

Original research

Examining the Effectiveness of an Integrative Homicide Bereavement Intervention in Reducing Grief Symptoms among Parents Who Have Lost a Child to Homicide: A Mixed-Methods studyMohammad Reza Abdi,¹ Abbas Zabihzadeh*,² Mohammad Ali Rahmani³**Abstract**

Introduction: The present study aims to conceptualize complicated grief in parents who have lost a child to homicide. Additionally, it seeks to develop a specialized integrative homicide bereavement intervention tailored to address grief associated with such traumatic losses. Finally, the study evaluates the effectiveness of this intervention in reducing grief symptoms.

Research Method: This mixed-methods study was conducted in three phases from February 2024 to November 2024. A qualitative phenomenological approach was employed in the first two phases, whereas a quantitative experimental design was utilized in the third phase. The target population consisted of parents who had lost a child to homicide. Participants were selected through purposive sampling from judicial courts in Gilan Province, Iran. The research instruments included a diagnostic interview, the Grief Experience Questionnaire (GEQ), and the Integrative Homicide Bereavement Intervention (IHBI). The IHBI was implemented in 18 sessions of 90 minutes each, exclusively for the experimental group. Data analysis was performed using Colaizzi's method in the first and second phases. The third phase employed a one-way Analysis of Covariance (ANCOVA).

Findings: Based on the qualitative analysis of the interviews, three main themes were identified: intrapersonal context, interpersonal context, and unfamiliar context, along with 45 subthemes. Additionally, the effectiveness of the proposed intervention, after its development, was evaluated and confirmed ($P \leq 0.001$).

Conclusion: Bereaved parents of homicide victims face not only intrapersonal and interpersonal challenges related to grief but also a range of unique challenges within the unfamiliar context of homicide-related bereavement, which can disrupt the healthy processing of grief-related emotions. Furthermore, the findings of this study indicate that the proposed intervention significantly reduced grief symptoms in these parents.

Keywords: Bereaved Parents, Complicated Grief, Homicide, Homicide Grief Intervention, Lived Experience

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Introduction:

The experience of losing loved ones is regarded as one of the most painful events in life and has various physical and psychological consequences. Although there is not necessarily a linear relationship between the age of individuals and their expectation of death (27), it is always expected that children will live longer than their parents. The death of a child and the disruption of this natural order of life can destroy the hopes and aspirations of parents (4). Studies show that the grief and sorrow of parents who lose their child is much more severe and prolonged than the grief experienced from the death of other family members (26). Grief from the death of a child can severely affect the psychological, social, and even physical functioning of parents (5).

In cases where a human factor, such as homicide, contributes to a child's death, parental grief becomes significantly more complex (6). The bereavement following such a loss carries a greater emotional and psychological burden than typical grief experiences, as parents must contend not only with the death of their child but also with an external, often intentionally malicious act that exacerbates their suffering (20). This traumatic experience can elicit profound and intricate emotional responses, including anger, guilt, and denial, potentially creating significant internal conflict as parents attempt to find meaning in their loss (25).

Violent and tragic deaths typically lead to more complex and protracted grief experiences (34). Research indicates that sudden, violent deaths, such as homicides, present significant psychological and emotional challenges for survivors. Individuals who have lost loved ones to homicide experience a range of emotional and cognitive reactions during bereavement. These reactions, which can manifest uniquely in each individual, include, based on prior research, anger and a strong desire for retribution (8, 17); feelings of guilt and social stigma (16); involvement in lengthy and complex legal proceedings, often accompanied by intense psychological stress (1, 21); fear and insecurity regarding personal safety and the safety of other loved ones (11); a disruption of core values and beliefs (31); the prevalence of post-traumatic stress disorder symptoms (8); social withdrawal, isolation, and decreased social interaction (5); feelings of injustice (7, 18, 19); disrupted family communication and patterns (9); and loss of privacy (2).

