

Effects of Uxoricide on Children

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Abstract

Uxoricide is murder of one's wife or life partner. The effect on children of the murder of a parent by the other parent is immediate and devastating. In some cases, they have witnessed the murder and they stayed with the dead or dying parent. Also, matrimonial discord and divorce often precede uxoricide. The arrest of the suspect parent is a further traumatic experience. The relationship with (in most cases) the father can become an additional burden. Finally, children will be taken from the family setting and confusions may arise about who will be responsible for their upbringing. On many occasions, children will blame themselves and see no way out for their emotional responses. Whilst uxoricide is an exceptional case of domestic violence, research in this field has wider relevance because it reveals the characteristics of the approach policy by child welfare agencies when working with the children in such traumatic conditions.

Key words: uxoricide, domestic violence, somatic and psychosocial effects, intervention.

Résumé

Uxoricide est le meurtre de sa femme ou de son partenaire de vie. L'effet sur les enfants du meurtre d'un parent par l'autre parent est immédiat et dévastateur. Dans certains cas, ils ont été témoins du meurtre et sont restés avec le parent décédé ou mourant. En outre, la discorde matrimoniale et le divorce précèdent souvent l'uxoricide. L'arrestation du parent suspect est une nouvelle expérience traumatisante. La relation avec (dans la plupart des cas) le père peut devenir un fardeau supplémentaire. Enfin, les enfants seront retirés du cadre familial et des confusions peuvent survenir quant à savoir qui sera responsable de leur éducation. À maintes reprises, les enfants se blâment et ne voient aucune issue à leurs réactions émotionnelles. Bien que l'oxoricide soit un cas exceptionnel de violence domestique, les recherches dans ce domaine ont une pertinence plus large car elles révèlent les caractéristiques de la politique d'approche adoptée par les agences de protection de

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l'enfance lorsqu'elles travaillent avec des enfants dans de telles conditions traumatiques.

Mots-clés: uxoricide, violence domestique, effets somatiques et psychosociaux, intervention.

Rezumat

Uxoricidul este uciderea soției sau a partenerii de viață. Efectele uxoricidului asupra copiilor sunt imediate și devastatoare. Uneori copii au fost martori la crimă și au rămas cu părintele mort sau pe moarte. De asemenea, certurile în familie și divorțul preced adesea uxoricidul. Arestarea părintelui suspect este o altă experiență traumatizantă și relația cu acesta poate deveni o povară suplimentară. De cele mai multe ori, copiii vor fi luați din mediul familial și pot exista confuzii cu privire la cine va fi responsabil pentru educația lor. În multe situații, copilul se va învinui și nu va vedea nici o cale de ieșire pentru răspunsurile lui emoționale. În timp ce uxoricidul este un caz excepțional de violență în familie, cercetarea în acest domeniu are o relevanță mai largă deoarece dezvăluie caracteristicile pe care trebuie să le întrunească strategiile de abordare a agențiilor de protecție a copilului atunci când lucrează cu copiii aflați în astfel de situații traumatice.

Cuvinte cheie: uxoricid, violență în familie, efecte somatice și psihosociale, intervenție.

Uxoricide: conceptual delimitations

The term uxoricide is murder of one's wife or romantic partner and it derives from the Latin word *uxor*, which means wife and the suffix *-cide*, from *caedere* that means to kill. Little used in Romanian, the term uxoricide is sometimes featured in works within the field of juridical sciences.

The notion of femicide/femicide (from the Latin *femina*, meaning woman, and the suffix *-cide*) is used in domestic studies (Balica, 2018a) sometimes as a synonym for uxoricide, though the sense of the term femicide is more comprehensive, thus designating all types of murders with women as victims, regardless of the relationship between the murder and the aggressor (Weill, 2016 apud Balica 2018a).

