

*An Investigation
of the
Services Available
to Relatives
of those killed in a
Motor Vehicle Accident*

For the
**Motor Accidents Authority
Of NSW.**

Prepared by The WorkWise Group

**AN INVESTIGATION OF THE SERVICES
AVAILABLE TO RELATIVES OF THOSE KILLED
IN A MOTOR VEHICLE ACCIDENT**

April 2002

The Brief:

The Legislative Council's Law and Justice Standing Committee raised with the Motor Accidents Authority the question of support services and compensability in relation to parents of children killed in a motor vehicle accident. The issue of concern is that the parents, (not involved in the accident themselves and who do not have a CTP claim) are not being "recognised" in that their grief goes uncompensated.

The WorkWise Group was appointed by the Motor Accidents Authority (MAA) in December 2001 to investigate what assistance in the form of counselling and support services is currently available to grieving parents/families or relatives of those killed in motor vehicle accidents.

The MAA has specifically asked for the report to include detailed information on:

- The range of services available eg. public, private and voluntary services, individual or group services offered
- The demand for these services and their accessibility (including location and waiting times)
- How and when grieving families access these services
- Costs of services
- The quality of services provided eg. training / accreditation of service providers.

METHOD

Developing the report:

1. A national and international literature search was undertaken to identify publications relating to the experiences of parents/families who have lost a child in a Motor Vehicle Accident (MVA).
2. Accessing the statistical information on the numbers of children who died in MVA's in Australia and New South Wales specifically.
3. An email request was made to members of the International Work Group on Death Dying and Bereavement for information and or experience in dealing with the target group
4. Contact with the Coroner's Courts throughout NSW and in particular the Psychologists and Social Workers at Glebe and Westmead courts for their knowledge and experience with parents of this group
5. Contact was made with organizations / individuals in Australia known to be involved in Grief support and counselling
6. Contact with Psychologists and Social Workers associated with the WorkWise Group
7. Contact with Employee Assistance Programs to discover how often clients present with grief associated with the accidental death of a child
8. Interviewing a representative group of parents who have lost a child in a MVA.

SUMMARY REPORT

- All grief and bereavement literature supports the belief that the traumatic death of a child has profound negative affects upon the parents
- Resolution of grief is frequently problematic
- The literature on road trauma and children does not deal specifically with incidents where parents are not involved in the accidents
- Statistical information does not specify the target group of this investigation
- There is no systematic provision of counselling and support services for this group of people
- Access to the services that are available are haphazard
- Department of Forensic Medicine Counselling Unit most likely point of contact
- Most people reported that they did not know what help was available or how to access it
- Private practitioners who specialise in grief and bereavement counselling are usually too costly for people
- Grieving families experience with health professionals generally and social workers / counsellors in particular was mostly negative
- Very limited support offered in hospitals and frequently viewed as not being helpful
- There is no specific training or accreditation of counsellors or service providers
- Regional and rural NSW has very limited availability of any kind of support service
- The consistently positive comment from grieving families was for Compassionate Friends
- Two organizations in NSW provide counselling and/or support to families of road trauma victims

Definition of child:

For the purposes of this report a child is defined as one who is in the age range 0 to 17 years. This means that these children are all under the legal driving age apart from those on 'L' plates.

This is not to say that children over the age of 17 years are not subject to traffic accidents where parents are not involved but for the focus of this project and to have some working parameters the age of 17 years was set as an upper limit.

Road Traffic Accident Statistics

There is a major difficulty in discovering the exact numbers of children involved in motor vehicle accidents where parents are not involved simply because the reports do not provide such detail. Accurate figures therefore for the target group are not possible.

Privacy laws which recently have been tightened (December 2001) meant that direct access to people who have lost a child in a motor vehicle accident through the Registrar of Deaths was not available. This placed some limitation on the writer gaining accurate information. However overall the number of road deaths in the age range 0 to 17 years is relatively small suggesting that the numbers in the category of concern to this report are fewer still.