The literature on grief following homicide reveals a scarcity of studies specifically examining the lived experiences of parents bereaved by the homicide of a child. Furthermore, within this limited body of research, no studies have been conducted on this topic in Iran. This is a significant gap, as the complex grief model is deeply influenced by culture and can vary across different cultural contexts (30). The absence of a standardized intervention for survivors of homicide-related grief has resulted in many therapists relying on general therapeutic approaches designed for other grief-related disorders, such as PTSD, depression, anxiety, and psychosomatic symptoms, when working with this population (14). While the efficacy of these general interventions has been demonstrated in previous research, developing an integrated intervention tailored to the specific needs of these survivors could significantly enhance the effectiveness of therapeutic interventions and facilitate their psychological and emotional recovery. Moreover, a tailored intervention would promote consistency among therapists and improve the overall effectiveness and coherence of the treatment process.

The considerations above, coupled with the social and judicial distinctions between Iranian society and other global communities—which may influence the experience and perception of grief

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following a child's homicide for Iranian parents—underscore the importance of the present study. This research has the potential not only to deepen our understanding of this unique form of loss but also to provide a foundation for developing an effective intervention for this vulnerable population. This mixed-methods study comprised three phases (two qualitative and one quantitative). The first phase explored the nature of parental grief following the intentional homicide of a child within the Iranian context, aiming to identify the specific challenges and difficulties these parents face during bereavement. In the second phase, a specialized intervention for grief related to homicide was developed and proposed, informed by the qualitative findings. This intervention, grounded in an integrative approach, draws upon existing literature and, critically, the findings of the present study to address the most pertinent issues in working with this population. Following content validation by a panel of experienced grief psychologists, the third phase of this research will experimentally examine the intervention's effectiveness in reducing grief symptoms among a sample of parents bereaved by homicide.

Findings:

The analysis of the demographic characteristics of the parents participating in the present study reveals that, in the first stage of the research, 12 grieving mothers and 1 grieving father, with a mean age of 55.69 years ($SD = 8.24$), participated. Most participants were married, and 3 had lost their spouses. Regarding the demographic characteristics of the victims, 69% of the deceased children were male (mean age = 26.54 years, $SD = 5.42$), and 31% were female (mean age = 24.75 years, $SD = 7.18$).

In the third stage of the study, 26 grieving mothers with a mean age of 52.91 years ($SD = 6.39$) participated. Most were married ($n = 21$), and 5 had lost their spouses. The results concerning the demographic characteristics of the homicide victims, including the circumstances and nature of the murders and the status of the defendants' cases, are detailed in Table 1.

Table 1. Demographic Characteristics of the Victims (First and Third Studies)

Row	Description	Frequency	
1	Gender of the Deceased	Male	25
		Female	14
2	Was the Body Desecrated?	Yes	22
		No	17
3	Previous acquaintance of the perpetrator(s) with the victim	Acquainted	21
		Unacquainted	18
4	Duration of the victim's disappearance until the body was found	The body was immediately identified	15
		The body was missing for several days to several years	24
5	Criminal status of the perpetrator(s) at the time of this study	The death penalty has been carried out	10

		The death penalty has been imposed, but not yet carried out	21
		The death penalty was imposed, but the case was closed due to the forgiveness of the heirs	7
		The defendant(s) were acquitted by the court	1
6	Case Status	Ongoing	22
		Closed	17

It is worth noting that only two of the murders in the present study were of an intra-familial nature (IFH). Additionally, in most cases, the perpetrators had been identified and arrested. Based on the results from the qualitative analysis of the interviews conducted in the first phase of the study, three main themes (intrapersonal context, interpersonal context, and unfamiliar context) and 45 sub-themes were identified. In the intrapersonal context, 17 sub-themes were identified. These included 8 sub-themes related to emotional challenges, 8 sub-themes related to cognitive challenges, and 1 sub-theme related to physical and psychological challenges. In the interpersonal context, 13 sub-themes were identified, including 8 sub-themes related to others and 5 sub-themes related to family. In the unfamiliar context, 15 sub-themes were identified (Table 2).

