

**FACULTY OF
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**TRAUMATIC WORK-RELATED DEATH IN THE
CONSTRUCTION INDUSTRY:**

EXPERIENCES OF VICTIMS' FAMILIES

Traumatic Work-Related Death in the Construction Industry: Experiences of Victims' Families

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“When I had to choose his coffin, I thought to myself... I can’t believe I am picking out a coffin. This is horrible... He was full of life. I should be picking out a holiday not a coffin.”

“At no point in time does anyone have anything set in place for families... There was no service for us... Not having contact with anybody, you're a little bit like one person crying in the wilderness you know, and you don't know what you're supposed to do.”

CONTENTS

EXECUTIVE SUMMARY	5
INTRODUCTION	7
RESEARCH METHODS	9
METHODS.....	9
PARTICIPANTS.....	9
INTERVIEW PROCEDURE.....	9
RESULTS	10
HEALTH CONSEQUENCES.....	10
Grief and Loss.....	10
Mental Health and Behavioural Issues.....	12
Physical Reactions.....	14
Adaptation, Coping and Growth.....	14
SOCIAL CONSEQUENCES.....	19
Social Support.....	19
Social Roles.....	25
Unmet Support Needs.....	28
Support Needs of Others.....	29
FINANCIAL CONSEQUENCES.....	30
Initial Financial Impact.....	30
Workers' Compensation.....	32
Longer-Term Financial Impact.....	34
INSTITUTIONAL RESPONSES TO TWD.....	36
Immediate Post-TWD Process.....	36
Coronial Inquest.....	39
The OHS Regulator.....	40
Employers.....	41
Media.....	42
Trade Unions.....	43
Individual Legal Action.....	43
Inquest and Court Case Outcomes.....	44
Eventual Information Provision.....	47
DISCUSSION	49
CONCLUSION	53
ACKNOWLEDGEMENTS	53
REFERENCES	54

EXECUTIVE SUMMARY

This exploratory study investigated the impact of traumatic work-related death (TWD) on victims' families. Over five thousand family members of Australian workers become survivors of TWD each year. Occupational health and safety issues and regulatory responses to TWD are well researched. However, the consequences for surviving families remain unexplored. Further, little is known of the adequacy of institutional responses in meeting the financial or support needs of surviving families. This study, therefore, examined the financial, social, and health consequences for families following a TWD, the adequacy of available support structures, and the proficiency of institutional responses.

In-depth interviews were conducted with seven family members who had experienced TWD an average of three years prior to the interviews taking place (range 1 to 20 years). All reported serious health, social and financial consequences, and identified significant bureaucratic problems arising from poor communication and a lack of information and support.

Health consequences for families following a TWD were universally reported, including immediate and longer lasting psychological and physical problems. All participants discussed their grief and loss; some spoke of sorrow and anguish; and the significance of the immediacy and trauma of sudden, accidental death was apparent. Participants' narratives revealed symptoms of posttraumatic stress disorder, depression, anxiety and complicated grief, conditions commonly associated with traumatic bereavement. Families experienced other lifestyle and behavioural problems, such as drug and alcohol use, violence, and ongoing debts, particularly in regards to adolescent children of deceased workers. Reported physical health consequences included obesity and cancer. Despite prevalent suffering, evidence of adaptation, coping and growth was indicative of a degree of psychological healing.

Social consequences for families were widespread. Participants discussed various kinds of social support, including family support, friendships, support groups and counselling services. However, most also spoke of lost friendships and diminishing support. Satisfaction with counselling services was variable. The withdrawal of social support over time did not correspond with the level of support needed by families. Family tensions were common, especially among children, and evidence of changes in social roles was prevalent. Participants had significant unmet support needs, and many recognised the support needs of others.

Financial consequences included short or long-term monetary hardship following the TWD. Issues with workers' compensation were paramount. For those who could access compensation, it typically took an unduly long time to obtain, which created further stress and added greater strain to existing financial situations. Some participants were not eligible for compensation because their loved ones were sub-contractors, or, at the time of death, they were legally classified as non-dependent. These participants reported extreme financial adversity that in some cases necessitated a long-term reliance on social security support mechanisms.

Problematic institutional responses to TWD were widely reported. All participants affirmed the importance of the provision of information, communication and institutional support following the TWD. In all cases, they reported dissatisfaction with these processes. Protocols for keeping families informed of developments regarding inquests, investigations and court cases were not effective. This area requires urgent attention. Furthermore, all participants reported serious grievances concerning their insensitive treatment by authorities, the difficulties involved in inquests and court cases, and their unjust outcomes. Participants discussed varying interactions with employers, with some acknowledging the death in meaningful ways and others responding in ways that families perceived as hurtful. Others discussed the intrusive role of the media. On a positive note, participants commended the role of the trade union in providing outreach, information and assistance to bereaved families, even when their loved ones were not members.

The lack of knowledge of the consequences of TWD for surviving family members is a serious and noticeable omission in OHS research. This study has provided strong evidence for a deeper investigation of the consequences of TWD for families and the provision of support services and information. It provides preliminary evidence of serious bureaucratic and institutional deficiencies that require further investigation to implement reforms. Ultimately, further study is required to develop evidence-based recommendations for improvements in policy and practice.

The study's principal recommendations are:

- that more extensive and representative research of the impact of TWD on surviving family members should be conducted
- that this future research should systematically sample TWDs in all industries while ensuring adequate representation of the four industries that account for approximately 70% of all notified TWDs (construction; forestry and fishing; mining; agriculture; and transport and storage)
- that this research should employ qualitative methods to deepen understanding of the impact of TWD and responses to it, and quantitative methods to establish representativeness and causal relationships. In addition to in-depth interviews with family members, these participants should also be asked to complete a questionnaire survey measuring key variables
- that the research should also include interviews with peak organisations to better understand their protocols for responding to TWD and their interactions with surviving families. In-depth interviews should be conducted with senior managers from major employers, officials of trade unions, representatives of government prevention and compensation organisations, the Coroner's Court and the Police
- finally, that the findings should be disseminated and discussed with policymakers and peak organisations to facilitate policy and practice reforms.

INTRODUCTION

Recent evidence on work-related deaths in Australia indicates that the number of Australians killed by accidents at work increased by 18 per cent between 2003 and 2007, despite improved occupational health and safety regulation (Safe Work Australia, 2009). These fatalities are one component of the overall incidence of work-related death in Australia, which is currently about four times greater than the Australian road toll (Australian Safety and Compensation Council, 2009; Department of Infrastructure, Transport, Regional Development and Local Government, 2009). It is widely recognised that deaths from road accidents or homicide have a significant economic and social impact on the Australian community. However, the impact of traumatic work-related deaths, particularly on surviving families, is largely ignored.

The majority of occupational health and safety (OHS) research on traumatic work-related death (TWD) has focused on prevention. Comparatively, the impact of TWD on surviving families has received little attention. Despite some efforts to support them, the families of victims of TWD appear to suffer extreme social isolation. While there are government mechanisms to address their needs, notably workers' compensation, the adequacy of these mechanisms in meeting immediate or long-term needs is largely unknown.

There is a body of research on death and traumatic bereavement that addresses suicide, homicide and mass casualty events, such as war and terrorist acts. However, little of it deals directly with work-related death. While there are similarities between TWD and these other events, they differ in important ways. Unlike suicide, and most homicides in Australia, TWD happens in an environment regulated by safety legislation and there is an expectation that workers are safe at work. Unlike TWD, in which family responses are characterised by anger and injustice (Brookes, 2008), family response to suicide is characterised by reactions of shame, stigma and self-blame (Begley & Quayle, 2007). Deaths from war, while typically being work-related, occur in the context of a sanctioned event where workers understand that there is a high risk of injury and death. Mass casualty events, such as terrorist acts, are large visible events, which demand responses to meet the needs of all affected people. While some work-related fatalities attract media and public attention, there has been no community demand for an assessment of the needs of those affected most – surviving families.

There is also a body of research on post-trauma stress management (McFarlane & Bryant, 2007; Regel, 2007), which contains several studies of death and bereavement in the workplace. However, again, this research seldom touches on the families of workers (Charles-Edwards, 2009a, 2009b; Kinder & Cooper, 2009). Similarly, while the aftermath of terrorism and natural disasters has spawned research on the psychological, social and financial impact of these events on communities, no similar studies examining the impact of work-related death on families and communities are identifiable.

The available evidence indicates that families surviving TWD have diverse needs. Their exposure to sudden, traumatic death can leave them vulnerable to adverse mental and physical health outcomes such as depression, posttraumatic stress, complicated grief and cancer (Kaltman & Bonanno, 2003; Prigerson, et al., 1997; M. Stroebe, Schut, & Stroebe, 2007). These conditions may result in a reduced ability to work in both the short and longer

term (Lerner & Henke, 2008; Matthews, 1999), and lead to poor quality of life for partners and children (Silverman, et al., 2000). Formal and informal social support may be sought to assist in dealing with the loss (Dyregrov, 2005-6; Provini, Everett, & Pfeffer, 2000); some will be helpful but some will be unhelpful or even harmful (Dyregrov, 2004; Ingram, Betz, Mindes, Schmitt, & Smith, 2001). Children and adolescents exposed to traumatic death are particularly vulnerable to lasting behavioural, emotional and cognitive consequences that may become severely disabling (De Bellis, Hooper, & Sapia, 2005; Eth & Pynoos, 1994; Zvizdic & Butollo, 2001).

As traumatically bereaved people are at greater risk of poverty, homelessness and reliance on income support (Kemp, Bradshaw, Dornan, Finch, & Mayhew, 2004), determining the full financial consequences of TWD is an important precursor to determining the adequacy of compensation. Yet little is known about the financial costs of TWD for surviving families. In 2004, the National Occupational Health and Safety Commission (2004) estimated that work-related injury and illness cost the Australian community A\$34.3 billion or 5% of GDP – a substantial figure, but one that did not include a detailed breakdown for work-related death and did not include the financial costs for families or dependents of deceased workers. Overlapping to some degree with work-related deaths, there is some detailed research indicating the substantial extent of costs from road transport deaths. In 1996, the Bureau of Transport Economics estimated the average cost of a road fatality to be A\$1.7 million, an estimate now considered conservative (Risbey, de Silva, & Tong, 2007). This figure was not confined to work-related deaths and did not include estimates of the cost burden on surviving family members. Insight into the economic consequences of TWD for families could directly contribute to the enhancement of existing support mechanisms, such as workers' compensation.

As approximately 90% of the victims of TWD are male, the associated loss of income has greater overall impact on women than men (Corden, Hirst, & Nice, 2008; Disney, Grundy, & Johnson, 1997). There is evidence that insufficient income can prolong or intensify grieving (Corden, et al., 2008; Hansson & Stroebe, 2006) and that financial resources help protect against psychiatric morbidity and mortality (Martikainen & Valkonen, 1998).

There is currently no published research on the adequacy of organisational and institutional responses to families following a TWD or about the nature and timing of information given to them. What is known about the early response to a traumatic bereavement is the value of providing informational, emotional and instrumental support (Forbes, et al., 2007), and the importance of social support from community groups, close family, friends and work colleagues, in facilitating psychological adaptation (Dyregrov, 2005-6; Thuen, 1997). Furthermore, there is evidence that some aspects of information provision, professional contact and social support are not helpful (Dyregrov, Nordanger, & Dyregrov, 2003; Ingram, et al., 2001; Matthews, 1998). Indeed, some elements may be detrimental, such as psychological debriefing (Forbes, et al., 2007; Roberts, Kitchiner, Kenardy, & Bisson, 2009), the withdrawal of network members, unsuccessful contact and communication problems (Dyregrov, et al., 2003).

OHS issues related to TWD have been researched (Bugeja, Ibrahim, Ozanne-Smith, & Brodie, 2009; Driscoll, Harrison, Bradley, & Newson, 2008; Driscoll, Healey, et al., 2003; Driscoll, et al., 2005), as have regulatory responses to them (Donaghy, 2009; Nile, 2004;

Perrone, 2000). However, no research has systematically assessed the consequences of TWD for families, which is a serious and noticeable omission. The aims of this study, therefore, were twofold. Firstly, it aimed to explore the health, social and financial experiences of families following TWD. Secondly, it was intended to examine families' experiences of the adequacy of the formal mechanisms (legal, judicial and statutory authorities, and post-death processes and protocols) available to meet their immediate and long-term needs following TWD.

RESEARCH METHODS

METHODS

The nature of this study called for a recruitment strategy that would sensitively identify a vulnerable and hidden population. In the absence of a national database of work-related deaths that provided accurate next of kin information, a work-related death support group was approached to assist in facilitating access to potential participants. Consistent with the aim to explore the experiences of families, purposive sampling of information-rich cases for in-depth study was employed. The participants were adult members of the support group who included individuals at the acute, mid-term and long-term stages of dealing with a TWD. Detailed interviews were conducted in a semi-structured format that included questions about the health, social and financial consequences of TWD and about families' contact with relevant agencies following the death. The University of Sydney Human Research Ethics Committee approved the research protocol.

PARTICIPANTS

The manager of the family support group recruited participants. Of the 13 people selected by the manager, eight sought further information about the study from the researchers and seven participated. The individuals who decided not to participate in the study, including one who withdrew from the study before the interview, did not provide a reason for non-participation. Table 4 provides details of the participants and their relationship to the victims of TWD. All deaths occurred in New South Wales and were an average of three years prior to the interviews taking place (range 1 to 20 years).

