

Service user suicides and coroner's inquests

Paul Taylor, Karen Corteen and Sharon Morley discuss the impact on practitioners of the deaths of people using their services

The expansion of victimology in the 1980s produced a more nuanced understanding of victims and victimisation. Yet responses of government, criminal justice agencies, media and general public to victims are predictably and predominantly focused on victims of 'conventional crime'. We challenge this perspective, thus widening the victimological lens. We discuss the impact of self-inflicted deaths and subsequent coronial inquests on practitioners working on behalf of the state.

We argue that practitioners, such as parole officers, mental health professionals, police and prison officers can be classified as tertiary victims, not only with regard to service users' self-inflicted deaths but, just as importantly, of the coronial inquest itself. Through this process of inquiry practitioners are increasingly subject to an 'inferred' responsibility for service users self-inflicted deaths. This form of victimisation has largely gone unrecognised in academia and government policy. Further, powerful forces such as career, hierarchy in organisations, cynicism' ideology and policy make it difficult for many practitioners working on behalf of the state to challenge these verdicts, practices, and media reports.

Practitioner exposure to self-inflicted deaths

The death of a service user is a traumatic event; in some cases it has been conceived of as an occupational hazard (Chemtob et al., 1989). Not only are professionals subject to the personal emotional

consequences, they report feelings of being used as a 'scapegoat' during the investigation of the death (Alexander et al., 2000).

Themes of responsibility and upset are articulated across many empirical studies (see for example, Crawley, 2004). Anxieties that others are passing negative judgments over professional decision-making and competence may be common. Furthermore, in the case of prison officers, Crawley (ibid) found that they often felt charged with challenging claims and assumptions that they maintain 'indifference' towards prisoners even when they take their own life.

Exposure to a death of a service user impacts in a variety of ways. Affected emotionally by the event, practitioners must also manage potential disapproval, visceral reactions and scrutiny by the organisation, the state or society more widely.

The coroner's inquest and practitioner involvement

There is a mandatory duty to refer unnatural deaths, deaths involving violence and deaths that occur whilst the person is in the care of the state to the coroner. Deaths will be reported to the coroner often when the cause is uncertain or unexplained. Coroners are responsible for determining whether the cause and circumstances of the death can be explained and for deciding whether further investigation is required. The coroner may order for a post-mortem to be conducted and if this procedure fails to conclude that the death was the result of natural causes (or that the

death occurred whilst the individual was in the custody of the state), an inquest will be called. During 2010, 31,000 inquests were opened on the 230,600 deaths reported to coroners (Ministry of Justice, 2011). Historically, coroners have returned shortened verdicts; however, official statistics report an increasing trend of unclassified verdicts standing at 14 per cent in 2010 in contrast to just 1 per cent in 2001, with many coroners electing to summarise with a narrative verdict. Such verdicts allow for central issues to be raised and can illuminate inadequacies in the procedures of the agencies involved. In such cases, supplementary comments may invariably impact badly on those who were responsible for the care or supervision of the deceased.

Public service workers are likely at some point in their career to be involved in coronial matters, playing a key part in a process whereby a private tragedy becomes a public event through the officialdom of the state (Biddle, 2003). These legal procedures and a coroner's inquest can be a source of distress for the family, for health professionals (Alexander et al., 2000), and for public service practitioners more widely. Together with the traumatising effects of the loss, the practitioner's position is likely to be problematised further by a backcloth of omnipotent responsibility created by official processes, cultural views of suicide and the involvement of professions into the lives of the public. Therefore there is potential for the tertiary victimisation of practitioners as a result of their visible and compulsory involvement in coroner's inquests.

Widening the victimological lens

Most academic, political, media and social attention is dedicated to victims of conventional crime. 'Who' or 'what' the term 'victim' includes has been debated and contested within victimology since its inception, accumulating in a vibrant discussion in the latter part of the twentieth century. The hidden victim experience and the denial of victim status is resultant

of ideologies concerning ideal victimhood and blameworthiness. However traditional and conservative definitions and responses to victims were opened up by radical and critical victimologists (Goodey, 2005) who critiqued the confining of victims within the parameters of the criminal law. It has since been established that there are a range of victims, and victimisation can be experienced differently, depending to some degree on how victimisation is constructed.