Table 2. Main Themes and Subthemes Identified in the Present Study

Main Themes		Subthemes	Number of Parents Mentioning
Intrapersonal Context	Emotional Challenges	Anger, Resentment, and Annoyance	13
		Intensified Rumination About Revenge	9
		The Parental Role of Protection Being Challenged	13
		Emotional Bankruptcy	13
		Feelings of Guilt	13
		Regret Over Unfinished Business	7
		Fear and Anxiety	10
		Freshness of the Death	12
	Cognitive Challenges	Persistent Rumination About the Physical and Emotional Suffering of the Deceased at the Time of the Murder	5
		Recollection of Traumatic Images Related to the Autopsy of the Deceased	6
		Continuous Rumination About the Perpetrator(s) of the Murder	2

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	Preoccupation With Memories of the Deceased	11
	Questioning Fundamental Assumptions About Life and Death	12
	Inclination Toward Religious or Spiritual Beliefs	3
	Collapse of Previous Belief Systems	4
	Struggles to Make Sense of Grief After the Murder	9
	Physical and Psychological Challenges	
	Emergence or Exacerbation of Physical and Psychological Illnesses Following the Murder	11
Interpersonal Context	Interactions with Others	
	Resentment of Others Toward the Bereaved	5
	Annoying Curiosities of Others	8
	Invalidation of the Grief and Sorrow of the Bereaved by Some	9
	Social Stigma	8
	Murder-Related Grief as a Social Phenomenon	5
	Lack of Sufficient Support from Others	8
	The Taboo of Child Loss: Deep Rejection and Loneliness of Bereaved Parents	4
	Loss of Trust in Others	7
	Family Dynamics	
	Instability of Family Structure	5
	Emotional Self-Censorship	10
	Disruption of Parental and Spousal Roles	8
	Disagreement Over the Execution or Forgiveness of the Perpetrator(s) of the Murder	4
	A Lose-Lose Situation	1
Unfamiliar Context	Unpredictability of Murder Grief	13
	Confusion About the Cause and Circumstances of the Death	5
	Lack of Empathy from the Police During the Criminal Investigation Stage	7
	Discovering New Facts About the Deceased	5
	Violation of the Survivors' Privacy	12
	Rumors Spread by Relatives and the Media	10
	Imposition of Unwanted Costs on the Bereaved	8
	Unfamiliarity with the Progression of the Case	8
	Monitoring News About the Deceased's Murder on Social Media	5
	Complaints About the Prolonged Case Handling Process	8
	Delaying the Grieving Process	9
	Perceived Injustice Toward the Judicial System	8

The Parental Protective Role Challenged for the Second Time	6
Thrown into an Unknown Atmosphere	13
Struggling to Cut Psychological Ties with the Unfamiliar Atmosphere	10

Based on the analysis of the findings from the first phase of the research and by integrating these findings with previous studies in the field, the IHBI (Integrative Homicide Bereavement Intervention), specifically designed for grieving parents, was developed and presented as the first and second phases of the study's findings (see Table 3). This intervention was developed based on a holistic approach and consists of three phases. The goals associated with each phase of this intervention are as follows:

Phase One (Sessions 1–3): Clarifying the nature of complicated grief, emphasizing its importance, and identifying challenges in intrapersonal, interpersonal, and unfamiliar contexts.

Phase Two (Sessions 4–15): Reducing trauma symptoms and facilitating emotional and cognitive processing of challenges in the same contexts.

Phase Three (Sessions 16–18): Focusing on meaning reconstruction, emotional repair, and sustaining the bond with the deceased while preserving their memory.

The content validity of this intervention, based on the Content Validity Index (CVI) and Content Validity Ratio (CVR), was found to be 0.98 and 0.84, respectively. Additionally, to assess the quality and reliability of the findings in this part of the study, Guba and Lincoln's (1985) criteria, such as credibility, transferability, dependability, and confirmability, were applied.

Table 3. Objectives of IHBI Sessions

Session	Objectives
1	Diagnosis and assessment: clinical interview based on DSM-5 or ICD-11, and completion of psychological questionnaires.
2	Case report; empathy with the bereaved parent; psychoeducation on grief; awareness of factors complicating grief; introduction of treatment goals.
3	Taking the case history, identifying challenges in homicide grief, assessing loss acceptance, exploring the parents' narrative, examining ambivalent feelings, and identifying grief patterns and coping strategies.
4	Acceptance of the loss; trauma symptom reduction; recounting the murder; facilitation of emotional release; PTSD education; addressing unresolved events; identification of triggers and maladaptive coping mechanisms; and gradual exposure to avoided situations.
5	Emotional and cognitive processing of anger in homicide grief: Acceptance and guided expression in a safe space; identifying core emotions and underlying meanings; examining contributing factors; and teaching emotional regulation and adaptive coping.
6	Emotional and cognitive processing of revenge; identifying distortions; examining contributing factors; recognizing underlying meanings and core emotions; and replacing maladaptive strategies with adaptive coping.