INTERVIEW PROCEDURE

Interviews were conducted by the first author, a qualified rehabilitation counsellor with experience working with people suffering trauma and loss. Each interview lasted between one and two hours. No relationship with the participants existed prior to the interview and all interviews (including one phone interview) took place at The University of Sydney. No other persons were present during the interviews. There were no set questions, though the interviewer advised participants before the interview of areas to be covered. The schedule addressed the short and long term psychological, physical, social and financial impact of TWD on the interviewees and other family members, the degree and adequacy of support offered or received in these areas, contact with agencies, and the impact of TWD on social roles and life choices.

With signed consent, interviews were recorded and fully transcribed. The qualitative data were managed and coded using NVivo qualitative research software (Richards, 1999) to identify and analyse emergent themes concerning the consequences of TWD for surviving

families. Two data coders developed a consensus-coding scheme. Themes were identified in advance, based upon issues addressed in the interviews, and during the course of the coding further themes were derived from the data. Tables 1, 2, 3 and 6 summarise the themes identified in participants' responses. Where a participant has discussed a certain theme, they may have mentioned it in reference to themselves or a member of their family.

RESULTS

HEALTH CONSEQUENCES

Consequences for health following the TWD were universally reported. Various immediate and longer lasting psychological and physical problems were reported, including depression, anxiety, drug and alcohol use, anger and violence, obesity and cancer. All participants discussed their grief and loss and the significance of the immediacy of sudden death was apparent. Consequences for mental and emotional health were predominant, as were emergent physical health issues that were understood to be resultant from the experience of loss and trauma. Despite pervasive suffering, evidence of adaptation, growth and coping was indicative of a degree of psychological healing.

Grief and Loss

As would be expected within the context of traumatic death, evidence of grief and loss was extensively reported. The shock of the sudden death and subsequent anger was apparent:

Because you are in a shock. You are in a state of shock. You don't know what you are doing or saying... Right after the death, you don't remember anything. Like if you asked me what happened at my husband's funeral, I can't tell you. I can't tell you at all. (A)

Well, it was just a shock to everyone. Because you don't – it was unexpected, of course. Such a young person and full of life, healthy, gone in a split second. It was just a big shock. (B)

But I was so angry that I had been robbed of everything. It wasn't just my husband. I was robbed of everything, everything that came with it. (A)

Several participants compared the immediate loss from a sudden death with other forms of dying and bereavement:

I think it's harder for someone of his age than a baby. You know what I mean? You've had someone growing up. Twenty-four years being with you. It's harder. Someone so healthy. If you're sick – like my cousin died two years ago. She had cancer. If you're sick, you're kind of prepared for it. You know? You're prepared. But when it's just like that, you're not prepared for it. No way. You cannot accept it, 'cause you can't believe it. No, you say, it can't be. (B)

Because when I tell people, they say, how did your Dad die? You tell them and they're like, oh, that's really terrible. And it's like, yeah, but you can't ever imagine. It's not like, oh, my Dad had cancer and he died. It's completely different. My stepfather died from cancer, so leading up to it, yeah, it hurts and you miss them.

But it's not the same as when you get that call to say, oh, they've died in a car accident, or they've been crushed. It's completely different. (D)

[We wonder] why it had such an impact on our family and if he had have died in his chair of a heart attack, whether it would have been any different. (E)

Depression and sorrow were also frequent, and anticipated, consequences. Participant C spoke of her son's long-term sorrow for the loss of his father many years after his death:

Up until about four years ago, I couldn't even take him to the cemetery because he'd still lie on the grave and cry and sob because it was such a loss for him. (C)

Participant E spoke of her mother's depression and suffering, and of her own sense of loss following the death of her father:

Well the first six months someone stayed with her every day and every night... She was seeing a psychiatrist because she couldn't get out of bed and things like that, and then she referred her to a grief counsellor... I talk a lot about my Mum because I feel that when he died, Mum went with him. Because the woman that I knew is completely gone. She was out of action for six to twelve months after he died and even now, there's a lot of things – she doesn't really connect with the children at all and she's just harder to deal with. I don't know whether that's me or her but, yeah, she's completely changed. (E)

Other participants talked about how the death affected them and their attempts to make meaning from the death:

Well I would like to know why we feel so ripped off by it. Is it a different grief to a normal, like a natural death? And do we have a right to feel...? I don't know why, but it's a real question in my mind. Are we, you know, becoming the martyrs, or are we taking it too far sometimes? You see people on the telly and you just think, oh look, get over it now. How do we get over it? Or are we quite entitled to...? ...I think maybe because as a society, everyone is expected to go to work and do their bit, and you just don't expect that you're going to go to work and not come home. I don't know, maybe that's it. (E)

Well Mum and Dad [were] obviously devastated. [We were a] very, very close family unit. My mother probably was the strongest one out of all of us, I suppose. She held everybody together. She had... a blood transfusion and that... gave her Hepatitis C. Then... five years before my brother's accident, she had a liver transplant. And she couldn't understand why she had to go through all that then just to lose her son. So that was the biggest thing for her... My father didn't cope very well at all. (G)

Nothing can mend the broken heart of a mother. Nothing. You try. You try, because you have to. You have to try. But you always come back to it. You always say, why did it...? It shouldn't have happened. It should not have happened. (B)

A few talked about their fear of losing another family member:

There's times that there's not enough money to pay the bills so I have to juggle things. I don't mind, don't get me wrong, I would look after him. I've lost one brother, I know what's that like, I'm not going to lose another one, so I would do anything for him. (G)

He was always with me. He was stuck to me twenty-four-seven, which is natural... He was only little. It was both – I was scared to take him [to kindergarten] in case something happened to him and he was scared to let me go, just in case something happened to me... That lasted for a long time. (A)

I lost one, I can't afford to lose another one. Or it might affect her. She might turn to drugs... She might turn out to be suicidal... So I had to get her out of trouble. (B)

Finally, one participant described her acknowledgement of the reality of the death: '*...when you have sort of realised, okay he is not coming home. He is not coming home. There is no wishful thinking any more. You know that knock is not going to come*' (A).

Mental Health and Behavioural Issues

Evidence of symptoms of mental health issues was revealed, including prolonged grief, stress, anxiety, depression and traumatisation. There was also evidence of the development of behavioural problems such as drug and alcohol use, and physical violence.

Participant B spoke of her daughter's prolonged grief, which after four years showed little sign of abating:

She doesn't open up. She doesn't – she's always crying. She doesn't open up. She doesn't say anything... She cries all the time. You cannot get a word out of her... she balls her eyes out. Cries all the time. You cannot get a word out of her, because she cries too much. You can't mention his name. If you mention his name, she bursts into tears... Ninety per cent of the time she's distressed. Ninety per cent of the time... she's never at peace. Never. Never. (B)

Participant G discussed the mental health difficulties experienced by her brother:

He just did nothing for five years, couldn't get himself out of bed, couldn't do anything. He was just depressed and didn't work for five years... it was probably [many years] before he could go anywhere near the [accident site] for any more than say ten or fifteen minutes at a time. He just couldn't, I guess posttraumatic stress... My father was from that generation where you just get on with life... Mental health issues just didn't exist... Back then you hid it, you didn't talk about it and that didn't help my brother. Even though both Mum and I would say, you should go and see somebody, talk to somebody. He just refused point blank and my father didn't give him any form of encouragement to do that. So that in itself, well, it hasn't helped his problem. (G)

In turn, her own mental health was affected:

I have had major stress issues in the last [number of] years and they will probably continue. I'm trying to learn how to deal with that. There's been many, many times

that there's been huge stress factors in my life because of that accident and because of what we've been left with. (G)

Discussing the negative impact of the death of her son on her mental health, Participant B referred to a loss of joy and future orientation in life: *'I have a different outlook on life. I don't care much about life anymore. If I go tomorrow, I go tomorrow. I don't have any ambition in life anymore. I live today, and tomorrow, I don't plan anymore'* (B).

Some participants revealed that their mental health issues had required medication:

Well I guess in the beginning [it was] pretty terrible really. My general health has been good, but my mental health... I was on antidepressants for a while there. I cried continually for eleven months and then ended up – I had a little one that had to start school, didn't really want anything to do with anybody at school. So once she went to school that was it, I sort of fell apart and had to go and seek some sort of help. Just went on antidepressants for a while. (G)

I'm on Zoloft at the moment... I think it does affect me more when I'm not taking the medication. Especially around his anniversary, I tend to 'schiz out' a little bit and need something to keep me grounded. (D)

One participant reported lifestyle and drug use problems following the death:

I think the way that life has turned out in the last eight years has been completely different to what it would have been if he was still alive. Just stupid mistakes that you make... Hanging out with the wrong crowd, drinking, I went through a drug stage. (D)

Another participant spoke of the destructive behaviour of her son following the death:

He didn't cope at all... He went through violent periods, he went through drug periods, he went through all of those... He and I have had a very fiery relationship... He has said to me that, you know, 'It would have been better if you had have gone because I could have coped with that. But I can't cope with my father going'... It was very hard being there sometimes with him, very hard, like when he's smashing all your walls in and he's being ultra violent. (C)

And the impact it had on the relationship between her son and daughter:

She hated what he was doing, she hated that and they never had a good relationship from about the time he started [using drugs]. Like, he was stealing my car, he was stealing things, he was taking my car, taking money out of my accounts, all of those sorts of things. It's a wonder I'm still talking to him at all, actually. But, you know, he's your child, what do you do? (C)

One participant explained how the death affected her daughter and, in turn, affected her own mental health:

She still hasn't recovered from his death [four years ago]. She's grieving differently to me... She's probably even worse than I am. She's always without money. She's a

shopaholic and she doesn't care... She's always a financial problem. I always have to get her out of her problems. Pay her debts here, pay her debts there. Because I worry that something might happen... I had to put up with her too, which was another big stress for me... It is absolutely a consequence of what happened. (B)

Physical Reactions

In addition to problems with mental health, five of the seven participants reported declines in physical health following the death. Various health issues were reported, including weight loss, weight gain, and evidence of being *'just generally run down, I think. It takes its toll and wears you out and it is hard to keep on trying to pick yourself up'* (F). One participant simply explained that her *'health went down the drain'* (A). For Participant B, her son's death had negative physical health consequences not only for herself but also for her mother and father:

It had a big effect on my Mum and Dad. Dad had heart surgery two months after that. My Mum went downhill too. She died last year. Then again me, I was diagnosed with bowel cancer exactly two years after his death – it was in June – and I've never been sick before... But then my health was affected, two years ago. I've never been sick before, ever, ever, ever. I think it's affected my immune system... because I couldn't cry. I was just – I just froze. Even at the funeral, I was just shaking. But I couldn't cry. (B)

Adaptation, Coping and Growth

Grief is a normal process of adaptation following loss. Coping strategies help individuals adapt to the feelings of grief. While some participants described responses of extended grief reactions, evidence of coping strategies emerged, including faith, focusing on parental roles or relationships, staying busy, retreating, paying tribute, helping others, and just getting on with it.

It's very hard. It's something hard, very, very hard, to deal with. It doesn't get easier. People say, well, you'll learn to live with it. But it doesn't seem to get easier. Sometimes you feel like you get stronger, but... There's ups and downs... No one can make you feel better. You're the only one who can get yourself out of it. (B)

The role of religion as a means of support, not only in connection with the funeral but also in the period of bereavement following the death, was evidenced (E). The expediency of faith as a coping mechanism was also apparent:

My faith – I pray. I pray a lot. And I talk to him all the time. I always tell him, you have to help me to get through it. Yeah. It's just my faith, and talking to him. I talk to him all the time. His bedroom is intact. I haven't changed anything in his room. It's still the same. I go there and I just talk to him... If anything, my faith was increased even more... I only feel better when I – sometimes I feel better when I read the Bible or read that we'll be together one day. (B)

Evidence of fatalism as an agent of consolation also emerged:

After my brother's accident, [my mother] said she had to believe it was his fate. It was the only thing that got her through that this was his fate and that's what she had to believe in. (G)

The need to feel connected to the lost family member was expressed in other ritualistic ways, including visiting graves, visiting the place of death at the worksite, hosting memorial services, erecting plaques and recoding names on a wall of remembrance to pay tribute and ascertain public recognition for the death:

After he died, I made sure that there was a plaque up where he died and that has just continued on. The Union has continued on to do that. [They] make sure that everyone gets a plaque where they have died and they get media attention and they get some sort of attention... some sort of recognition [that] I have lost somebody... It sort of helps to say, okay, my son died, my husband died, my father died. That someone out there knows. (A)

In addition to ritualistic responses to the deaths, other forms of coping emerged. Several participants reported an instinctive need for avoidance and distraction as a means of coping:

I work. That's why I keep on working and working and working and working. So I try and forget about it. Put it aside... 'Cause I don't go out. I don't go anywhere. I don't have a social life. So I just keep on working. (B)

I kind of ran away. I went and stayed at a friend's house up the central coast... because I just couldn't deal with the arranging of the funeral and everything like that... I just kind of went off... Then when I came back, I just went straight into work and didn't really sit down and think much about it. You try and not really deal with it... I just tend to distract myself. (D)

Two participants mentioned the state of being on 'automatic pilot' (A and C). Another said, 'Yeah. You kind of just put the blinkers on and off you go' (D), and Participant E referred to switching to 'survival mode' (E).