Information on road deaths was obtained from 3 sources

- Road Transport Authority of NSW (road traffic accident statistics) (RTA-NSW)
- Australian Bureau of Statistics (ASB)
- Australian Transport Safety Bureau (ATSB)

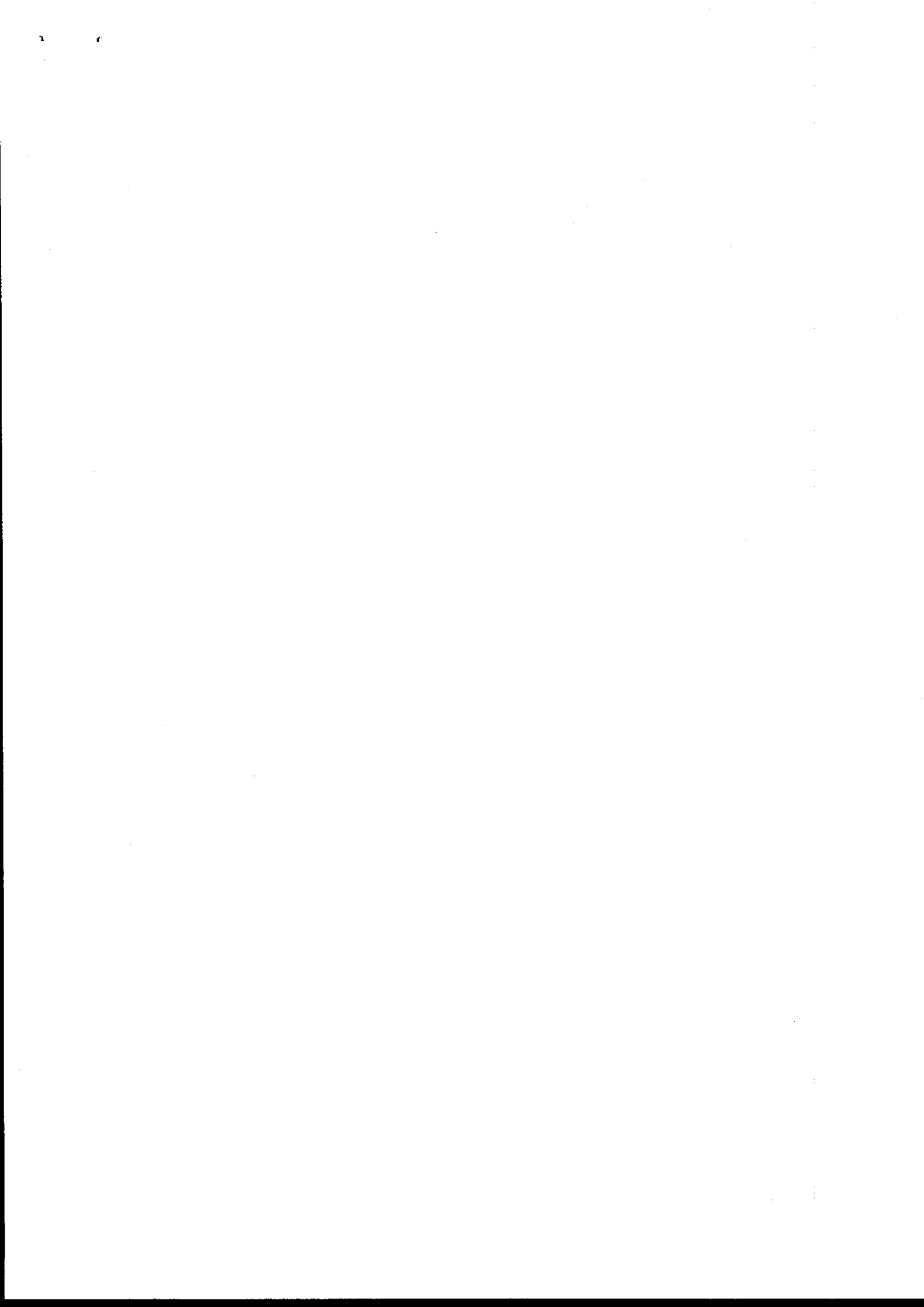
According to the ABS and RTA road deaths statistics for 1998 in NSW the total number was 89 for young people between the ages of 0 – 19 years. This was broken up into 3 age brackets:

	Total	Males	Females
• 0 – 9 years	22	13	9
• 10 – 14 years	9	3	6
• 15 – 19 years	58	49	9

Road fatalities by age, Australian States and Territories 2001

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUSTRALIA
Age:									
0	0	10	1	0	1	0	1	0	13
1	1	1	1	0	0	0	0	0	3
2	2	1	2	0	0	2	1	0	8
3	2	2	1	0	0	0	0	0	5
4	3	0	0	0	0	0	0	0	3
5	2	1	1	0	0	0	0	0	4
6	3	0	1	1	0	0	0	0	5
7	1	1	0	1	0	0	0	0	3
8	0	0	3	0	3	0	0	0	6
9	1	1	1	2	0	0	0	0	5
10	3	0	1	1	0	0	0	0	5
11	2	1	2	1	0	0	1	0	7
12	3	1	2	0	1	0	0	0	7
13	2	2	2	2	1	0	0	0	9
14	0	3	0	0	1	1	0	0	5
15	8	1	3	1	4	1	0	0	18
16	10	6	6	4	3	1	0	0	30
17	16	7	13	4	6	3	1	0	50
18 & over	472	413	284	136	144	53	46	16	1564
Age unknown	6	0	0	0	0	0	0	0	6
Total:	537	451	324	153	164	61	50	16	1756

Source: Australian Transport Safety Bureau, February 2002



As can be seen by the figures from the ATSB the February 2002 total road deaths of 59 (0 to 17 years) for NSW do not differ markedly from the RTA figures for 1998.

