

# Facilitating access to scene photographs and CCTV footage for relatives bereaved after violent death



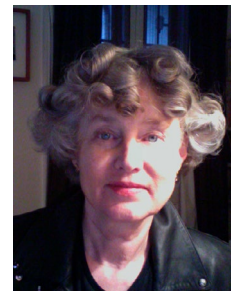
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**Abstract:** Family members bereaved after a violent death may be prevented from seeing visual images such as photographs of the body or closed circuit television footage of the person at the scene of death taken as part of the investigation. However, there is little information on the helpfulness or otherwise of supported exposure to such, often graphic, visual evidentiary material contained in police reports. We draw on a case study approach to explore the lived experience of two bereaved family members and the practice experience of the social work authors to understand the meanings of seeing these visual images. These lived-practice experiences suggest that seeing such visual images, in the context of support, may provide a deeper understanding of the death event and facilitate a sense of peace for bereaved relatives. This paper contributes an insight into the meanings and benefits as well as the practice challenges of viewing such material which, it is argued, are differently experienced from seeing the body itself. Recommendations for practice are discussed, alongside suggestions for future research in representative samples.

**Keywords:** Photographs, CCTV footage, death, grief, coroner, social work

## Introduction

Anecdotal evidence from bereavement practitioners suggests that people bereaved after a violent death may request to see scene photographs or Closed Circuit Television (CCTV) footage contained in evidentiary reports of their relative's death (Ryan & Giljohann, 2013). Such images are confronting and depict the body of the deceased at the scene of death and/or the lead up to, or the death itself. Support personnel such as social workers and counsellors may be asked by both investigators and family members about the advisability of bereaved people

seeing such material. Family members may be prevented or restricted from seeing such material (Ryan & Giljohann, 2013). This paper draws on case study methodology to observe and analyse the experiences of viewing such material (Bryman, 2008). This is done in two ways, first by drawing on the social work practice experience of two of the authors, Jane Mowll and Gillian Adams, and the lived experience of the third author, Juliet Darling, and second, by describing a case example, in which Clare (a pseudonym), depicts her experience of seeing video footage of her partner just prior to his death.

The aim of the paper is to contribute a practice—experience nexus to describe and reflect on the meanings and challenges in viewing such images. Drawing on the case example of Clare and the lived and practice experiences of the authors, the challenges, benefits and meaning of seeing photographic or televised images in the context of grief after a violent death are explored. First we review the medico-legal context of the death investigation, the social work or counsellor role, the relevant literature and describe the methodological approach of the paper.

### The medico-legal context of sudden death

The experience of accessing either CCTV footage or photographic images depicting the body or scene of death for bereaved family members is situated in the context of the medico-legal systems that investigate such deaths. In Australia, similarly to the United Kingdom, any unexplained or unnatural death such as suicide, homicide and/or accident requires investigation. In New South Wales (NSW), Australia, police act as agents for the Coroner, securing the scene and arranging for the body to be transferred to a forensic facility. Under the Coroner's Act 2009, the NSW State Coroner – a magistrate, may order a post-mortem examination (autopsy) to establish a medical cause for death (Abernethy *et al*, 2010). This examination is conducted by a forensic pathologist and a post mortem report forwarded to the Coroner. Three forensic mortuaries manage the coronial deaths reported in NSW, undertaking forensic autopsies and providing reports on behalf of the State Coroner. Concurrently, in circumstances of unnatural death, which include suspected suicide, accident or homicide, the Coroner appoints the NSW police to conduct an investigation into the circumstances leading up to the death. A police brief may contain a statement from the investigating officer detailing the death, relevant witness statements, photographs of the body at the scene of the death taken by investigating officers and, when available, CCTV footage of the deceased's last moments. This brief is presented to the Coroner as part of the coronial inquiry. In criminal matters, the brief is subject to ongoing judicial processes in the criminal courts.