In the European space, femicide was analysed within the project COST *Femicide across Europe*, which reunited researchers from 27 countries (Romania included). They tried to identify concrete ways to define femicide, to point out common indicators of measuring and initiating national researches regarding the factors determining them. Ecaterina Balica was part of the COST team and she was the first female researcher who introduced the term femicide in Romanian (Balica, 2018a). Initially, in the study of 2014, Balica used the term femicide to designate all types of murders with women as victims, subsequently using them as a synonym for uxoricide.

The incidence of uxoricide cases in Romania remains difficult to estimate given that official statistics do not include data concerning the relationship

between the female victim and the aggressor. It is difficult to determine whether the women were victims of the homicide committed by the intimate partner, by other members of the family or by strangers. Starting from the premise that the information provided by the journalists come from official sources (the Police, the Public Prosecutor's Office), Balica analysed the cases of femicide/uxoricide committed in Romania in the interval 2011-2015. The author's study had the purpose of reconstituting the case of femicide/uxoricide starting from a source of information, in this case the online media. The researcher identified all cases featured in the online media in Romania that presented such cases and she formulated a series of conclusions regarding the particularities and factors that determined the commission of femicide. The articles were identified using the keywords "killed wife /lover/concubine/ex wife/ex lover/ex concubine". Furthermore, she drafted up a database of *Femicide in Romania (2011-2015)* comprising 298 cases featured in the media in 3,472 articles. The 298 victims had one or more children. This is the first reference that we have identified concerning the children of Romanian female victims of uxoricide.

The purpose of the article is to feature the psychosocial effects on the children affected by the killing of the mother by the father and their types of psychosocial support in Romania and elsewhere.

The portrait of the children, modelled by uxoricide

Cold statistics indicate that the Romanian female victims of uxoricide have one or more children. Judiciary practice, from where we reprised the case featured in this paper, shows that often the uxoricide cases – mostly those within the rural setting – leave behind two or more children. Uxoricide represents the extreme form of domestic violence and it had immediate and devastating effects on the children. Unfortunately, the children are the forgotten victims of uxoricide. We did not find a single statistical situation of the children who faced the trauma of uxoricide and we did not identify any Romanian studies that analysed the impact of uxoricide or proposed the strategies to be followed by the child protection services in order to manage and monitor the cases.

In the following lines, we present several elements of a case study reprised from judiciary practice: the commune of Popești, the county of Iași, A.V. aged 38, kills his concubine. The family was known as problematic by the community. Both of them drank alcohol frequently, earned money occasionally by providing various services for people in the commune. The father was violent with both the mother and the five children, aged between 4 and 11. Neglected and abused by both parents, children often found comfort to neighbours or relatives. None of the children was an eye witness to the mother's murder, but they assist the forensic investigation by the police. They are sure that only the father can be the murderer, though he initially denied having committed the murder. After the father's arraignment, children were sent to live with the maternal grandmother.

Subsequently, there were taken by Child protection services, because the grandmother was too old and lacked the material resources necessary to care for the five children.

Children who experienced the trauma of uxoricide suffer the combined effects of the events that precede that follow the murder. They face a unique combination of trauma, losses, suffering, difficulties and pain. These children are, most of the times, exposed beforehand to domestic violence and consequently, the effects of the mother's death on the child are cumulative with the effects of domestic violence which they had previously witnessed. In the context of domestic violence, aggression can manifest under various forms, and children play a role in this dynamic without their will. The threats of the violent partner made to the mother may have as effect the degradation of the maternal figure, harm done to the child as a form of revenge against the mother (Black, Newman, 2000) and, finally, the mother's murder. Children can perceive the despair, anxiety, pain and fear of the mother in the families where violence acts are committed. When a child is exposed repeatedly to episodes of violence, his wellbeing, development and interaction capacity are compromised. The child shows signs of stress, depression, mirroring the parents' behaviour, academic difficulties, focus issues, low empathy and self-esteem (Graham-Bermann, & Seng, 2005).