There were some days I didn't even sleep, let alone eat. You just go into this spinning ball where you are just spinning around and around. Because if you stop, everything will stop with you and once you stop that is it. Your boat sinks. I couldn't let my boat sink. (A)

Focusing on the parental role or on relationships was a specific kind of distraction tactic:

I was completely just focused on my first boy because he was very, very close to my Dad and I just thought if, you know, I focus on him I don't have to think about how I'm coping with it. (E)

I've got a five year old... I think having her around helped me a lot. If I didn't have [name] things would be completely different. (D)

Up until that stage I hadn't even stopped to think, you just, I'm on automatic pilot, you're just doing, you've got two kids to look after, you've got to get to work, you know, you just do what you have to do. (C)

I didn't ring anyone and cry to anyone. I didn't want to burden anyone. The only person that I cried to was myself. I couldn't even cry because I didn't want to cry in front of my kids, because if they saw me going down they would go down with me. So I had to put myself in a position where I went somewhere and I would cope. Or when they went to sleep, I cried and I let it out. (A)

When I was very depressed, I didn't want to go to work. I think the family, the little ones are the ones that keep you going... Well you have to get out of bed in the morning when you've got children, you don't have a choice. You have to do things; you can't lie there all day... So they saved me really. (G)

She hasn't been single since Dad died... She always feels the need to have somebody there, somebody to help take care of her and stuff like that. I think it'd take a lot to get her out of that same stage... I think by being in a relationship, I guess it fills something that's missing. (D)

While such coping strategies assuaged bereavement for some participants, others were forced to confront their loss:

Some people, they just go into this total shock and they don't think. Luckily, they have got other people thinking for them. As with me, I didn't have that. I was the only one thinking. I had to think of everything. I had to organise the funeral... Then [afterwards] I went back to where I was. What I was really feeling? Like, even when I had to choose his coffin, I am thinking to myself – I even said to the funeral guy – I said, do you know what, I can't believe I am picking out a coffin. This is horrible. You don't know how horrible I feel picking out a coffin for my husband. He was only [young]. He was full of life. I should be picking out a holiday not a coffin. (A)

As another participant stated:

I don't think anyone can understand. You really have to go through it to know what it is. No one can make you feel better. You're the only one who can get yourself out of it. No one can do it for you. There is nothing that anyone can do to make you feel better... He's still gone. He's not back. He's gone. He's not coming back. It doesn't matter what you say to me. He's gone. He's not coming back. It's only I who has to find a way to – I don't know – come to terms with it all. (B)

Several participants coped by helping others in similar situations as a means of helping themselves. This activity took the form of natural support groups, active workplace campaigning and lobbying and public speaking at memorial services:

People try and comfort you. And it's growing, because there's more people there. 'Cause now I'm – I try to comfort others. 'Cause there are new mums there and new people there. I try to comfort them by being there for them, 'cause I've been through it... That's the only thing we can do. That's the only thing. We have to get on. Like I say, it's the only thing we can do: be there for each other. (B)

I campaigned with [the trade union] for four years. I spoke to politicians and I went out to job sites, to the construction sites, and I spoke to the men out there... It was

good. For me, it was good. Some other people wouldn't have liked it... So I went and I spoke to the guys out there and they appreciated it because they don't get to see the other side of a death... The first thing I said to the Union was, I don't want my husband to just be a number or a statistic. I actually wanted his death to make a difference... So for the next four years, whichever death occurred and they had a family, I went out and I spoke to the widows of the person... I know they appreciated me coming out. Because then I spoke to them during the funeral and all that. I have kept in contact with them for a little bit. But then I have got to let go because then I get too involved. I am still coping with my own stuff... I was able to be their blanket, their security blanket, because I had been through it already, even though I didn't have my own security blanket... I still don't know how I did it. I was still in my own grief and I was still trying to deal with, you know, how the hell did this happen to me. But yet I was comforting other people... With me, because I speak out and I make a difference it sort of helps me. (A)

[We] lobby for better safety work practices and so we use our own stories to go and talk to workplaces about, well this is what happens and this is the impact of what happens, you know. So we use our own stories so that that's a positive thing that came out of it, so that you can feel by telling your loved one's story, you're going to stop that for someone else. They might just think for that second before something happens, you know, not to do it. (C)

We get to speak at workplaces. I spoke at Dad's... I did a speech, my first speech. His boss was happy for me to do that... I bawled my eyes out. I couldn't even see the paper and I was shaking so bad. But it was good, because they were people that knew him and worked with him. Some of them were there the day he died. They saw the accident and stuff like that. (D)

I do like to talk about it to those in the industry, because I feel that if I can get his story across about what happened, maybe it might save somebody else. (G)

One participant advised that helping others was the only real resolution following TWD:

You always hear, oh if only I can prevent this from happening to someone else, you know, on the news and things like that. And it's so true, it's such a cliché but it is true. If some other family doesn't have to deal with this horrible experience that we've had or there are some ways we can make it better for them, that's all you want. Because that is the only resolution you get. You don't get your loved one back, you don't get a big feeling of victory if someone is fined or there is a bit of compensation awarded. It's not through that, it's from helping other people in their experience and just lessening it a bit, I guess. (E)

Participant D discussed her own adaptation and growth following the death: *'I think people change. You just grow older and wiser... Yes. It's worth the exhaustion. And it's taken me so many years to get to the point of feeling that. I'm actually there' (D).*

Participant C discussed the growth of her son:

He didn't cope at all... [But] he's coming out of it now, say for the last three or four years, he's actually got himself sorted out... Now he's back to being the kid he always was and he's come to terms with things, you know. He was unemployed for a long time and all the things that go with that but he's now managing a business and he's been working there for four years and he's really happy and he's getting married soon... Everything's worked out. It's just taken time. (C)

Similarly, Participant D prevailed over issues with drug use:

I went through a drug stage. I think... I did it as a release. Whereas now I realise you can't use that as a release. Because you feel like somebody else when you're taking the drugs or drinking, but you're always going to come back to being the same person that you are... I've kind of overcome it all and realised how stupid it was. [I] started to learn a lot more about myself really, that you can't live destructive behaviour because of one thing in your life. And if you keep letting that get you down it's just going to be a whole domino effect of everything. So it's kind of been in – I would say – the last two years that I've kind of started stepping back and going well 'I can't do this anymore'. (D)

Furthermore, it was apparent that Participant D had developed insight and self-confidence regarding her relationships and her role as a mother:

Obviously, [my daughter's] father and I aren't together anymore. I struggle with the fact – he lives [overseas] and he'll come over once a year and see her. He doesn't call very often and he doesn't send a lot of money over and stuff like that. Whereas I kind of expected that my child would have the father that I had, I guess she's never going to have that. So I went through the destructive behaviour, just trying to find someone to have in my life to give her what I had. And it's only been since October last year that I've actually realised that I don't need somebody to replace him not being there. I can be by myself... And it's taken me so many years to get to the point of feeling that I'm actually there. I think that's why I'm going through the whole 'I just want to know everything and get it out of the way', because I feel like I'm getting some sort of closure finally, after all these years... There's a time when you've got to move on and don't let it rule your life anymore. Be happy for what you've got, I guess... worry about me and [name] and not what's happened in the past. (D)

The development of future orientation was further evidence of adaptation and growth:

As long as I am healthy and I can take care of my kids and I can give them food and put them through school and we can talk and laugh, that is the future. (A)

I'm kind of at the stage now with the whole thing – it's been eight years – I want to try and move on... You've got to start healing at some stage... There's just a stage where I want to move on and start to heal from it. I want to start getting answers and then move on from it... I try and pick up and carry on. I don't want to dwell on it any more. (D)

One participant described growth as a capacity for living in the present:

I guess I'm more inclined to not be so concerned about the future. I know my mother used to worry about all of us when we'd go out. Now I've got teenagers and young folk – I don't worry about them at all. I guess I believe in fate, if that's what's going to happen it's going to happen. I'm much the same for myself. I get out there and try and live as much as I can... now that [the children have] grown up we're both back on the motorbike and off doing things. I was scared when I was younger but it doesn't bother me now. I just hop on and go... As a young person, I was terrified. Yet I get on there now and I find it very relaxing. I like it. So I don't care, if it happens it happens. What's the chance of somebody walking out their front door to go to work and within the blink of an eye you're dead? If it's going to happen, it's going to happen... I mean sure, you're concerned about paying your bills and all sorts of things, but I'm also more concerned about getting out there and living my life, because it's not very long. We don't have very long on this planet. So I have to get out there and I have to do it. If I want to do it, if it makes me happy to hop on a bike and go for a ride, well then I'll join him... So I guess my perspective has changed a bit, about getting out there and living life and doing things. You don't have a lot of time to do it. It can all be over in a blink of an eye and I think about that all the time.
(G)

Having lived through a traumatic loss, several participants reported that hurdles encountered in life had become comparatively easy to confront. As one participant related, 'There is no difficult stuff now' (A). Participant B reflected this sentiment:

I said, does that mean I've got cancer? He said, yeah. They said, don't worry. I said, I'm not worried. I've been through worse. I lost my son last year. That's nothing to me. After that, I had to have six months' or chemo because it already went in the lymph node. I had three nodes affected. It didn't worry me too. It was not pleasant, but like I say, what was worse was when losing your son. (B)

Table 1 summarises the health consequences discussed by each of the participants.

SOCIAL CONSEQUENCES

A range of social consequences was reported. Evidence of various kinds of social support emerged. However, participants also reported difficulties within elements of their social life in consequence to the death, as well as social roles and relations becoming altered or strained. Most significantly, it was apparent that many participants had significant unmet support needs.

Social Support

All participants reported degrees of emotional, instrumental and informational social support from various sources. Several participants received support from family: 'The only support I ever had was my parents. They lived with me for a year after [name] died' (A). In particular, Participant A's parents provided instrumental support:

TABLE 1: Health consequences and participants' responses

THEMES		PARTICIPANTS						
		A	B	C	D	E	F	G
Grief and loss		✓	✓	✓	✓	✓	✓	✓
Mental health and behavioural issues	Prolonged grief		✓	✓		✓		✓
	Depression			✓	✓	✓		✓
	Stress and anxiety	✓	✓				✓	✓
	Loss of future orientation		✓					
	Medication				✓			✓
	Lifestyle and behavioural problems		✓	✓	✓			✓
Physical health	General health decline	✓	✓			✓	✓	
	Weight loss/gain	✓		✓				
	Onset of health conditions		✓				✓	
Adaptation, coping and growth	Religion and faith		✓			✓		✓
	Ritualistic connections	✓	✓		✓	✓		✓
	Avoidance and distraction	✓	✓	✓	✓	✓		✓
	Focusing on parental roles or relationships	✓		✓	✓	✓		✓
	Confronting loss	✓						
	Helping others	✓	✓	✓	✓	✓		✓
	Overcoming drug problems			✓	✓			
	Insight and confidence				✓			
	Future orientation	✓			✓			
	Living in the present							✓
	Easy life hurdles	✓	✓					

Well, what happened was, I lost all routine. So then, my parents came in and my Mum would cook, she would clean, she would make her own routine. She would bath the children and I would just sit there. I would sit there for days. And she would bring me food and [tell me] you need to have a shower today. Just little things like that... You know, like brushing my hair or whatever. (A)

Several participants received support from friends, particularly in the immediate period following the death:

I had a lot of really good friends... I was in contact daily with people in the local area so I had a really good support network... A lot of those friends I still have contact with. (E)

Part-time work was good because I had very good friends who were living [nearby] as well who could look after my kids... My friends would have done anything for us and they were doing anything for us. (C)

Friends have been quite good. I think most friends have been good. (F)

However, the majority spoke of lost friendships, lost support and lost social lives over time. As Participant A related:

With friends, people are scared to come and see you, because they are scared of not knowing what to say. They are scared of saying something that they shouldn't say. They are just scared... So I have lost a lot of friends in the last four years I must say, because people don't know how to deal with me... We are not taught how to deal with grief... I wanted company. Like, even if you just sat there and not said anything to me... I would have appreciated it. But, like I said, people don't understand that unless you are in it and you have been through it. (A)

Similarly, Participant F stated:

I think you'd have to say that most people like things to move on and they don't want to be your sounding block. It is alright initially, but you can't do that on a continuous basis to friends. It is not good for you and it's not good for them... You can't do this to friends. You just can't do it to them. You can initially but it wears thin after a couple of months, you know, and you lose friends, you don't gain them after something like this... They don't want to be reminded. It's a fear of their own, I guess, of the same situation... The thing that happened to you is everybody's fear, you know? (F)

Participant G also reported difficulties with friendships:

It was a horrible time. So you tend to withdraw a bit from society and only talk to those that you are very close to, I guess. So it did prevent me from making a lot of friends, I suppose. At the time, I didn't make any friends.... I had friends... one from when my son started school, and I guess she was not supportive, she didn't want to talk about it, didn't want to know about it... she never would talk to me face to face

about it. A lot of people don't want to know about it... I've found if I would start talking about it, people would all of a sudden not want to know any more details and would shut down. [It's the] horror, I suppose. I don't know, because I used to get very cranky with people, because I used to think, well if I can talk about it why you can't listen to it? But no, people didn't want to know about it... As soon as you start to say something, they would change the subject... So it's not spoken about... I think Mum probably found the same. People just didn't want to know about it. (G)

