

# Death in the armed forces

## Casualty notification and bereavement support in the UK military

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**Abstract:** Media coverage has kept the current UK military involvement in Iraq and Afghanistan firmly in the public eye, and most particularly the inevitable tragic consequences of such involvement – the injuries and fatalities suffered by our service personnel. But the general public is possibly less aware of how the UK armed forces deal with the aftermath of fatalities, especially with respect to the bereaved families. This article gives a brief overview of the casualty notification process and subsequent bereavement support offered by the military, together with some recent developments in the Army, and collaboration with external bereavement agencies.

**Keywords:** Armed forces, casualty notification, death in service, bereaved service families, training

**Editor's note:** The role of service personnel means they are particularly at risk of being exposed to dangerous situations that may result in untimely deaths, including deaths by violence and enemy action. Such losses affect grieving relatives and, in some instances, may lead to problematic bereavement. In addition to their many supporting roles, armed forces visiting officers are ideally placed to pick up on potential grieving problems experienced by service relatives and refer them on to the appropriate authorities. We hope that the changes proposed here will enable these officers reliably to identify those family members who are in need of extra help and ensure that they get it.

It is a sad but unavoidable fact that the primary function of the UK armed forces – that of fighting wars – may result in serious injury or death. This stark reality is frequently reflected in media reports of UK casualties, particularly from the continuing conflicts in Iraq and Afghanistan. Such high-profile deaths are just part of the whole picture, however. For instance, in 2007 201 deaths were recorded in the UK regular armed forces: 143 deaths in the Army, 31 deaths in the RAF, and 27 deaths in the naval service (the Royal Navy and Royal Marines). Not all deaths were directly at the hands of the enemy: 71 deaths (35%) occurred as a result of hostile action (that is, killed in action and died of wounds), accidents accounted for 80 deaths (40% of all deaths), of which road traffic accidents accounted for 50 deaths (25% of all deaths), and 37 service personnel died of disease-related conditions (<http://www.dasa.mod.uk/natstats/natstatsindex.html>).

Such tragedies cannot be prevented, but the aftermath still has to be managed competently and sensitively by the armed forces, and nowhere more so than in the care and support of the bereaved

family and relatives. As soon as the military is notified of a fatality, well-established procedures come into play: the initial casualty notification process, followed by longer-term bereavement support. This article gives an overview of these processes, the role of those service personnel who perform this difficult task, and developments in the support that is provided to them.

### The MoD casualty policy

The Ministry of Defence (MoD) casualty policy aims to ensure that the military and those civilians entitled to know are informed of the identity and state of the casualty as quickly and accurately as possible. The term 'casualty' encompasses the following: dead (killed in action, non-operational death – and the focus of this article); missing (missing believed killed, confirmed prisoner of war) and medical (very seriously ill, incapacitating illness/injury). The objectives of the casualty policy are:

- to report casualty incidents accurately and expeditiously and provide follow-up reports/returns as necessary to all relevant authorities

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- to inform the casualty's pre-selected emergency contacts and next of kin in accordance with MoD policy
- to instigate follow-up actions as necessary, including hospital visits, funeral arrangements and support to the bereaved.

The policy allows some flexibility to take into account slight variations across the three services.

Following an incident, the serving person's unit passes the details of the casualty to the Joint Casualty & Compassionate Centre (JCCC) in the shortest possible time commensurate with operational priorities. The JCCC is the key co-ordination centre and prime source of information on all reported casualties, and is staffed 24 hours a day, 365 days a year by a team of dedicated personnel. The information is then cascaded down to the appropriate notifying authority (NA), who then arranges for the notification process to be carried out. Key personnel in this notification process include the casualty notification officer (CNO) and the visiting officer (VO).

### Casualty notifying officer

In the event of a death, the role of the CNO is to notify immediately (regardless of the hour) the deceased's nominated emergency contact and/or next of kin. The notification role includes providing the emergency contact/next of kin with as much factual information about the casualty and the incident as is warranted; offering the sympathy of the service and MoD; establishing whether anyone else should be informed, and offering travel/visiting advice. CNOs are usually from the same service and unit or branch as the casualty, and of junior officer rank (ie. a captain in the Army, and equivalent in the other two services, although a warrant officer may occasionally be asked to carry out this role). The CNO is usually accompanied by another military person (ie. the assistant CNO), who could be a padre. Immediately following the visit, the CNO completes a standard report, briefs the

notifying authority and visiting officer, passes on information to the JCCC (if required), and follows up on any administrative business.

In the event of an injury, the CNO is likely to continue to have contact with the family beyond the initial contact phase because they may need immediate help with getting to the hospital where the service person is being cared for, and with finding accommodation etc.

