



Research paper

Bereaved parents' experiences of the police in the paediatric intensive care unit



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ABSTRACT

Background: A child's death in the intensive care unit is often sudden and unexpected, requiring the involvement of the state coroner to investigate both the cause and the circumstances surrounding the death. This process often involves the police, who arrive in intensive care to identify the body and collect statements from the parents. At present, very little is known about parents' experiences of this process. **Objectives:** To explore bereaved parents' experiences of police presence in intensive care, as part of routine coronial investigations. The findings arose from a larger study on bereaved parents' experiences of the death of a child in the intensive care unit.

Methods: Secondary analysis of incidental data from a larger grounded theory study. Nine bereaved parents from two paediatric intensive care units (PICUs) mentioned police presence in the PICU during their original audio-recorded, semistructured interviews. These data were extracted, and thematic analysis techniques were used to identify key themes.

Results: Three main concepts were identified with the parents' experiences: (i) timing of police interviews; (ii) the impacts of police presence; and (iii) the demeanour of the officers. Overall, the parents' experiences of police presence were negative. They felt that police arrived too soon after their child's death and took too long taking their statements, hindering their ability to say goodbye. The presence of police officers also made parents feel as though they were being accused of involvement in their child's death. Finally, several participants also experienced inappropriate or unsympathetic attitudes from the police officers attending their child's death.

Conclusions: Findings from our study indicate that parents' experiences of police presence in the PICU as part of a coronial investigation may be negative, leaving lasting impressions on their experiences of their child's death. These findings provide areas for improvements in care delivery and the treatment of newly bereaved parents during the early phases of a coronial investigation.

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1. Introduction

The death of a child is one of the most devastating events a parent can endure. Most parents will experience their child's death in a hospital setting, most commonly in the paediatric intensive

care unit (PICU).^{1–5} In these settings, the already difficult task of saying goodbye to a child may be worsened by the provision of poor end-of-life care, insensitive healthcare providers, and a lack of honest information about what might occur before, during, and after death.⁶ For many families, the state coroner will also be involved in their child's death and may have a significant impact on their end-of-life and post-mortem experiences. Around Australia and New Zealand, a coroner is typically involved in any death that was sudden and unexpected, unexplained, or has no obvious cause.^{7–9} These circumstances apply to many children and families in the PICU, where accident and injury, sudden unexplained illness, or apparent life-threatening events (such as cardiac arrest or

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apnoeic episodes) account for a significant proportion of all PICU deaths.^{10–12} The coroner's role is to explore the circumstances surrounding the death and, in many cases, perform an autopsy to determine the cause of death and any contributing factors and make recommendations for the delivery of future care.^{7,13,14}

Once a child has died, the coronial investigation process often begins with formal identification of the body and the collection of statements from the child's parents. In many cases, particularly in Australia and New Zealand, these tasks fall to local police officers or other agents working on behalf of the coroner, who arrive in the PICU soon after the child's death.^{7,13,14} Though each state and territory within Australia has a state Coroners Act, which offers guidelines on the coronial investigations processes, typically, very little attention is given to the presence and role of involved police officers.^{15–18} Most commonly, Coronial Acts note that unexplained deaths must be reported to local police or coronial offices as soon as possible and state the role of police in identifying the child's body and taking statements from involved individuals, such as the parents.^{15–18} What these documents lack is a discussion surrounding required police training, the timeframes required for identification and statement collection, or police approach towards the bereaved families. In addition, though practice guidelines for healthcare providers working with newly bereaved families are readily available,^{15,19–21} similar guidelines do not appear to be as common for members of the police force.^{22,23} Without guidelines, some police officers may not be aware of how to appropriately or compassionately interact with bereaved parents when conducting an investigation, which may potentially have significant impacts on the parents' memories of their child's death.

Surprisingly, given that many PICU deaths result from unexpected or unexplained illness or injury, parents' experiences of police or coroner presence in PICU after their child's death are absent in the PICU end-of-life care literature. However, there are some limited understandings of the parental experiences of police presence during sudden childhood death. A recent systematic review by Garstang et al.²⁴ aimed to understand bereaved parents' needs after the sudden death of their child. Of 52 qualitative and quantitative studies involving more than 4000 bereaved parents, only four studies discussed parental experiences of police presence. These four studies, conducted in the United Kingdom and the Republic of Ireland, focused solely on sudden infant death syndrome occurring within the home setting. These studies showed that parental experiences of interacting with police were varied; though parents from the Republic of Ireland largely found police sensitive and helpful, parents in the United Kingdom had more varied experiences, ranging from finding police officers to be kind to feeling as though they were treated as criminals.²⁴ What was clear for all parents, however, was that these experiences stayed with them for years after their child's death, impacting upon their memories of that time. Therefore, to ensure the delivery of high-quality end-of-life care within Australia, developing an understanding of parents' experiences of police presence in PICU as part of a coronial investigation is an important aspect of bereavement care.

