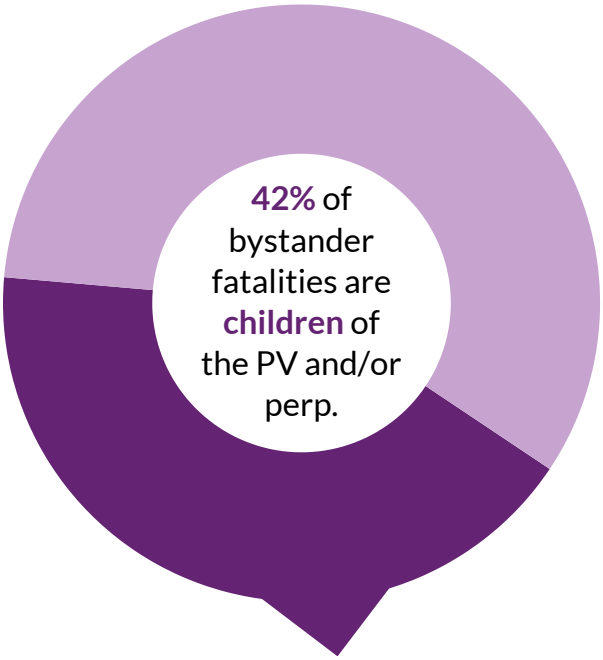
MURDER-SUICIDE IN GEORGIA, BY METHOD/WEAPON TYPE (2017-2023)

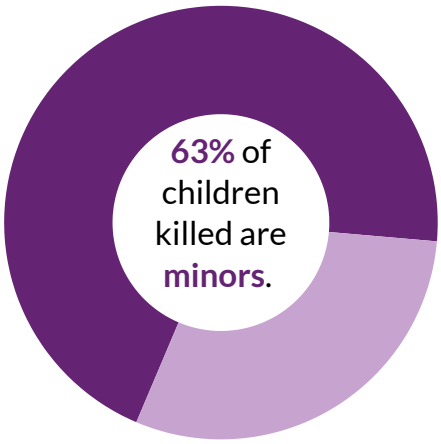


These five counties combined account for nearly one-third (30%) of all murder-suicide incidents occurring in Georgia since 2017 (GCFV, 2024a). Additionally, of the murder-suicides for which weapon type was reported and/or known, over 90% were committed with a firearm (GCFV, 2024a).

Between 2017 and 2023 in Georgia, the average age of primary victims of murder-suicide was 41.5 years, while the average age of perpetrators was 44 years (GCFV, 2024a). The youngest primary victim during this period was 17 years old, and the youngest perpetrator was 19 years old (GCFV, 2024a).

Additionally, as previously mentioned, between 2017 and 2023 in Georgia, there were 430 murder-suicide fatalities (GCFV, 2024a). Approximately 10% of these fatalities involved bystanders (GCFV, 2024a). Notably, 42% of the bystander fatalities were children of either the primary victim or the perpetrator, and the majority of the child-bystander fatalities (63%) were minors (GCFV, 2024a).



