



The Effects of Death through Violations of Human Rights on the Grieving Family

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Abstract

The violent and unjust death of a loved one leaves a profound and distinct impact on the lives of surviving family members. Moreso, when human rights violations overlay the circumstances of death. The cases of “extrajudicial killings” (EJK) characterizing the current Philippine Drug War, is one example. Human rights violations leading to violent deaths have irrevocable consequences on the family as secondary victims . This review of literature, covering both local and international studies, highlights the significance of various factors affecting the surviving family’s grief, coping, and recovery in the bio-psycho-social-spiritual spectrum. Social workers are challenged not only to sort through micro level concerns and issues surrounding grief, but also to look into the social environment, which influence the depth, duration, and healing of individual grief.

Keywords: grief; grieving families; recovery; human rights



Introduction

In June 2016, the Duterte Administration launched a ruthless War on Drugs in the country that aimed to eradicate high level and community drug trade in six months. What unfolded instead was a war that resulted to horrific deaths of alleged drug users and pushers, and the suffering of thousands of families they left behind.

The Philippine National Police (PNP) reportedly conducted 40,982 anti-drug operations from July 2016 to January 2017, from which 44,070 were arrested and 2,2016 were killed; the police also acknowledged the 4,047 suspected drug users/pushers who were victims of vigilante-style killings (Palatino, 2017). An alleged 7,000 victims of extra judicial killings (EJKs) – executions done without due process of the law such as the “*palit ulo*” scheme, Operation TOKHANG (“Knock and Plead”), and “mistaken identity” (Palatino, 2017).

Communities were exposed to the tenacity of the police force as they applied these strategies. In “*palit ulo*”, relatives were used as bargaining chips for the heads of the suspected drug users, while in Operation TOKHANG, home visits were conducted supposedly to invite the alleged drug addicts’ to change their ways. But, in reality, the accused were rounded up in public areas where warrantless searches were done (De Jesus, 2017).

The government announced success in the campaign against drugs citing the country’s crime rate dropping by 32 percent. In a media interview, Duterte asserts his dedication to the goal of killing every last drug lord in the Philippines (Bolando, 2016). The number of deaths from police shootouts and vigilante killings that increased in the wake of the War of Drugs were waved aside, the victims were drug personalities and therefore guilty



(Palatino, 2017). The deaths of innocent people, including children, were termed as “collateral damage”, or accidental victims of a noble pursuit (Holmes, 2016). The government itself rejects the label of EJK as, according to the PNP Chief Ronald De la Rosa, 7,000 is not an accurate figure, and these killings were not state-sponsored (Felipe, 2017).

In the midst of the War on Drug are the families left behind by the alleged drug users and pushers, or collectively referred to as EJK families. Their grief is compounded by the death itself and the manner it happened, the community reaction, and even the government pronouncements that the deaths were deserved. This form of complicated grief is not explored in many literatures, and it was observed that embarking on empirical studies in the area of human rights violations and violent deaths, and the impact on surviving families is a venture fraught with numerous disadvantages.

First, existing studies appear to be limited and lack statistical validity because only a few survivors and members of their families are willing to talk about their experiences. For instance, Chito Gascon, Chairperson of the Commission on Human Rights (CHR) has reported that the families of extra judicial killings were unwilling to speak out of fear (Legaspi, 2016).

Second, the stigmatization brought forth by being branded as a rebel or deviant seems to complicate the externalization of the breadth and depth of the survivors’ experiences, resulting in them becoming “invisible mourners” (Rosaldo, 1989, as cited in Murray, Toth, & Clinkinbeard, 2005). The lack of statements lead to a lack of support from the community (Walsh & McGoldrick, 1991, as cited in Murray, Toth, & Clinkinbeard, 2005), cycling the situation back into restricted externalization.



Finally, due to family reorganization, acquired grieving, and varied coping processes, family survivors often find themselves isolating their thoughts, feelings, and physical self if possible, in order to deal with the loss and move on (Breen & O'Connor, 2011).

In spite of these factors, interest on the study of the impact of violent deaths compounded by human rights violations with a focus on the holistic perspective of the survivors has increased as a response to the changing times. The article hopes to contribute to this discourse by reviewing the literature on grief and grieving, particularly on the ideas of Kubler-Ross (1982), Clements, DeRanieri, Vigil, and Benasutti (2004), Bowlby-West (1983), and Santiago (2013), and culling out strategies for helping EJK families to cope and recovery.