2. Materials and methods

2.1. Aim

The aim of this article is to explore bereaved parents' experiences of police presence in PICU after the death of their child. The findings arose from a larger study on the parental experiences of the death of a child in the PICU and the interactions they had with healthcare providers during and after this time.²⁵

2.2. Methodology

The data used in this analysis were generated as part of a larger constructivist grounded theory study exploring bereaved parents' experiences of their child's death in PICU. A secondary analysis was performed on data that were present in the parents' narratives but not relevant to the main theory developed through grounded theory. According to Heaton,²⁶ secondary or supplementary analysis is appropriate for data which form a subsample of the primary study and which emerged post-hoc as an area of interest, making it an appropriate choice for our data.

2.3. Recruitment

A total of 26 bereaved parents from four Australian PICUs were recruited into the larger study. Of these, nine parents from two hospitals (four couples and one single parent) mentioned the presence of police officers in PICU after their child's death. Characteristics of these parents are provided in Table 1. As is common to grounded theory studies, the first five participants were recruited using purposive sampling, with theoretical sampling techniques directing the recruitment of all subsequent participants.²⁷ Recruitment procedures varied based on local site requirements but included mailed letters, phone calls from social workers associated with bereavement follow-up, and advertisement at bereavement support groups.²⁸ Owing to the nature of some recruitment variations, we were unable to obtain details on the total number of families approached for participation in this study or on the overall number of families who declined participation.

2.4. Ethical considerations

This study was approved by all relevant human research ethics committees. All parents provided written informed consent before participation. To ensure participant wellbeing, we encouraged breaks from the interview process, encouraged the use of personal coping strategies, debriefed each participant after their interview, and followed up with a phone call a week later. Social workers associated with the study were also available for ongoing follow-up and support if required. To protect participant privacy and confidentiality, all data have been deidentified, with pseudonyms used for all participants and their children. No member of the research team had a prior relationship with any participant.

2.5. Data collection

Data for this article originated from audio-recorded semi-structured interviews undertaken as part of the larger study. Each interview lasted between 90 and 150 min and was conducted at a time and location of the parents' choice by the first author, a PICU nurse with prior qualitative interviewing experience. All couples were interviewed together, at their request. Initial interviews were based on an interview guide, with discussions generally following the progression of the child's admission and death, and the parents' bereavement journey. During discussions of their child's end-of-life care, nine parents spontaneously offered comments on the arrival and presence of police officers in the PICU. These experiences were explored with the parents who raised the topic; however, as this was not the main focus of the study, other parents were not specifically questioned about it.

2.6. Data analysis

In a secondary analysis, analytic approaches to the data analysis may mirror or diverge from those used in the original study,

Table 1
Characteristics of included parents and children.

| Parent(s) | Child | Hospital | Age at death | Illness type | Cause of death | Type of death | Length of stay |
|-------------------|-----------|----------|--------------|------------------|-------------------|----------------------------|----------------|
| Emma | Charlotte | 1 | Infant | Acute | SIDS | Withdrawal of life support | 2 days |
| Lucy and Hudson | William | 1 | Toddler | Acute | Septic shock | Unsuccessful CPR | <24 h |
| Hannah and Daniel | Olivia | 1 | Teenager | Acute on chronic | Metabolic disease | Withdrawal of life support | 5 days |
| Vicki and Nate | Emily | 4 | Infant | Acute | SIDS | Withdrawal of life support | 6 days |
| Sarah and Connor | Sophie | 4 | Infant | Acute | SIDS | Withdrawal of life support | 3 days |

SIDS = sudden infant death syndrome.