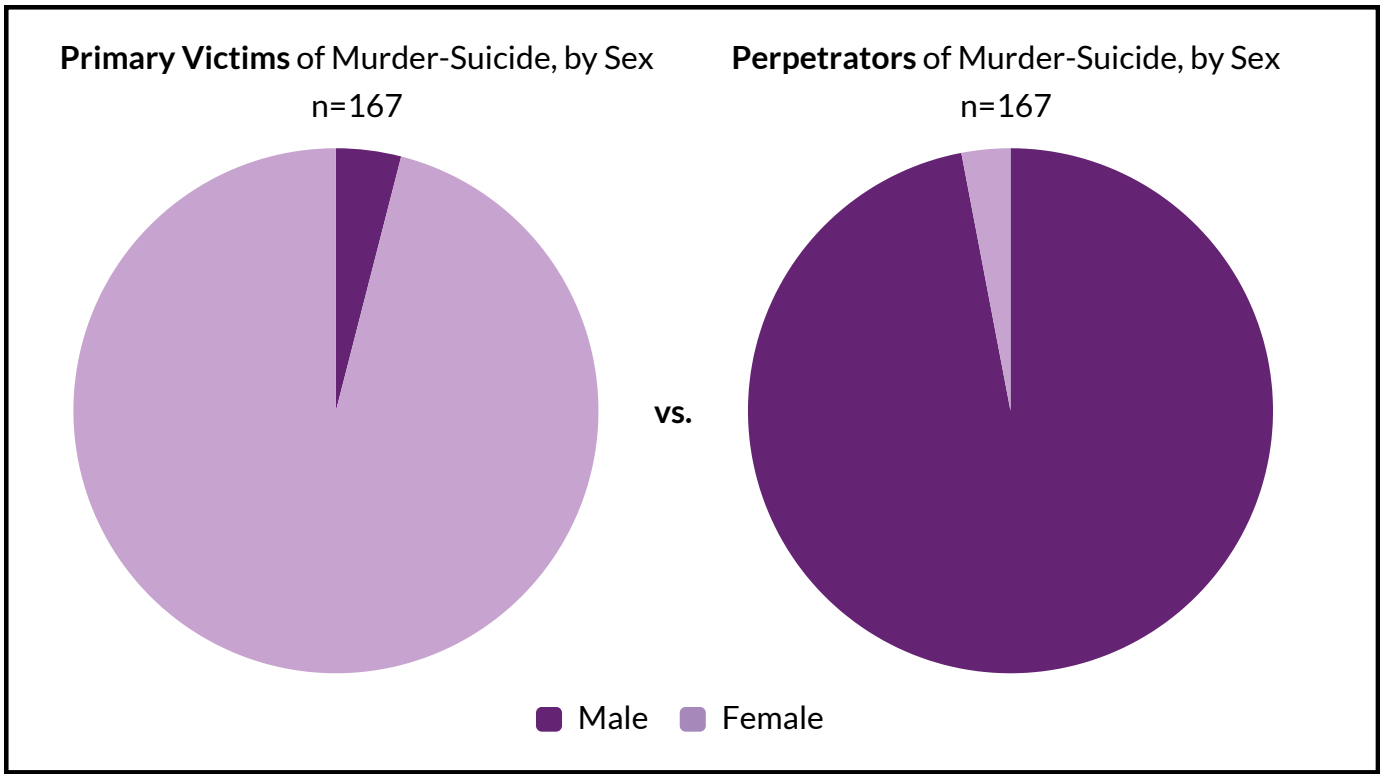


2019-2023 (FVFRP)

As the SSMS Project progressed, the FVFRP made an effort to expand the Project's data collection process by incorporating additional variables (GCFV, 2024a). Before 2019, demographic characteristics such as race, sex, and residential judicial district and circuit were not tracked or recorded through fatality review. However, starting in 2019, several variables of interest were added, including race, sex, the nature of the relationship, and the location of the murder-suicide incident.

Among the *primary victims* of murder-suicide whose race was known to law enforcement (n=116 from 2019-2023), nearly half (48%) were Black or African American, 40% White or Caucasian, 10% Hispanic or Latinx, and about one percent were classified as Asian and 'Other' race, respectively (GCFV, 2024a). Among *perpetrators* of murder-suicide whose race was known to law enforcement during the same period (n=119), over half (51%) were Black or African American, 39% White or Caucasian, 8% Hispanic or Latinx, and about one percent Korean, Asian, and 'Other' races, respectively (GCFV, 2024a).

In Georgia, 96% of murder-suicide primary victims were assigned female at birth, while 97% of perpetrators were assigned male at birth (GCFV, 2024a).



43%	of primary victims and perpetrators were **married** at the time of the fatal incident.
37%	of primary victims and perpetrators were in a **domestic partnership** at the time of the fatal incident.
16%	of primary victims and perpetrators were in either **former or estranged partners** at the time of the fatal incident.

When examining the relationship between victims and perpetrators in murder-suicide cases (n=158), existing data reveals the following breakdown: approximately 43% were married, 37% were in a domestic partnership (boyfriend/girlfriend), 16% were former or estranged partners, 2% were classified as having 'some other relationship type,' and about 1% were divorced or engaged (GCFV, 2024a).

SSMS Progress Metrics

The quantitative data from the GA-VDRS and FVFRP provides valuable insights into the prevalence and patterns of domestic violence and murder-suicides. However, the SSMS Project also uses qualitative measures that offer a deeper understanding of survivors' experiences and needs. Qualitative measures add critical context to the statistical findings of this report and highlight the emotional and psychological impact of these traumatic events, as well as the effectiveness of supportive services for survivors.

The SSMS Project has become a vital resource in addressing the complex needs of survivors of murder-suicide incidents. It provides a comprehensive range of trauma-informed individual and group-based interventions. The Project's effectiveness is evident in its positive impact on survivors' well-being, trauma recovery, and successful community reintegration. By offering tailored support to survivors and training professionals within the community, the SSMS Project has established a network of care that encourages emotional stability, healing, and long-term recovery.

Individual Advocacy is a cornerstone of the Project's success. Its extensive outreach efforts offer personal support to survivors to address their significant emotional and practical needs. This is reflected in the Victim Services Statistical Report (VSSR), which documents personalized advocacy and ongoing case management (VSSR, n.d.). The trauma-informed approach ensures survivors receive immediate assistance, including safety planning, emotional stabilization, and continued support throughout the complex legal and medical challenges they may encounter.

Community Protocol is another key component of the SSMS Project. Through targeted training programs, the project has equipped numerous professionals across Georgia with the skills and knowledge needed to respond sensitively and

effectively to murder-suicide cases. A specialized protocol has been developed and implemented, with multiple Domestic Violence Task Forces (DVTFs) and subcommittees established statewide to strengthen local responses. The community protocol initiative ensures that communities are prepared to support survivors at systemic and individual levels.

The Georgia Murder-Suicide Response Network (GAMSRN) consists of licensed mental health clinicians who are instrumental in providing specialized grief counseling. Through offering ongoing training such as murder-suicide and crime victim compensation, these clinicians are well-prepared to address the unique grief and trauma that survivors experience. With a growing network of specially trained licensed counselors available all across Georgia, the Project offers accessible clinical support through both individual sessions and group counseling interventions.

Specialized Support Groups for murder-suicide survivors, based on the Restorative Retelling (RR) model, play a vital role in the SSMS Project. These groups have been instrumental in addressing the survivors' needs. Seven RR groups have been held to date, creating supportive and communal environments that foster healing among participants. The impact of these groups is echoed in the participants' own words.

One survivor shared, "It helped me A LOT! And I was able to help others that were newer to the group because I've been where they are now," (GCFV, 2023). Others echoed similar sentiments, saying, "It was hard. It was painful. But on the other side of the pain… I found growth and peace like never before," and "After this group, a lot of the heaviness is gone,"(GCFV, 2023).