Definitions and Stages of Grieving

The primary response of the body to trauma, specifically of families of murder victims upon the death notification process, is the fight or flight mode (National Coalition to Abolish Death Penalty [NCADP], 2010). In the emotional response phase spanning anger, frustration, fear, guilt, and sorrow, the brain was observed to disregard cognitive functions, disengaging from the current reality of the trauma. At this point, one's ability to organize and process information falters (NCADP, 2010); hence, their difficulty in articulating their experiences. This may partially explain the shell-shocked phase of surviving family members, and their inability to function following a violent death. They have trouble functioning as well as remembering details of the killing(s). Often, during investigation, witnesses seemed to offer more explicit narratives and details as their shock slowly dissipate, allowing their cognition to regain stability to function.



The onset of traumatic death is also a likely source of the survivors' disillusioned state, wherein their perception of the world and their grief manifests in emotional and physical responses that affect the central nervous system, such as extreme melancholic sadness, avoidance of socializing, and the like. (Jacobs, Wellman, Fuller, Anderson, & Jurado, 2016) The factors that affect traumatic grieving include the suddenness of what may have been a preventable death, the involvement of children, the lack of social support following the death, and the strained relationship with the deceased (Jacobs et al., 2016).

When Clements, DeRanieri, Vigil, & Benasutti (2004) studied the experiences of survivors who lost family members to sudden traumatic death, they noted the survivors' attitude of "don't ask, don't tell" in relation to the deaths because they perceived them to be untimely and unfair. The latter intensified their feelings of disbelief, shock, and anger. Without the ability or time to prepare mentally and emotionally, survivors can be overwhelmed with emotions that eventually lead them to feel victimized by the events (Clements et al., 2004). Clements et al. also noted how grief responses varied among individuals, either being internalized (depression, avoidance, withdrawal) or externalized (anger, outbursts).

McGoldrick (2013), using the family developmental systems framework, examined the immediate and long-term effects of loss in a multigenerational relationship network. He found that the ambiguous circumstances of death inhibit the family's mourning process, complicating their grief as they struggle to comprehend the acts that led to their loss and what they might have done differently to prevent it. Often "the what might have been" is a guilt-laden manifestation expressed by family members. It is an attempt to run through their minds what happened in an effort to process the experience to find meaning and reason, helping them to comprehend, and, hopefully, accept the death.



Complicated grief results to the development of unique biological, physiological, social and spiritual needs in surviving friends and family of homicide victims. Family members of murder victims view themselves as more worn off from people who experienced a loved one's death by natural means. They manifest higher levels of distress (Nakajima, Ito, Shirai, & Konishi, 2012). Deborah Spungen (2017), a clinical social worker whose child had been murdered, stated,

Experiences of others in the grief and bereavement process can be generalized to the experience of families of murder victims; however, the complexities of homicide are such that its sudden nature, intensity of the survivor's reactions and the death at the hands of another make this grief different.

Kubler-Ross details the stages undergone by people who face imminent death: the *denial* of the fact of death, the *anger* at the unfairness of the situation, the way they *bargain* and try to postpone death, the *depression* that comes with the acknowledgement of loss, and the void of feelings that make up *acceptance* (Klass, 1982). Moreover, she says that people in professional and personal contact with the dying also go through their own stages of adjustment (EKRF, 2018). These stages also characterize the reactions of surviving family members.

Bowlby-West's (1983) framework also discusses four important stages of grieving: shock and numbness, yearning and searching, disorganization-despair, and reorganization. He says that survivors need to undergo these stages to process their grief. It is expected that the sudden, traumatic and violent nature of death is a complicating factor in the bereavement process.

In contrast, Clements et al. (2004) describe grief as a process, not an end. The survivors who took part in their study said that the goal of grief is to remember the deceased, understand the changes created by the loss, and determine how to reinvest in life.



In the Philippine setting, Santiago's (2013) study on the differences of the experience of losing one's parents through death or abandonment emphasizes the need to go through the stages of *pagtanggap* (acceptance), *pagharap* (confrontation), and *pagpapatuloy* (continuing life) at their own discretion, with stages sometimes skipped or reversed. In this framework, responses to grief range from confronting the significant reminders of the deceased, enacting the role reorganization necessitated by the loss of a parent, to disregarding these realities. Survivors also commonly put up a brave front and lifted their grief to God (*pagpapasa Diyos*) to avoid the reality of death. In determining how easily survivors come to terms with the death of their loved ones, Santiago (2013) factors in the time that is needed to accept the reality of loss, and the impact of the relationship of the survivor with the deceased. Santiago emphasizes that the process of grieving is not linear. The process is a unique experience leading towards healing and recovery.