depending on the overall aim.²⁶ In grounded theory (the methodology used in the primary study), the aim is to develop a theory about the social processes occurring in the data.²⁷ However, our intention with this secondary analysis was to explore the parents' experiences of the police in PICU and identify key themes present in their experiences. As a result, we engaged in a process of thematic analysis, as outlined by Braun and Clarke.²⁹ Data analysis for this subset of data began during the initial data collection and analysis in the primary study. After transcribing the data, line by line coding was undertaken by the first author, in consultation with the research team. All codes relating to parental experiences of police presence were then explored for broader concepts and collated into themes. Themes were developed into a concept map and explored in detail to ensure they captured the essence of the parents' experiences. It is important to note that although we were able to identify three key themes in the parents' experiences, the incidental nature of the data and the post-hoc nature of the analysis impacted upon our ability to achieve data saturation for these findings. Whilst this is a limitation of secondary analysis, it does not discount the importance of the findings identified within the parents' experiences. This article is reported according to the Standards for Reporting Qualitative Research.³⁰

3. Results

The presence of police officers in the PICU after their child's death was mentioned spontaneously by nine parents (representing five children) from two participating hospitals. In all cases, police officers were present to identify and take possession of the child's body on behalf of the state coroner, as part of routine investigations into the unexpected death of a child. None of the parents were suspected of abuse or wrongdoing. Within the PICU, parents' experiences of police presence after their child's death were largely negative, with three key concepts identified (i) timing of police interviews; (ii) the impact of police presence; and (iii) the demeanour of the officers.

3.1. Timing of police interviews

All nine parents commented that police officers arrived too soon after their child's actual death. Police officers most commonly arrived within the first few hours after death, sometimes "within half an hour" (Connor, Hospital 4) of having life support removed from the child. Many of the newly bereaved parents felt as though "straight after she passed away ... [staff said] 'Okay, well we now need to call the police'" (Daniel, Hospital 1), without giving them adequate time to process what had occurred or begin to say goodbye in private. According to Sarah (Hospital 4): "I just thought it was a little bit insensitive, the timing of the police." The rapid timing also made it difficult for parents to adequately answer police questions, with Nate (Hospital 4) noting "... we've just, you know ... watched our son die, but police come in and just ... we have to think ... like we don't have to write it [their statement], we just talk and they write it but then we have to read it and sign it." Instead of

arriving immediately, the parents recommended that police officers "could have just waited a few hours [until] things are a little more sorted out" (Connor, Hospital 4), or even "maybe come a few days after Emily had died, but not then" (Vicki, Hospital 4).

The distress felt by many parents at the sudden arrival of police officers was heightened by the fact that they were usually unaware of this aspect of post-mortem care. Parents generally felt that they should have been told about the potential for police presence before their child died. They felt that "[staff] should've, at some stage, informed us that that was the process and that unfortunately, it may make you feel a little bit uncomfortable" (Hannah, Hospital 1), so that they could have prepared themselves for it. Instead, as Connor (Hospital 4) experienced, "nobody really said that the cops were going to come interview us", so he "didn't realise how full-on it was going to be, that part of it", leaving him feeling overwhelmed and distressed.

Parents also commented negatively on the length of time police took when taking their statements concerning their child's illness and subsequent death. For one set of parents, "the police came to take custody of the body on behalf of the coroner ... and they conducted an interview with us, which took like over an hour or something" (Lucy, Hospital 1). For them, this prolonged questioning caused significant distress and meant they were unable to leave the hospital: "William died at 1 o'clock in the morning and it took us 4 h to get out of the hospital, mainly due to a battery of bloody questions that needed to be asked" (Hudson, Hospital 1). At times, lengthy police questioning also prevented parents from spending time with their child and family to say goodbye, with Vicki (Hospital 4) commenting "I was grilled for a very, very long time. I don't remember how, I think it was at least an hour... and we [the parents] were separated", which she found very upsetting. Connor (Hospital 4) noted that he and his wife were even separated from their child: "my daughter was lying there still, you know, [my wife] and I cleaned her up after she passed away and washed her but it was like come the [expletive]... come on, get your thing done. [My wife] and her family were still waiting outside, and they [the police] took quite a while."

3.2. The impacts of police presence

For some parents, the very presence of police officers in the PICU negatively impacted on their experiences of saying goodbye to their child and participating in post-mortem care. This was particularly true for Daniel (Hospital 1), who commented that the presence of police officers "makes you feel uncomfortable, makes you feel ... like again, question how you react, you know, when that's not ... that should be the last thing on your mind." Being observed made him feel uncomfortable and unsure of expressing his emotions, when all he had wanted to do was spend the last few hours with his daughter in private: "Olivia literally only just passed away within the hour, and here I am thinking, you know, if I cry too much does that make me look guilty ... if I don't cry does that make me look guilty, you know, where all we wanted to do was just hold her and be with her."

