Wayne County Medical Examiner’s Office Homicide in Wayne County: An Epidemic in the Black Community

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Abstract: The mission of the Wayne County Medical Examiner’s Office is to determine the cause and manner of death of those who die in Wayne County under the conditions of Act No.92 of the Michigan Public Acts of 1969 (Medical Examiner’s Office). In Wayne County, five manners of death are recognized: Accident, Homicide, Indeterminate, Natural and Suicide (Medical Examiner’s Office). This article will specifically discuss prevalence of homicide cases at WCMEO and the implications of these deaths for Wayne County and the African-American community. As a social work intern, one of the main objectives of the pilot program was to provide support for the families of the decedents. A large majority of the families supported were African-Americans who had lost their loved one due to a homicide. There are a disproportionate number of black males that are victims of homicide in Wayne County. This is a systemic problem and a social justice issue. There is limited research or data available around recent statistics of homicide in the black community, the effect of homicide in the black community, the implications of homicide for the surviving family members, support for surviving homicide family members and a national model for treatment or trauma associated with these losses.

Keywords: Accident, Homicide, Indeterminate, Natural and Suicide

Introduction
The mission of the Wayne County Medical Examiner’s Office is to determine the cause and manner of death of those who die in Wayne County under the conditions of Act No.92 of the Michigan Public Acts of 1969 (Medical Examiner’s Office). WCMEO provides death investigations, autopsy and toxicological services so that there can be documented, timely, and accurate cause and manner of death. The staff of the office includes: pathologists, medical examiner investigators, autopsy techs, clerical and social workers. The social work pilot program is a collaboration between the University of Michigan School of Social Work and the Wayne County Medical Examiner’s Office (WCMEO). WCMEO was a key component of the expansion of the Department of Pathology at the University of Michigan Health System (UMHS). The expansion has included noteworthy improvements in the services provided to the citizens of Wayne County. In Wayne County, five manners of death are recognized: Accident, Homicide, Indeterminate, Natural and Suicide (Medical Examiner’s Office).
This article will specifically discuss prevalence of homicide cases at WCMEO and the implications of these deaths for Wayne County and the African-American community. As a social work intern, one of the main objectives of the pilot program was to provide support for the families of the decedents. A large majority of the families supported were African-Americans who had lost their loved one due to a homicide.

There are a disproportionate number of black males that are victims of homicide in Wayne County. This is a systemic problem and a social justice issue. There is limited research or data available around recent statistics of homicide in the black community, the effect of homicide in the black community, the implications of homicide for the surviving family members, support for surviving homicide family members and a national model for treatment or trauma associated with these losses.

Dr. Tanya Sharpe out of University of Maryland focuses her research on coping with violent traumatic death. She looks at sociocultural factors that influence coping strategies of African-American family members of homicide victims. While she does provide substantial information around this topic, her model has only been implemented in Baltimore, Maryland. There needs to be extensive research involving community outreach to develop an effective, culturally sensitive model that can be implemented across many urban areas. There is no national model that is currently being implemented. There is also no model specific to Detroit and Wayne County.

**Literature Review**

Sharpe and Boyas 2011 discuss the African-American experience of coping with the loss of a loved one due to homicide. They remark that rates of homicide are much higher for African-Americans as opposed to other racial groups (p.855). Research has shown that homicide can have great effects on the psychological state of surviving family members, yet there is little attention given to this issue (p.855). Homicide can elicit feelings such as shock, guilt, anger and isolation. The authors conducted a small qualitative study in which they interviewed eight African-American surviving family members (p.855). The main focus of the interviews included what the family members’ coping strategies were since the death had occurred.

In regards to relevant research about coping with daily stress and violent traumatic deaths, historically, African-Americans who utilized emotion-based coping strategies like crying reported high levels of emotional distress (p.857). They also presented with poorer health outcomes when compared with other racial groups. This suggests that for this population, emotion-focused coping and health can be solid predictors of mental health. Studies that examined the coping strategies of people of color noted that collectivistic approaches are the main forms of dealing with...
stress (p.858). Huge emphasis is placed on relational coping strategies such as reaching out to others for support as opposed to seeking out mental health services.

The criteria for the eight participants were that they identified as being of African-American or black descent, experienced the homicide of a loved one and were at least 18 years of age (p.859). They were recruited from the Massachusetts Office of Victim Services (p.859). The analysis of the data was informed by a grounded theory approach. The authors looked for patterns within the narratives of the surviving family members and used that to create codes that were then translated into themes. These themes helped to identify foundational theory of the experience of the African-American homicide survivor.