### Visiting officer

Once the CNO has completed their task, it may be deemed appropriate to offer ongoing support to the emergency contact/next of kin. This is the role of the VO, who will personally visit the family, assist them and be available to them for as long as is considered necessary. The initial visit normally takes place within 24 hours of notification, and the VO may continue to visit the emergency contact/next of kin for up to a year and longer. Their role is to support the emergency contact/next of kin through the shock of bereavement, and help them adjust to life without the deceased and prepare for the future. The VO role also includes acting as the link to all MoD agencies and assisting with any queries or problems; liaison with the media; providing a conduit for all official communications from the MoD to the next of kin/emergency contact; providing information and practical help with such issues as repatriation (if necessary), housing, funeral arrangements, financial matters (both service-related and civil), personal effects, pension and benefits; working with the chaplaincy or local religious contact; calling in specialist help as required; explaining the funeral options available – including, if needed, liaising with the family and undertaker over funeral arrangements; explaining the process for whatever investigations or inquiries are ongoing, and keeping the next of kin/emergency contact informed on progress, and accompanying the family (if required) to any repatriation ceremony or inquest.

A lot of time and effort is required of the VO in the early stages of the bereavement; sometimes



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they may need to visit the emergency contact/next of kin daily. Support for the VO in conducting this emotionally and physically demanding role is usually provided by the service welfare personnel and/or the chaplain. The CNO and the VO role, certainly in the Army and the RAF, is in addition to the individual's normal day job, and they usually receive just one day of preparatory training. The demands of the role are reflected in the findings from the research, as reported below.

### Research findings

The research on this topic in a military context is rather limited, and much of it originates from the US, although parallels can be drawn from the civilian police force. Most research focuses on the stresses of the notification process. In terms of the psychological effect on the actual notifier, Eth and colleagues (1987) found that a major source of distress among police officers was uncertainty about how the person they were about to inform would react, particularly if physical violence was involved. Reactions that have been found

difficult to manage include anger, shock, denial, resentment, confusion, disorientation and survivor guilt (Kubler-Ross, 1969). Conversely, survivors may show no outward sign of emotion, or become sarcastic or hysterical, which are often psychological defence mechanisms in the face of overwhelming emotions (Hendricks, 1984). There is also evidence that the stresses and anxieties relating to notification grow over time and increase as the number of notifications increases (Eth, Baron & Pynoos, 1987).

Clark (1981) found that, in the case of accidental deaths, many police officers identified with the relatives, possibly because they had similar experiences in their own family history. Stewart and colleagues (2000) found that notifiers' distress was particularly marked when the cause of death included violent crime, drink-driving crashes, suicide, or the death of a child. Military survivor assistance officers (SAOs) exposed to acute distress generally experienced greater negative affect, a diminished sense of well-being, and more somatic symptoms. However, the negative effects were smaller for SAOs who had

good social support systems of their own, and for those with 'hardiness' (Bartone, 1989). Coping mechanisms included spending time with their family and/or talking with co-workers (Stewart, Lord & Mercerl, 2000). Lesser concerns reported by the SAOs included whether they had the right address, would anybody be at home when they called, was the family already aware, and anxieties about how well they would perform the role (Bartone, 1989). Enderson & Hermsen (1996) noted that military casualty assistance officers (CAOs) found non-traditional family structures (eg. single or divorced parents, broken or mixed families etc) more difficult to cope with.

Appropriate training has been shown to make the distress less intense. Hendricks (1984) argued that death education needs to be an integral part of the death notification training, and advocated simulated practice supervised by experienced and qualified professionals. One example is the training in interpersonal skills (such as active listening and empathic responses) provided to police officers, which is delivered through short classroom teaching with real-life simulations and videotaped role play, followed by field experience over a longer time (Roberg, 1976).

However, simple guidelines for breaking bad news, as outlined by Alexander and Klein (2000), should not be overlooked. They include preparing oneself, ensuring there is enough time to talk to the bereaved person, gaining some background information about who one is likely to meet, and anticipating basic but important questions such as 'Did s/he suffer?', 'Can I see her/his body?', 'Will there be a post mortem?' etc.

### Developments in the Army process

As described above, there is an MoD policy on casualties, with some flexibility across the three services to accommodate their particular circumstances. For the sake of brevity, and because there have been some recent developments in the Army process, this section will focus specifically on the Army.

Responsibility for training in death notification and bereavement support duties in the Army is facilitated by the Army Inquiries and Aftercare Support Cell (AIASC), within the Directorate Personal Services (Army) (DPS(A)). The AIASC designs the training package for CNOs/VOs, which is then adapted at division level to meet the division's particular requirements. Divisions provide their own trainers and arrange training days as and when required. Military personnel are selected or can volunteer for the course and must be 'mature and have life experience', although most trainees generally have some form of personnel function. The CNO/VO one-day training course is delivered in lecture format, using PowerPoint slides and DVD clips to support the trainer. The DVD was updated in 2008 by a specialist media company who used professionals to act out scenarios. A number of the clips also involve actual family members and Army widows describing their experiences of being traumatically bereaved. Trainees keep a copy of the DVD and are supplied with a number of handbooks so they can familiarise themselves with the relevant information and be on stand-by for possible notification for duty.