Having police officers present also made most parents feel “like criminals ... like we’d done something wrong” (Daniel, Hospital 1). Participants viewed undergoing the police interviews as being “interrogated, virtually” (Connor, Hospital 4), rather than as providing a statement of events leading up to their child’s hospitalisation and death. Many parents did not understand why they were being interviewed so soon after their child’s death and assumed they were being accused of involvement or abuse. For example, Vicki (Hospital 1) commented that “He [the police officer] just walked in and said, “Oh, you know, let’s start talking now.” Then I thought, “Oh, are you going to try to accuse me of killing my child?”” Some of the parents, particularly the mothers, “felt very insulted. It’s like, I’m not some shit ... shit person” (Sarah, Hospital 4). For these parents, the police presence and questioning implied that they were guilty of committing a crime or being involved in their child’s death. For some parents, this implication caused them to feel guilty and, at times, blame themselves for their child’s death. This was encapsulated by Emma (Hospital 1), who mentioned that “when [the police] kept interviewing me, and asking what happened ... that made me feel like a real arse, because ... I knew damn right... I’m like ‘I didn’t do anything, I know I didn’t’. But that made me feel like crap, and it made me ... feel guilty and blame myself.”

3.3. *The demeanour of the officers*

Parents experienced varying levels of professionalism, empathy, and kindness from the police officers who arrived in the PICU. For Emma (Hospital 1), when the police officers identified her daughter’s body and took her statement, they “weren’t in your face, or anything, they just stood back, they were sympathetic.” However, Emma was the only parent to mention experiencing sympathy from the police officers in the hospital. All of the other parents commented negatively on the attitudes and demeanour of the police officers they encountered. Connor (Hospital 4) felt that “they need some training in how to deal with these things because the uniform cops were the ones that were no good.” He commented that the uniformed officers “treated us pretty much the same way they would, you know ... somebody who abused their kid and died”, which, to him, was inappropriate and insensitive when no signs of abuse were present. For other families, a lack of acknowledgement of the significance and emotional difficulty of the situation on the part of the police officers left a very negative impression. Vicki (Hospital 4) noted that the police officers “never acknowledged that, yeah, it [her child’s death] had just happened”. Instead, she recounted, with difficulty, the insensitivity of the officer’s questions and the distress this caused her: “I remember the first question the policeman said to me, he goes, ‘How’s your day been?’ I said, ‘Oh, my son’s dead.’ And he goes, ‘Oh, okay.’” In fact, the incident affected Vicki so much, that she recounted it again: “I was holding my child and then he goes, ‘Oh, how’s your day been?’ I said, ‘Well, my son just died,’ and obviously I’m holding this dead ... dead baby.” Though the PICU staff had made her feel cared for during her child’s death, “then the police came and that was ... that was not so good.”

4. Discussion

This is the first article, to our knowledge, that reports on bereaved parents’ experiences of police presence in PICU as part of the coronial investigation process related to the unexpected death of a child. Unfortunately for participants in our study, positive experiences of police presence for identification of the child’s body and collection of statements for the coroner were extremely limited. Instead, our findings show that the presence of police was a

negative experience for most parents. These poor experiences largely arose from a combination of poor timing of police arrival, prolonged interviews, the association of police officers with blame, and the unsympathetic attitudes the officers often adopted. These findings offer new insights into a previously hidden, but likely commonly undertaken, area of end-of-life care and provide an impetus for improvements in care delivery and the coronial investigation processes.

When a child’s death is unexpected and the cause of death is not immediately apparent, most Australian state laws necessitate a coronial investigation,^{7,8} usually beginning with formal identification of the body and collection of statements from the child’s parents. In the PICU, this process is most commonly undertaken by the police on behalf of the coroner. Unfortunately, there is very limited guidance from the various coronial offices around Australia as to how soon these processes need to occur. For parents in this study, this lack of guidance led to police arrival in PICU very soon after their child’s death, in most cases within 90 min. This timeframe was considered inappropriate by all of the parents who provided comment, who felt both unable to properly say goodbye to their child and unable to focus enough to answer the officers’ questions. Instead, many parents recommended that police interviews should happen the day after the child’s death, or at the very least, after a few hours had passed. This is a new finding within both the general paediatric and PICU end-of-life care literature. To date, the timing of police arrival for formal identification of the deceased child and collection of statements from the child’s family has not been explored with bereaved parents in any setting. Given the significant impacts that these experiences can have on parents’ overall memories of their child’s death, we strongly recommend future research focus on these aspects. In the meantime, in the absence of evidence or strong suspicion of child abuse, we recommend that police presence in the PICU after a child’s death be delayed for as long as possible so as not to further contribute to the parents’ distress.