> **"**I was lost and damaged at a level I could not understand. **This group helped me come back to life**, and to want to live and feel. The numbness from the murder of my loved daughter is far more than I could cope [with], [but] **this group was my support** one-hundred percent.**"**

The seven RR groups have collectively served 35 survivors. This section reviews the outcomes from Groups One through Four and Groups Six and Seven; results from Group Five have been excluded due to missing post-survey data. The assessments administered to participants are not intended for making clinical diagnoses or treatment decisions but are used exclusively to determine group participation eligibility.

Since the first RR group in August 2022, group participation and retention have increased significantly. Group One began with six participants, of whom four dropped out, while Group Two started with five participants and lost three.

In contrast, Groups Three, Four, and Six lost only one participant from beginning to end. Although we do not have post-survey results for Group Five, it is estimated that nearly 60% of participants remained engaged in their groups from start to finish (VSSR, n.d.).

Survey measures (see *Appendix A*) indicate that the RR groups have been successful in alleviating symptoms associated with experiences of violence and traumatic death. The results reflect the previously discussed retention rates, as group average scores improved over time. Initially, the first few RR groups scored negatively (post-test scores were worse than pre-test scores), but this trend shifted to consistent positive improvements in participants' scores.

Although data on outcomes is still limited due to small sample sizes, early findings suggest positive effects. Survivors have reported significant emotional relief and improved coping mechanisms. The ongoing expansion of these services demonstrates the SSMS Project's commitment to addressing the evolving needs of survivors and supporting their long-term recovery.

Research indicates that initiating the process of unpacking trauma in therapy can lead to an initial flare-up of adverse trauma and stress responses (Andriessen & Krysinska, 2012). To the untrained eye, this may appear as "negative" progress. However, this increase in symptoms is typically a result of actively discussing and engaging with traumatic memories and can lead to short-term flare-ups in associated trauma symptoms (Andriessen & Krysinska, 2012). Additionally, lower pre-test scores can stem from feelings of numbness or disbelief, which often occur after experiences of substantial trauma and loss (GCFV, n.d.).

In conclusion, the SSMS Project's multifaceted approach—through individual advocacy, community training, and mental health services—has proven effective in supporting murder-suicide survivors. Despite the challenges, the Project continues to develop innovative ways to provide survivors with the care and support they need to heal and reintegrate into their communities.

Survivor Voices

There is limited guidance on how to support survivors of murder-suicide who are dealing with traumatic bereavement. Systematic reviews of strategies employed by service providers following homicide and suicide losses show similar findings regarding the benefits of peer support in the aftermath of such trauma and the actual or perceived stigma associated with these losses (Lebel et al., 2024; Abbate et al., 2024). The feedback from participants in

the survivor Support Groups reinforces these insights. Approximately 90% of survivors who completed participant surveys reported that the groups exceeded their expectations and gave them a sense of connection, safety, and direction. More than 50% of the respondents indicated that introductions and the opportunity to share their stories were the most helpful aspects of the groups. One survivor noted, "I didn't know it at the time, but I was stuck, stressed, [and] frightened with nowhere to go," (GCFV, 2023).

Other survivors expressed similar sentiments. Before joining the groups, many had not allowed themselves to experience their emotions fully. Some survivors believed the best way to cope with their loss was to avoid confronting their complicated emotions. Additionally, they received unhelpful messages reflecting societal views that encouraged them to "fix" their grief and return to everyday life (Tateo, 2023). One participant shared, "Some of my own family members wanted me to just go on with my life," (GCFV, 2023). The group provided a safe space to *explore their feelings openly* and motivated them to pursue individual support after participating in the group sessions.

While it was emotionally challenging, the RR process helped some survivors use imagery to address and cope with memories surrounding their loved one's death. One participant stated, "It helped me to see her last moments the way I would have preferred them to have been," (GCFV, 2023). Recreating this narrative is particularly important for murder-suicide survivors, as there are often many narratives circulating about their loved one's deaths in the community and media, including news coverage or social media discussions. Survivors of traumatic losses frequently report heightened distress due to inaccurate or misleading media coverage, graphic images, and the exposure of other personal details (Cherry, 2021). The RR process allows them to recount their loved one's deaths and share how they lived. One participant reflected, "Being able to share my family members for who they were outside of how they died has been a wonderful experience," (GCFV, 2023).

Often, people who experience traumatic and violent losses face trauma symptoms consistent with PTSD, in addition to grief. According to the American Psychiatric Association, traumatic events can lead to symptoms such as intrusion, avoidance, negative changes in cognition, and alterations in arousal and reactivity (APA, 2022). The mental health clinicians facilitating the RR groups help survivors better understand what they are experiencing. Participants learn self-soothing skills, discover new sources of support, and recognize signs that indicate they may need individual mental health

support. One participant expressed, "At times, the trauma and loss seems [sic] unsurvivable, but through the prevailing and resilience discussions, it taught/reminded [us] that we can continue to live despite the pain. [We] learned methods to make it easier to survive," (GCFV, 2023).

The SSMS Project also connects participants who want to pursue individual counseling with a GAMSRN clinician who can provide tailored support. Addressing cultural, historical, and gender issues is essential for trauma-informed care (SAMHSA, 2014). The RR Support Groups aim to achieve this by validating and normalizing the unique experiences of murder-suicide survivors. One survivor shared, "I feel like I'm not thinking I'm crazy as I once thought, feeling the way I feel about missing my sister," (GCFV, 2023).