The next of kin – such as spouse, parent, adult child or sibling of the deceased, can apply in writing for a copy of the post mortem report and police brief (Abernethy *et al*, 2010). However, photographs and CCTV material are omitted from the copy sent to the family. Access to such material may be granted by the Coroner on a case by case basis. In granting such access, the recommendation of a forensic or coronial social worker may be considered. The viewing of this highly sensitive material usually only occurs by request and with permission, on-site, and with the support of a social worker.

### The social work role in the NSW forensic and coronial system

Forensic Mortuaries in NSW and the Office of the NSW State Coroner employ social work counsellors to provide information, support and counselling to bereaved families. The social work team is available to the family in the immediate aftermath of the death and provides psychosocial support and information about the autopsy, coronial processes, funeral planning and available support services (Drayton, 2000). A key facet of social work support at the forensic morgue includes choice and preparation to view the body of their relative (Mowll, 2007). After the body is released, the team offers follow up support throughout the death investigation. Social workers also provide support to family members or friends, who are given permission to do so, to access the death scene photographs or CCTV footage that are included as part of the police report. Such deaths are often from violent causes, including suicide, accident or homicide.

### Bereavement after violent death

Bereavement after a violent death holds particular difficulties for family members and friends for a number of reasons (Kristensen *et al*, 2012). For the grieving person the suddenness of the death may trigger intensified reactions, the shattering of their normal world and numerous secondary losses and concurrent crises (Parkes, 2010; Parkes, 2008). Witnessing or hearing about a violent death can trigger trauma reactions, such as intense arousal, and symptoms of intrusion and avoidance for bereaved family and friends (Kristensen *et al*, 2012). While these reactions often settle over time, the on-going investigation and exposure to evidence at the inquest or trial can retrigger such reactions (Rynearson, 2005). It is common for bereaved relatives to continually revisit the events of the death, trying to comprehend what happened (Jordan, 2008). For example, a qualitative study of bereaved parents suggests that there is an intense need to develop a comprehensive 'death scene script' (Janzen *et al*, 2003, p155). In doing so, bereaved families are often piecing together what they saw and heard with information gleaned from reports, media, police and others. The mix of often incomplete information with intense psychological arousal can contribute to fragmented or distorted memories of the death event. Grief research suggests that there is a need to make sense of the death by integrating the 'event story of the death' into a cohesive narrative (Gillies *et al*, 2013). As Neimeyer (2002) notes, processing the event story of the death to make sense of the death and find meaning, may be a central part of the grief experience. In violent death in particular there may be a need for family members to come to terms with their loved one's dying and death (Nakajima *et al*, 2012). Difficulties integrating this story may contribute to prolonged or complicated grief

(Saindon *et al*, 2014). Research into effective interventions for prolonged or complicated grief points to therapy that includes a component of imaginal exposure to the death event (Shear, 2015; Saindon *et al*, 2014). However there is little information on the helpfulness or otherwise of supported exposure to sensitive and sometimes graphic visual evidentiary material contained in police reports after violent death (Ryan & Giljohann, 2013).

Recent research has elucidated the meanings and experiences of seeing the body in traumatic deaths (Harrington & Sprowl, 2011; Chapple & Ziebland, 2010). A study of 64 bereaved relatives in the context of investigated deaths suggested viewing is meaning filled and choice should be supported (Mowll *et al*, 2016). However, the experience of viewing the body of the deceased and viewing images of the body taken as evidence at the scene of death may be experienced differently and have separate fears or meanings attached (Mowll *et al*, 2016; Southall & Norris, 2002). In terms of seeing images of the deceased person, the practice of taking memorial or 'memento mori' photographs after death specifically for the bereaved family or as a memorialisation has a long history (Walter, 2015; Hilliker, 2006). Most common in neonatal or infant death, photographs and other memorabilia such as hand and foot prints and locks of hair provide a tangible reminder of the deceased infant (Blood & Cacciatore, 2013). The use of such photographs in therapeutic settings helps: facilitate access to feelings and thoughts of the death; people to grasp the reality of the death; by acting as transitional objects to mourn; and in maintaining a bond (Blood & Cacciatore, 2013). However, there is no research evidence we can find regarding the therapeutic use of crime scene photographs or CCTV footage from the police investigation with bereaved family members.