Furthermore, the reported incidence of family breakdown was high (five of the seven participants): *'We were a very, very close family and I think that's sort of really fragmented as well. We don't spend as much time having a meal together or spending a day together anymore'* (E). Another participant advised:

Since the funeral, I haven't seen [the girlfriend] at all... We were close. We were very close. I was always nice to her. Never had any – always – she was always welcome at home. She knew that. But she dragged me into court. It turned out to be quite nasty between her and I. Anyway, no, I don't talk to her. (B)

[My brother] moved out... He found it very difficult to have any sort of relationship with any of us. I think the only reason he managed to keep in touch with us was because my mother... encouraged - so that's the only reason I think that we have him today is because of my mother, and that strong family bond that we were all brought up with... [He] couldn't even come to my home..., He sort of ran away many, many times. (G)

Where family and friendships were not able to provide support, participants found support elsewhere. Participant B received support from an informal support group: *'The only comfort that I get is by going to visit [my son's grave] every weekend, and talking to others. Because where he is buried, there are a few young people with him, around the area. I meet the mothers there and we talk about the loss of a child. This is how I find comfort'* (B). Participant C was directly involved in the establishment of a formal support group, from which she received, and gave, emotional support:

We formed a group from there and we've got about maybe thirty members, all families who have been affected by workplace accidents... We provide like a network for people, just if you feel like screaming about something, there's somebody there who is going to listen, who is not going to make any judgments... We don't provide counselling, other than that we've all been through the same thing. (C)

Participant D also belonged to a formal support group. She spoke of her experience of the group:

Somebody else felt what you felt. It helped a lot, just to know that there are people out there who actually know what you're feeling. Because... it's not like my Dad had cancer and he died. It's completely different... So it was good to actually speak to somebody who had been through the same kind of thing. (D)

The Church provided both emotional and instrumental support for Participant E:

Other people [from the Church] who'd lost their dad had phoned me, and in the initial stages there were meals. There was just constant monitoring almost, you know, just checking in – are you okay? – And stuff like that, which was really important... I think if I didn't have that it would have been a lot lonelier time. (E)

Participant G reported receiving support from a variety of sources, including her neighbours and surrounding community:

There was a comment made by the Police about how tight knit the community was and very supportive, very, very supportive community... So it affected everybody. It affected a huge... huge community. The rippling affect was just massive really... My neighbours were very supportive at the time, because my parents came to live with us for a week or so and I had more food than you can poke a stick at. I had flowers; well I had to give the flowers away I just couldn't keep them in the house. There was just too many of them. It used to take me nearly half an hour to water them every morning. But on the actual day of the accident all of the people that we had grown up with, every single one of them came back to the [neighbourhood] that day. (G)

She received further emotional support from her medical practitioner, who was 'the only person that's been of great value... the only one that wanted to listen'; and a close friend, who 'was always there with the kettle on'.

I was very difficult to live with... for a long time, for a long time after his death... I cried for eleven months and then [it] took me probably another twelve months to get on top of that. So I was difficult to live with. My husband's a saint; how he survived I don't know. He would've been quite within his rights to walk out... Well, I probably did give him hell. (G)

Evidence of grief counselling emerged. Most participants were offered initial counselling from the OHS regulator, or were aware that counselling was available. However, most participants reported negative or ineffectual experiences, particularly in relation to the timing of the offer of counselling and the quality of counselling received:

As soon as the counsellor came to me, I didn't know what to tell him. I said, look, this is the first person in my family that has died and I don't know what to say to you, except I am lost... I spent more time with [my husband] than I spent with my parents and now he is gone. I don't know what to do. I don't know what to say to you except for I am sad. I am really sad at the moment. Then they just come out with these professional questions... It was too professional. It was like he was reading a script – and this question, and this question, and this question. You don't want to answer these questions. Just ask me a normal question like – like, even when they say to you, how was your day today? How do you think my day was? Then they say, tell me what you did from the morning until now? I don't know. (A)

I took him to counsellors, I took him to grief counsellors initially and the first – because he's a very bright boy too – the first thing, the first one he went to he said,

I'm not speaking to those people, they'll want me to forget my father and I'm not going to. (C)

They told me, anytime I need counselling, whether it's five years from now, any time I need counselling, they will always be there for me. But, no, like I say, I want to find my own way of dealing with it. I don't like anyone telling me how I should deal with it. 'Cause no one understands a mother – what a mother has been through. You know – if you're a mother, you know... [So] we've tried counselling but we both don't like it. (B)

[They were] saying how we'd been offered counselling services and varying help. I don't actually recall being offered anything. Even on the day, yes the [religion-based charity organisation] were there, but I think everybody was in such shock that they just didn't know what to do. I mean I guess now [many years later] things are a lot better, but I don't actually recall being offered anything. They kept saying that we were being counselled, but we were never counselled by anybody. Nobody really came near us. (G)

Dad's work offered us counselling, and we were kind of like no we don't need it, we'll be fine. I think mainly because we were angry at them at the time. (D)

Those who sought private counselling sometime after the event reported better satisfaction with the services and results, particularly in relation to grief counselling for children:

My husband phoned his work... and had a grief counsellor for us the next day. And I was completely just focused on my first boy, because he was very, very close to my Dad... So we had a good talk to him and how it would be affecting him. (E)

I had to put him into counselling probably when he was in Year 3, because he had this fear of death... So eventually, he got counselling and because she was a really good child psychologist she helped him... [But] I had to find her. Nobody gave me any information... When there is a death, [the OHS regulator]r sends in counsellors to see you. You have got twelve sessions of these counselling sessions with the counsellor. But there is no counsellor for children. They are only adults. So... he had one counselling session with the counsellor. But he didn't know what to say to him, because [the counsellor] wasn't trained to deal with a child... So he came out even worse than he went in. (A)

One participant reported receiving support from institutional sources, including the OHS regulator and the trade union, despite the fact that neither he nor his son had belonged to the union:

[The OHS regulator] informed us... that there was support available. We were given some stuff initially at the hospital before we left and through that, we established a contact with [the OHS regulator]... an officer who I guess handled all that stuff... But other than that, our main support (mine initially) as far as somebody outside of family and friends regime was the [trade union]... They probably were more

supportive than anybody else... Their support was one hundred per cent compared with anybody else. (F)

Social Roles

All participants noted shifts in social roles in consequence to the death. Several participants discussed changes in their roles as parents. For some, this occurred as a means of coping with their grief and loss (also see section on *Adaptation, coping and growth*):

Yes, a very slow recovery, very slow, especially if you have got small children, very slow... I have dedicated four years to my kids to make sure that they are okay and that they are normal. But I haven't dedicated it to me... I have structured every little possibility, every avenue to make sure that they had a normal childhood and that they would never feel that there was a person missing. That is what I have done. (A)

All participants commented on changes in workplace roles or options. Experiences of TWD had both negative and positive consequences for working life. Participant G reported the negative impact of workplace death on her other brother's job satisfaction, his confidence in his working abilities, and his sense of personal pride:

He works now just as an on call [tradesman]. But there's not a lot of motivation. He hates, detests every single day and can't stand the trade. But it's the only thing he can do... in fact, I'm certain he's about to throw it in. So I don't really know what he's going to do after that... I mean at one point he was working at the [factory]... and then at another point he was working in packing shelves. But nothing of any substance. He was very successful in his business when he had his business. They were both very, very successful [tradesmen], but nothing now. [He] really can't work at all... He hates the trade and he wants a new career. He doesn't know what he wants to do and nobody wants to employ him. It's very... very, very difficult for him. From somebody who was so successful to somebody whose basically treated like a labourer now. (G)

Participant F talked about impact of his son's death on his own working life:

He used to come - he was the only one because he was the only one that was single and he used to come and help me look after the [workplace] because there is quite a bit to do. So I am missing that... This place that I have got here was initially going to be left to three sons. Now it is going to be left to two sons. And now I want to get rid of it right away because I can't handle it, if you know what I mean. (F)

The loss of income following the death of Participant C's husband resulted in her necessary return to work, which had consequences for other aspects of her life. In particular, it affected her superannuation:

The grand plan was that I would stay at home, as my husband worked in town and his wages were quite sufficient for us to allow that. I'd return to work when my children – part-time work just for a bit of extra money and for my interest – when my kids started school. Luckily, I was a teacher by trade and I hadn't worked for six years when the accident happened, I was raising my kids, so that meant me going

back to work part-time... [I moved back to the city] to be closer to family so I could work full-time, virtually. My Mum lived at [suburb]. At one stage I was travelling from [home] down to [mother's suburb], dropping the children and working at [suburb] so it didn't particularly... it was a bit of a nightmare, you know, the kids were up at God knows what hour. But anyhow, we survived doing that. So then I returned to work, but still on a casual basis, which at this time in my life means I've been permanent with [employer] now for only 16 years, even though I've been [working] for nearly thirty. So superannuation is a lot less than if I had been [working] the whole time in a permanent position with [employer]. We coped with part-time work and with family who helped us lots. (C)

And retirement plans:

My retirement options have surely changed... I'll have to work until I'm ninety-five. Which you don't really think about at the time either, the long-term effects. Like, if we were together we would have had quite a comfortable retirement. Now I'm just going to have a make-do sort of retirement... it's just my options for retirement, like my options. I'll have to work for longer than I possibly would have had to. I possibly, at this stage in my life, would have been working part-time not full-time and I'm going to be on a pension which makes my options in life sort of limited really. (C)

Similarly, Participant B perceived consequences for her retirement following her son's death. She had raised her two children from a very young age as a single mother and was working two jobs at the time of the TWD. As she stated, '*I never had any help from my ex-husband. I never had any help from anyone. I worked damn hard*' (B). Participant B was looking forward to the help her son would provide with her retirement:

He would always tell me, when I get married I'll get a house... with a granny flat and you will have to stop work. Especially your second job. Come and live with us, because you've worked hard enough all your life... I wouldn't be working now. I would not be working. I would have given up work. Now I see myself working for another ten years. You know what I mean? So that's changed, because I was really looking forward to, stop work and mind the grandchildren... because he always said, you've worked hard enough. You've done enough... I was really looking forward to it. I can't see myself doing that now. I'll have to work until I'm 65, maybe even longer now with the way things are going. (B)

Participant D also sought the distraction of work following the death of her father: '*I ran off and went with friends, then when I came back I just went straight into work and didn't really sit down and think much about it. You try and not really deal with it*' (D). Her roles as a mother and an employee continued to help her deal with her loss by staying busy: '*I've got a daughter and I go to work and everything, and I find ways to occupy myself*' (D). Eventually, working helped her regain insight and direction in her life following a period of drug use:

I was so over it. It was more that – I didn't even want the money, I just wanted to get out of the house and speak to people. I was sick of being in a rut that I was in... I'd had enough. And because I'd come out of the period where I was taking drugs and stuff, then met someone that got me off all of that, then it was like well now I want to

work. I guess in a way, because Dad used to do pretty much everything for us – if we needed something we'd call him – and because you're not used to being able to do that, you're made to do it yourself. And it made me get up and go, well it's not that hard if you just try. It's not that hard. (D)

Ultimately, returning to work helped Participant D to confront the injustice of her father's death and to seek resolution:

I've gotten to the point now where I'm just like, well, I mean I'm upset but I'm more angry now. I want answers now, and I think I'm in a better frame of mind to be able to deal with that... [This better frame of mind has happened over] the last two years, since I started working. It's been in the last two to three years, when I started to get my life back on track and started working again. (D)

Participant A reported similarly positive consequences regarding her working life. She was not working at the time of her husband's death, and was left a single mother of two very young children. She survived on social security payments until her children started school. The subsequent shift in her role as a mother initiated a motivation towards working, which became a means of coping and healing:

Because now I am stepping into a world, a different world, where both of my kids are at school and I am by myself. I don't know how to deal with that. I have been with these two kids 24/7 for the last four years. I don't know how to be alone... Well, I went to the Union and I said, do you know what, [name] is starting school next year I am really scared to be alone. Like, I was. I don't know what I am capable of doing on my own, if I start thinking too much. I said, I really need to do some things. So they put me in a course... (A)

Some noted the impact of the death on relationship roles:

He has never been able to form a relationship since that accident... He had a girlfriend at the time. That broke up. It would've been difficult to keep the relationship going I would imagine. That broke up and there's never been anybody since. I don't know that he's capable of having a relationship anymore. (G)

And several participants commented on a sense of a lost future:

There is a lost future, you know. I think that has been nagging at me a bit. Like it is a lost future there that I would dearly have loved to have been a part of. (F)

When my husband died, I lost everything. That is what I lost. I lost everything. I lost him. I lost the father of my children. I lost my future. I lost everything that day, that very day... which I am still trying to put together. Like, you are put in a puzzle where you can't find the pieces. There are no pieces to put it back together. (A)

I sit on the train and I look around and I see all these young guys. I think, I wish [name] was here. Or my two nephews, they're both expecting their first child this year. I think, oh, [name] would have had a child by now, maybe. (B)