Survivors of murder-suicide often experience what Dr. Kenneth Doka coined as disenfranchised grief, which is grief that society does not acknowledge or support (Doka, 1999). Victims may be blamed for staying in abusive relationships, while society often stigmatizes the families of perpetrators because of their close association with someone who committed murder. The lack of support, combined with social stigma and limited resources, leaves survivors feeling isolated and alone. One participant noted, "I would have really liked to have someone in my group whose killer was also a family member. It does add an extra layer of hurt and anger– at your own family member. This has been one of the hardest parts to deal with for me and having someone else with the same experience would have been helpful," (GCFV, 2023). This reflection underscores the need to encourage and increase community involvement to support the perpetrator's loved ones.

Innovating Survivor Support

In a completed murder-suicide, there is no criminal prosecution. Without prosecution, the criminal justice system lacks mechanisms to support survivors. Georgia is the only state with a developed protocol and coordinated community response to murder-suicide. The SSMS Project receives calls from murder-suicide survivors in other states, from Georgia residents affected by events that occurred elsewhere, and from survivors of murder-suicides in Georgia who have relocated to other states.

Unfortunately, SSMS support may be limited in these instances due to the need to coordinate with other states that face similar challenges but lack a structured plan to address the needs. For instance, some states may require a crime victim's compensation application to be completed by the state attorney's office or by a state-certified domestic violence shelter.

Furthermore, prosecution-based advocates are limited by what they can do without an active criminal case pending. Survivors may be unaware of the services available through domestic violence organizations or believe they do not qualify for the services. Even if they do reach out, some of these organizations may not recognize murder-suicide survivors as individuals they can effectively support.

In addition to developing a protocol, toolkit, and the GAMSRN, SSMS is introducing a new perspective by advocating for community support for the loved ones of the perpetrators. This approach encourages us to broaden our understanding and acknowledgement of who is impacted by a murder-suicide. Since these incidents often involve intimate partner relationships, it is common for children, in-laws, friends, neighbors, co-workers, and faith communities to have connections with both the perpetrator and the victim, and therefore, for all of them to be coping with multiple losses. Thus, including the loved ones of perpetrators is an innovative feature of the SSMS Support Groups.

The American Foundation for Suicide Prevention (AFSP) notes that perpetrators' loved ones face unique challenges, such as conflicting emotions that complicate grieving, feelings of guilt, humiliation, negative perceptions within their communities, rejection, and lack of support or alienation (AFSP, n.d.). "Homicide-suicide loss survivors are often viewed as family members of criminals rather than family members of someone who died by suicide. Some survivors are too ashamed to join a suicide-loss support group because [an act of] murder preceded the suicide of their loved one[,] and they fear they will be judged or rejected," (AFSP, n.d.).

Gaps, Growth, and Goals

Overall, the feedback from survivors has been positive. However, their insights highlight additional needs and opportunities for program development: in-person group meetings, specialized support for children, and the creation of ongoing alumni groups.

Currently, the RR groups are facilitated virtually and are accessible to Georgia residents regardless of their location in the state. Nevertheless, survivors continue to express a desire to meet in person. For this to be possible, the GAMSRN needs to expand into areas where clinicians are unavailable. By broadening our coverage area, the SSMS Project can eventually offer in-person groups and services to individuals and families who prefer or require face-to-face individual support or family counseling.

Additionally, some participants indicated that the children in their families could benefit from youth-sensitive RR Support Groups. Between 2022 and 2023 in Georgia, almost 16% of fatal domestic violence incidents were observed by the children—often minors—of either the victim or the perpetrator (GCFV, 2024). This figure does not include parentally bereaved children who, while not witnesses to the event, were still traumatized by it. Without intervention, childhood grief and trauma can lead to academic difficulties, mental health issues, and even early mortality (Burns et al., 2020). Developing targeted programs in collaboration with community partners can address the unique needs of children affected by domestic violence murder-suicides.

Last, survivors desire to maintain an ongoing connection through 'alumni' groups. Many survivors face stigma and isolation during their healing journey (Lebel et al., 2024; Bartone et al., 2019). Alumni peer groups can be conduits to long-term support, especially when survivors lack family and community support (AFSP, n.d.; Bartone et al., 2019). These groups can also offer survivors a safe space to continue their healing progress, access to new resources, updates on support services, and opportunities to engage in advocacy or community efforts.

While the SSMS Project is pioneering new approaches, much work remains. Increased collaboration between community partners would enhance service provision. These partnerships could improve data collection, survivor identification, and resource navigation. Currently, beyond the efforts of the FVFRP, there is no system for collecting data on murder-suicides in Georgia. The SSMS Project relies on media monitoring and open records requests to identify cases and survivors, which presents several challenges. Not every murder-suicide event is covered in the media, meaning there is a high likelihood that there are survivors who are not on our radar.

Additionally, although the Georgia Open Records Act has a defined response timeline, access to records is not always immediately forthcoming. Consequently, the SSMS Project cannot promptly confirm details or contact survivors following an incident. This delay means Project personnel cannot offer immediate support, and survivors may miss out on timely interventions or services that could aid their recovery. With only one SSMS Project Coordinator, the reach of the role is limited, particularly without community buy-in and collaboration. Raising awareness and fostering partnerships within the community to support murder-suicide survivors is essential for advancing this project.

