

Service user suicides and coroner's inquests

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Service user suicides and the coroner's inquest

Paul Taylor, Karen Corteen and Sharon Morley discuss the potential impact on practitioners working on behalf of the state.

Introduction

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, including Coroners' narrative verdicts, 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, including progression and promotion; hierarchy in organisations; cynicism; ideology and policy make it difficult for many practitioners working on behalf of the state to challenge these verdicts, policy and practice, and media reports.

Practitioner exposure to service-user self-inflicted deaths

The death of a service user is a traumatic event; in some cases the self-inflicted death of a service user has been conceived as an occupational hazard (Chemtob et al., 1989). However 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. They 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), a Coroner's 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 percent in 2010 in contrast to just 1 percent in 2001, with many Coroners electing to summarise with a narrative verdict. Such verdicts allow for central issues to be raised and can illuminate upon inadequacies in procedures of responsible agencies. In such cases, supplementary comments may invariably impact badly of those who were responsible for the care or supervision of the deceased.

The impact of service user deaths on practitioners is discussed extensively, yet discussions of the involvement of public service personnel in the coronial process are not. In reality, 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, civil or otherwise. Therefore there is potential for the tertiary victimisation of practitioners as a result of their visible and compulsory involvement in Coroner's inquests.

Practitioners, the coroner's inquest and tertiary victimisation

When it comes to victims' and victimisation most academic, political, media and social attention is dedicated to victims of conventional crime. However, Goodey (2005) notes Rock's assertion that what constitutes a 'victim' is constructed 'by different actors in different contexts'. '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 or unseen 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) thus, the confining of victims within the parameters of the criminal law was critiqued. It has been established that there are a range of victims, and victimisation may be experienced differently depending to some degree on how such victimisation is constructed. The multiplicity of victimisation including primary, secondary and tertiary has been acknowledged.

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 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. Embodying the potential to inadvertently cause suffering to participating visible practitioners this is an iatrogenic process.

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 of a service user may be exacerbated by visible participation in coronial processes.

The initial self-inflicted death followed by the public Coroner's inquest can induce a plethora of negative emotions within practitioners. Both events that practitioners become subject to (without choice) can be considered as potentially harmful and victimising. This is an important dimension of the coronial process and media reporting of it. So too is its reception. The victimising effects are overshadowed by the public, legal and at times political scrutiny together with the responsabilisation and even vilification of practitioners. 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 or occupation may mean that its members suffer tertiary victimisation as an occupational community.

Conclusion

Throughout we have argued, the coronial process and subsequent media attention upon the self-inflicted death of a service user can have a profound affect 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 the unmet needs of practitioners including the vicarious traumatisation they may endure as a result of the self-inflicted death of a service user and the coronial process is needed.

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