Session	Objectives
7	Emotional and cognitive processing of guilt: examining contributing and exacerbating factors in homicide grief; facilitating acceptance and guided expression of guilt.
8	Emotional and cognitive processing of self-blame: exploring contributing and exacerbating factors in homicide grief; identifying underlying meanings, core emotions, and cognitive distortions; processing self-blame within marital and family contexts.
9	Emotional and cognitive processing of emotional bankruptcy: identifying and challenging cognitive distortions, including futility thinking related to investment in the deceased child; examining contributing and exacerbating factors in homicide grief.
10	Emotional and cognitive processing of shame: a comparison of shame experience among family members and its impact on the quality of family interactions.
11	Emotional and cognitive processing of isolation, rejection, and deep loneliness in grieving parents of homicide victims (e.g., homicide taboo, social stigma, judgment from others, discovering new facts about the deceased, spread of rumors).
12	Examining factors contributing to fear and anxiety in homicide grief; identifying cognitive distortions and maladaptive coping strategies; analyzing the impact on marital and family dynamics and the grieving process.
13	Identifying barriers to homicide grief processing in marital contexts; accepting the death of the deceased individually and as a couple; enhancing spouses' understanding of each other's coping strategies; improving communication; and rebuilding the marital relationship.
14	Accepting the death of the deceased individually and as a family; increasing empathy; understanding individual grieving differences; reorganizing family roles; reinvesting emotionally in living members; processing hidden anger; exploring ambivalent feelings; reducing conflicts; and strengthening family relationships.
15	Examining grieving parents' avoidance of support, processing related factors, and identifying suitable support resources.
16	Examining challenges in making meaning of loss, processing emotional and cognitive aspects, identifying coping strategies, and enhancing family understanding of differences in meaning-making.
17	Reconstructing incorrect beliefs about the psychological bond with the deceased and identifying methods for maintaining the psychological connection with the deceased.
18	Reviewing previous sessions and key changes in grieving parents; processing cognitive and emotional aspects of their feelings about the end of sessions and unfinished tasks; and agreeing on follow-up sessions.

Third Study

Based on the demographic findings from the third phase of the research, the mean age of the participants in the experimental group was 52.34 years ($SD = 9.13$), and in the control group, it was 53.48 years ($SD = 8.72$). The descriptive indices for the research variables, broken down by group, are presented in Table 4.

Table 4. Mean and Standard Deviation of Grief Experience Scores by Experimental Phases

Variable	Group	Experimental Group		Control Group	
		M	SD	M	SD
Grief Experience	Pre-test	155.04	2.75	84.51	2.89
	Post-test	154.38	2.68	151.85	3.03

Based on Table 4, the mean grief experience scores of grieving parents in the experimental group showed a significant change in the post-test phase compared to the control group. To assess the significance of this difference, a one-way analysis of covariance (ANCOVA) was conducted. However, before this analysis, the underlying assumptions for ANCOVA, including the normality of the data distribution, equality of variances between groups, and homogeneity of regression slopes, were tested (see Table 5).

Table 5. Results of Assumption Tests for ANCOVA

Test Phase	Kolmogorov-Smirnov		Shapiro-Wilk		Levene's Test		Regression Slope	
	Z	Sig	Statistic	Sig	F	Sig	F	Sig
Pre-test	0.498	0.287	0.748	0.831	2.51	0.175	2.64	0.117
Post-test	0.524	0.642	0.992	0.454				

Since the significance levels for both the Shapiro-Wilk and Kolmogorov-Smirnov tests in the table above exceed 0.05, the null hypothesis cannot be rejected at the 95% confidence level, indicating that the data distribution in the groups is normal. Additionally, the results of Levene's test indicate that the assumption of homogeneity of variances between the groups holds ($P > 0.05$). Furthermore, the regression slope test shows that the interaction effect of the pre-test on the independent variable is not significant, confirming that the use of ANCOVA is appropriate ($P > 0.05$).