RECOMMENDATIONS FOR EXPANDING AND ENHANCING THE RESPONSE

Addressing the complex issues surrounding murder-suicide requires a solution-oriented, end-to-end approach that encompasses all aspects of the problem, from prevention strategies to early intervention efforts and supportive services. Recognizing the particular challenges faced by those impacted by murder-suicide, it is crucial to enhance training and education for community partners, expand support services, and strengthen community protocols.

By advocating for increased awareness and funding, we can ensure survivors receive the comprehensive care they need. Additionally, improving data collection and analysis will provide valuable insights into survivor experiences and the effectiveness of support services, ultimately leading to better outcomes for those affected.

1. **Enhance Training and Education:** Implement comprehensive training on the connection between homicide and suicide for community and state partners. Increase suicide prevention training for community members and professionals. Ensure that community partners know about available resources and services, such as the RR Support Groups, and actively refer survivors to these services.

2. **Expand Survivor Support Services:** Increase funding for specialized Support Groups and individual therapy services, particularly for survivors who are ineligible for crime victim's compensation. Establish programs and opportunities to foster ongoing support and connection among survivors, such as the creation of a peer-led alumni group. Additionally, create in-person events locally to honor victims and encourage community solidarity and engagement.

3. **Strengthen Community Protocols:** Provide targeted training for Domestic Violence Task Forces (DVTFs) on community protocols and trauma-informed responses to improve local support for murder-suicide survivors. The SSMS Project aims to equip up to 10 DVTFs annually across the state to implement an active SSMS response capable of supporting survivors within their communities. These subcommittees can form a network to meet quarterly and collectively engage in continuing education and sharing best practices and ideas.

4 **Advocate for Increased Awareness and Funding:** Engage in community and policy advocacy to raise awareness of the needs of murder-suicide survivors and secure additional funding for support services. Use the feedback from facilitators and participants to create and implement best practices for adapting Restorative Retelling for murder-suicide cases and provide ongoing training and education for new and existing clinicians.

5 **Increase Data Collection and Analysis:** Continue to develop best practices for gathering and securely capturing survivor feedback to understand better their experiences and the impact of the SSMS Coordinator's involvement. This should include implementing retrospective lethality assessments to gather historical insights into past murder-suicide events and gain a comprehensive picture of the risk factors that may have been relevant in each case. Data of this nature can be vital for informing prevention, training, and awareness efforts.

In summary, the recommendations outlined establish a robust framework for addressing the needs of murder-suicide survivors and developing a broad network to respond to domestic violence-related murder-suicide. By implementing comprehensive training programs that highlight the connection between homicide and suicide, we can enhance community awareness and support efforts. Expanding funding for support services, creating peer-led groups, and strengthening community protocols will improve local responses for those affected. Advocating for increased awareness, funding, and enhanced data collection will provide valuable insights into survivor experiences. Collectively, these recommendations and strategies offer a pathway to address the critical gaps in specialized services, creating a more supportive environment for survivors and co-victims of murder-suicide.

CONCLUSION

Summary of the Report

Addressing the Aftermath: An Examination of Support for Survivors of Murder-Suicide (2017-2023) is an in-depth assessment of the initiative's impact on the lives of murder-suicide survivors since its inception in 2017. The SSMS Project has emerged as a national leader in providing comprehensive support services for survivors of domestic violence murder-suicide, addressing critical gaps in care and promoting healing for those affected by these tragedies.

This report evaluates the SSMS Project's effectiveness in alleviating the negative impacts of murder-suicide and

strengthening community-based support systems for survivors. Building on the findings of the 2016 FVFRP report that led to the SSMS Project, this report uses data collected from national and state databases, survivor surveys and assessments, and program performance metrics. The findings in this report indicate that SSMS has made significant strides in helping survivors navigate complex emotional and practical challenges through personalized services and compassionate outreach.

Incorporating survivors' voices into program development has been a hallmark of the SSMS Project, ensuring that the SSMS initiative evolves in direct response to the needs of those it serves. The report also identifies growth opportunities, such as the need for expanded outreach, specialized support services for children, and ongoing training for clinicians and community leaders on trauma-informed responses to murder-suicide.

The recommendations aim to elevate the quality of support provided to survivors, including specific strategies for program improvement, training development, and community engagement. The report envisions a future where no murder-suicide survivor grieves alone and where communities provide effective, compassionate support to those coping with the aftermath of these tragic events.

Limitations

Research and advocacy efforts focused specifically on murder-suicide are largely unprecedented. While the SSMS Project has successfully established national standards for support in this area, GCFV acknowledges the limitations of exploring this relatively uncharted territory. Although GCFV has a particular interest in murder-suicide trends in Georgia, the number of murder-suicide victims remains relatively low compared to the overall incidents of domestic violence, statistically speaking. Moreover, the number of victims successfully contacted, enrolled, and retained for support in SSMS programming is even smaller.

Additionally, as previously noted, the Group Five data of the Restorative Retelling groups was excluded due to their group facilitator's failure to submit their post-survey scores. A technical error also resulted in Group Four missing post-survey results for only the Impact of Events Scale-Revised (IES-R). Consequently, the findings from the small groups may be limited in their generalizability, indicating that conclusions drawn from these groups may not apply to larger populations or broader contexts (Faber & Fonseca, 2014).