Society judges that because he didn't have a wife or children then that's okay, he didn't really count as much as somebody that had children and a wife. But my children have missed out dreadfully because they haven't had two uncles over the years. They've lost both their uncles. So they missed out... They missed out growing up having any cousins from my side of the family, or any uncles or anybody from my side of the family. (G)

Unmet Support Needs

Most participants reported unmet support needs, particularly in relation to obtaining information and navigating the bureaucratic processes. As one participant stated, '*[I] didn't have any formal support, no formal support*' (G). Some lacked instrumental support:

I had to organise my husband's funeral on my own. No one wanted to help me. (A)

Most importantly, all seven participants referred to unmet needs in relation to information provision directly following the death, and during the ensuing months of investigation and legal proceedings. According to participants, '*There is a bit of communication breakdown between the family and the upper levels*' (A) following a work-related death, which can leave surviving family members feeling '*like one person crying in the wilderness*' (C). Participant A succinctly defined the support needs of surviving family members:

Because it is a sudden death, we are thrown into so many things that people automatically assume that we can do. Like solicitors, [the OHS regulator], whoever. You know, they come in and they throw all this stuff at you. Half of the time I wasn't reading what I was reading. So what I am trying to say is, there should be more support... We want to talk to people that know what we are dealing with... That is all we need, just people to understand us... There needs to be a support person when you go to a Coronial inquest. There needs to be a support person when you go to the [OHS regulator] case. You just need support. That is the biggest. (A)

All participants mentioned the need for some kind of support person or case manager who is assigned to a particular family and acts as their informant and guide:

I feel that [the OHS regulator] need to be more open with families. To me, [they] cover up a lot of stuff... I think they need to make more of an effort to keep in contact with the families, let them know what's happening and where it's up to... Instead of it going through six different people it should stay with that one person, and they should deal with it until the end, inform the families and help the families fight against the companies it happens with. Which they don't seem to do at all... It would have been good if they had been there the day at the hospital, to watch everything that goes on around you. Because you just don't see it, you don't hear information. It'd be different to have a support person there who's taking everything in and knows what's going on and understands everything. (D)

Someone should be letting the family know – this went to court today, or it's going to court next week, these fines were issued, they've now been paid, that company has been penalised... Sometimes you just find out by accident... [The OHS regulator] should have a division or a separate department that is a family advocate because

it's the Government body. Surely, they're responsible for workplace safety, for inspecting, and all those other things they do. But also, to let the family know that these things have changed and that people are punished if they've definitely done the wrong thing. (E)

Every family should have a case manager who supports them. It doesn't have to be right up to now, but I mean for that initial month or until the funeral or just after the funeral or whatever, so that we can really get our heads around things and have somebody that really knows what has to be done and needs to be done... It would have been really good to have somebody who knew the process of all the stuff that we were going through. And would be able to support a family one-on-one. Not every minute of the day, I don't mean that, I just mean to have personal contact, have a regular contact who could walk the family through. And not just me or the mother but the kids as well, just to be able to make sure that everybody was okay, you know and could get things done that needed to be done... If somebody could let us know things, or let us know that nothing is happening. That is just as worthwhile, you know, to know that nothing is happening... I think that day-to-day availability of somebody that can take you through the process of what and where and how things will be from day one through for the next two or three months anyway. Some sort of case manager. (F)

I think it probably needs to be done immediately, on the day of the accident. I think somebody needs to come in and explain things to you and I think it needs to be ongoing support for years to come, always. I mean I've heard stories where people who haven't even been told that they're loved one has died till - it happens in the morning and they don't know till the afternoon. They need to know immediately, they need somebody to talk to from the very beginning. (G)

Support Needs of Others

Some participants identified people outside the immediate family who suffered and would have benefited from support:

My Dad was the youngest [in a large family], a very, very close family, and for their youngest brother to die and they're all still alive, it was very, very hard on them as well. I know his eldest brother was very, very upset because he was almost like a father, there was 20 years difference between him and my Dad and they were very close. But nothing was offered to them either. It was just as much of a trauma as if my Dad was his son and had been killed in an accident. But they're not even, their grief isn't even considered into the equation... like their grief is sort of second-hand or it's not as important or as hurtful. (E)

The impact on co-workers and their need for support was also noted:

The boy that Dad was working with on the day, he was only very young. He had to leave that industry soon after because it traumatised him so much, I don't know whether he got any counselling or any help. He should have... What happens to those poor people that were there, that finds the person or, you know, that maybe in

some way they even contributed indirectly or accidentally. So not just the family is affected [but also] the other workplace people. (E)

Participant G noted the impact of the accident on surrounding neighbours:

It was only probably at the beginning of this year that I spoke to a very close neighbour who was actually there the whole time of the accident... But I don't think I've concentrated on the effects that it's had on the neighbours until probably this year. I guess he told the story of how he couldn't even drive past the [accident site] for years afterwards, he'd have to go the other way... I don't know whether he's actually been affected by it because he's never really held down a full time job since the accident either. I don't know, I've never actually got down to talking with the neighbours about the accident. It was something that was probably always avoided. I guess I wonder how it has actually affected them, particularly after hearing this man speak... I can only imagine that they've all been affected by the accident. (G)

The social consequences raised by each of the participants are summarised in Table 2.

FINANCIAL CONSEQUENCES

All participants reported significant financial problems following the death, including the initial financial impact, problems concerning workers' compensation and the longer-term financial impact.

Initial Financial Impact

All participants reported significant financial difficulties following the death. For four of the seven participants, the financial impact was immediate. One participant referred to funeral costs: *'We didn't even have money to bury [name] when he died so his workmates at his site raised the money for his funeral. You know, like you've got two small kids at home with a house, you don't expect that to happen'* (C). Another reported the loss of domestic financial support for her parents due to the loss of their son's household contributions:

He'd always paid his way. He'd always say, I'm not giving you enough board, and he would always up his board. Then he would always pay a quarter of any of the electricity or anything that came in. So he was never ever sponging off [our parents]. He was a very generous man. He would quite often come home with groceries and cook meals and he would take them out and do things for them. Mum didn't drive so he would drive her around when she needed to go somewhere... He'd mow the lawn and he'd do... whatever needed to be done. He didn't live off them... In fact, it was quite good when Mum was not so well to have that extra person around, a bit of support for them. Financially, I guess, they then – well, they didn't have that extra person paying the utilities. (G)

TABLE 2: Social consequences and participants' responses

THEMES		PARTICIPANTS						
		A	B	C	D	E	F	G
Social support	Family support	✓		✓		✓	✓	✓
	Friends support			✓	✓	✓	✓	✓
	Friendships lost	✓		✓			✓	✓
	Family breakdowns		✓	✓	✓	✓		✓
	Support groups		✓	✓	✓			
	The Church		✓			✓		
	Community support			✓	✓			✓
	Initial grief counselling	✓	✓	✓		✓	✓	
	Later private grief counselling	✓		✓		✓		
	Institutional support						✓	
Social roles	Parental role shifts	✓	✓	✓	✓	✓		✓
	Workplace role shifts	✓	✓	✓	✓	✓	✓	✓
	Relationship problems						✓	✓
	Lost futures	✓	✓				✓	✓
Unmet support needs	Lack of instrumental support	✓						
	Lack of informational support	✓	✓	✓	✓	✓	✓	✓
	Need for a case manager	✓	✓	✓	✓	✓	✓	✓
Support needs of others	Extended family					✓	✓	
	Co-workers					✓		
	Neighbours and community							✓

Similarly, another participant reported the loss of domestic financial support due to the loss of the principal provider: *'It was hard... within the first six to twelve months, because if we needed twenty dollars we'd just ring Dad and say I need twenty dollars. So up until we started getting the money out of his will, which would have been at least six to twelve months, maybe a bit longer, I guess we would have felt it'* (D). According to this participant, some initial financial assistance would have been helpful. In agreement, another participant explained:

If Mum could have gone onto some sort of short-term benefit... Just a little amount of money to come in to keep you going day by day, maybe something like that would have been helpful for her at the time so she didn't feel the pressure to go back to work... Some sort of benefit... Some sort of recognition that it is a traumatic time, and for a short time they need Government support financially. Yes, until you work out where your investments are or what you have to sell or where you have to move to, to get to the next stage. That first six months is complete chaos. Nothing is normal and you can't make – I think it would be very dangerous to make any decisions in that time as well. And that was one thing that a lot of people said – don't let your Mum make any rash decisions because she's not got any rational thinking at this time. (E)

One participant lost her father seven years prior to the time of interview, at a time when no free counselling was available to surviving family members. As such, she discussed the cost of counselling:

The expense of counselling was something that really, really irritated me because I wasn't working, we had a new baby and it was costing money to go. It was really something that really, really bugged me – that we had to pay for this counselling... And Mum paid and she was on a single income by then and only working a few days a week, so she attributes giving up her counselling because of the cost. And my brother is on a very low income as well. So the cost of the counselling was a real bugbear for us... So some free counselling would [help] definitely. I think people would access it more if it was free and I don't think that people should have to pay for it. (E)

Workers' Compensation

Only three of the seven participants received a workers' compensation payout. For these participants, the process of accessing and obtaining the compensation was complex and difficult and payments were delayed:

We didn't receive any workers' compensation at all until twelve months down the track so for twelve months we had to – and that was only after the Union intervened and pushed it. (C)

It has been very complicated, I can assure you. Finally, [after one year] we've got a workers' compensation payout. We haven't got it yet, but I'm saying it is somewhere in the Public Trustees Office at the moment. That means that somebody must have been designated as the employer. Who and what I have no idea. We haven't been

informed of any of that but it won't be until [the OHS regulator] release their report, I guess. (F)

He was basically disregarded within society as not having any family and that was reinforced in the fact that, at that time [of the accident], there was no compensation for any person that died on the job if they were unmarried or didn't have any dependents. So he didn't get any compensation whatsoever. We had to actually fight for partial dependency through the workers' compensation courts... because he lived at home and he was at home, paying board, paying one quarter of all the utilities within the household... Then it was advised that we could take it to workers' compensation... It [took a long time] and it was quite stressful and in the end it ended up settling out of court, but probably for a quarter of what we'd originally been led to believe that he should be entitled to. It was extremely stressful and so it was just easier to do it outside of court. (G)

For the other participants, workers' compensation was inaccessible due to various factors. For Participant A, her husband's employment status as a subcontractor meant that 'he should have had workers' comp, but he didn't' (A). As she explained:

If [name] had had workers' compensation then I would have got a payout from workers' comp, which would have helped me throughout the four years while the case is going on, while the court case is going on. You get child support for each child. So, me not having – [name] not having workers' comp – I didn't receive anything... So it was a financial burden. (A)

For others, because they were not formal surviving dependents, they received no compensation. Participant B explained:

Only if he had dependants. You know what I mean? No dependants. I work. He was working. He was not married... They said to me, only if you are mentally affected, then you can put a claim in. But I can't say I'm mentally affected. I've got to work. I've got my bills, I've got my mortgage to pay. I've been single since he was five years old. I raised him and his sister on my own, working two jobs. So I've got to keep on working... I still think there should be compensation for the family... I've raised him all my life... He would have helped me in the future... I think there should be some type of compensation for the family. (B)

In concurrence, Participant E related:

You'd just expect that you would get some compensation if someone died at work. But Mum got nothing. Because the rules were at that time [were] that she wasn't a dependent on him because she was working as well... But whether she was working or not, she was dependent on him as a couple, as two incomes, the things that he did in the home and everything. And she got not one cent. (E)

Longer-Term Financial Impact

According to all seven participants, the financial impact of the death progressed over time, having various long-term consequences. For those participants who had mortgages, difficulties with maintaining mortgages were encountered. As Participant A explained:

I had a mortgage. So if I had received [workers' compensation] I would have put that all on my mortgage and then I would have been left with some more money... [Instead], I lived off Centrelink... I had the bank threaten me to take my house away and all of that stuff... because I didn't have mortgage insurance... Or life insurance. He was only [young]. You don't think of these things. (A)

Participant C also encountered difficulties with her mortgage and insurance:

We did have a mortgage and I was trying to pay that off. We had mortgage insurance thinking that would protect us... But, you know, they ask you to pay the extra money for mortgage insurance and it didn't cover us at all. Lots of people don't know that your mortgage insurance doesn't cover you... in the event of accident, you know, loss of earnings. Well loss of earnings means you're not going to have any more earnings, but it didn't cover us at all. (C)

The loss of income also created enduring financial difficulties and consequences, including loss of retirement options and lifestyle choices:

Well, I was robbed of all the choices... It is not like I could have gone out and done what I wanted to or had the lifestyle that I had before that. I lost because I had no money. (A)

We had a life of grand plans. I have no plans at all now, so my life is just, you know, on the wind... My retirement options have surely changed... If we were together, we would have had quite a comfortable retirement. Now I'm just going to have a make-do sort of retirement... I'll have to work for longer than I possibly would have had to. I possibly at this stage in my life would have been working part-time, not full-time. And I'm going to be on a pension which makes my options in life sort of limited really... If [name] was still around, our life would have been different. (C)

I guess it affected my younger brother more financially because he didn't work for so long and hasn't worked... He, as I said, was quite successful when he had his own business. But since then I think he finds it a bit of a struggle to make ends meet... Well he's not leading the lifestyle that he was leading because he hasn't got the money that's coming in... He's not destitute... he has got investments and things, but it doesn't go very far when you're not working, as we all know, and he's got to find money for retirement. Well he's certainly not on a good wage now... financially it hasn't been good. (G)

The financial consequences raised by the participants are summarised in Table 3.