Four primary themes emerged concerning coping strategies. Those themes were: spiritual coping and meaning making, maintaining a connection to the deceased, collective coping and caring for others, and concealment (p.861). The survivors that were interviewed indicated that through their religious background, there are rituals that they were taught concerning how to get through something like this (p.861). The “power of prayer” was referred to as how the survivor can make meaning of the loss (p.861). The participants also discussed how having reminders of their deceased loved one, whether that be objects or thoughts, also helps with coping. There was a unanimous response from all participants concerning their ability to get through the loss. Having other family and friends to come together with to deal with the emotional aspects of the loss was crucial. Finally, the participants spoke to the fact that they often times avoid expressing their feelings or discussing the loss with others. This is a two-fold concealment strategy to on the one hand not burden others with the loss, and also help them deal with the pain of the loss (p.864). The authors allude to the fact that the findings from this study can offer an initial understanding of the coping strategies of surviving family members. This can assist mental health practitioners and researchers develop interventions that are culturally appropriate (p.855).

A similar study was conducted by Sharpe et al. 2013, in which they had a combined subset of twelve immediate surviving family members who experienced either a homicide or suicide. Homicide is the leading cause of death amongst African-American men ages 15-34 (p.156). It has been estimated that each African-American homicide victim has at least three surviving family members. This translates to over 30,000 people faced with coping with the death of their loved one (p.154). Even though this is a large number, there is a huge lack in available research that discusses how African-Americans cope with loss.

This study draws upon some of the unique similarities and differences between homicide and suicide in the African-American community. Some of the similarities include: economic distress as a
result of loss of income, stigmatization of the death and issues of guilt. This seems to be exacerbated if the victim is a child (p.157). Some of the issues that are unique to homicide are that this type of death tends to be publicized more, which exposes family members to the media. The perpetrator can sometimes be a known family member or friend. The surviving family members may be thinking of ways to retaliate and the families must often deal with the justice system while simultaneously handling their grief (p.158). These are just a few of the multifaceted issues that families must face in the wake of a homicide.

A phenomenological qualitative approach was used to gather information about the family members experience as a survivor of the suicide or homicide (p.158). Recruitment for participants came from a community-based agency in Philadelphia that offers grief and loss services to African-American populations (p.159). There were three major areas that were extracted from the data. Those were: Survivor Response and Reactions, Coping Strategies of Survivors and Survivor Service Needs. Both groups of survivors described a mix of reactions and grief responses upon hearing about the death of their loved one. Some of the emotional responses ranged from feeling numb to despair (p.161).

There were also reports of a loss of ability to engage in daily functions such as school or a job. The survivors alluded to a number of strategies they used to cope with the death. Most of the participants explained how they received support from personal relationships with others or participated in a form of group therapy (p.162). The participants also reported using drugs and alcohol as a way to numb the pain of the loss (p.162). Some of the survivors indicated that they used their religious background as a fundamental aspect of coping. Things such as prayer were able to help them deal with the loss.

The loss also caused some families to come together and others to grow apart. As far as survivor needs are concerned, most of the participants identified support groups as a helpful means of coping with the loss. Education about grief and bereavement through a variety of ways was useful in helping survivors cope (p.165). The authors did relay the fact that while these findings are important for better understanding how to support African-American survivors of homicide and suicide, the sample size was very small. This study is innovative in the fact that most coping studies have examined majority White samples.

Piazza-Bonin et al. 2015 conducted an inductive case study on the disenfranchised grief that is experienced following a homicide amongst the African-American community. Disenfranchised grief occurs when the grief is discouraged or socially invalidated (p.404). The authors describe how “when the emotional reaction or circumstance of the death violate social norms, empathic failures
can occur within the bereaved individual’s support systems” (p.404). This case study examined the experience of a single African-American woman who lost her only son to homicide (p.404).

There are certain grieving rules that specify who, what, where, when and how long someone should grieve (p.405). When someone’s grieving experience violates these rules, their grief cannot be publicly supported. The purpose of this case study was,

“to conduct a qualitative analysis of social support and disenfranchisement in the context of one African-American mother contending with the death of her son, both to better inform theory regarding crucial social processes in bereavement and to guide clinical interventions with this neglected population” (p. 405).

Some of the factors that can contribute to a loss being disenfranchised include: outward expressions of grieving, surviving a loss that is horrific in nature and stigmatized losses (p.405). Social support plays a huge role in loss for the African-American community, especially since this population tends to have large social networks (p.407). The authors pointed out that research shows that while a support network can serve as a buffer against complicated grief, it can have less of an effect once the symptoms are present (p.407).

Due to the limited information about African-American bereavement following homicide, the authors conducted this case study to examine how the participants’ social network dissolved after the murder of her son (p.408).

The case involved an African-American woman in her mid-fifties who lost her only son to murder. Her son was in his twenties at the time of death. The woman experienced invasive media coverage. She also faced significant financial difficulties as her son was a contributor to her financial stability. She was assessed at four and ten months post death and her scores showed clinical levels of anxiety, depression, complicated grief and PTSD. She explained how she received very low levels of positive social support and high levels of negative support from family and community. Her main social support was a white couple who had also loss a child. She eventually sought out the help of a clinical psychologist (p.416).