## Methodology

We draw on a case study methodology (Bryman, 2008) to present a case example of Clare (a pseudonym). In this case study methodology, practice and experiential findings will be reported with reference to relevant literature. In keeping with the ethical requirements of using case examples from health records (Rogers & Draper, 2003), as senior next of kin, Clare has given express written consent for details of her experience from case notes to be accessed by one of the authors (Gillian Adams) and quoted for the purpose of this article. Here, Clare depicts her experience of seeing video footage of her partner just prior to his death. Alongside Clare's experience, the authors of the paper draw on a reflection of their own experiences in seeing such images or supporting others to see images. Jane Mowll and Gillian Adams are both social workers who have worked at a forensic mortuary in NSW, Australia where, as part of their role, they provided support to family members in the wake of violent death including facilitating access to graphic visual material. Juliet Darling is an artist and writer who

has exhibited and published a number of works (<http://julietdarling.com>). Her publications include a number of articles and a book describing her grief in the wake of her partner's violent death including her experience of seeing the crime scene photographs (Darling, 2013a; Darling, 2013b). The collaboration between the authors on this paper developed in the wake of these publications, resulting in a conference paper (Mowll & Adams, 2014) and in co-authoring this paper. The material used in this article regarding Juliet's experience is drawn only from previously published works and the author's direct contribution to the paper. All authors have approved and contributed to the whole manuscript – however, for emphasis and clarity, specific comments illustrating Juliet's reflections now, some seven years after her partner's death, are italicised.

The NSW State Coroner and the chair of the Ethics Review Committee, Sydney Local Health District for the Department of Forensic Medicine, Forensic and Analytic Science Service, have reviewed the consent and approved the completed manuscript for publication. The investigations of deaths referred to in this paper have been dispensed by the Coroner and are not under active investigation. In regard to trustworthiness of the information, as a form of member checking, Clare and all the authors have read and approved the quotes used and the final manuscript of the paper.

In reflecting on and presenting the practice – lived experience of the authors and Clare we take a broadly constructivist approach (Bryman, 2008) to explore the meanings found in both viewing such material from the perspective of personnel and those who are bereaved. In drawing on a case example approach we do not aim to present generalisable findings but rather present the experiences of two bereaved people that in the authors' practice experience exemplify experiences (Bryman, 2008) that have, to date, had little research attention.

## The experiences of seeing death scene images

In reflecting on the lived-practice experiences described there are four key areas relating to the practice and meaning of seeing such material that are now explored in the context of relevant literature. These include: the fears social workers, police and other personnel may have about bereaved family members seeing such images; the reasons bereaved family members may want access; the support needed; and the meanings of seeing for bereaved family members.

### Fears about access

Clare experienced the death of Stephen (also a pseudonym), her partner of 17 years. Clare had lived for many years with Stephen's mental health issues, which included previous threats of self-harm. Clare had not seen Stephen on the day he died and she wanted to see the CCTV footage of him

on the day of his death. Clare made a number of requests to the Coroner's office to view the CCTV footage, repeatedly revisiting her reasons for wishing to do so, and giving assurances of her own mental stability, before permission was granted. Similarly, Juliet describes that, despite her requests and the support of a social work counsellor, police at a number of levels refused her access to the scene photographs of her partner, even after the criminal hearing was over, on the grounds they may be too upsetting (Darling, 2013a). This type of gatekeeping has been echoed by those who have had access to the body restricted even when there is no investigatory reason to do so (Mowll *et al*, 2016; Dix, 1998). Such reluctance is understandable in the context of violent death where family members experience both being prevented from accessing information, or conversely exposure to traumatic information with little preparation (Malone, 2009). There may be a well-intentioned wish from both professionals and others to protect bereaved families. Police may try to manage expressions of distress and pain by focussing on investigation outcomes rather than content (Riches & Dawson, 1998).