For many parents in this study, the very presence of the police in the PICU made them feel as though they were being investigated for involvement in their child’s death. These feelings contributed towards the feelings of guilt and self-blame that many parents, including the ones in this study, already feel when asked to make end-of-life care decisions for their child.^{31–34} Some of this guilt and self-blame may be reduced if the impending presence of police and their purpose in the PICU is explained to parents during end-of-life care discussions. It would seem, however, that this is rarely undertaken. Most of the parents in this study were not aware that police would be involved after their child’s death. Obviously, we do not recommend that this notification be given immediately after parents are told their child will die. However, it is important to cover *all* aspects of end-of-life care with parents at some point before removing life support. Ideally, parents would be notified of the routine presence of police officers during subsequent end-of-life care family meetings and reassured that they are not being blamed or accused of involvement in their child’s death.

Finally, many parents in this study commented on the unsympathetic and, at times, inappropriate demeanours adopted by attending police officers. They were approached with hostility or indifference and treated (in the parents’ perception) as a person found guilty of a crime, with little to no acknowledgement of the significance of their child’s death. As parents’ experiences of police presence as part of routine coronial investigations have not previously been described in the PICU literature, it is unclear whether our findings are common to other PICUs. Within the broader paediatric literature, parental experiences of police presence at any point during or after their child’s death are varied; though Dent et al.³⁵ also found police to be unsympathetic and accusatory,

parents in studies by both Finlay and Dallimore³⁶ and Janzen et al.³⁷ described police officers as empathetic, helpful, and sensitive. However, the location and timing of police presence for parents in these studies is unclear, making transferability to the PICU difficult, and they were conducted across the United Kingdom and Canada, where local policy and training for police officers may differ to Australia. Further examination of bereaved parents' perceptions of police presence and the coronial investigation process, both within Australia and internationally, are warranted. In the interim, we suggest bereavement training be provided for all police officers who may potentially respond to the death of a child, to improve their understandings of appropriate and sympathetic ways to engage with grieving parents.

Though our study has been strengthened by the inclusion of parents from multiple sites and the maintenance of an audit trail, there are some limitations. First and foremost, this study was conducted within the context of the Australian healthcare system, with the findings influenced by both local and national policy and protocol. As such, our findings may not be transferable to other healthcare climates, where, for example, police do not attend during unexpected sudden deaths of children. In addition, though the original study recruited parents from four different PICUs across three states, comments relating to police presence were only provided by parents in two states. We could find no guidelines for police officers engaging in coronial investigations in either of these two included states but were able to identify such guidelines for the state that was not included in this analysis. Though the document in the third state was not significantly detailed, its existence may suggest increased attention to police training or preparation for working with bereaved families. Such preparation or guidance may have led to improved or unremarkable parental experiences with police in PICU, possibly accounting for the lack of data from parents within this state.

Finally, we did not actively ask parents about their experiences of police presence in PICU. It is possible that only parents with overly negative experiences found them noteworthy enough to mention, which may have unintentionally excluded data from parents with positive or neutral experiences. This does not negate the experiences of those parents included here but rather speaks to the need for more focused, rather than incidental, future research in this area.

5. Conclusion

The presence of police officers as part of a coronial investigation process is an experience many parents will face as they farewell their child in the PICU. Unfortunately, the findings from this study demonstrate that these experiences may be negative, leaving parents feeling unsupported, accused, and distressed during one of the most difficult moments of their lives. However, by highlighting these experiences, our findings provide an opportunity and stimulus for improvement, both from the PICU staff and from the police and coronial departments. Guidelines for interacting with bereaved parents, as well as enhanced sensitivity training, are desperately needed for both police officers and local coronial departments. By enhancing understandings of this previously hidden aspect of end-of-life care, positive changes may occur so that police presence in PICU provides support, rather than distress.

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Author contribution

Ashleigh E Butler, Helen Hall, and Beverley Copnell contributed to the conception or design of the work or the acquisition, analysis, or interpretation of data for the work, drafting the article or revising it critically for important intellectual content, final approval of the version to be submitted, and agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Appendix A. Supplementary data

Supplementary data related to this article can be found at <https://doi.org/10.1016/j.aucc.2018.02.004>.

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