TABLE 3: Financial consequences and participants' responses

THEMES		PARTICIPANTS						
		A	B	C	D	E	F	G
Initial financial impact	Immediate impact			✓	✓	✓		✓
	Loss of domestic financial support				✓			✓
	Need for initial financial assistance				✓	✓		
	Cost of counselling					✓		
Workers' compensation	Payouts received			✓			✓	✓
	Access difficulties			✓			✓	✓
	No payout – subcontractor	✓						
	No payout – lack of dependency		✓			✓		
	No payout – non-workers' compensation case				✓			
Eventual financial impact	Mortgage difficulties	✓		✓				
	Insurance difficulties	✓		✓				
	Loss of retirement/lifestyle options	✓	✓	✓		✓	✓	✓

INSTITUTIONAL RESPONSES TO TWD

Overall, there was significant evidence of problematic institutional responses to traumatic work-related death. All participants referred to the importance of information and communication and all reported a dire lack of both from authorities.

Immediate Post-TWD Process

Few participants reported anything positive about the immediate post-TWD process, whether it was the method of being informed about the accident and death, the timing of this information, or accessing their loved one before the post-death process took control. For each participant, Table 4 summarises their relationship with the victim, the source from which they were notified of the accident and death, and the period that elapsed prior to notification.

TABLE 4. Initial notification of the accident and timeframe

PARTICIPANT	TWD VICTIM	INITIAL INFORMANT OF THE ACCIDENT	TIME AFTER ACCIDENT
A (Widow)	Husband	Informed by her father	Immediate
B (Mother)	Son	Informed by her son's girlfriend	8.5 hours
C (Widow)	Husband	Informed by a fellow worker on site	Immediate
D (Daughter)	Father	Informed by employer	Immediate
E (Daughter)	Father	Informed by Police	7 hours
F (Father)	Son	Informed by a friend	8 hours
G (Sister)	Brother	Sister-in-law, radio announcement, then husband	1 hour

Participants commented on the insensitive institutional procedures associated with traumatic workplace fatalities, particularly of failing to inform family members in a timely way of the accident and death. One participant recalled:

Police usually are the people who notify you but that's usually – I mean, I was very fortunate that the crane driver, who was a friend of [name]'s, rang us as the accident happened. He just said, I think you better get to [location], they've taken him to [location] hospital. That was at half past seven in the morning. So we knew then, but that was because of the relationship he had with them. So it depends where you're working and who you're [working with]. (C)

Participant A also mentioned the luck involved in being informed:

Now, lucky for me, my Dad was there or else I wouldn't have had a phone call until after the Coroners probably or – just to let me know that he had died and had been taken. Because I think some of the families didn't get a chance to see their loved

ones before – that is why I am saying lucky for me my Dad was there or else no one would have called me... Because really, the ambulance people won't ring you and the hospital will ring you maybe, just to let you know that he is there. But by the time you get to the hospital he might not be there. He might be taken already. The Police would take him. For me, speaking to other widows, that is what has happened. There is no communication with the families once the accident occurs. (A)

Participant B also recalled her despair at not being properly informed about the death by authorities, stating:

There is one thing that will torment me all my life is, I was the last one to find out. Therefore, I wasn't... there to say goodbye to him. I didn't see him. Because it happened at one-thirty and I found out at ten o'clock. (B)

Due to the delay in her being informed of her son's death, Participant B encountered further difficulties in obtaining access to her son's body:

By the time I got home, and I wanted to go to the morgue, 'cause we had to identify him. It was too late, and they said to us, it's closed. You have to come and identify him in the morning, at 8 o'clock in the morning. (B)

Others also reported the importance of being able to see their loved ones after the death:

My Mum's sister encouraged her to go and see him at the funeral home afterwards and she took her in initially and Mum had written a letter to him and I don't know whether the coffin was open or closed but she did open it and she put the letter in his pocket and, yeah, said goodbye... I think she was glad that she did that because it was just so unreal to her, but to see him and do that just really made it real to her, yes. (E)

For some, the request to spend time with their loved ones was met with insensitive behaviour from authorities:

The doctor came out and saw me and he took me to this little room and he goes, you know, your husband died. I just said that I wanted to see him and I went and saw him. I spent some time with him before the Police came. Then they said I couldn't spend any more time. They had to take him for the autopsy or whatever they had to do... The Police officer kept on saying to me, look we have got to take him... But I have just lost my husband. I want to spend as much time with him as I can. That is what I said him. I said, I will let you know when I am ready. He came in like three times and the third time he was really aggravated. I had to say, yeah, okay, fine, take him. But that was the last time I saw him. (A)

Participant A also insisted on the presence of a priest at the hospital, 'So that at least you felt that there was – there was some rite of practice there... That he just wasn't taken away – like, he was blessed and he had gone to heaven and whatever. It was just what we do. It was important for his Mum. So we made that point' (A). Agreeing on the importance of this sacrament, Participant B discussed her resentment at not being informed initially of her son's death and her subsequent regret for not having enough time to have her son's body blessed:

I'm a – not a strict Catholic, but I have great faith. What's going to torment me, I didn't have a priest there for him. You know what I mean? I know it was – he died instantly, but I would have called a priest straight away. I – even though I speak to the priest every now and then – he tried to comfort me, but it will still torment me all my life. (B)

Participant B also discussed her reluctance to view her son's body at the morgue but also her subsequent regret at not having done so:

I could not identify him. I couldn't, because the people at the morgue said, look, he is exactly the way that he fell. We are not allowed to clean him. We are not allowed to wash him... So no one wanted me to go. My Mum said, no, because [name] would not have wanted me to see him this way. So my husband went and my daughter. They identified him. But to me, I feel like I should have gone. I regret not having – I regret that. I should have gone... [The] last time I saw him he was alive and he was happy and he was well and he was smiling. To me, it's like there's no closure because I wasn't there. (B)

One participant recounted an unnecessary stressful situation resulting from lack of communication:

We didn't know where his body was. The funeral [people] didn't know where he was. Because he was in [location], he had been taken to different places, and the funeral people were from [city]. So a few times, I had phone calls saying we don't know where your husband is. I went, oh my God, you don't know where my husband is? How am I going to get him back to [home location]? I had to ring the Coroners to find out where he was. He had been taken to [location]. So there again, there was no communication with the family. (A)

In addition to poor (or no) communication with families, another area of initial and ongoing difficulty was access to information regarding the actual circumstances surrounding the accident and death:

We still don't have a lot of information [seven years later]. It was very hard to get the information, like who called the ambulance and was there any – did anyone try and revive him, or things like that. It was very, very hard to work out what happened, the sequence of events in that seven hours before we knew that he'd died. (E)

We have never seen anything to say what actually happened so I can only speak from hearsay and not from any facts... We were luckily – a friend of ours was watching them work and they gave us some basic details. But they themselves didn't want to – they knew me as well and they didn't want to go into it in any real detail either. (F)

So we're still – like today [eight years later], still trying to find out what happened because we've never actually even sat down and spoken to Dad's boss about it... Obviously, I'm still pretty angry at them. I don't think we've ever actually sat down and really spoken to them about it, and discussed the whole accident process with them really. (D)

Another participant discussed the critical need for authorities to recognise the horror and trauma of a sudden death when responding to the grieving family:

It is a sudden death. So you know, the family would like to see their loved one before they are taken away and done stuff to and returned... They [the authorities] don't think of, well this is a sudden death, he has left home, he has died at work, we should call the family as soon as possible... So that is the situation that you get thrown into. It is a sudden death and a sudden rollercoaster ride that you are on... It is a sudden death. People need to realise that it is a sudden death. It wasn't a death that we were expecting. He wasn't sick. So because it is a sudden death, we are thrown into so many things that people automatically assume that we can do. (A)

Coronial Inquest

These initial difficulties with information provision and access can be explained by legal restrictions. As Participant C observed, *'If you're the person who's defending the action, you're allowed that information [about the death] before the family does. The family doesn't know any of that, but the defence knows everything because they have to know it for their case'* (C). According to established work-related death procedure, a Coronial inquest takes place directly after the death. Five of the seven participants discussed their dealings with the Coroner and the process of the Coronial inquest and advised that a lack of information, communication and support structures for families were apparent:

Because you've never been in this situation, you just think naturally that an inquest in an accident would be something that happens anyhow, no matter what. But it doesn't. They can investigate and decide whether there is an inquest or not... But then also families can ask for an inquest. So I was ringing up the Coroner's Court saying, have you got a date, have you got a date, have you got a date? And they go, oh have you asked for one? And if I had have known that you had to... ask for one, then I would've done something earlier. And then now you're told it might take six months to get to the Coroner's Court... But you're still not automatically, you don't automatically have an inquest. (C)

Participant A discussed the lack of support and representation for families during the Coronial inquest:

[What I wanted was] for me to be able to sit in the Coronial inquest and give evidence of what happened to me and what I thought happened at that day, even though I wasn't there. Like everybody else wasn't there, they all gave evidence. They all lied in court, even though they put their hand on the Bible and swore that they wouldn't lie, they all lied. But I believe that the family should be able to have a say in the Coronial inquest and in the [OHS regulator's] court case. Because they are the ones that have suffered the loss and at the end of the day the judge should know what they are thinking, or what they are feeling, and what they think should have happened. We don't get a say. The only ever time we get a say is in the [OHS regulator's] case where we have to fill out the victim impact statement. So I think the families should be able to speak. (A)

Participant C observed that after the death *'the Coroner works with [the OHS regulator] to say what had happened. He decides if there's going to be anything taken further or any prosecution and, you know, prosecutions are very – they don't happen very often'* (C). Similarly, Participant G and her family experienced difficulty instigating the Coronial inquest. She explained:

A number of times there was a possibility that there wasn't even going to be a hearing, which we found very stressful. We wanted to have a hearing and we wanted to make life a little bit easier for others. We didn't want him to be a statistic because I guess we knew that could happen again, and it has happened again. That was a very stressful time, just getting it to the Coroner's Court. (G)

Despite initial difficulties, Participant G did report that based on the findings of the Coronial inquest, a working party was formed to investigate [the situation surrounding the death] in order to provide recommendations to government. However, while there were some positive outcomes of the working party, once again delays were evidenced:

I found that to be extremely stressful because of the timeframe that it took the working party to get on with any of the meetings, or do anything... It was over four years before the findings were actually even sent to the Minister... They did actually change the standards I think, and code of practice. They did put out a learning module into the TAFEs. But it was very slow and it was very stressful getting them to move... I'm very grateful to the people that were involved. They were lovely people and they were doing the best they could I think. I think it was just the bureaucracy that held them up. (G)

The OHS Regulator

Following the Coronial inquest, an investigation by the OHS regulator should occur. Five of the seven participants discussed their dealings with the OHS regulator. Of these five, two reports were favourable. Participant E related that an OHS regulator delegate made contact with the family on the day of the accident, then subsequently maintained regular contact and provided an information kit. Furthermore, once the legal proceedings had concluded, the OHS regulator assisted Participant E's family to appeal against the low fines that were served, which were subsequently increased. Participant G also reported positive dealings with the OHS regulator:

[OHS regulator] were great... There was one fellow, [name] I think his name was. He was just fantastic. He was very helpful to the family. They did actually investigate... and they found out why the [accident] took place. He was very helpful. (G)

The other three participants' reports of their dealings with the OHS regulator were not so positive, and again, a lack of provision of information, a lack of communication, and a lack of support structures for families were evident.

Participant C experienced difficulty navigating the relationship between the OHS regulator and the Coroner's Court and received little assistance to do so:

In all the processes, everyone else has access to information but the families never have access to information. Because it's like they're just, you know, it's sort of like a

transaction – this happens so [the OHS regulator] will look into this, this happens so the Coroner’s Court will look into this. But at no point in time does anyone have anything set in place for families... When we’re speaking to [the OHS regulator], they say, oh you can always ask under Freedom of Information. But at the time that you’re in, you know... the haze, you can’t think clearly to do that... [But] after the Coroner’s Court then you can apply for [information], under Freedom of Information you can apply. Because [the OHS regulator] give you nothing until then, and then they don’t give it to you. You have to get it from the Coroner’s Court, then you have access to [the OHS regulator] things. (C)

Similarly, Participant D related, ‘We never had any feedback from [the OHS regulator]... They never came to us and spoke to us... never got back to us’ (D). Participant F confirmed these reports of communication breakdown with the OHS regulator and their lack of recognition of families experiencing TWD:

Well [the OHS regulator] don’t actually – only occasionally did they ring to – never to inform but just to see how you’re going. We haven’t received any information but if the investigator wanted to find out something he – he rang me once and that was right at the start. I have never been interviewed... When you do phone up [the OHS regulator], which is a bit of a process in itself, somebody may not be there, or they might be on holidays, or they won’t be able to get back until such and such... I don’t think a parent or a wife or anything, isn’t really as important to this than the – it is not in the forefront of what they’re doing anyway, put it that way. (F)

Concerning the actual OHS regulator’s investigation, one participant noted the complete disregard for TWD victims and their families:

Because there’s nowhere, even in the Act, where the family is written down as anything. It’s all about just the transaction... When there’s an accident, then there is someone notified from [the OHS regulator]. [They] then send an inspector who is allocated to the case. And then it is just about the case. And [the OHS regulator] doesn’t investigate the accident because the death is – what did she say? – the death is inconsequential to the accident. What they’re looking at is the list of factors, they’re identifying or they’re investigating the risk of that list of factors causing an accident. And the death is just inconsequential... So from that point the family is then cut out. (C)

Employers

Four of the seven participants mentioned having direct contact with employers. Participant C’s comments were favourable but for specific reasons:

So it wasn’t anything with the job and the company, [company name] were fantastic with us. They actually did a lot of liaising with us, but that was because [name] had a relationship with the guy, the site foreman, rather than that this was their procedure. (C)

Participant D mentioned that her father’s work ‘started up a trust fund for the grandkids’ (D). However, this participant was uncertain about the motivations of such a gesture:

It's at the point where even if we get an answer and the company wasn't fined for it, well for the last eight years they've supported our kids... I just think okay, by having the trust fund they might be trying to buy us out, to save us from suing their company. So maybe we should just leave it at that and be happy that we got that, regardless of whether they're covering it up or not. That's just how it is. (D)

Participant E recalled an experience of dealing with her father's employer:

So when Dad first died we didn't get anything, any workers' compensation, no money at all and the guy that he was working for came around to Mum and gave him the day's wages for the day he died. Mum's still going on about that, she thought that was disgusting. (E)

Finally, Participant G stated that after the death of her brother the employers were 'actually very good to my [other] brother, they offered him work, bought his truck off him... Just maybe there's that bit of support from the... industry... I like to think there's a bit of support from those that know what when on' (G).