Elizabeth Southall's account of her experience of seeing the crime scene photographs of the murder of her daughter in Australia (Southall & Norris, 2002) illustrates this:

*'[Police] had warned us that the photographs did not resemble Rachael [and] were horrific. [They] had struggled to protect us from ourselves. And looking at the photographs of what was once our daughter, we could understand their reservations. But these images were not grotesque to us. That was how it was. We saw the Rachael within' (Southall & Norris, 2002).*

As in Juliet's experience (Darling, 2013a), the wish to protect may also be echoed by family, friends and health professionals. Reflecting on this now, Juliet notes:

*'I had asked to view the crime scene photographs a year after but I was not encouraged to do so. A doctor told me, "Don't. You have too great a visual imagination." It is ironic but perhaps the fact that I have always had such a vivid imagination was the very reason why it was helpful for me to see the photographic records.'*

The authors' practice experience suggests that police and other personnel assisting the bereaved in the aftermath of a violent death may have concerns that viewing photographs taken by police of the body in situ at the scene of death may be potentially harmful to the family. Such photographs are unedited accounts and may depict graphic sights such as blood, disfiguring injuries, skin discolouration and the confrontation of the scene of death itself. In this context, as social workers, we need to confront our fears about supporting a family member's choice to see. As Kohner (2000)

notes, one of the hardest tasks that professionals face is in giving and supporting such choice with the concomitant uncertainty of the risk of harm or benefits gained from seeing. Such discretionary practice may have the potential for exposing the client, the worker and the organisation to risk (Hughes & Wearing, 2007). This wish to protect contrasts to the sometimes gratuitous exposure to horrific images which are readily shown by the media in newspapers, online, and in films, television and art. In an illustration of this, Juliet notes:

*'A few years after my partner's death I attended an inaugural Memorial Lecture at a local arts festival, to honour his work for the arts. The lecturer introduced the first part of his talk as the silent part of his talk, and we watched, in stunned silence, as graphic images of the dead from the uprisings in Syria were shown.'*

There seems to be a societal duality in dealing with death and grief – with both a wish to protect and conversely gratuitous exposure. In this context, it is not always clear to social workers and other professionals how and when to best support people affected by a death to see graphic images of that death. The practice – lived experience of the authors supports careful consideration of the context and well-being of the family, as well as the dignity of the deceased, when determining choice. A study examining the experience of viewing the body after death suggests that facilitating a self-determined choice to see or not see is helpful for bereaved relatives (Mowll *et al*, 2016). In our view, the same principles of self-determination and support apply to relatives requesting access to photographs and footage. As when facilitating the viewing of a body (Mowll *et al*, 2016), providing skilled preparation and support to see such material may ameliorate distress and contribute to a safe experience. This includes assessing the reasons for wanting to see such material.

## Reasons for access

The practice experience of the authors suggests that there are a number of common reasons that family members give for wanting to see. These include expressing that it is their 'right' to see material about their relative that others, unrelated to the deceased person, have seen. Simply being able to see their loved relative again is also a reason. The coronial investigation can focus on forensic detail about the death that paradoxically 'leaves out' the person who died. Some bereaved family members may want to see photographs or footage as a way of somehow connecting their sense of who the person was, and still is, to them, with their abrupt and violent end. Making sense of the fact of the death itself and understanding how the death happened is also a reason for requesting access to evidentiary materials,