Table 5. Results of One-Way ANCOVA for Comparing the Two Groups on Grief Experience

Source of Variance	Sum of Squares	df	Mean Square	F	Sig	Effect Size (η^2)
Pre-test	752.597	1	752.597	6.44	0.018	0.12
Group	2649.013	1	2649.013	22.67	0.001	0.43
Error	116.89	23	116.89			

The results indicate that the effect of the IHBI intervention on post-test scores is statistically significant ($P \leq 0.001$). Additionally, the effect size for the group is 0.30, which falls within the range of moderate to strong effect sizes, suggesting that the therapeutic intervention was effective

in the post-test phase. Considering the effect size for the group (0.43), it can be concluded that the IHBI intervention was relatively effective in reducing homicide grief symptoms.

Discussion and conclusion:

The present study's findings suggest that homicide grief, due to its unique and often unforeseen challenges, exacerbates intrapersonal and interpersonal difficulties for survivors, imposing a significant "psychological burden" (3). This form of grief is influenced not only by the loss of the deceased but also by the nature and circumstances of the death itself. Survivors experiencing this type of grief must contend with the loss while simultaneously grappling with intense thoughts about the quality and manner of the deceased's death, which can intensify grief symptomatology (33), disrupt the meaning-making process, and further aggravate grief symptoms (24).

Nearly all participating parents reported postponing their grieving process until the final court verdict. Beyond the inherent unpredictability of grief following a homicide (21) and the confusion surrounding the circumstances of the death (33), many parents also faced unexpected financial burdens, creating additional psychological and financial strain. Furthermore, a perceived lack of police empathy during the investigation (11, 29) and the revelation of new information about the deceased contributed to more complex grief experiences for some. In cases where the death was publicized, survivors encountered the additional burden of misinformation disseminated by acquaintances and the media, which not only violated their privacy (10) but also caused further emotional distress. In response, some parents engaged in obsessive monitoring of social media for news related to the homicide.

Although feelings of guilt and self-blame are common reactions to various types of grief, they tend to be significantly more pronounced in cases of violent death, such as intentional homicide (16, 22, 34). In the present study, some family members—particularly spouses—engaged in mutual blame, accusing each other of failing to provide adequate care and vigilance in supervising the behaviors and decisions of their murdered child. This recurrent reproach not only intensified their grief but also created challenges in both their parental and spousal roles. The distress stemming from the perceived failure of their protective role often manifested as anger and blame directed at their partner. Many bereaved parents exhibited repeated aggressive behaviors toward family members and others in their social circle. In some instances, they ruminated on thoughts of revenge against the perpetrator(s), a preoccupation that deeply concerned other family members and severely disrupted the grieving process for all involved. This phenomenon can be understood in light of the significant damage to parental self-efficacy following the loss of a child to homicide. The erosion of this sense of self-efficacy—deeply intertwined with intense emotions such as shame and guilt (23)—frequently manifests as anger and blame within the family dynamic.

Frederickson (2015) notes some defensive emotions, considering anger a defense to mask grief. The grieving individual employs the mechanism of anger to circumvent experiencing the pain of loss. When individuals encounter significant psychological distress or turmoil, they often utilize strategies such as denying emotions or persistent rumination to evade confrontation with those emotions (13).

Another fundamental challenge for parents navigating the uncharted terrain of grief following a homicide is confronting issues related to the legal and law enforcement systems. For instance,

participating in court proceedings is considered one of the most difficult experiences for bereaved parents. Because the case lawyer is, by nature, solely responsible for defending their client's legal rights, they may, during court sessions, in their efforts to exonerate their client, express content that, intentionally or unintentionally, causes distress to the victim's family. Hearing such statements can be extremely painful for the survivors, leading them to feel not only unable to protect their deceased loved one but also re-victimized by this tragedy (28).

Based on the results of the present study, prolonged legal proceedings are another fundamental challenge for parents navigating the unfamiliar terrain of grief following a homicide. This contributes to increased stress (20), psychological suspension, and emotional uncertainty for survivors. Such conditions not only disrupt parents' ability to engage in the natural grieving process but also exacerbate the complexity of their grief. This issue is further compounded when the judicial system lacks transparency and empathy.

However, the challenges of parents grieving a homicide do not end here. As the court ruling approaches, they face new difficulties. For example, some may feel the court's verdict is unjust, which can deepen their grief—an issue confirmed in previous research (11, 18, 19). In some cases, the issued verdict satisfies the survivors; however, a greater challenge arises: disagreement over the implementation of the death penalty or granting clemency. This disagreement can occur among family members or even between parents and relatives. At times, even spouses experience serious conflict regarding the decision to seek retribution or forgive the offender, leading to emotional distance. In certain situations, the intervention of relatives and acquaintances in the decision-making process regarding retribution places significant pressure on the parents. As Whittmire (32) notes, grief resulting from homicide is not merely an individual experience but a social and cultural phenomenon.