Literature search and Background information:

A national and international search under a series of word related or topic related headings revealed an abundance of literature on motor vehicle accidents, loss, grief and bereavement services. However none was specific to the target group of parents who have lost a child in an accident in which they were not personally involved. There were isolated references to this group such as on the American 'Mothers Against Drunk Driving' website. In fact a number of the websites visited provided information about children and death, parents reactions to the loss of a child etc but not relating that information to the death of a child as a result of a motor vehicle accident. The literature when dealing with the death of a child has tended to focus on 'sudden infant death', leukaemia, cancers or the more sensational and violent deaths through murder. The media for instance reports on accidental deaths of children at school crossings but after the initial public outrage the grieving parents are seemingly forgotten.

Traumatic Grief

In spite of the development in our understanding of loss, grief and bereavement and how to manage grieving people there are still some situations that are problematic. In a society where there is an excessive dependence on motor vehicle transport, private and public, and where extremes of violence and terrorism affect many people we have reluctantly become familiar with sudden, unexpected and traumatic death. Exposure to these events through the media where the situation is graphically told or displayed is not accompanied by suggestions on how to cope for those impacted by the trauma. Where those traumatic incidents involve children the problem is exacerbated for family and friends partly due to social expectations of what it means to be a parent.

Parents tend to possess an unexpressed assumption that their children will out live them. When this does not occur and a child dies those assumptions for the parents and family

are shattered. There is something 'unnatural and unjust' about the death of a child and even more so when that death is accidental. Attig (1991) talks of that kind of death as a "choiceless" event. The death of one's child is a death out of sequence, one that seems to deny the natural order of things. Added to this is the thought and the feelings of the parents that they 'should' be able to protect their child from harm and this makes the pain of the loss more acute.

"One of my early thoughts was that my wife and I would have no grandchildren.

There would be no passing on of either tangible or intangibles ...

I have been surprised by how many assumptions that a man's child will marry and have children – and that they will all outlive him – are his constant companions moulding thought and actions in innumerable subtle ways. Suddenly my thoughts and actions were inappropriate because the assumptions on which they were based were no longer valid".

(Albert F Knight 'The Death of a Son' NY Times magazine in Staudacher 1991)

The death of a child has been identified as one of the worst possible events in adult life and according to Rando (1992) can lead to 'complicated grief'. Raphael and Middleton (1988: 281) have described such an event as a personal disaster encompassing, "shocking, overwhelming personal experiences that test the individual beyond his adaptive capacity and bring major stresses and sometimes changes to his life".

One of the greatest problems for the parents from a grief perspective is that sudden unexpected death provides no time for goodbyes.

Edward Rynearson (1987) in his work on "Psychosocial Adjustment to Unnatural Dying" spoke of the "three V's" of unnatural dying which catalyse a strong psychosocial aftermath for those affected by someone close to them dying an unnatural death. Rynearson suggests that where there is unnatural dying there are at least three phenomenologic peculiarities associated with that dying. They are:

- Violence – the act of dying is injurious
- Violation – the act of death is transgressive
- Volition – the act of dying is a wilful intention.

Rynearson proposed a conceptual framework for adjustment to unnatural dying.

While these propositions are tentative they are based on clinical research and in the context of this report are worth a brief mention.

In his propositions he suggests that adjustment to unnatural death such as homicide, suicide or accidental death involves dealing with a complex mix of violence, violation and volition creating problems in adjustment to the loss. It is suggested that each of these responses to unnatural dying is associated with a compensatory psychologic response:

- Violence with post-traumatic stress
- Violation with victimisation
- Volition with compulsive inquiry

The two responses of significance to this report are violation with victimisation and volition with compulsive inquiry. Keeping our focus on how people cope with a traumatic death the outworking of the grief can at times seem bizarre to those whose only experience has been dealing with so-called 'normal grief'.