Finally, one measure used to assess program efficacy, the IES-R, must be updated to include items that thoroughly assess

negative changes in thinking and mood (Weiss & Marmar, 1996). The IES-R was designed to align with *The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV), which has since been updated twice and is now referred to as *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision* (DSM-5-TR), (Weiss & Marmar, 1996). Despite this, the IES-R has been tested for reliability and continues to demonstrate sound psychometric properties (Chang et al., 2024). For this reason, data collected from IES-R is included.

Acknowledgments

Project Staff

The evaluation report Healing the Hidden Wounds: An Evaluation of Specialized Support for Murder-Suicide Loss (2017-2023) was authored by Research & Data Analyst Rachel Rothman, MPH, and Project Coordinator Danielle Edwards, LCSW. Senior Program Coordinator Stacey Seldon, Director of Program Planning and Development Jameelah Ferrell, MFA, and Executive Director April W. Ross, Esq, provided Project supervision and editorial support. Former Family Violence Fatality Review Project Coordinator Carolynn Brooks, MS, supported the early phases of the report's development.

Special Thanks

This report was made possible by the financial support of the Criminal Justice Coordinating Council. GCFV extends special thanks to our data partners, including:

- District Attorney's Office Victim Witness Assistance Programs
- Domestic Violence Programs Statewide
- County Medical Examiners' Offices
- Law Enforcement Agencies
- The Statistical Analysis Center of the Criminal Justice Coordinating Council
- The Georgia Violent Death Reporting System (GVDRS), Georgia Department of Public Health
- Georgia Murder-Suicide Response Network (GAMSRN)
- Murder-Suicide Survivors

Financial Support

This Project was supported by Subgrant Numbers W23-8-064, V51-8-094, and C23-8-200, awarded by the state administrating office for the Office on Violence Against Women, U.S. Department of Justice's STOP Formula Grant Program. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the state or the U.S. Department of Justice.

APPENDIX A:
SSMS PROJECT EVALUATIVE TOOLS AND METRICS

Domestic Violence (DV) Fatality Data:
The Fatality Review Project Coordinator tracks and verifies Georgia domestic violence fatality data through media, police reports, court documents, and public records, with updates from a network of state-certified agencies and community partners. Murder-suicide data, a subset of this information, supports the Support for Survivors of Murder-Suicide Project's outreach, training, and funding efforts.

Georgia Violent Death Reporting System (GA-VDRS) Data:
The Georgia Violent Death Reporting System (GA-VDRS), developed by the National Violent Death Reporting System (NVDRS) and Centers for Disease Control and Prevention (CDC), tracks violent deaths in Georgia, including homicides, suicides, and unintentional firearm deaths. While GA-VDRS does not explicitly collect murder-suicide data, it does flag suicides linked to "intimate partner problems" (IPP) (DPH, 2023). These flagged suicides provide key insights, such as demographics, victim and suspect characteristics, and related life stressors.

Victim Services Statistical Report (VSSR):
The Victim Services Statistical Report (VSSR) tracks the number of new and existing clients served by SSMS annually, including contacts made with prospective clients. It captures details such as victim demographics, primary victimization, services provided, and referrals (VSSR, n.d.). VSSR data offers valuable insights into SSMS's effectiveness by tracking client engagement and victim characteristics over time. Group participation is also recorded, though not all victims attend Restorative Retelling groups.

Victims of Crime Act (VOCA) Assessment:
The Victims of Crime Act (VOCA) assessment, developed by Dr. Holly Prigerson, helps determine the likelihood of PTSD and traumatic grief based on an individual's exposure to death and their relationship to the deceased (Rynearson et al., 2015). The 41-item assessment includes questions on background characteristics, the loss and exposure, and the relationship to the deceased (Rynearson et al., 2015). SSMS uses the VOCA assessment at intake to gather information about participants' experiences, but no clinical diagnoses of PTSD or traumatic grief are made based on responses.

Drug Abuse Screening Test (DAST-10): The Drug Abuse Screening Test (DAST-10), developed by Harvey Skinner in 1982, is a 10-item self-report questionnaire designed to assess clinical drug addiction (Skinner, 1982). It focuses on participants' drug use (excluding alcohol) over the past 12 months, including substances like cannabis, cocaine, and narcotics (Skinner, 1982; Yudko et al., 2007). Responses are binary, with each "yes" answer scoring one point for 10 possible points (Skinner, 1982; Yudko et al., 2007). The DAST-10 is administered to SSMS group participants at intake to assess current drug use, but no clinical diagnoses are made based on the responses.

Restorative Retelling (RR) Group Data: Restorative Retelling (RR) is an intervention aimed at restoring resilience after experiencing violent death trauma by helping individuals regain a sense of safety, separateness, and autonomy (Rynearson et al., 2015). RR involves building resilience, retelling and celebrating the deceased's memory, and safely recounting the violent death experience in a moderated group setting (Rynearson et al., 2015). This process helps reduce distress by re-exposing individuals to images and stories of the deceased, thereby diminishing trauma responses (Rynearson et al., 2015). Groups began in 2022 and are facilitated by licensed clinicians with expertise in grief counseling and domestic violence. These weekly two-hour sessions, held for ten consecutive weeks, are evaluated for effectiveness through participant feedback and pre-and post-testing.