Victimisation can include primary victimisation, which refers to the person directly hurt – in this case the deceased. Secondary victimisation includes close relatives of the deceased and witnesses to the event. Tertiary victimisation encapsulates those who suffer as a result of the self-inflicted death. VOCAL (2012) acknowledge that the police, injured in line of duty and ‘nurses and workers in the field’ can be classified as tertiary victims as they suffer ‘vicarious traumatization’. We suggest that practitioners are not only tertiary victims of service user self-inflicted deaths but that they are also potentially tertiary victims of the coronial inquest.

Practitioners, the coroner’s inquest and tertiary victimisation

Many discussions of health practitioners and legal processes concentrate on the practical responsibility of the practitioner, to the neglect of the impact on practitioners of legal procedures such as coroner’s inquests. One exception, Alexander et al. (2000), maintain that a coroner’s inquest can be distressful for healthcare practitioners. Practitioners may have prepared a statement that will be read aloud, questioned by the coroner in court, subject to comments from the deceased family and possibly debated in the public domain. This is not an experience taken lightly nor

is it experienced lightly. It is possible that tertiary victimisation including vicarious traumatisation endured by practitioners as a result of a self-inflicted death may be exacerbated by visible participation in coronial processes.

The initial suicide followed by the public inquest can induce a plethora of negative emotions in practitioners. This is an important dimension of the coronial process and media reporting of it. So too is its reception. Such events that practitioners become subject to (without choice) can be considered as potentially harmful and victimising. The victimising effects are overshadowed by the public, legal and at times political scrutiny. Due to the visible nature of the coronial process the harmful effects of a coroner’s inquest such as casting doubt about, blame upon and responsabilisation and vilification of a profession may mean that its members suffer tertiary victimisation as an occupational community.

The coronial process and subsequent media attention upon the self-inflicted death of a service user can have a profound effect not only on family and friends of the deceased, but also on practitioners working on behalf of the state. This impact on practitioners has been most notable with the extended use of narrative verdicts, where ‘inferred’ blame and responsibility are often located with individual

practitioners. Rather than coroner’s inquests being inquisitorial in nature, they appear to be apportioning blame on those practitioners who are

the least able to challenge verdicts that make these ‘inferred’ statements. The involvement of public service

personnel, including practitioners such as probation officers, mental health professionals, police and prison officers in the coronial process warrants further study encouraging the victimological lens to encompass their unrecognised victimisation.

Research addressing their unmet needs, including the vicarious traumatisation they may endure as a result of service users’ suicides is needed. ■

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References

- Alexander, D., Klein, S., Gray, N., Dewar, I. and Eagles, J. (2000), ‘Suicide by patients: questionnaire study of its effect on consultant psychiatrists’, *British Medical Journal*, 320, pp. 1571–1573.
- Biddle, L. (2003), ‘Public hazards or private tragedies? An exploratory study of the effect of Coroner’s procedures on those bereaved by suicide’, *Social Science and Medicine*, 56, pp. 1033–1045.
- Chemtob, C., Bauer, G., Hamada, R., Pelowski, S. and Muraoka, M. (1989), ‘Patient suicide: occupational hazard for psychologists and psychiatrists’, *Professional Psychology: Research & Practice*, 20(5), pp. 294–300.
- Crawley, E. (2004), *Doing Prison Work: The Public and Private Lives of Prison Officers*, Cullompton, Devon: Willan.
- Goodey, J. (2005), *Victims and Victimology: Research, Policy and Practice*, Essex: Pearson.
- Ministry of Justice (2011), *Coroners Statistics 2010 England and Wales*, London: Ministry of Justice.
- Victims of Crime Assistance League (VOCAL) (2012), ‘Why seek support?’, <http://vocalact.webs.com>

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