Media

Participant G had much to say about the role of the media in the aftermath of her brother's death. Firstly, the media intruded on the funeral, necessitating the presence of a Police escort. Despite official protection, *'the media somehow managed to get in. There was chase given at the cemetery, and the local paper actually had a photograph of the funeral service. The media are just like hounds... Very intrusive'* (G). The media also interfered with the formal legal proceedings, distorting the truth and public perceptions. Participant G explained:

The media was just unbelievable, just would not leave anybody alone... They were not helpful at all. They caused a lot of damage... They caused a lot of problems in future years... [because] that was not the nature of the accident... I'm quite bitter about the media and their portrayal and the way things have happened. I don't have a lot of time for the media I'm afraid. (G)

Finally, according to Participant G, the media reinforced a prevailing social stereotype that values married people with children above single individuals. As Participant G explained, this stereotype and the media's treatment of it, ignores what other family a single person may have:

The impression was at the time, and I guess through the media again, or even just general public, is that it was okay, that he wasn't a father and he wasn't a husband, so therefore that's okay. I found everybody would say – did he have family or did he have children? And I'd say no and they'd say – isn't that good? As if it made a difference. That I find very, very hurtful... Society judges that because he didn't have a wife or children then that's okay, he didn't really count as much as somebody that had children and a wife... So society's opinion of him not having a wife and children was very, very hurtful and still is to this day. I hear even on the media now when they talk about people that died, the media tends to make a bigger deal of somebody who is married with children... That's not right. It's not right that society should think like that. (G)

Trade Unions

All participants reported favourably about their dealings with the trade union. Above all, the trade union worked to keep family members updated and informed. In some cases, the trade union assisted with the provision of a solicitor:

The Union found him for me. Usually when a worker is killed, they will come and see you straight away, a Union delegate. [Even though] [name] wasn't part of the Union... They send out a delegate to come and speak to you and they give you some information. Like solicitors' names and things like that. I chose to go with one of the solicitors that they gave me. (A)

What was noteworthy here was the provision of support and recommended advice on solicitors for the families of workers who were not members of the trade union. In our experience, the provision of such support by trade unions to non-union workers is not typical. In this case, it appeared to reflect the attitude of the trade union. At the same time, such an approach offered strategic and community engagement advantages.

The trade union also assisted with the provision of counselling (B), accessing workers' compensation (C), and obtaining past pay checks of the deceased (A):

It is the building industry. The construction industry is very shifty. So there was one – there was one of them that I had to get the Union involved because he wasn't giving me the money that I was meant to be given. He was saying to me, no it is this much and I said, no, it is this much. I have got – [name] told me how much he was expecting from that job. So I had to get the Union involved and they actually made him pay me the proper amount. (A)

Finally, the trade union also facilitated contact with support groups. According to one participant, the Union was their 'main support... probably more supportive than anybody else' (F). Furthermore, as this participant and three others reported, this support was offered despite the fact that the deceased had not been a member of the trade union.

Individual Legal Action

Dependent family members may be entitled to payments under workers' compensation legislation. They can also pursue civil claims for damages against employers or companies based on negligence or breach of contract, although any payment received under workers' compensation is offset to avoid 'double dipping'. Four of the seven participants pursued civil claims for damages against employers or companies, based on negligence or breach of the contract of employment. The three participants who had not undertaken their own investigations gave varying reasons. At the time of the interview, one participant was still waiting for the OHS regulator's report, and had therefore not yet arrived at the stage of civil action. Another participant discussed her family's reluctance to pursue legal action, despite the negative impact of the death on the family:

[Name's] health never permitted him [to claim for damages]. He never wanted to claim for any damages. He probably could have, but he didn't. I guess we never really blamed anybody. There wasn't anybody that you could sort of point the finger

at and say this is your fault, so we just chose not to go down that track. We didn't want to spend our lives in dealing with solicitors and lawyers and all that. (G)

Another participant had attempted to initiate an investigation but had encountered difficulties with solicitors:

We had some solicitors that would say – yeah, we can help you, you've got grounds to sue the company, you've got this and that. And we'd go and see them and they'd say – oh no sorry, we can't help you. It was kind of like something there was being blocked... [Eventually] we were told that we couldn't sue the company because we weren't direct dependents of Dad. Even though he gave us money and occasionally paid the rent and stuff like that, we still weren't direct dependents of him so we couldn't sue the company. So that's where all of that started to fall apart as well. (D)

Similarly, Participant E discussed her mother's case and her experience of questionable lawyers:

It went really badly, really badly. She was advised by [the trade union], even though Dad wasn't part of that union but because he was on a construction site, they made contact with Mum, I don't even know how, to use their lawyers to start up. But she'd been approached or had approached someone else already, and they'd started work on it. But the whole case was completely botched and it just wasn't handled the way we would like it to have been handled. There were a lot of costs taken out. It took ages. She was having to constantly provide the same information again and again and again... Within the firm – they would lose it or they'd ask for it again when they'd asked for it two months before. I don't know why, I think probably just so they could bill her... She really went down the wrong path with the solicitors. Even the barrister that was working with them told [the solicitors] off a few times and had complained about the way they handled the case. Yes, so that wasn't a nice experience. And every time it was just like rubbing salt into Mum's wounds. And then, of course, it finished and she didn't get the satisfaction that she wanted. At the end he didn't come back, you know what I mean, he wasn't alive again. (E)

In the case just cited, it is important to note that the family did not choose a law firm suggested by the trade union. A number of law firms specialise in occupational health and safety related cases (under OHS legislation, workers' compensation legislation and common law claims), some working predominantly for trade unions or employers. Dealing with many claims on behalf of their members, trade unions develop strong links with particular firms, which are in a better position to run such cases due to their expertise and the number of cases they handle. The family's choice of a firm that may not have specialised in OHS-related cases was probably a pivotal influence on their family's dissatisfaction. Indeed, anecdotal evidence suggests that experiences such as this, where the families of injured or deceased workers use legal firms that lack specialist expertise, are by no means atypical.

Inquest and Court Case Outcomes

All six participants who had completed some or all of the various legal processes reported negatively about the outcomes of court cases, particularly in relation to the lack of justice

served, the meagre fines that were issued, the lack of responsibility assumed by companies, and the lack of recognition for families.

Of the six participants who discussed court cases, three reported the outcome of a guilty verdict. However, it was apparent that participants felt that little justice had been served. Participant A considered that the extent of the blame went further than was recognised:

The contractor that subcontracted [name], he was found guilty of negligence... He is the person that employed [name] to do the fit-out. But when he employed [name] he knew he didn't have workers' comp. He knew [name] wasn't a certified electrician. He knew [name] wasn't a lot of things. The four days that [name] was there he never once showed up to check the job. He was found guilty but to me I think there were a few other people that were guilty, like the [name of trade]. They didn't do their job properly, because they knew that section was part of the shop. But they didn't check it, knowing fully that [name] was going to work there. There was lack of communication on all three parties that worked there on the day. (A)

Similarly, Participant E reported that while some companies were found guilty and fined, the individual who was principally responsible was not indicted:

There was one guy involved in the whole case, he was the project manager of the site, he got off with nothing. He was a young man just starting out his career and we don't want anything bad on him. But he ultimately was responsible for safety on this site and there was nothing on him, you know what I mean? He paid no price for it. He should have been banned or he should have been fined personally or he should have been sent to OH&S School for the next six months or something, I don't know. Something should have happened to him. We don't feel he had any personal connection to the whole thing when a lot of it was his responsibility. You know, if that's your responsibility, you take it seriously. Someone died and you paid no price. (E)

For Participant B, a guilty verdict could not undo the loss of a son:

He was working for a builder... for construction. They've all pleaded guilty. He didn't have a license for [the equipment]. He was only a trainee and he should not have been on this [equipment] on his own. There was no one there with him. There should have been someone there with him. There was no one – absolutely no one with him or on the ground... We had the court case and they've all been fined. So, they've been fined. It doesn't bring my son back. You know what I mean? (B)

Regarding fines that were issued to guilty parties, again participants were unappeased. As Participant A stated:

The people that were found guilty of [name]'s death pleaded guilty. So they got off... The judge didn't take away their licence. They continued to operate and they only got a fine of \$65,000. That is how much his life was worth – \$65,000 - when they are able to hand down fines of \$200,000 and make examples out of each case, and they won't. So that is why we continue to have workers die, because builders know that they can get away with it. They know the law. They have seen from examples of

other cases that so-and-so got away with it [and think] so I will probably get away with it too. (A)

Similarly, Participant E explained:

[The OHS regulator] issue these fines but there's no collection policy on it. So often, they're quite low, twenty per cent of what they could be. If the law allows for \$100,000 fines, they're only being fined \$20,000 and then no one pursues collection of them anyway. The other thing is that they fold up their business and reopen the next day under a new name and never pay them. (E)

In Participant C's case, no one was found guilty and no fines were issued:

You also need to know that sometimes your legal obligations are very different to your moral obligations. In accidents, you think that when it comes to court then everything will be finalised and you'll be able to move on. But see in lots of cases, what is legally right is very different to what is morally right... The guy who was the owner of [organisation] had been working there for 20 years... As the truck left the second day, [he said] that load's not safe but I'm not taking any responsibility... Morally, that guy had a, what's the word, he had a moral obligation to stop that, whereas legally the truck driver was responsible... Consequently after the case, no fines were imposed, no penalties were imposed, not even a twenty dollar fine, a slap on the wrist, not even anything. So for families, that's hard to take... At least if they gave you a fine you'd feel like someone was responsible. (C)

As previously mentioned, Participant D was struggling to get their case heard at the time of the interview (eight years post-death). This was partly due to companies refusing to take responsibility for the accident:

We got the autopsy reports and ambulance reports... There were statements from at least one of the Police officers that said yes, it basically would have been the company's fault. There were no safety brackets, and stuff like that. But nobody ever wanted to deal with it... [My Mum's] still going through all the legal issues now, and that's like four years later. She's really fighting and fighting, and it kind of doesn't seem to go anywhere. [It's] a very long process. Because then you get the companies going – it wasn't me, it wasn't our fault. And everybody just stands back and goes – oh sorry, I don't want anything to do with it. And they cover up things. And yeah, it's hard. (D)

Participant D continued to discuss further incidences of negligence and dishonesty, and the impact of such behaviour on families:

We've heard stories where somebody falls off a roof, and while he's laying there and they're waiting for the ambulance to come, they're strapping a harness onto him so they don't get into trouble because they had no harness on... It's the things they do to cover themselves up. It's just so stupid. How pathetically ridiculous. When they're doing that they're not thinking of the families, and they're not thinking of how hard it is that the family then has to fight them for ten years in court to get any sort of thing, instead of just going – oh sorry, we were at fault, here take it. (D)

Participant A commented on the essential rights of workers and the laxity of employers:

Workers should be protected. And your boss, or whoever is the contractor, they have got a duty of care. When they hire you, they have got a duty of care to make sure that you go home at the end of the day... We all go to work because we need money to pay off our bills and pay off our cars and our houses, whatever. So we do things that put ourselves in dangerous positions. But yet it is [as if a] boss is the parent. We see that our children are not in a safe position, we take them out of that straight away. As with these bosses, they don't. They just let the workers work in unsafe conditions. At the end of the day, they know they will get away with it. (A)

In solution, Participant A called for more strictly enforced laws and tougher legal consequences for those responsible:

If I was the judge I would have said, you are not practising any more. You have let a worker die... Your duty of care is to provide a work safe environment and you did not do that. That is what the law states and you haven't done that. So take away his licence. Give him a fine. Make an example to the rest of the building industry. So that this stops. So it reduces the deaths. (A)

Eventual Information Provision

All participants were asked the amount of time that had passed since the death of their family member. This ranged from one to twenty years. Participants were also asked about the timeframe of all investigations and this information appears in Table 5.