From their interview with the woman, they were able to identify four themes of empathic failure. Those were with her community/family system, her self system, her professional system, and her primary support system. Overall, there was a constant battle of receiving and not receiving empathy from her support systems. Her interactions with the external world were filled with issues surrounding feeling invalidation, silencing and ostracism (p.420). From this she began to internalize her feelings which resulted in a self-imposed disenfranchisement. Since her support systems failed to understand her experience, she in turn reflected those feelings back onto herself (p.420). In order to prevent
experiences like this, community outreach strategies can increase understanding and empathy within the greater society (p.421). Since African-American culture has been traditionally centered around religion, the church could serve as forum to raise community awareness of the unique nature of homicide loss (p.421).

This case study also shows how professionals who are not equipped to support bereaved individuals in their time of distress can also contribute to the disenfranchisement (p.422). Although this case is limited and cannot make generalizations about the entire population of bereaved African-Americans, it does shed light on the role of empathy in disenfranchised grief. It can also be a starting point into looking more deeply into systemic interventions that could contain empathic failures for African-Americans.

Additionally, Sharpe et al. 2014 conducted a study aimed at determining the effects of gender, length of time since death, the traumatic experience of losing a loved one to homicide and the use of coping strategies on grief reactions of African-American family members of homicide victims (p.332). Surviving family members are at high risk of complicated or chronic grief (p.332). The authors point out that “because of the continued and prolonged involvement with the criminal justice system and media, coupled with the stigma that coincides with homicide, surviving family members often feel deprived as they grieve” (p.333). Since there is such a high occurrence of this type of death in this community, these individuals are faced with these issues at an overwhelmingly high rate.

There were forty-four individuals included in the data set. All of the participants fit the following criteria: identifying as being of African-American or black descent, survivors of a homicide of a family member between the years 1996 and 2006, and at least eighteen years old (p.336). The participants completed a survey either in person or online. Multiple regression was used to analyze the relationship between gender, homicide and coping. The results showed a difference in grief symptoms based on gender and initial response to the loss. Coping did not predict current levels of grief. Women reported higher levels of grief than men. Time passed since the homicide did not have an effect on grief scores (p.340). This is an interesting finding because it speaks to the high impact that a homicide loss can have on a family, even many years after the death has occurred. A person could be exhibiting the same behaviors two days or five years after the death.

The authors describe that there is research that suggests that “the higher the degree of closeness a survivor has to the deceased loved one positively predicts the severity of posttraumatic stress symptoms” (p.341). In the interest of this study, the data showed that those who indicated having a closer relationship to the deceased person had higher levels of posttraumatic symptoms as compared to those who were not as close. This
study also measured traumatic stress symptomology using an Impact of Event Scale (p.341). They found that across all participants, they scored in the high and moderate range. This shows that all the participants in this study exhibited symptoms of PTSD, regardless of other circumstances such as closeness to the deceased, gender or length of time since the death. The common characteristic is that all participants identify as African-American.

The strength of this study is that it is one of few that discuss factors that influence grief of African-American surviving family members of homicide victims. It also speaks to the fact that there needs to be a development of a tool that specifically measures the management of grief and coping behaviors unique to African-American survivors of homicide (p.342). One of the limitations is that there was a small sample, so the statistical analysis was limited. However, this is a good starting point for looking into these issues.

Wayne County Medical Examiner’s Office Homicide Demographic Information

The demographic information presented in this section is representative of completed (signed out) cases by the forensic pathologists at the Wayne County Medical Examiner’s Office. The data set is pulled from the docket’s cases from January 11th - November 15th of 2016. The N for number of cases is 2,051. Homicides represent 14% of the total deaths. The first table shows the breakdown of race for the cases.

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
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<tbody>
<tr>
<td>White</td>
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<tr>
<td>African-American</td>
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<tr>
<td>Hispanic</td>
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<tr>
<td>Arabic</td>
<td>5</td>
</tr>
<tr>
<td>Unknown</td>
<td>8</td>
</tr>
</tbody>
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The breakdown for sex is male 242 and female 41. Males are represented in approximately 85% of homicide cases. Figure 1 is a breakdown of the cases by age. The average age is 32.

Homicide is one of five manners of death. There can be a wide variety of causes of death. Figure 2 breaks down the number of homicide deaths based on cause. The abbreviations are defined as follows: MGSW is multiple gunshot wounds, GSB is gunshot wound to a specific body part, S is strangulation, BFT is blunt force trauma, SFI is
sharp force injury, SW is stab wound and A is asphyxia due to compression of the neck.