An evaluation of the Army's CNO/VO selection, training and support process was undertaken in 2008 (Stevenson *et al*, 2008), with a view to developing its service provision. The evaluation was sponsored by the Defence Technology & Innovation Centre (DTIC) at the Army training college in Shrivenham, UK. Responses to a questionnaire survey and supporting interviews from CNOs, VOs and trainers highlighted the strengths of the current system as well as a number of areas where it could be improved. These improvements included the introduction of more robust selection criteria in terms of suitability for role; that the training should focus more on information provision, rather than skills, and that the training should be standardised across all Army divisions. The AIASC has taken these findings on board and is currently initiating the relevant changes.

The UK Army has also been working with the Metropolitan Police Service (MPS) and the US-based Althea Foundation for the past two years to devise a world-class training process to supply its casualty notification and aftercare support needs for the future. The MPS has considerable experience from dealing with bereaved families in the aftermath of the London bombings, the 2006 Indian Ocean tsunami and other international disasters, and has worked closely with the Althea Foundation to achieve best practice. The Althea Foundation also advises the US army and the New York Police on their notifying processes and methods.

Obvious similarities can be drawn between the military CNO/VO and the civilian police family liaison officers (FLOs). FLOs were introduced to work alongside the investigation teams dealing with serious (often fatal) incidents, liaising with the families involved and giving much-needed emotional support and advice so the investigation team could concentrate fully on their role. The MPS has taken the FLO role a step further and created the family liaison team. The team comprises a number of family liaison advisors (FLAs), who are all experienced FLOs from different policing backgrounds, and are also trained family liaison co-ordinators (FLCs). The family liaison teams provide support to FLOs and FLCs across London. They also review cases when requested, looking at the family liaison strategy, deployment of officers, and the implementation of the MPS policy. They also provide strategic support and specialist knowledge. The Army is currently considering the potential benefits of introducing such an advisor tier into the military.

Based in San Francisco (with a UK office in East London), the Althea Foundation was created in 2002, both co-founders having had bitter personal experience of conveying bad news to bereaved families. They saw the need for a comprehensive education, training and research programme to help people better understand death notification. The Foundation's death notification and survivor care training programme was created in

partnership with the psychiatry department at the University of California at San Francisco (UCSF), under the tutelage of Charles Marmar, professor of psychiatry. The primary aims of the programme are to provide military, law-enforcement, health care workers and emergency medical personnel with the necessary training tools and knowledge to assist in coping with the stresses of death notification duties, and to address the emotional and practical needs of the families of the deceased.

### Other support agencies

It would be misleading to suggest that the CNOs/VOs stand alone in the support they offer to bereaved relatives, as each of the three services has its own welfare service. For instance, the Army Welfare Service provides frontline welfare support to all soldiers and their families, and provides support and signposted assistance to the VO and, if necessary, to the bereaved family. In addition, there are many military and civilian agencies that can be called upon for support following a bereavement, including:

- the Service Personnel and Veterans Agency Welfare Service, which provides support and guidance to the families of injured service personnel, as well as the bereaved family, following a death. The support includes direct contact and guidance through the process of obtaining financial and practical assistance. They are also able to offer support to the VO
- the Royal British Legion, which provides welfare assistance to ex-service personnel and their families in dealing with legal issues related to the death of service personnel, and advises on pensions
- the War Widows' Association of Great Britain, which provides the widow/widower with emotional support and a 'listening ear' from other service widows/widowers, letting them know they are not alone
- the Soldiers, Sailors, Airmen and Families Association (SSAFA) – which provides help

and support to ex-service personnel and families relating to welfare and housing issues

- Cruse Bereavement Care, the national organisation for bereavement care, which provides counselling, advice and information, and opportunities for social contact.

### Bereavement Pathways Project

Finally, the MoD has recently announced a collaboration with two external bereavement agencies that will, it is hoped, lead to better access to bereavement support for service families. The Bereavement Pathways Project is a co-operative venture between the charity Cruse Bereavement Care and the Bereavement Services Association, an organisation set up to improve the relationships between NHS and voluntary bereavement services in order to provide maximum support for bereaved people, whether the death occurs in hospital or in the community. The aim is to create pathways for bereaved families extending from hospital to the community, and establish working procedures, core standards for service delivery and joint education and training opportunities built around the needs and wishes of bereaved people.

The project was awarded an NHS grant of £200,000 over three years for Cruse Bereavement Care to develop specialised training for its volunteers specifically in meeting the needs of bereaved families and relatives of service personnel. In addition to training its existing volunteers, the grant will enable Cruse to reach out to more bereaved service families and to recruit and train new volunteers with a military background and understanding of the issues. This work is still in its infancy but it is hoped that the outcomes can be reported in a future issue of Bereavement Care. ■

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