Rynearson defined the violation –victimisation response in the following way:

“Violation as an unprovoked, transgressive, exploitative act is followed by the psychologic reaction of victimisation” (1987:83)

Ochberg (1996) has developed a list of symptoms to describe victimisation some of which are applicable to parents who have lost a child

- Self blame – feelings of responsibility - even though the person is innocent
- Subjugation – feeling helpless, dehumanised and powerless as a result of the trauma
- Morbid hatred – obsessed with vengeance, hurting or humiliating the perpetrator often associated with anger and rage
- Resignation – a sense of despair, diminished interest in the past and the future.

Volition – compulsive inquiry as defined by Rynearson is expressed as “irresponsible negligence leading to death” (accidental death is usually a product of human error).

Accidental deaths are usually followed by an official inquiry to establish the cause of death as well as who was responsible. While this 'official inquiry' is proceeding the family are often on a quest of their own. They are trying to 'make sense' of the incident which has taken their child's life.

This background information reinforces the fact that these grieving people are extremely vulnerable and in need of crisis intervention initially followed by counselling and emotional and practical support. As this investigation will reveal the grieving family is mostly left unsupported and emotionally disenfranchised from the time of death all the way along the grief continuum. Anger, frustration, misunderstood, alone, abandoned and helpless are some of the reactions reported to the writer.

Gender difference

When there is traumatic death especially we see a gender difference in response to managing the grief. In Western society men in the main are socialised in a 'stiff upper lip' tradition making it difficult for them to express openly their emotional reactions. This contrasts with the way in which women deal with grief and this difference can cause a communication breakdown with the couple. Women tend to get more depressed, tearful and their lives are much more adversely affected by the death. The man's response is to take over a protective, management role and in the main suppress his feelings by keeping active. Schatz (1986: 295) "outlined six roles that can impede the father's positive grief resolution. These are:

- The role of being strong – a macho man who always controls his emotions
- The role of competing, of winning in a crisis, and of being the best
- The role of being the family provider
- The role of being the problem solver – fixing things or finding someone who can
- The role of being the controller – controlling actions and the environment
- The role of being self-sufficient -- standing on his own two feet".

In order to cope with the mixed emotions that grief creates men as reported by Staudacher (1991:9) tend to:

- ☞ Remain silent
- ☞ Engage in solitary activity
- ☞ Take physical or legal action
- ☞ Become immersed in activity
- ☞ Exhibit addictive behaviour.

Marital problems:

There is both anecdotal and research evidence to support the notion that married couples have serious problems following the death of a child. Where there have been problems in the relationship prior to the death of the child the death itself exacerbates these difficulties. The estimated number of couples experiencing serious problems in their relationship ranges from 75% to 90% (Sanders:1999) but this does not mean all that number separate or divorce. Again some of the causes for these difficulties are gender differences in relation to grief and communication problems in the relationship. The most often reported difficulty in the relationship is that the wife and mother feels emotionally unsupported by the husband and father. It would appear that a breakdown in the relationship is not related to the age at which the child dies.

Sibling grief

The group of people most often forgotten where the death of a child occurs are the siblings of that child. Years later usually when the sibling experiences another loss the unresolved grief associated with the death of their brother or sister surfaces. The burdens that some of these young people or adults have carried over the time are at times heart rending. The death of a sibling can result in the brother or sister feeling abandoned. The parents are so overwhelmed by their loss that they have no emotional energy left for other children. Sometimes the children will express the feeling that they think their parents would have preferred it if they had died instead of the child who died. The writer's experience of two brothers who were out cycling and one was killed by a car when the driver lost control. The surviving brother not only felt the intense pain of losing his brother (his best mate) but also the pain of survivor guilt which unwittingly his parents conveyed to him. He left home and on one occasion he and friend were bashed by a gang and the sight of blood, the sound of the ambulance etc for his injured friend unleashed an intense emotional reaction. When the parents and the young man were united and could talk about their respective grief, each recognised they did not know how to communicate their feelings to one another.

Knowledge of & access to services

There appears to be no consistent pattern as to how people gain knowledge of and access to bereavement services. The telephone directory (white pages) has two listings under Bereavement and nothing under Grief. In the yellow pages in the Fast-Find index Bereavement and Grief counselling are both listed and can be accessed under the general heading of Counselling – Marriage, Family and Personal. (A-K p.805). Under the heading of Psychologists (L–Z p. 2461) there are some who indicate Grief as an area in which they specialise. Only fourteen psychologists, counsellors and psychotherapists indicate this specialisation. This number is in fact fewer as a number of psychologists are also listed as counsellors and vice versa. It is possible to phone the Australian Psychological Society who have an up to date list of psychologists who specialise in this area. As with any referral the APS can provide a list of names but they cannot vouch for the training and expertise of the people. In speaking with private practitioners they reported that most of the referrals come by 'word of mouth' or for psychologists a lesser number through the APA referral service.

