



Helping families through the identification process

Losing a loved one after a major disaster is inevitably traumatic. But responders and psychologists can work with families to ensure that mental scarring is kept to a minimum during the identification process, say **Erik de Soir** and **Emily Hough**

This article aims to provide some essential elements with regard to psychological support during the process of identification of victims who have been seriously injured or killed in exceptional circumstances, such as disasters or collective emergencies.

A disaster or large-scale public emergency involving multiple victims or mass casualties can trigger critical stress, which is potentially traumatic or can lead to depression, creating chaos and a change of cognitive capacity, depending upon the situation and the experiences of those involved. This kind of event engenders chaos and exhaustion, both physical and emotional.

Any disaster also generates interpersonal tensions and inter-organisational problems of communication and co-ordination. These events can therefore also reveal underlying team problems or issues between responding emergency teams.

The sudden death of a close one releases previously unexpressed emotions and can often reveal conflicts within a family. There is still a fundamental emotional shift between stakeholders (psychosocial caregivers and members of disaster victim identification teams) and families: the danger of misinformation is everywhere.

This shift will be evident to those who have initial interactions with family members and relatives on the one hand, and the

criminal police, laboratory or body identification teams on the other. A common pitfall lies during notification of the bad news and communication with the families and loved ones during these painful times. This is especially true given the fact that providing adequate and true information in the acute stage of a crisis is extremely difficult, while at the same time, a vast amount of unverified information will be almost instantly available through social media.

A co-ordinator from among the members of the identification team should be appointed (for example, a concurrent co-ordinator or emergency psychologist). This person will maintain an overview of proceedings, and must also protect him or herself emotionally.

The co-ordinator will be responsible for providing accurate and validated information to the bereaved families and will follow a predetermined response protocol to inform them about what is going on, allowing them to begin their mourning process properly (starting with acceptance of this sudden and unexpected reality).

Research shows that the level of traumatic stress in times of disaster is dependent on several factors: the number of victims involved (the scale of the disaster); the age of the victims (children, adults or entire families); the condition of the injured and/or deceased (whether bodies are identifiable and suitable for viewing or otherwise, for example after a plane crash or terrorist attack); ▶

Terrorist attacks in Paris: it is essential to train psychosocial workers and body identification teams to avoid further traumatising the families of victims who die in mass casualty events such as this

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► and the location and circumstances of the event (accident, attack, suicide, natural disaster in an accessible incident site or otherwise).

For key stakeholders from the police, fire and rescue services or psychosocial caregivers, there are other factors to consider: The resonance of the impact (if the rescuers know people involved or if the deceased resemble their relatives) and the difficulties encountered during the identification process; fatigue – control must be maintained over the situation so as to process emotionally the fragmented appearance of the intervention (fire, rescue and police personnel need to go through this process because they are, at least unconsciously, involved at a secondary or tertiary level, even if they know how to control their emotions during the performance of their duties); personal difficulties among stakeholders (including their emotional and mental wellbeing at the time of intervention); inevitable communication difficulties during exceptional interventions; and the constraints of intervention and correct allocation of tasks during relief efforts, along with accompanying protocols (not all stakeholders will have the same exposure to the victims and their relatives).

First, let us examine the needs and expectations of families during the identification process. The family members of deceased victims must truly understand what has happened in order to take in the situation: such terrible news will immediately put victims' relatives into a state of shock, and this will lead to reactions of hope and denial.

During these early days, families and relatives are hypersensitive to any new information, so they are also finely tuned to any form of misinformation. This will require attention to detail because in situations of shock, everything is imprinted onto the brain and burnt onto the retinas of those involved.

An important issue during this waiting period, during which the antemortem characteristics of the victim are collected by members of the identification team, is to keep the families occupied, allowing them to play an active role or to maintain an illusion of control amid the chaos.

The challenge in developing a relationship of trust with those involved, within a context full of contradictions, of searching for information and of hidden details, lies within working with families to ensure they do not embark upon their own searches for information in parallel to the official services.

Distressed families who are not properly looked after or informed will become powerless prey to the media.

The dilemmas that often arise in psychosocial services are linked to whether to tell the truth or not, even if this could hurt or shock. Damage – sometimes irreparable – can be caused by not providing emotionally disturbing information, especially when one is not entirely sure of the facts.

The next issue is that of viewing the body of the deceased. Sometimes people have to see in order to believe, so here are some suggestions to prepare families to identify the body of a loved one.

Initially, when informing relatives, it is important to explain as clearly as possible the facts in chronological order, to

be precise (or say nothing if you do not know all the facts) and to use the help of pictures or diagrams. This tells the families that the victim identification services are making every effort to find out what happened; knowing they are being kept fully in the picture helps to lower their anguish.

Responders must dare say that they are sorry for what has happened, and that everything is being done to respect the deceased.

Secondly, it is necessary to explain that identification of a loved one will take a long time, while giving people timeframes with regard to the identification process. A person in shock loses track of time and loses their bearings; anxiety increases in an information

vacuum. Good practice dictates that one person – usually a police officer (working in tandem with a psychologist in the field of crisis psychology), is appointed to each family and personally handles enquiries about the ongoing process. It is important that only members of the identification teams are authorised to provide information to families.