**Figure 2. Breakdown of Homicides by Cause**

The most common type of homicide death is multiple gunshot wounds. The next highest is gunshot wound to a specific body part.

**National Statistics**

Data from the United States Department of Justice (between 1980 and 2008):

- Average age of homicide victim is 32.7 years
- 57.7% of homicides occurred in cities with a population over 100,000
- Males represented 77% of homicide victims
- Victimization rate was 3 times higher than females (11.6 vs. 3.4 per 100,000)
- The rate for white and black females of all ages has declined
- Between 1980 and 2008, blacks were disproportionately represented as both homicide victims and offenders
- Victimization rate for blacks was 6 times higher than whites (27.8 vs. 4.5 per 100,000)
- In 2008, black males 18 to 24 had the highest homicide victimization rate (91.1 per 100,000)

Data from the Violence Policy Center on Black Homicide Victimization in 2007:

- 6,644 black homicide victims in the United States
- Michigan ranked six for number of homicides (423 total)
- Average age was 32 years
- Michigan rate for blacks was 18.71 per 100,000
- Michigan rate for whites was 2.97 per 100,000
- 5,629 (85%) of victims were male
- Rate for black males was 30.56 per 100,000
- National rate was 7.82 and rate for whites was 4.47

According to the CDC’s report “Death Preliminary Data” in 2011:

- There were 15, 953 homicide deaths in the United States, making the national rate 5.1 per 100,000 population
- Of those deaths, 7,973 were black victims
- The national rate for blacks was 15.5 per 100,000 population
- In 2011, blacks made up 19.5 percent of the United States population

The Detroit Police Department compiled a report on the number of homicides in the city from 1990 to 2003:

- The homicide rate declined as the population size of the city declined
- In 2003, the city had 361 homicides
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- Experiences of Surviving Homicide Families/Individuals at the Wayne County Medical Examiner’s Office

  The Social Work Bereavement Team as part of the pilot program has worked with many homicide families for the duration of the program. There are specific characteristics and needs that have been identified in working with these families. Almost all of the families are African-American. As mentioned in the literature review above, this population has unique needs that are currently not being met after the death has occurred. There is a victim’s advocate program through the Detroit Police Department that offers a subset of services to homicide families in Detroit. Their services can also be utilized by families whose homicide occurred outside of Detroit. This is a program that is unique to Detroit. While they are able to provide support to families whose death occurred outside of the city, the main pipeline exists with those homicides that occurred in Detroit proper.

  One of the main concerns for homicide families is a lack of information from the police department. All homicide cases have an Officer in Charge (OIC), and that officer or detective is responsible for coordinating the investigation around the case. Many times there is confusion from families on what entities are present within the medical examiner’s office and which ones are separate (Ex: Medical Examiner Investigator vs. Homicide Detective from Police Department). There is also often confusion and frustration about what information can and cannot be given from the Medical Examiner Investigators.

  Another concern that is voiced not only with homicide families, but across the entire spectrum of deaths, is the inability to afford the cost associated with funeral planning. Many families want to bury their loved one with dignity, but cannot afford it for many reasons. This is huge barrier and added stress on an already stressful circumstance. The Social Work Bereavement Team has been able to give out the form for the State Emergency Relief Fund through the Department of Health and Human Services. Other than that, there are limited financial resources available. There is a 255 dollar death benefit available for a decedent who was receiving social security while living.

  One of the barriers in working with these families is the lack of ability to inform the family of details about the cases. If there is an investigation occurring simultaneously with the autopsy at the medical examiner, the staff often times cannot release certain information to the family. This can be disheartening for families because they more often than not were not at the scene during the time of death. All the family or individual wants are answers and pieces to the puzzle, and often times the medical examiner cannot give those answers.

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Those answers would come from the police department handling the case.

Another issue is the stigma associated with seeking out mental health services. In the African-American community, there is a long-standing distrust towards health care providers. There is also the notion that one does not need to even seek out these services because they do not have a “problem”. It can be very isolating to not feel that you can trust those in the mental health arena.

Lastly, there is no national model or comprehensive plan that addresses the unique needs of African-American surviving homicide family members. This one death has an impact on many family members, friends and the community as a whole. There needs to be a strong support system outside of family, friends and church that can provide affordable and accessible services. This death will have an impact further down the line and if a person is struggling five or ten years post death, there should be a place they can go to receive the needed support.

In order to develop the appropriate model, there needs to be a community based participatory approach. This model of research includes collaboration between the researchers and community members. This would be most effective because it would give the actual people using the services autonomy over the design of the program. It also helps with sustainability if there is involvement from the community because if the researcher leaves, the community stakeholders can continue the work. It has been a humbling experience to work with all the families and individuals at the Wayne County Medical Examiner’s Office. It is the hope that as the program transitions out of the pilot phase, there will be more consistent support for homicide families.

Works Cited
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