Dynamics of Death and the Family

It is important to note that when a family suffers from loss, the impact can cause intense stress in the parents. The possible physical and psychological challenges will test their functioning and coping resources, as most parents are not equipped to deal with the unexpected, insidious grief of loss that may or may not receive closure.

Marital partners may become emotionally alienated from each other and indifferent toward their relationships, or grow stronger as they support each other through the grieving process. Coping styles vary among genders, which affect the family members' functioning and general wellbeing. In their study on parents' coping strategies after a child's violent deaths, Murphy, Clark Johnson, & Weber (2002) found that mothers employed emotion-



focused strategies, but fathers did not. This is an important information for social workers helping couples restore their social functioning after they lost their child or children.

Importance is placed on the healthy state of family functioning even before tragedy hits – having open communication lines, cohesive family bonding, and constructive conflict resolution – as it is a key resource necessary to facilitate the grieving experience. When family functioning is limited, so is the family’s adaptability (Delalibera et al, 2013). The stability of family dynamics also lends itself to the shuffling of roles mentioned in the previous section, as the reorganization would proceed more smoothly if the foundations of the family are sound and are adaptable (Delalibera et al, 2013). As such, dysfunctional families with high levels of conflict experience more difficulties in the grieving process. This can be attributed to the inherent poor state of their social functioning, their difficulty in accessing community resources, lower functional capacity at work or at school, among others. Dysfunctional families are also prone to the resurgence of pre-existing behaviors of psychosocial morbidity, such as alcohol or drug abuse, which further hinder their recovery (Delalibera et al, 2013).

Brown’s study (2012) emphasizes that the “relational functioning position” of the deceased family member has an impact on the level and intensity of the grief response. This, in turn, affects the capacity of the family to recover. The expected grief response of every family can differ in relation to which family member dies, as the intergenerational relationship patterns would leave varying experiences of pain and recovery. Other factors that affect the grief response of family members are the depth of the factual details of the death and the external support system found in relatives, friends, and the community.



In order to restore the previous functionality of the family prior to the death of the loved one, Bowen (1976, as cited Brown, 1999) underscores that the level of differentiation or the emotional maturity of each family members is crucial in determining the length of time for grieving, and the manner in which families respond to acute or traumatic event. The more cohesive the family members are prior to the death of their loved one, the more they will be able to go through grieving faster.

The psychological consequences of a sudden and violent loss are many (Kristensen, Weisath, & Heir, 2012). Significant findings indicated that mental health disorders such as post-traumatic stress disorder (PTSD), major depressive disorder (MDD) and prolonged grief disorder (PGD, also termed complicated grief, have higher manifestations after sudden and violent losses than losses where the deceased suffered from natural deaths. Recovery is slower, depending on several factors linked with the circumstances of the loss of the loved one, causing the bereaved to have an increased risk mental distress (Kristensen et al., 2012).

The unpreparedness for the event results to more difficulties for family members and relatives to comprehend the reality of the death of their loved ones. The untimely death prevents bereaved relatives from exercising their farewell rituals. In addition to this, violent deaths posed many horrific circumstances and details that the surviving family members are left to helplessly witness.

Parental death and role re-organization

Family tasks such as the shared acknowledgement of and the circumstance of death and loss tend to facilitate immediate and long-term adaptation processes. Inherent to this is the re-organization of the family system, as it is compounded by how the loss of a family member necessitates a shuffling of roles and functions (Walsh & McGoldrick, 2013).



As the impact of the death is more intense and profound if the deceased occupied a central role within the family system (Shapiro, 2001, as cited in Murray, Toth, & Clinkinbeard, 2005) – parental death, foremost – the roles and states of relationships of the family should be carefully evaluated in order to identify potential resources in the extended family network or the family’s community. Not uncommon is the scenario where an overwhelmed parent designates an older child to replace the lost parent as the “man of the house” or “little mother”, which may be acceptable as a functional remedy, provided that the child’s own developmental needs are not distorted or neglected.

Parental grief and the marital relationship

Rellias (2011) studied the systemic consequences of the sudden death of a child, particularly on the family functioning from the couple’s perspectives. The study revealed that strategies to deal with loss, both individually and as couples, contributed to their coping, i.e. either making the relationship stronger or leading to its deterioration.