including photographs and footage. Seeing the images may be a way to help understand the reality of the death, particularly if they were not able to see the body. In violent death such as suicide there may be intense feelings of guilt, self-reproach and blame (Jordan, 2008). Seeing and reading evidence of what actually happened can help to reframe some of the intensity around the death event. On the other hand, some people may feel fearful that seeing photographs of the body may trigger regret for not having seen the body (Mowll *et al.*, 2016) or regret for seeing the images. There is sometimes incongruence between the description of what happened in the written and verbal police reports and the bereaved person's understanding of what happened. There can be a catastrophising of imagined horrors triggered by reports or hearing about the death. Seeing images of what actually happened may be a powerful way of allowing the mind to rest on actual images instead of multiple imagined ones. Importantly, violent death in particular may trigger repetitive thoughts and imaginings of the death event. In our practice-lived experience, seeking to see photographs or footage of what actually occurred may be a way of integrating the traumatic events into some sort of coherent whole, in a different way to viewing the body. Juliet's experience reflects this:

*'Seeing N's body at the morgue helped me realise that he was not here anymore. But I couldn't come to terms with what had happened to him that night. For months I replayed his final moments over and over in my mind. Because it had been such a violent and sudden death, I think, my imagination went wild and it was more difficult for me to believe the bare facts.'*

Similarly, Clare sought to connect the mindset of Stephen prior to his death with the traumatic actions which he then took to end his life. After seeking permission from the coroner's office, Clare, with support from a social worker, saw the CCTV footage of her partner's last moments on a train platform before he died. Just prior to his death, Stephen had been with friends at the pub, and he left them to walk to the train station. For Clare, viewing the CCTV footage enabled her to see his facial expressions and posture - walking into the station, reading the timetable and waiting on the platform - and clarified and reinforced Stephen's state of mind and the impact of his depression on his overall health. This clarification provided Clare with an additional insight into the reality of his death, one she had not experienced before.

## Support to access

The social work practice experience of the authors again suggests a number of practice guidelines in facilitating the viewing of such material. These include providing a supported and informed choice about seeing such material. In practice, this requires first ascertaining from the relevant

authorities – the Coroner – that family member(s) have permission to see the material. Ascertaining the relationship to the person who died and any impact on other persons related to the deceased, who may be equal or senior next of kin, may be required. It is helpful to conduct a psycho-social assessment of the client's emotional capacity and readiness to see such material, their reasons for wanting to see and to set some parameters on the length of the appointment. Graduated information from written reports should be discussed first. Ensuring that the person has access on-going support if needed is also important.

Our experience also suggests it is advisable for the social worker to be familiar with the police reports about the death before facilitating access to photographs and footage. This includes previewing the material to help inform what images could helpfully be shown. The details of the report assist the family to interpret and understand the context and content of the images. For example, a lay person's interpretation of skin colour changes that look like bruising can be understood from the post-mortem report as lividity rather than injury. Thus, viewing photographs and footage is done not only with relevant permission but in the context of a completed police brief and post mortem report. The social worker/counsellor should prepare beforehand, reading the brief and available material from the police investigation and from the post mortem report. The footage or photographs can then be previewed and matched to the evidence available and a timeline of events mapped out. This may be done in consultation with the police officer in charge of the investigation and the forensic pathologist.

In terms of preparation and support, practice experience again suggests that it is important the social worker plans how the session will work in consultation with the family. There should be an appointment made ahead of time, in a private room. A side by side configuration of social worker and family member allows the bereaved more options to look away or change position. In imparting sensitive information, it is important the social worker is therapeutically 'present' in the session, takes steps to tune into and engage with the client, to slow down the process, and allow the space and time needed (Mowll *et al.*, 2016; Harms, 2015). Deciding what material to show may also be carefully considered to balance support for access with mindfulness of the graphic nature of such material. Photographs depicting other identifiable persons should be removed, to protect privacy. To assist with a graduated exposure to the material, photographs should be sorted into order from those showing a distance view of the scene, to close-ups of the scene and then close-ups of the body.