SSMS Survivor Group Surveys: The SSMS Survivor Group Participant Survey is an 8-question assessment developed by GCFV to gather participant feedback upon completing the group. It measures their physical and emotional needs, stability, understanding of the civil justice system, safety, and overall satisfaction. Five questions use a five-point Likert scale, and the final open-ended question allows participants to provide additional feedback.

Pre- and Post-Assessments: The facilitators use professional screening tools to prepare for the group and determine the participants' safety and compatibility with a group environment. Assessment scores are noted at intake and group completion to measure progress made in SSMS group participation. The difference between participant scores at pre- and post-intervals is averaged across all groups to indicate participant progress, overall group performance, and effectiveness.

**See next page for specific Pre- and Post Assessment detail *

PRE- AND POST-ASSESSMENTS

Death Imagery Scale - Revised (DIS-R):

The Death Imagery Scale (DIS) is a 12-item assessment that measures the extent of five types of death imagery: reenactment, rescue, revenge, reunion, and remorse (Rynearson et al., 2015). Each item is scored 0, 1, 3, or 5 (Rynearson et al., 2015). Scores of 3 or 5 for reenactment imagery suggest the need for restorative retelling or individual support (Rynearson et al., 2015). The DIS is administered to SSMS participants at intake and completion, with no clinical diagnoses made based on responses.

Beck Depression Inventory (A) (BDI-A):

The Beck Depression Inventory (BDI-A) is a 22-item self-rating tool used to assess depression symptoms, measuring attitudes and beliefs associated with a clinical diagnosis (Beck et al., 1961; APA, 2020). Participants rate each statement on a 4-point scale, with a maximum score of 63 (Rynearson et al., 2015). The BDI-A is administered to SSMS group participants at intake and completion to evaluate progress, though no clinical diagnoses are made based on the responses.

Impact of Events Scale - Revised (IES-R):

The Impact of Events Scale-Revised (IES-R) is a 22-item self-report assessment that measures distress related to stressful events over the past seven days, with ratings from 0 to 4 (Weiss, 2007; Chang et al., 2024). The total score, ranging from 0 to 88, helps assess routine life stress and acute stress (Weiss, 2007). The IES-R is administered to SSMS group participants at intake and completion to evaluate progress, though no clinical diagnoses are made based on responses.

PTSD Checklist for DSM-5 (PSL-5):

The PTSD Checklist for DSM-5 (PCL-5) is a 20-item self-report questionnaire used to screen for PTSD and monitor symptoms during treatment (Weathers et al., 2013). Each item is rated on a 5-point scale, with a total score of up to 80 (Weathers et al., 2013). The PCL-5 is administered to SSMS group participants at intake and completion to assess progress. However, no clinical diagnoses are made based on responses.

APPENDIX B:

Georgia Murder-Suicide Response Network (GAMSRN) Referral Contacts

Name *(Title included if provided)*	Counties: In-Person *(Listed)*	Telehealth *(Statewide)*	Other *(Listed)*
Alyssa D. Myers	Dougherty, Lee	Yes	–
Amber Catron	Paulding	Yes	Surrounding Counties
Aminta Osejo	Cobb	Yes	Surrounding Counties
Amy Jo Barron	Walker	Yes	Surrounding Counties
Annie Davis	Troup	Yes	–
Carron Alexander	Liberty	Yes	–
Charlene Kidd	–	Yes	–

Name *(Title included if provided)*	Counties: In-Person *(Listed)*	Telehealth *(Statewide)*	Other *(Listed)*
Danielle Edwards	Gwinnett	Yes	Florida
Dr. J. Combs	Cobb, Cherokee	Yes	–
Dr. Demetria M. Hill, LPC, MAC, CPCS	Lowndes	Yes	–
Dr. Kendall Johnson	Savannah, Chatham	Yes	–
Dr. Terry Parks	Gwinnett	Yes	Surrounding Counties
Dr. Yolanda King	Houston	Yes	Surrounding Counties
Elisabeth Bletsch	DeKalb	Yes	–
Ellisha M. Jones	Chatham, Effingham, Bryan, Liberty, Long, Glenn, Bulloch	Yes	–

Name *(Title included if provided)*	Counties: In-Person *(Listed)*	Telehealth *(Statewide)*	Other *(Listed)*
Ernetta Worthy	Rockdale	Yes	–
Gwendolyn Coley	Peach, Houston, Macon-Bibb, Crawford	Yes	Other Middle GA Counties
Jacqueline Jenkins	Dougherty, Lee, Worth	Yes	–
Jamila Furtch	Henry, Rockdale, Spaulding, Fayette, Clayton, Fulton	Yes	–
Jannise Y. McKamey-Bruell	Cobb	Yes	–
Jeneifer Threadcraft	Rockdale	Yes	–
Jennifer Barnett	Coweta	Yes	Surrounding Counties
Jennifer Bledsoe, LCSW	Bartow, Gordon, Whitfield, Murray, Cherokee	Yes	–