In a complementary lens, Hopwood (2010) discussed the combination of principles that make up the Parental Grief Theory in response to sudden, accidental, or violent child death in their study on bereaved parents who lost their children from sudden accident, homicide, or suicide. These three interrelated principles – connectivity, cultural beliefs, and resilience – can be experienced at various levels and comprise an individual’s capacity for the grieving process.

Coping Strategies

In Santiago’s (2013) *pagpapatuloy* (Continuing Life) stage, the research participants said they grappled with overwhelming feelings of loss, financial constraints, and new decision-making responsibilities in the resumption of social functioning. Support came from siblings, relatives, friends, and partners, as well as from the participants’ hopes and dreams for their own families.



Still, there is no exact method, strategy, or traditionally upheld grief frameworks for assisting homicide survivors applicable to all cases. The survivors need to process their grief, fully externalize their emotions, and accept their loss as the first steps to healing. The impact on the family necessitates a combination of therapeutic approaches: crisis intervention, individual, family and group therapy, peer support groups, pharmacological assistance.

Coping strategies used after traumatic events are different from those normal life situations (Vessier-Batchen, 2007). The process of coping with the aftermath of murder is difficult and may extend indefinitely, adding to the anxiety and stress experienced by the family; some strategies identified included faith and the actions of others (Asaro, 2001).

Yet, where can one expect sympathy when death results from a crime committed by an unknown assailant, when the death of a victim with noted immoral behavior stigmatizes the mourners of the deceased (Shapiro, 1994, as cited in as cited in Murray, Toth, & Clinkinbeard, 2005)? This is particularly true for families of those killed in the Duterte Administration's anti-drug campaign. These families experienced being isolated and regarded as having enabled the unlawful actions of the victim who allegedly deserved their fates (Kyodo News, 2016). The stigma of homicide increases when law enforcement personnel must repeatedly examine the scene of death and question relatives, friends and neighborhood about the death.

Firestone (2016) asserts that a person's coping and capacity to handle anxiety and trauma go back to early childhood experiences: prior to meeting the concept of death, one develops defensive strategies to cope with emotional frustrations and separation anxiety. These defenses are then magnified against emotional pain: at the individual level, affected by defensive reactions to loss, a person's reactions predispose them to either a self-indulgent or self-protective lifestyle; at the interpersonal level, one may retreat from relationships and



intimacy instead of opening up; and at the societal level, one's inner fear may reinforce the submission to authority figures instead of reestablishing autonomy

Jacobs et al. (2016) identify five factors affecting the coping processes of survivors of cold homicide cases: (1) the time spent with other survivors, (2) behavioral changes from being relaxed to becoming over protective, (3) impact on existing relationships, (4) internal and external pressures to stay courageous and strong and (5) upholding the difficulties of family traditions. Their study also highlights the importance of encouraging survivors to participate actively in private and collective grieving, and to adapt open communication patterns to discuss and address the impact of loss on their family (Jacobs et al., 2016).

Adaptive coping is significantly correlated with both individual and community resiliency in Oates' (2003) study on the grief process. Individual resiliency predicts the absence of anxiety and facilitates the development of skills to promote calm, a sense of self- and community efficacy, connectedness and hope, whereas community resiliency plays an important part in preparedness and social trust (Oates, 2003).

Role reorganization involves the redistribution of functions amongst surviving family members in order to reestablish balance after a loss (Rando, 1991). In the Family System Theory, the stimuli that affect the individual eventually reach the family; thus, collective equilibrium is dependent on individual equilibrium (Jackson, 1965, as cited in Murray, Toth, & Clinkinbeard, 2005).

Families require the ongoing support of each individual component to keep the system operating in balance; power, responsibilities, and roles are reassigned as a response to the demands of change and will vary between families (Bowen, 1976, as cited in Brown, 2012). Roles reassigned among family members have serious consequences, and, thus, must be appropriate and within the capacity of the person to fulfill.



Clinical Need

Crucial to any recovery and healing process is the presence of facilitating and hindering elements. Critical factors that affect the recovery process of surviving families or co-victims (Connolly & Gordon, 2014; Spungeon, 1998) are: first, the death notification process which, when poorly executed, predisposes the co-victim to later complications in trauma and grief; and second, the justice system, as family members of the victim have vested interest in participating in the legal proceedings as a response to the victim's murder (Spungeon, 1998). Family members seek the truth, motives, and circumstances of the murder, if their loved one suffered, and expect to be relieved if the case was successfully prosecuted (Spungeon, 1998).