A form that explains the legal stages of legal

identification will help. This document must be meticulously translated in disasters involving victims from several countries, and be tailored appropriately to the incident scenario.

Families should be fully involved in collecting ante-mortem information on the victim; they can provide specific lists of personal belongings, photos of the person, information about their clothing, etc. This mobilises them in an active manner, helping to bridge the long wait associated with identification.

If DNA samples need to be provided, the process will take time. It is a delicate issue to explain how the samples have been taken as this could be shocking for the families.

Dehumanising terminology

Taking dental impressions will be another distressing stage, because the family will therefore understand that the body has been damaged beyond recognition; this must be explained with sensitivity.

During the identification process, it is essential to avoid terminology that dehumanises the deceased, including terms such as 'human remains', 'body parts' or 'body pieces'. Once a body has been identified, it should be called by the victim's surname, as this helps families to reconnect with the deceased as their loved one, not just a corpse.

Preliminary details before relatives view the body should be considered carefully. Psychosocial advisors need to take the time to describe the condition of the body, step by step, before it is presented for viewing.

The family assistance co-ordinator must take the necessary time to describe the circumstances of the event, even though this will have already been done previously, and where the deceased was found. This is to set the scene of what happened to the victim, to allow an image of events to be built before relatives view the body.

The first stage of viewing should be the presentation of personal objects that were found with the deceased. Depending on the situation, an intermediate step is to show photos of

Families who are not looked after or kept informed properly will become powerless prey to the media

► the belongings before they are presented; this helps to soften the shock. Families might ask to take some of these possessions away; if this is not possible, it is good to give them something, even if it is only an image of these objects.

Care must be taken to clean the possessions (without cheating) before presenting them to the families; this should be done gently on a soft surface, such as felt – maybe dark burgundy in colour, but not black – and never placed directly onto the floor or on a chair.

Careful thought must be paid to the choice of objects to be displayed, because some have more emotional resonance than others – an identity card does not have the same impact as a security blanket or a coat. If possible, presenting intimate clothing (underwear) should be avoided, as this evokes the victim's vulnerability and an could be construed as an invasion of his or her privacy.

During the viewing, the person accompanying the family must 'humanise' the body. This is done by explaining to the family what they will see. Depending on the situation, the intermediate stage of showing photos beforehand could be an option. Often, photos can be shown to one member of the family, who can 'interpret' them in his or her own words to relatives. This has been found to mitigate shock, especially if the body is not in a good condition.

Sometimes those involved are inclined to overprotect the family of a deceased victim, concealing painful details, such as bloodstains on clothing or personal belongings. But remember: "Hiding the body is to hide the truth."

It is absolutely vital to present the body in an appropriate atmosphere and location; a funeral parlour with dim or indirect lighting where candles and flowers have been arranged is the most suitable place. Morgues and neon lights that highlight trauma to the body must be avoided at all costs as such images will linger in family members' minds.

Disaster victim identification teams must also avoid numbering the bodies of deceased victims, especially if this numbering could convey a certain order in which the bodies were treated, recovered or released. It makes more sense to put 'Mr X' or 'Miss Y' rather than 'Number Two' or 'Number Three'. If a number is visible to stakeholders, families will see it too, and numbers are dehumanising. In incidents involving a large number of victims, however, there is often no choice; in such instances identification teams must be discreet with these details.

When filling out data sheets to be handed over to the prosecutor (and therefore families), technical terminology that may be offensive – such as 'human remains' or 'body parts' – should be avoided, as these terms could be misinterpreted.

These documents should be reworded; sooner or later families will need to read through these files, so care should be taken with regard to the information contained therein.

Commemorative or memorial rites are greatly appreciated by families and are often important rituals for professional caregivers or members of the disaster identification teams so as to bring closure to an incident in which they have been involved. Some members of the emergency, psychosocial or police services will feel the need to be involved, others will not, preferring to go and pray or contemplate quietly at the accident site alone. With the fatigue and the heightened emotion transmitted by, and shared with families, it is also legitimate to feel these emotions and the need to release them.

It is necessary for each individual involved to listen to his or her own needs; this will prevent a lot of stress.

One interesting option is for the team to attend the commemoration or memorial, then take time together in a private moment to bring an end to the incident. However, it is always wise to contact relatives or families beforehand.

A member of the responding team attending a memorial service shows that he or she is going beyond their work as a 'technician' and this can reassure families about the work that has been done with respect to the deceased.

The command hierarchy

must, therefore, include this option in intervention protocols.

Personal belongings are more than mere objects: they are the link between the deceased and their family. It follows, therefore, that respecting and caring for a victim's personal possessions is part of taking care of the victim.

Families are not fools; you cannot edit out damage or bloodstains. But it is important to let them know about the condition of personal items in advance. The handing over of personal belongings will be an emotional moment as significant as the identification of the body.

It is essential to provide the training outlined above to psychosocial workers and body identification teams to avoid further traumatising the families of victims of a large-scale emergency.

No one has the right to make mistakes that will prolong or hinder the process of mourning and remembrance of those who have suffered the loss of loved ones in tragic events.

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Sources

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