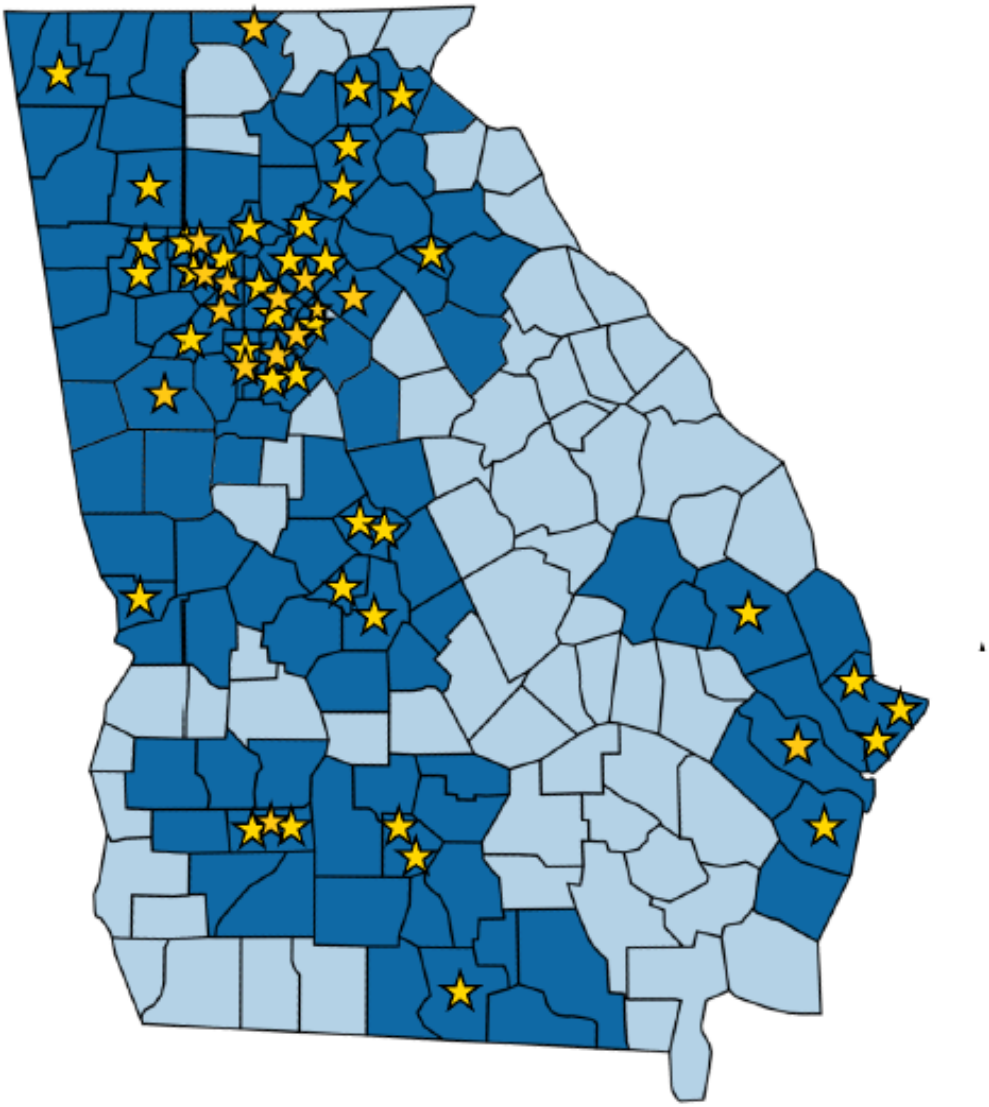
Name *(Title included if provided)*	Counties: In-Person *(Listed)*	Telehealth *(Statewide)*	Other *(Listed)*
Jessica VanDeVelde Moreno	Tift, Turner, Worth, Irwin, Ben Hill	Yes	–
Joanna Taylor	Tift, Worth, Turner, Irwin, Colquitt	Yes	–
Kerisia Wasztyl	Bibb, Peach	Yes	–
Keyla Stephens	Hall, Jackson	Yes	–
Laura Lee Dowling	Chatham	Yes	–
Lizz Toledo	Clayton, Gwinnett, Dekalb, Fulton, Rockdale, Henry	Yes	–
Natasha Daniels	Clayton	Yes	–
Nickia Lowery	Gwinnett	Yes	–

Name *(Title included if provided)*	Counties: In-Person *(Listed)*	Telehealth *(Statewide)*	Other *(Listed)*
Paula Dobbs	Paulding, West Cobb, Bartow, Carroll	Yes	–
Reinette Arnold, LCSW, MAC, CFVIP	Fulton, DeKalb, Cobb	Yes	–
Shakayla “Kayla” Ware	Bulloch, Candler, Emanuel	Yes	–
Shelia Hill	Clarke	Yes	Surrounding Counties
Sherry Hurwitz	Dougherty	Yes	Surrounding Counties
Tamra Nasworthy	Newton, Hall, Clarke/Oconee, Jasper, Green, Morgan, Banks, Stephens	Yes	–
Tina Ferg, LPC, NBCC, CPCS, CFRC	–	Yes	South Carolina

Name *(Title included if provided)*	Counties: In-Person *(Listed)*	Telehealth *(Statewide)*	Other *(Listed)*
Tomeka Howell	–	Yes	–
Tommy Snow	Henry	Yes	–
Treva Jones	DeKalb, Fulton, Rockdale, Gwinnett, Newton	Yes	Surrounding Counties, Rural Counties
Vicki A McMorrough	White	Yes	–
Victoria "Tori" Bryant, MFT	McIntosh	Yes	FL (telehealth), Georgia
Victoria Griffin, LPC	Fulton	Yes	DC, MS
YuLanda Fryer	Muscogee, Chattahoochee, Marion, Talbot, Taylor, Harris	Yes	–

APPENDIX C:

The Georgia Murder-Suicide Response Network Coverage Map
(Updated April 2023)



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