Training / Accreditation of Service Providers

One of the problems for people working in the area of Grief and Bereavement is the lack of formally recognised academic training. Organisations such as the National Association for Loss and Grief (NSW) has provided a range of Bereavement Counselling courses from Introductory to Advanced. The writer was the Coordinator of a Trauma Counselling course run by the NSW Institute of Psychiatry but this was discontinued in 1998. The Bereavement Care Centre runs training course which are highly regarded but the tuition fees make this training economically problematic for many people. Most of the university courses in Counselling Psychology, Social Work, Nursing etc would refer to grief and bereavement issues and the need for counselling but it is extremely limited information.

How many psych Law NACAW training.

There is no formal accreditation of bereavement counsellors or the service providers. Attempts are being made to rectify this.

Bereavement Counselling and Support Services:

Community Health Centres

Designated Bereavement Counsellors in the Community Health Centres are limited and those counsellors so designated are only part time in that role. Whilst Community Health Centres will offer some bereavement counselling again it depends on the background experience and interest of the counsellor provided. It is unlikely that many would in fact have the necessary time, skills and expertise to deal with parents who have lost a child through a MVA. As one might anticipate the problems for people in rural NSW seeking bereavement support are magnified. Those towns large enough to support a Community Health Team have found a reluctance by some members of the community to access their services for counselling and grief support. The main reason for this is not wanting to divulge thoughts and feelings to someone whom they might meet socially in the neighbourhood. This again is a greater problem for men.

Community Health Centres provide a free service but one of the problems for parents is there is often a waiting list for an appointment. If it is a crisis issue the Community Mental Health team may be available to provide immediate assistance but usually they are not available for long term counselling

Department of Forensic Medicine

The most likely source of assistance at the time of the death of a child is through the Department of Forensic Medicine Counselling Units. The Centres at Glebe and Westmead have a total of 5 counsellors who are trained as social workers and who would deal with anywhere between 5 – 15 deaths per day (Westmead figures). Of that total number those involving children (0 – 17) are 59 for the year suggesting that for NSW it is approximately 1 child death involved in an MVA per week.

For a death that is reported to the Coroner, the counsellors will contact the Next of Kin. This telephone contact is either on the day of the body arriving at the morgue or the day after. The counsellor is able to provide both emotional and practical support, for instance giving the grieving persons information on the post mortem process. Most people already shocked by the news of an untimely death of a child can be further traumatised if not given an understanding of post mortems. Counsellors are also on hand to provide support and assistance with the viewing process and identification requirements. At these times of intervention they are also able to make an assessment of those people who appear to be 'at risk' and offer them the opportunity of personal counselling. The service which the counsellors provide is free operating Monday to Friday from 9.00 am to 4.30 pm.

Qualifications and Experience:

All the counsellors at both Glebe and Westmead have professional training as Social Workers. The Senior Counsellor at Glebe has had extensive experience in loss, grief and death and dying and has been with the Coroner's Court for over 10 years. The other staff have been in Forensic Medicine for varying lengths of time. Internal and external supervision is provided and in-service education in relevant areas assists them in their role.

The counsellors at the Forensic Medicine Units have a list of a limited number of people to whom they can refer for on going counselling. One such list are those counsellors approved by the Victims of Crime counselling unit. These counsellors are almost exclusively in the greater metropolitan area again providing for difficulties for those in the country. The counselling unit at Westmead does have a series of pamphlets which are available to families. They include:

- Answers to common questions – When someone close to you dies
- Grief – When someone close to you dies
- Counselling at Forensic Medicine
- Arranging a funeral.

Coroner's Courts in NSW

There are approximately 170 courts associated with the Coroners Court System and of those 12 are in the greater metropolitan area. Those courts in regional and rural NSW for the period July 2000 to June 2001 show Newcastle 339 deaths, Gosford 251 and Wollongong 162. The next highest figures were at Nowra 68 and Tamworth 62. These courts do not have a counsellor and the most likely source of counselling assistance would be through the local hospital if in fact the family had any contact with the hospital.

Fee for service

Another factor in terms of referral is the ability of the bereaved parents to pay a fee for service. If they consult a registered psychologist and are in a private health fund there is provision by some funds to give a rebate. The number of counselling sessions a person is able to receive is dictated by the ceiling on the dollar amount they are able to claim. The amount of rebate payable varies with the funds but a total amount of \$ 300.00 is most often quoted. However not all funds cover counselling for instance HCF does not cover one to one counselling. For many of the people interviewed for this investigation the cost factor was major deterrent in not seeking help.