Describing each photograph before the person sees, or periodically stopping and flagging excerpts of footage, allows an ongoing 'processual' consent (Rosenblatt, 1995) and a chance to prepare for each new image. Darling has previously reported (2013a) on the importance of

preparation and support from a social worker or other skilled professional:

*'Before I saw the photographs the social worker described what I was going to see, she told me what had happened, and how the events had unfolded. She went to the trouble to describe even the small details, like the fact that (his) plastic watchband had been slashed, and was lying on the ground' (Darling, 2013a).*

It is important to give a choice and to facilitate a sense of control so the person can both look and turn away from them. Looking back on her experience, Juliet reflects:

*'There are a few reasons why I think seeing the photographs helped me. One is that, I wanted to see them. Then, it was a choice that I had made of my own free will. Finally, the experience was given a context; the counsellor took care to describe in detail beforehand what I was about to see so I felt prepared and responsible for my decision and any result. That was empowering.'*

In our view, particular care needs to be taken in seeing CCTV footage because of the confronting nature of seeing real time moment by moment depictions of the person in the moments before death and sometimes the death itself. The footage of the death may be violent and disfiguring, may show instantaneous death or the prolonged suffering of the deceased person and aftermath of the death. Thus, there needs to be careful and consultative exploration of what parts of the footage are shown. Most commonly in our experience is viewing footage of the lead up to the death rather than the actual moment(s) of death. However, in some circumstances, seeing the moments of death may also allow the processing of the death event in a helpful way. Very careful consideration of the circumstances and well-being of the bereaved person, as well as the evidentiary requirements is needed.

## The meanings of access

Similarly to the meanings found in viewing the body (Mowll *et al*, 2016; Drayton, 2013) seeing photographs and footage may also be profoundly meaningful, though in different ways. For Clare, seeing the footage helped her to make sense of last moments of her partner's life in the context of her knowledge of him and their relationship. She feels freed from her imagined replaying of what he may have been thinking and feeling in those last moments. In the months afterwards she noted:

*'Since first viewing the footage of Stephen I have been able to sleep better. I am eating healthily and have found the strength to exercise every day. I am*

*also reading books again. There are some who may find this difficult to understand and then again there are others who find comfort sleeping with their loved one's ashes next to their bed, some carry a lock of hair...I cannot judge how others choose to find solace.'*

Juliet reflects back on the meaning of seeing the photographs of her partner at the scene of his death:

*'I have never wanted to watch horror films or look at violent photographs of people. But when I viewed the pictures of N taken soon after his death it helped me to see that his death was real; it had happened and it had happened to him. It put 'me' out of the picture. Somehow I had put myself in that picture. My wild imaginings made it almost seem, to me, that I had actually been at the crime scene when in fact I hadn't been there. I had been playing his last moments over and over in my head like a bad film, but seeing the actual photographs of his body after his death stopped this.'*

Seeing the photographs or footage is a powerful way of allowing the mind to rest on the actuality of what has happened, rather than imagining the 'unimaginable'. Juliet reflects:

*'As William Lynch pointed out so well: "It takes no great effort to imagine the merely fanciful...What is needed is the ability to 'imagine the real' (in Bednar, 1996)". This is what is difficult, for us all in life and with death. Viewing the crime scene pictures showed me that my thoughts and what had happened were two very different things. It helped me to see and accept the reality, the horror. It helped me to 'imagine the real.'*

## Discussion

Families bereaved by a relative's sudden death are confronted not only with the death but also with the investigation about the death, including information contained in reports, inquests and trials. They are exposed to graphic and distressing information, sometimes played out in the media. Access to investigatory material including photographs and footage is therefore part of a continuum of exposure to information about the death. While in NSW Australia it is ultimately the Coroner's decision to grant access or not, the expertise of the social work team contributes advice and support. The social work practice experience of the authors suggests that access to graphic visual material for family members should be considered in a case by case context that takes into account evidentiary and legal requirements, and the needs and well-being of the bereaved family members, in the context of nuanced support.