The situation is amplified by the fact that these children did not just lose their mother through violent death, but they also lost the person who should have helped them in such moments: their father. They must handle both the loss and the father's incarceration and the shame of being the children of a murderer (Boswell, Wedge, 2002). Sometimes, the father commits suicide within the first 48 hours after the murder (Balica, 2018b). The difficulties related to finding a foster family between the existing relatives, to maintaining a relationship with the convicted father are other aspects traumatising the children. They leave the house and sometimes it is difficult – given that the place gets sealed – to take personal items with them. When they are placed in the mother's family, the pain of the maternal relatives may have a negative effect on child care (Alisic *et al.*, 2017). Furthermore, these children must give statements, face the investigation bodies. Case publicity and the permanent accounts about the case on the Internet – with the possibility of anyone finding it at any time – represent an additional problem for children (Alisic *et al.*, 2015). They change foster care at least once and sometimes siblings are not placed in the same house (Harris-Hendriks, Black, & Kaplan, 2000). They rarely benefit from counselling, therapy and they are not monitored on a long-term basis. Their contacts with the specialists are sporadic and they do not benefit from the support of an adult for a long time. Mental health and wellbeing are affected among children who experience the trauma of uxoricide (Steeves, Parker, 2007).

The risk factors to which these children are exposed were divided into three categories (Alisic, Krishna, Groot, & Frederick, 2015): pre-trauma, peri-trauma and post-trauma.

Pre-trauma factors: child characteristics (age, gender, ethnicity), family characteristics (ethnicity, domestic violence history, substance abuse, unstable living environment, financial troubles).

Peri-trauma factors: factors related to the particularities of the homicide (if the father commits suicide after the mother's murder, if the child witnesses the killing, if the child tried to stop the mother's murder, if the child was attacked by the father as well) and factors related to crisis intervention characteristics (when and what the children were told about the homicide, because incorrect information may be a risk factor).

Post-trauma risk factors: placement characteristics (placing the child the maternal, paternal relatives or in foster families, frequent change of placement, separate placement of the siblings), the coping strategies of children (denial, labeling the parents as good and bad), the contact with the father (facing him during the trial, testifying in court, forcing the child to visit the father in prison), social support (conflict in the family, financial troubles, health issues of the foster persons).

In case of the five siblings within the case featured in this paper, we have pointed out numerous risk factors: pre-trauma (family history of violence, financial struggles, parent's alcoholism, academic failure of the older children), peri-trauma (the children witnessing the police investigation, the older children being heard as witnesses, the journalists asking questions) and post-trauma (placement with the maternal grandmother who had her own financial problems and health conditions, reason for which she could not ensure a safe placement, short-term social support, focusing on the material needs of the children and not on the emotional needs, the change of placement three times within a short period).

Uxoricide models the portrait of children from a psychological, physical, social and academic perspective. These children end up developing a series of symptoms that must be made known if we want to help them. In the lack of a Romanian theoretical model that reflects the portrait of children who experienced the trauma of uxoricide, we present here the model developed by Alisic *et al.* in the year 2015. The mode was developed following a comprehensive English-based literature review, comprising papers published in the period January 1, 1980 and June 1, 2014, on the topic of the effects of mother's killing on the mental health of children (Alisic, Krishna, Groot, & Frederick, 2015). Out of the 140 potentially eligible papers, 17 papers actually met the browsing criteria. Overall, they included studies on 328 children within 175 families. Following the study, the researchers synthesised the symptoms specific to these children and they set the bases for a theoretical model:

A) Psychological symptoms:

- fears / anxiety (fear of loss of control, fear of the dark, fear of being alone, fear that the father would come and get them, fear of being kidnapped, fear of monsters, fear of dying),
- sleep problems (nightmares, somnambulism, insomnia, difficulty to sleep alone),
- aggressive behaviour (physical and verbal aggressiveness, frequent screaming, hateful feelings towards the others, violent fantasies, revenge fantasies, delinquent behaviour),
- self-destructive behaviour (suicidal thoughts and attempts, substance abuse, self-destructive acting-out, self-mutilation),
- avoidance behaviour (denial, avoidance of red items, avoidance of eye contact, avoidance of relatives because of physical resemblance with deceased mother or perpetrator father),
- games that reflect the trauma they went through (specific drawings, fascination towards guns, violence, blood, they tell everyone what happened, they recount the event obsessively),
- hyperarousal (suspiciousness, hypervigilance, sensitivity to noises, difficulty concentrating, impulsiveness),
- negative cognitions (depression, hopelessness, guilt, shame, morbid thoughts, suicidal ideation, loss of self-esteem),
- mental numbness (boredom, bland facial expression, inhibition, passiveness, pseudo-adult behaviour),
- sadness (missing parents and mostly the mother, feelings of abandonment),
- regression (enuresis, language deterioration, separation anxiety, eating disorders).

B) Social symptoms:

- attachment difficulties (they do not accept or they have a hard time accepting the new caregivers, they dislike hugging, cuddling or being dressed, they avoid attachment),
- other social difficulties (stigmatisation, sexual precociousness, no wish to travel or build a family, withdrawal, problematic relationship with siblings who are placed elsewhere).

C) Physical symptoms:

- eating issues (bulimia-anorexia, nausea, weight and appetite changes),
- other physical symptoms (fever, headaches, muscle pain, asthma symptoms, stomach-aches, diarrhoea, chest pain, palpitations).

D) Academic outcomes (academic underperformance, school dropout, placement in special classrooms for learning difficulties).

Our clinical observations concerning the children within our case study have highlighted the following behaviours: older children were delighted at first by the concern shown by others, they were in the limelight in their school and in their community. In the first weeks, while they lived with the maternal grandmother, they received clothes, toys and food from people in the village. Gradually, people forgot what had happened and children began to feel acutely the uncertainty, the ugly words thrown by peers during fights, pain and poverty in the grandmother's family. After changing the placement places, the posttraumatic stress disorder symptoms began emerging. The older daughter remembered often the violent fights and beatings between the parents, to which she was an eye witness. She was afraid that her father would get out of jail and punish her for telling the truth to the police and to the social worker. She blamed herself for thinking, during the first weeks, that she was better off without her parents, because they all loved them and they had more food. The younger children displayed physical symptoms such as fever and lack of appetite. None of them wished to visit their father, who still terrified them even in absentia. They were aggressive towards the other children; their school issues worsened and they often had nightmares.

How do we help children who suffered the trauma of uxoricide?

The studies (Alisic, Groot, Snetselaar, Hehenkamp, Van de Putte, 2017) on children regarding their life experience following the mother's murder have pointed out that most of them described substantial and persisting difficulties, conflicts between family members, feelings of uncertainty and mostly the wish to be seen like the other children. This wish must be explored thoroughly and we must investigate the way these children can be adjusted to feel like the others, but without ignoring the reality of what they went through. It is important to start from the basic theoretical model, to which we must adapt the services provided. However, we must also take into account that these children have the capacity to create in their own minds a version of the traumatic events and it is extremely important to explore their points of view, because sometimes our expectations may not match their needs and perspectives.

In assisting these children, it is important to ensure rapidly and efficiently as many protective factors as possible (Alisic, Krishna, Groot, & Frederick, 2015). In the peri-trauma stage, the protection factors are as follows: the child's possibility of seeing the mother's body and of attending the funeral, early evaluation and intervention, benefiting from assistance (financial, emotional, religious, academic, etc), providing accurate information to the child, adapted to their age and level of understanding. In the post-trauma stage, protective factors include the existence of support persons, the reference to religious norms and rituals, the quality of

services provided to the child (accurately pointing out the child's symptoms and meetings their needs, mental healthcare, type and duration of child caring).