Australian Psychological Society

The recommended fee from the APS is currently about \$ 160.00 per session – usually one hour's duration. Most psychologists contacted were prepared to negotiate on a sliding scale depending on the circumstances of the clients. As was shown earlier very few indicate Grief and Bereavement issues as an area in which they specialise.

The Bereavement Care Centre, Eastwood (privately funded)

The Bereavement Care Centre has provided counselling education and training in grief and bereavement since they commenced in the early 1980's. They have provided counsellor training for people who in turn provided supervised counselling to clients. They reported that over the 20 years of their work they have seen many clients who have had a child die in an accident and some of which the parents were not involved.

Diane McKissock states, "We have always provided a counselling service for parents bereaved in this way as well as for siblings, and continue to do so, but are not in a position to provide the stats. you need ". She went on to say, " ... research is important ... but unfortunately we don't know any current clients we would feel OK about approaching in this regard at the moment – their grief is still too raw".

The Bereavement Care Centre thinks that the lack of support people feel is often focussed around the deficits in the legal processes. "Bereaved parents/siblings tend to feel less important than the person causing the accident ..they want justice and a recognition of their loss". These are the sentiments expressed by 'Enough is Enough' an organization formed to provide support and education and fight for justice for families involved with a road trauma. VOCAL in the Hunter Valley is similarly motivated.

Private Practitioners

Those working in the private sector all reported that at various times they had seen people who had lost a child in a motor vehicle accident but had little back up information to support that. They were often unable to verify whether the parents had been involved in the accident though most of the people contacted could recall instances where that had occurred. This was particularly the case with private practitioners who had experience in grief and bereavement. The majority of these referrals were by 'word of mouth' and usually the persons came some months after the death. The psychologists and counsellors contacted said that often the person presented with other issues, relationship problems, personal and/or work related stress and in the process of counselling the underlying issue of unresolved grief surfaces.

As the interviews with families reveal those who did see a Counsellor were not impressed and in the main were quite negative about their experience.

Grief Support

This is a telephone support service which operates 24 hours a day so is readily available to people. Grief Support also provides some counselling but as the majority of their volunteers are not trained as counsellors, those volunteers with the appropriate qualifications can provide a limited counselling service. Where the need for counselling

is perceived by the volunteer they can provide the names of people and organizations who may be of assistance to the grieving person.

Compassionate Friends

The one organization which consistently was referred to in positive terms was Compassionate Friends. This is an organization in which parents who have lost a child provide support to each other.

Compassionate Friends is part of an International organization founded in the United Kingdom by Rev Dr Simon Stephens.

In order to show the way in which TCF assists people in such a positive way the 7 Principles of the organization are reported.

The Seven Principles of the Compassionate Friends

- 1. TCF offers friendship and understanding to bereaved parents
- 2. TCF believes that bereaved parents can help each other towards a positive resolution of their grief
- 3. TCF reaches out to all bereaved parents across artificial barriers of religion, race, economic class or ethnic group
- 4. TCF understands that every bereaved parent has individual needs & rights
- 5. TCF helps bereaved parents primarily through local chapters
- 6. TCF chapters belong to their members
- 7. TCF chapters are coordinated by state to extend help to each other and to individual bereaved parents everywhere.

Compassionate Friends is the only organization which extends its services to regional and rural NSW. This is the 'life line' that country people say they need. As all participants in CF groups are grieving the loss of a child there is an understanding which does not need to be expressed. CF reinforces the known fact that the person who is going to be the most supportive to the grieving person is the person who has had a similarity of experience and not the health professionals.

Enough is Enough Anti Violence Movement Inc

VEHICLE INCIDENT SUPPORT TEAM AUSTRALASIA

This organization was founded by Mr Ken Marslew in November 1994 and he is its current President. Like many of these organizations this one developed as a result of the traumatic death of Mr Marslew's son. As a way of 'making meaning' out of his son's death and the intense grief he was experiencing he decided to try and make a difference in dealing with violence in the community.

Of particular interest to this investigation is the development of a group for Road Trauma Support that 'Enough is Enough' has formed.

Vehicle Incident Support Team Australasia + Education

The aims of this group are:

- To encourage emotional support and understanding at individual, group and community levels
- To promote legislative change to :
 - a) introduce a more appropriate approach to laws relating to motor vehicle accidents
 - b) create safer road environments and transport
 - c) impact individual and community responsibility to road issues.
- To assist in the creation of education programs and initiatives to raise community awareness of the responsibilities and accountabilities of all road users
- To develop a supportive network of government and non-government organizations to advance the philosophy and effectiveness of VISTA+E.