The purpose of this study was to assess the effectiveness of the IHBI in reducing grief symptoms in bereaved parents following a homicide. The results indicate that the intervention significantly reduced grief symptoms. This effectiveness is attributed to the intervention's ability to enhance the general and legal knowledge of bereaved parents while also improving their cognitive and emotional skills to cope with the challenges ahead and reduce complex grief symptoms. A key aspect of grief following a homicide is the parents' lack of control over the associated challenges, leading to feelings of helplessness. The intervention helps parents accept that they cannot control or change all the conditions they face, viewing this acceptance as a strength rather than a weakness. Bereaved parents often shield themselves from painful emotions, such as guilt, shame, anger, and vengeful thoughts. This intervention aims to help them process these emotions healthily, address cognitive distortions, and find meaning in their grief. Additionally, public scrutiny of the loss and decisions related to the perpetrator can affect the bereaved parent's emotional state, and the intervention also focuses on supporting the processing of these feelings. Increasing parents' general and legal knowledge, as well as their emotional resilience, further reduces grief symptoms. The intervention also strengthens family and marital support, particularly in enhancing parental and spousal roles, as reactions to violent loss can vary among family members.

This study aimed to explore complicated grief in parents who lost their children to homicide and to develop an integrated intervention based on the findings and previous research. The focus was on understanding the nature and experience of grief in this group of bereaved parents. The results

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revealed that, in addition to intrapersonal and interpersonal challenges, bereaved parents face unique difficulties within the unfamiliar context of homicidal bereavement. This context is distinct from other forms of grief because parents are unprepared for it and must struggle through it without prior knowledge or understanding. The study highlights that this unfamiliar context of homicidal grief disrupts the healthy processing of grief-related emotions and hinders the mourning process. Wolfelt (33) argues that survivors of homicidal bereavement face "secondary victimization," being victimized twice—once by the murder itself and again by the judicial, police, and media systems. This concept of secondary victimization is a significant aspect of homicidal grief (12, 28, 25), as survivors are re-traumatized by additional pressures from the criminal justice system, media, and public judgment.

In the second phase of the present study, an interventional protocol for homicide-related grief (specifically for bereaved parents) was developed, based on the main and secondary themes derived from the first phase and previous studies. Its effectiveness was then examined in a quantitative study during the third phase, following content validity confirmation, on a group of mothers bereaved by the homicide of their children. The results indicated that this intervention could serve as an effective approach to reduce symptoms of complicated grief in families who have lost their children to homicide, specifically when administered by counselors and psychologists working in judicial and law enforcement settings.

Research Limitations and Recommendations: Given that the primary focus of the present study was on a specific sample and context of grief (the loss of a family member due to homicide), caution should be exercised when generalizing the findings to other samples and contexts. A further limitation was the greater accessibility of bereaved mothers than bereaved fathers. Given gender differences in grief reactions, this disparity may have influenced the results. Furthermore, because of the unique nature of the criminal justice system in the Islamic Republic of Iran—particularly its handling of specific crimes such as homicide—comparative studies are needed.

Ethical Considerations: This research was conducted following the approval of the research ethics code on 2024-02-13 and received approval from the Ethics Committee in Research of the Islamic Azad University, Tonekabon Branch, under the identifier IR.IAU.TON.REC.1403.006. It is important to note that the first and second studies of this article are extracted from the first author's doctoral dissertation. To ensure adherence to ethical principles, the following considerations were made:

- Obtaining informed consent from participants to take part in the research and record the interview content.
- Emphasizing the principle of Confidentiality by safeguarding the information obtained from the interviews, using pseudonyms, and maintaining the privacy of the interviewees.
- Clearly and explicitly explaining the research objectives to the participants.
- Ensuring each participant that their involvement in this research would not cause harm or affect the judicial process of their case.
- Scheduling interviews at times and locations convenient for participants, ensuring they could participate in complete comfort, both mentally and physically.
- Granting participants the right to withdraw from the research at any stage without consequence.

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