The loved ones of the deceased are secondary or co-victims (Connolly & Gordon, 2014; Spungeon, 1998). They experience trauma from the crime yet are not the focus of criminal justice system processes. Co-victims of homicide are sometimes not informed about the changes to the case including the plea bargain process and the scheduling changes. It is not unusual for families to prepare themselves for the proceedings only to face disappointment amid a convoluted and oftentimes, confusing process. Because the State is the identified victim and not their loved ones, justice for the deceased is important but is not the primary focus (Simmons, Duckworth, & Tyler, 2014).

The ripple effect of grief exists in all families. The grief of one member triggers the grief of another; thereby creating an unavoidably intense situation of compounded grief gathered under one roof (Brown, 1999). The presence of community, the concept of shared losses, and strengths in number is ideally comforting and supportive, however the presence of formal or informal social networks do not necessarily guarantee support (Murray, Toth, & Clinkinbeard, 2005).



Discussion

Surviving family members are the experts on their own grief. In case they seek professional help, they may be guided in developing adaptive coping and functional grief, which are characterized by important goals for emotional and functional stabilization.

The survivors' pain may manifest in different forms. Though shock, numbness, and anger at the unfairness of death are common, it is important to mourn the loss by allowing a full range of emotions while avoiding the minimization of what the loss means in the attempt to expedite "moving on". While tears are not necessary for functional grieving, crying should be validated as a typical and acceptable form of expression.

Survivors should not be alarmed or surprised to find themselves saddened during the holidays and special occasion. These are typical seasons when thoughts drift to loss. As healing progresses, the sadness will decrease but may not completely go away.

Inner healing occurs over time, and survivors may recognize that they have completed the process when they find themselves reinvesting in life. Identification and commitment to small short-term goals can provide as a sense of accomplishment, control, and a sense of getting better.



Table 1. *Comparative Presentation of Various Grieving Frameworks/Processes/Stages of Grieving vis-a-vis Authors*

Authors	Stages of Grief or Grieving Process
Kubler-Ross	Denial Anger Bargaining Depression Acceptance
Bowlby-West	“Don’t ask, don’t tell” / Shock and disbelief Perceiving death as untimely, unfair; feeling angry and victimized Able to commit to short-term goals, sense of control, of feeling better
Clements, DeRanieri, Vigil, & Benasutti	Shock and numbness Yearning-searching Disorganization-despair Reorganization
Santiago	Pagsasangtabi Pagpapasa-Diyos Pagtanggap sa Pagkawala

There are identified factors that contribute to the grieving process of the survivors. First, the language used to identify the survivors, families or victims after the murder. The use of the term “survivors” (Jacobs et al., 2016) can be presumptuous as it assumes that the victims are emotionally equipped to move forward to being survivors. The term “co-victim” (Connolly & Gordon, 2014; Spungeon, 1998) is used to describe that crime has occurred and impacted the lives of other people.

Second, talking about the murder victim provides the surviving family members relief: they either reminisce fondly and happily about their loved one, which brings back even a temporary feeling of joy, or verbalize the shock, anger, and helplessness they carry. This externalization also provides opportunities to release anxieties through crying. Still, others fear speaking about their experience, as the memories may prove too painful – time is perhaps the only balm in these situations.



Third, utilizing simple crisis intervention techniques helps the survivors regain control over their lives in order to begin reprocessing and reconstructing their lives.

It is noteworthy that children's adaptation or coping depends not only on the degree of strength of attachment and degree of care lost, but on how family survivors and extended family members deal with them. Children needed help to make meaning and identify their emotions of loss experience that is appropriate to their developmental capacity or level. Children's way to understand was through observing the reactions of adult relatives and therefore would benefit by being included in shared mourning rites.

Conclusion

The literature review offers varying recourses to the rationale and process of recovery for the family of the deceased. Common among the observed grieving and healing journeys are the need for open communication, identified positive family functioning, and role reorganization. Strategies for therapeutic goal setting should be concrete and reassuring method of stress reduction during the chaotic aftermath of the sudden traumatic death. Goal setting provides directions with tasks on which to focus and accomplish, thereby providing an underling message of future orientation as well as some sense of control over an otherwise seemingly out of control life.

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