The kinds of services they offer are referred to their objectives:

VISTA+E support services will seek to address the physical, emotional, psychological and where appropriate, the material needs of survivors of motor vehicle accidents.

VISTA+E will seek excellence at all levels with all endeavours and will address:

- Crisis intervention and de-briefing
- Emotional support and counselling
- Practical support
- Information sharing
- Effective and appropriate referral
- Assistance with procedures and processes of legal investigation, prosecution and court systems and systems of this nature
- Advocacy
- Reform and improvement at all levels
- Professional training and community education
- Prevention activities.

Support Groups:

VISTA+E has the vision to be the primary organization for the support and direction in addressing the specific needs of people who have been affected by motor vehicle accidents.

These Road Trauma support groups meet regularly and are held at present in Sutherland Wollongong and Parramatta.

Counselling:

Limited counselling is available from the Manager of Counselling Services and Cooperative Justice Strategies. This person has a degree in Social Welfare and advanced training in Family Therapy. The Manager of Counselling Services is supported by a volunteer team of professionals.

The counselling role in the service is still in its beginning stages.

VOCAL Inc

Victims of Crime Assistance League Inc is located in Newcastle and as such is the only organization formally registered outside the metropolitan area. The aims of the organization are broad "to help victims of all types of crimes". Within this broad framework the Coordinator reported that they frequently have families grieving who have lost a child in a motor vehicle accident.

They hold Open Support meetings monthly for all types of crimes which may deter some families dealing with the death of a child from attending.

VOCAL is an advocate for social justice issues in relation to violence and crime with the aim of making for a safer community. Apart from the Coordinator the staffing is with volunteers.

Mission Australia

Mission Australia provides the following victims support services

- 24 hour telephone counselling working in conjunction with the Victims of Crime Bureau
- face to face counselling by a registered psychologist
- information and support groups for victims of crime
- court preparation for victims of crime.

Families who have lost a child in a MVA occasionally utilise the services of Mission Australia and this has been mostly to gain information.

The 'Lived Experience'

Contact was made with the President of The Compassionate Friends in NSW – (Mrs Mary Carroll) explaining the nature of the project and asking if there were people in CF who had lost a child in the circumstances being investigated. Names and telephone numbers of seven people willing to be interviewed were provided and of these five responded to the request for an interview.

The importance of interviewing people who are 'living through the experience' of losing a child gives substance and 'heart' to an investigation which otherwise could be somewhat dry and arid. One of the problems for the interviewer was the realisation that in asking questions about the death of their child the parents could find the 'hurt' being reactivated. It was therefore important to clarify with the respondents that they were comfortable to proceed with the proviso that if at any time they were feeling distressed they were to say so. All the respondents were given the opportunity of either a face to face or telephone interview. All chose the telephone interview. Added to this number

were interviews with families whom the writer knew from his own clinical experience who also provided valuable information.

A series of questions were developed to initiate the discussion and gain a rapport with the person. This then led on to the respondent providing other insights into their experience.

The feedback from the interviews is presented in such a way as to maintain the anonymity of the participants without losing the valuable personal insights they provided.

For one family the death of their grandchild" was particularly tragic as the boy's mother (and their daughter) had died prematurely 5 years before the boy's death. The grandparents had become the guardian of the boy. Two unexpected deaths of a child and a grandchild was for them a devastating experience.. The youngest death of a four year old boy was observed by the father, his twin brother and other family members. The next door neighbour with whom they had been speaking backing her car out of the drive ran over the child. Emergency first aid was applied to the child but he was dead before the ambulance arrived. The consequences of the death of this child has had a profound negative effect upon the entire family causing a major breakdown in relationships.

As will be revealed through the interviews support for these people was mainly non-existent and where it was offered was often inappropriate.

Death of a child in a MVA in which parents not involved.

Questionnaire:

1. When did your child die?
2. How old was he/she?
3. How did they die?
4. How were you informed of the accident?
5. Did the hospital provide you with emotional support?
6. What other support did you receive?
7. Did the funeral director suggest a bereavement counselling service to you?

8. Did you have contact with the coroner's court ?
9. Did you seek bereavement counselling yourselves?
10. Was the counselling a fee for service or free?
11. Did you find it helpful?
12. How many members of your family sought counselling?
13. What or who provided the most support to you?
14. What would have helped you most :
 - At the time of the death
 - 3 months on from the death
 - 12 months on from the death.