In case of the five siblings, we have identified as protective factor only the fact that they were able to see the mother's body and to attend the funeral, as well as the fact that they received short-term financial support. The information about what had happened was partially accurate. They were not adapted to their level of understanding and they were not obtained after a professional discussion.

From the experience of other state, featured in scientific literature, concerning the assistance of children who experienced the trauma of uxoricide, we highlight the following aspects:

A) The quality of placement options for the children

After the homicide, children can no longer stay home. This raises several questions: what is the best place for placing the child? Is there any danger for the children if the father is not incarcerated? Is there an opportunity for the child to remain with the family? These children need a stable environment and people to take care of the traumatised children. Certain specialists (Hardesty, Campbell, McFarlane, & Lewandowski, 2008) argue that, in this case, the priority should be the need to protect the children from family disputes and to place them in a safe and secure environment.

B) The importance of therapy

Uxoricide is a very serious trauma, within a long sequence of events harmful to the child. The possibility of rekindling the relationship with the father is low. These children were raised in dysfunctional families, they were under the effect of domestic violence for a long period and they need long-term psychotherapeutic treatment. Rarely do these children benefit from a functional family network where they may be integrated (Alisic, Krishna, Groot, & Frederick, 2015). Unfortunately, it appears that these children benefit to a very small extent from the services of a psychologist or a psychiatrist, except for the cases when a worried family member requests expressly professional help for the child (Steeves, Parker, 2007).

C) The involvement of the children in the decision-making process

Studies have shown that only a small part of these children were actively involved in the decisions taken (Smart, 2001). Many of them were not correctly informed about what had happened, arguing that they were too young and that it was not necessary for them to know. The family often uses lies such as "dad is in the hospital and mum had to leave for a while". By providing accurate information, adapted to their level of understanding, we enable them to clarify things and seek help.

D) The contact with the father

The future contact with the father must take into account the past role of the father and the best interest of the child. According to specialists, children should not be forced to contact their father if they do not want to do this (Alisic,

2017). Many children reported that it was important for them to keep in touch with their father, though their feelings for him were confusing. When children are placed in the mother's family, they rarely keep in touch with the father, though restoring the father/child relationship may help them overcome the traumatic situation. Contact with the father may provide the children with the possibility of creating real images of it and mostly the occasion to ask him, "Why did you do it?"

A relationship between children and the father appears to have a double role: on one hand, it helps the child overcome the trauma and understand what happened; on the other hand, it contributes to the father becoming aware of his blame, because he realizes what he has done and the implications of his act on the children (Boswell, and Wedge, 2002).

Conclusions

The situation of the children who experienced the trauma of uxoricide is unique. They develop additional issues compared to children who lose their parents in other contexts, and they are more prone to mental disorders in the future. Uxoricide generates a complex psychological situation for the child, with various issues hard to overcome: admitting the reality of the dramatic death of one parent and of the other's blame, detaching from the event and the need to go on with their lives. In many situations, children will blame themselves and they will see no way out for their emotional responses.

While uxoricide is an exceptional case of domestic violence, research in this field has a wider relevance because it unveils the characteristics of the strategies to be followed by the child protection services when they work with the children in such traumatic situations. This has implications in social practices and policies and it involves allocating funds. It is necessary to develop well-documented good practices, to assess the trauma rapidly, to determine the necessary treatment, to facilitate access to counselling and psychotherapy services, as well as to provide long-term monitoring.

We believe it is important to have, in the future, quantitative and qualitative studies on the Romanian population, to create a database with children who experienced the trauma of uxoricide, to outline a theoretical model adapted to the cultural specifics, to which we should adapt placement decisions, to monitor their life paths and to support these children.

The needs of the Romanian children who experienced the trauma of uxoricide have not been studied; they were lost in the vast field of domestic violence. The five siblings, within the case featured here, become the ambassadors of the Romanian children with similar life experiences, children who need our help in order to lead a normal life.

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