For social workers, counsellors and other personnel doing this work, it is important to attend to the timing and ‘readiness’ of families to see such material (Raphael *et al*, 2006), to give difficult information in graduated stages (Parkes, 2008), and, crucially, to avoid inflicting unwanted details on family and friends who do not want to hear or see such information (Biddle, 2003). Exercising caution with bereaved people who may be vulnerable to stressors is important. Limiting the number of times such viewing occurs, pre-selecting a few images to meet needs of family – rather than showing all the images, and providing psychological support and follow up are needed. Thus preparation and support should balance the varying needs of family members after violent death (Riches & Dawson, 1998). In this paper we have described a model where social work support is integrated within coronial and forensic systems. The benefit of this integrated service includes provision of specialised support that meets the needs of the family in the context of their bereavement, at each point along the investigation and which also provides auxiliary support for police and other staff, potentially reducing stress and burnout. This form of support is perhaps a kind of ‘expert companionship’ that should be nuanced to individual needs and integrated with access to other supports (Jordan, 2008). In other models, internal social work or other professional support from mortuary personnel, police and others could work alongside external counsellors (Ryan & Giljohann, 2013). It is important to train police and other professionals to guide their decisions about access to such material for bereaved families. Ryan and Giljohann (2013) detail procedural steps, including a graduated ordering and description of the material that provides helpful guidance in undertaking such work. As well as adhering to legal imperatives, provision of such support needs to be culturally competent and mindful of the varying needs of bereaved people (Allan, 2003). Personnel doing this work should also utilise strategies that mitigate negative outcomes of this type of work (Wagaman *et al*, 2015).

## Conclusion

Practice experience, while providing valuable insight, may be positively biased; some people may not report negative effects from seeing such images. While this paper provides insight into the phenomenon of viewing scene photographs and footage, limitations include the reliance on reflective practice and case studies. There is a need for well-designed qualitative or mixed method research to investigate the experience and effects for bereaved of access to such material.

The experiences of the authors and of Clare described in this paper illustrate the profound transformation of grief that can come from seeing such images in addition to, or instead of, viewing the body. Viewing the body is mostly done in prepared conditions sanitised from the accoutrements of the death events. Seeing the images of

the dead at the time of and amidst the scene of death may help to make sense of the death events and circumstances of the death, in a different way from seeing the body. The experiences presented in this paper suggest that seeing such images in a framework of a dialogical discussion of the death is a powerful way of re-storying the death and to ‘imagine the real’. Similarly to a guided retelling of the death event (Neimeyer, 2012), a supported discussion when viewing the images allows the client and social worker or counsellor to tack back and forth between the images, the client’s own memories and recall, and the information from reports. This process thus helps integrate the ‘back story’ of their relationship with their loved one within the ‘event story’ of their violent end (Gillies *et al*, 2013). In this way, the use of such material may be a useful adjunct in the context of complicated grief therapy (Shear, 2015) or restorative retelling of the death (Saindon *et al*, 2014).

For family members seeing such images may also be a way of being able to go with the loved one to the moment of death and bear witness to their suffering. Doing so allows an understanding that they, the family left behind, could not prevent their suffering. It may be that there is a sense of empowerment and strength that comes from comprehending their loved one’s suffering and death, in the context of their unique relationship, which allows some relinquishment of continual thoughts of the death itself. Relinquishing the death allows a refocussing of energy within their own life, with room for a continued bond with their loved one that is less defined by how they died. For the social workers too, there is a sense that bearing witness and not shying away from the crux of the painful experience offers tentative hope that this too can be survived. Seeing such images may be a way of transcending the mechanisms of death and the actions of perpetrators to reclaim the dying space for the bereaved. As Juliet has so movingly written (Darling 2013b):

*‘When I looked at the photographs of N, I felt my love for him and his love for me. I saw the emptiness of death and felt the fullness of love. It was evident then that that indefinable thing, our love, would endure forever, beyond the corpse, beyond death. It was a transcendent experience. For the first time, in two years, I felt a sense of peace –the deep peace of love.’*

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