Responses:

1. When did your child die?

The years in which the children died were from 1989 to 1998

2. How old was she/he?

The age of the children ranged from 4 to 19 years with all but one being in their teen years.

3. How did they die?

Most children were passengers in a car driven by friends or a family member. Two died at the scene of the accident and the other three died 1,3 and 4 days later. The youngest child's death was through a driveway accident.

4. How were you informed of the accident?

The way in which people learned of the accident was as varied as the cause of the accident itself. Most people learned of the accident from the police without them detailing the severity of it. The grandparents reported that before the police came into them they went next door to check with neighbours as to their health and well-being before giving them the news of the accident. As a safety precaution the neighbours

called the ambulance in case there was a traumatic reaction from either one of them. These older people were appreciative of both the police and their neighbours concern at 2 am. The lack of identification in one case delayed the police from contacting the parents and they in fact were informed by the father of another passenger that the accident had occurred and their son was hospitalised. In another instance a father himself a police officer was informed by his work colleagues as a way of protecting the mother. Only one family actually observed the death of the child. The people observing the accident also provided first aid but the damage done to the child's body suggested he died on impact. The ambulance was delayed in getting to the scene and on arrival according to one of those present tried to resuscitate the child and refused to believe them. Simply observing this added to the tension.

5. Did the hospital provide you with emotional support?

At this point in most of the interviews the respondents were expressing disappointment and anger towards the health professionals.

- ☞ Nurses generally were considered to be supportive and helpful and this is consistent with the research on 'Delivering bad news'
- ☞ Doctors were often considered distant, unresponsive to requests for information – where they took the time to explain they were most helpful
- ☞ Social Workers were almost universally deemed to be 'hopeless' comments – such as a 'get a dog' (to replace the child!),
- ☞ text book statements, like 'how are you feeling' were infuriating
- ☞ the SW were young girls with a 'bit of paper' and no life experience so they were difficult to relate to – no empathy
- ☞ Chaplain – meant well but drove me mad
- ☞ People mentioned frequently being left 'wondering' for hours what the outcome might be when child on life support
- ☞ In a waiting area near ICU a large group of Non English speaking people who took over and the parents were forced to wait for hours in a corridor. Staff didn't do anything.
- ☞ Left in limbo

☞ *One hospital offered bereavement counselling but at the time all the family wanted to do was get away from the hospital environment*

☞ *The promised follow-up telephone call never came.*

6. What other support did you receive?

The support that most people received was from family and close friends. One of the couples who had no family in Australia relied on friends and the telephone to overseas relatives. 'this is when you feel isolated and alone away from your family'

7. Did the funeral director suggest a bereavement counselling service to you?

With the exception of one family where the funeral director was known and he himself provided support and counselling none of the funeral directors provided information about grief and/or counselling.

An unfortunate situation arose for one family where the son's body went 'missing' between the morgue and the hospital for 24 hours!

8. Did you have contact with the Coroner's Court?

Only one of the families had contact with the Coroner's Court and that was outside the metropolitan area. They were asked if they wanted to see photographs but declined the offer. No other support or counselling was offered. One family who were involved with the Court at Glebe made positive comments about the support and assistance given by the counsellor there.

9. Did you seek bereavement counselling?

Most people were not aware that such services were available or how to access them. Only one of the families was offered Bereavement Counselling which was not taken up. Of those who actually sought out some counselling or as in one case their doctor arranged for a Psychiatrist to visit the mother, everyone reported a negative experience.

- *Out of their depth – too young and inexperienced*
- *Did not know what to say or do*
- *Came uninvited with no knowledge of the circumstances of the death etc this was worse than useless – then sent a bill for the consultation!*

10. Did you find it helpful?

The only positive response to this question was from the family who reported knowing the funeral director who maintained contact with them for some time after the death and he was most helpful. What is important about this response is that the person was already known and trusted before the death occurred.

11. How many members of your family sought counselling?

None of those people interviewed sought or were offered family counselling. Where there were other children in the family no counselling was provided for them. Some families reported that when School Counsellors were notified of the death of a sibling an offer of counselling was given. In the Catholic Educational system the 'Seasons for Growth' program runs groups for children who have experienced a loss but to the Program faciliator's knowledge no one in the groups had reported deaths of the kind under investigation.

12. What would have helped you most?

In considering what recommendations should be made the responses to this question seemed to be crucial. The major problem for most of them was at the time they did not know. Seemingly nothing could help because the pain was so intense. The things that were mentioned included:

- *Some who was prepared to listen to me*
- *Not imposing solutions*
- *Telephone numbers to contact*
- *Initially someone to help with the crisis.*