TABLE 5. Investigation information and timeframes

PARTICIPANT	CORONIAL INQUEST	OHS REGULATOR CASE	COMMON LAW DAMAGES CLAIM	INVESTIGATION TIMEFRAME	TIME SINCE DEATH
A (Widow)	✓	✓	✓	4 years	4 years
B (Mother)	✓	✓	✓	4 years	4 years
C (Widow)	✓	✓	✓	10 years	20 years
D (Daughter)	✓	?	×	Ongoing	8 years
E (Daughter)	✓	Motor Vehicles Act case	✓	6 years	7 years
F (Father)	?	?	?	Ongoing	1 year
G (Sister)	✓	✓	×	5 years	12 years

For two participants, investigations were continuing at the time of interviewing and consequently, they were still uninformed of the details of the deaths. For Participant F, one

year had passed since the time of death, however they still did not know if a Coronial inquest was going to take place:

We still don't know. I have no idea. And this is where we need some sort of regular update. We're not afraid of hearing about our son's death. Well personally, I'm not anyway. We're dealing with it every day, when you wake up, you know, or when you go to bed at night, you know. It's not as though we're not dealing with it all the time. If somebody could let us know things. Or let us know that nothing is happening. That is just as worthwhile you know, to know that nothing is happening. (F)

Investigations into Participant D's case did not commence until five years after the death. Furthermore, as Participant D explained, after three years of investigations, 'We still don't know what happened. We don't know whether anybody was held responsible. We don't know whether they were charged. Nothing like that' (D).

The issue of families having ongoing difficulty in accessing information was a significant finding of the study. As Participant A stated:

You are never given enough information, never, ever given enough information. The last four years it is like someone has been controlling my life. I have had no control over it. I haven't been able to put a say in my husband's death... The only thing I ever thought about – it was like twenty-four-seven – was how come this happened? How do I fix it? Who do I tell? How do I get this out? It is like twenty-four-seven. (A)

Because all the way, in all the processes, everyone else has access to information, but the families never have access to information... For a lot of us, the death and coping with that is itself something you have to do. But then, coping with the bureaucracy that goes with it just adds to the trauma that you're facing, because you never get an answer from anybody. (C)

The significant delay in the provision of information to surviving family members was a further significant issue for participants:

Because lots of times too it's the time factor. You think, oh it's going to be resolved now, it's going to be this, it's going to be that, and it drags on for years and years. And that's the biggest thing, I think. (C)

Pretty much everyone I've spoken to within the [support] group has had the same problems. They still don't know answers ten years down the track, because things come in dribs and drabs. This one says this but this one says that. It's so confusing. (D)

Ultimately, participants commented on the essential need to have information regarding the death in order to find some kind of resolution, healing or closure:

They're the two things – penalties and lack of information – that most of the people, even a long way on they don't have that. And they can't... get on with their life until they have that information... People just want to know, gory or otherwise, exactly what happened, just so they can put it into their mind. (C)

For as long as the case is on you are on that rollercoaster ride. Once the case finishes, you are still on the rollercoaster ride but it is a little bit like, okay, I have got some answers, answers that I waited four years for. (A)

It was five years and you can feel this huge weight lift off your shoulders after five years. You think right, we didn't get exactly what we wanted but we got something... It was a huge weight lifted off your shoulders when you didn't have to deal with it anymore. Maybe we shouldn't have gone there. Maybe we should have just let it be. You do what you think at the time is right. (G)

Table 6 summarises participants' discussion of institutional responses to TWD.

DISCUSSION

This study explored the health, social and financial impact on families of a work-related death. It also examined families' experiences with formal mechanisms (legal, judicial and statutory authorities and post-death processes and protocols), and the effectiveness of those mechanisms in meeting immediate and longer-term needs following the death. In addition to the emotional and social problems already identified in the traumatic bereavement literature, the participants reported experiencing immediate and longer-term financial stress. There was little evidence of formal mechanisms meeting families' needs. Rather, it was reported that interactions with authorities added further to distress, pain and grief, and that the formal procedures actively promoted the isolation of families from the post-death process.

Traumatic accidental death and related grief is associated with an increased risk of mental and physical morbidity (Prigerson, et al., 1997). It was therefore not surprising that participants in the current study reported major changes to mental and physical health for themselves and other members of their families. Although this study did not include clinical interviews to document disorders, the participants' narratives revealed evidence of symptoms of posttraumatic stress disorder, depression and complicated grief – conditions commonly associated with traumatic bereavement (Murphy, Johnson, Chung, & Beaton, 2003; Neria & Litz, 2004). Families experienced other lifestyle and behavioural problems such as drug and alcohol use, violence, and ongoing debts as part of the grieving process, particularly in regards to adolescent children of deceased workers. While being new to the traumatic work-related death literature, these findings support those already reported in the traumatic bereavement literature (e.g. Kaltman & Bonanno, 2003; Prigerson, et al., 1997; M. Stroebe, et al., 2007).

The social consequences reported by surviving families were widespread. All spoke of supportive friendships in the early days and of the importance of friends, family and support groups, both naturally forming (such as mothers meeting at the cemetery) and more formally organised (such as the Church and family-support group), in helping to cope with the death. While the findings on friends and family are new contributions to the traumatic work-related death literature, they add to the abundant literature on the contributions (positive and negative) of social support from family and friends following bereavement (e.g. Stroebe, Zech, Stroebe, & Abakoumkin, 2005; Wilsey & Shear, 2007). Little information exists in either literature, however, as to the efficacy of support groups (Cerel, Padgett, Conwell, & Reed Jr, 2009). This is significant because support groups are the most common form of

TABLE 6: Institutional responses and participants' responses

THEMES		PARTICIPANTS						
		A	B	C	D	E	F	G
Immediate post-TWD process	Inappropriate initial informing of the death	✓	✓	✓			✓	✓
	Delay in informing and consequences		✓			✓	✓	✓
	Importance of viewing the body	✓	✓		✓	✓		
	Difficult information access regarding death circumstances				✓	✓	✓	
	Insensitive treatment by authorities	✓	✓		✓			
Coronial inquest	Difficult dealings with the Coroner	✓		✓		✓	✓	✓
	Problematic Coronial inquest process	✓		✓				✓
OHS regulator	Favourable dealings with OHS regulator					✓		✓
	Difficult dealings with OHS regulator			✓	✓		✓	
	Problematic investigations by the OHS regulator			✓				
Employers				✓	✓	✓		✓
Media								✓
Unions		✓	✓	✓	✓	✓	✓	✓
Individual legal action	Civil claims pursued	✓	✓	✓		✓		
	Problematic court case process	✓		✓		✓		
	Lawyers				✓	✓		
Inquest and court case outcomes	Lack of justice	✓	✓			✓		
	Insufficiency of fines	✓		✓		✓		
	Companies lack of responsibility, negligence and fraudulence	✓			✓			
	Workers' rights	✓						
	Call for tougher penalties	✓						
Eventual information provision	Delay in information provision following court case	✓		✓	✓		✓	✓
	Ongoing difficulty accessing information	✓		✓	✓		✓	
	Need for information for closure	✓		✓				✓

intervention for bereaved people, mainly because of their convenience and a perception they are less threatening (Levy, Derby, & Martinkowski, 1993). In this regard, further studies that identify the most effective access, format and process elements for surviving families following a traumatic work-related death are warranted.

The majority of families also spoke of lost friendships and support that petered out over time leaving them to grieve in isolation. These reflections echo those of other survivors of sudden traumatic death, who have described 'the path of grief as a lonely track' (Clements, DeRanieri, Vigil, & Benasutti, 2004, p. 149). The withdrawal of social support over time however did not correspond with the level of support needed by families. Family tensions were common, especially among children, as each member of the family dealt individually with their grief. Typically, survivors of sudden bereavement ask for both formal and informal assistance in dealing with their grief and associated emotional difficulties (Provini, et al., 2000), which was evident in this study in the families' use of support groups and professional counselling. Their satisfaction with counselling services, however, varied. People who utilised the service provided as part of the workers' compensation authority's support to families following the death, talked about their disappointment with the timing of the counselling and the counsellors' lack of experience with grief and bereavement. Others who sought their own counselling at a time when they felt they could most benefit from the service reported more satisfactory outcomes. Future research that identifies the nature and timing of responses and support best suited to survivors of TWD, to ensure that service provision is based on actual rather than perceived need, is required.

All families experienced various forms of financial hardship, both short and long term, following the death. Participants who did not receive workers' compensation provided examples of extreme financial adversity that necessitated a long-term reliance on social security. Where access to workers' compensation payments was possible, financial compensation typically took considerable time to access. This delay not only added strain to families' existing financial situations but also exacerbated existing stress conditions.

There is no previously published research on the nature or timing of compensation to families after a traumatic work-related death or subsequent health effects on health. However, similar findings on the time taken to receive financial compensation and its impact on mental health appear in the work injury literature. For example, Wall, Morrissey and Ogloff (2009) reported that the timely provision of compensation was perceived by injured workers to reduce their stress and validate their injury. Interestingly, some workers in the same study indicated that in spite of the financial relief provided by compensation, engaging with the compensation system itself resulted in considerable psychological and emotional distress (Wall, et al., 2009). Strunin and Boden (2004) also reported this theme in an analysis of workers' experiences of the workers' compensation system. The current study provides initial evidence that deceased workers' families also find that engaging in the 'system' is distressing and stressful.

In relation to the stress generated by the workers' compensation system, participants described the system as overly complex with unhelpful administrative support. In some instances, they required support and assistance from others to deal with it. Consistent with the workers' experiences reported by Strunin and Boden (2004), some families were frustrated and hurt by the perceived injustice of the system. This was particularly visible in

participants' observations about the unreasonably narrow definition of 'dependent' in the determination of eligibility for compensation. The present findings contribute to the mounting evidence in the work injury literature that consumers' experience of the workers' compensation system is negative (e.g. Strunin & Boden, 2004; Wall, et al., 2009). One critical focus for future research should be to find methods to reduce the additional suffering it imposes on the bereaved.

Some families could not obtain workers' compensation because their loved ones were sub-contractors. While not new, this evidence supports and extends previous findings that many families cannot, or do not, access workers' compensation because the injured worker is self-employed (Driscoll, Mitchell, et al., 2003; Quinlan, 2004; Quinlan & Mayhew, 1999). It is an important point in the context of TWD because self-employment and changes in employment status are common in industries with a high incidence of TWD, such as construction and road transport (Quinlan, Johnstone, & Mayhew, 2006). In fact, Driscoll et al. (2003), in their review of Australian State, Territory, and Commonwealth OHS and compensation agencies, reported that 34% of deaths were not covered by any agency. The present study indicated that families who do not receive workers' compensation seek financial support from social security schemes. A significant cost associated with traumatic work-related deaths is therefore shifted away from workers' compensation (where it should be identified) and absorbed by national social security programs. Consequently, an accurate measure of one key element of the financial costs of work-related death is not readily available. This substantial hidden burden should be included in the calculations of the costs associated with TWD to reflect the actual cost burden to the Australian community.

Participants commended the role of the trade union in providing outreach, information and assistance to bereaved families, even when their loved ones were not members. Interactions with employers varied; some acknowledged the death in meaningfully and others responded in ways that families considered hurtful. Additionally, there was evidence of problematic institutional responses to traumatic work-related death. All participants referred to the importance of information and communication and all reported a dire lack of both from authorities. This evidence is disturbing because it highlights a situation in which a key component of prevention for those exposed to trauma, the provision of information (Forbes, et al., 2007), was not delivered effectively to survivors. Some workers' compensation authorities have guidelines for families that detail the procedures following a workplace death, including those responsible for providing information about investigations and their progress (e.g. WorkCover NSW, 2004; WorkCover SA, 2008; WorkSafe Victoria, 2010). Participants in this study, however, expressed concern about the nature and timing of information from the regulator. If they exist, the protocols for keeping families informed about developments during investigations were not effective. This issue requires urgent attention.

Furthermore, all participants reported serious grievances concerning insensitive treatment by authorities (see the discussion above about families accessing the workers' compensation system), the difficulties involved in inquests and court cases, and unjust outcomes. This finding is consistent with evidence reported elsewhere (see Strunin & Boden, 2004; Svensson, Karlsson, Alexanderson, & Nordqvist, 2003; Wall, et al., 2009). A statement made by a participant (many years after the death) that an authority saw the death their loved one as *'inconsequential to the accident'* is a poignant example of the long-term resentment towards the organisation. This evidence regarding the impact of insensitive treatment

underlines the importance of having skilled workers in this field who have *'knowledge of the formal processes that may be involved, resources that can be accessed, and how to access these; [and] a capacity to engage with those bereaved and to offer support in a non-intrusive, practical, and psychologically helpful way'* (Raphael, Stevens, & Dunsmore, 2006, p. 14).

To our knowledge, this study is one of the first to broadly explore families' experiences of traumatic work-related deaths. As would be expected of exploratory research, it has identified several areas for future research. The prominence of the 'lack of information' theme throughout all aspects of the post-death investigative period is noteworthy and one requiring particularly systematic examination. The use of either a contextual framework that focuses on the transactions between key stakeholders or an organisational framework drawing from justice theory would provide important and constructive additions to the OHS and workplace death literature.

This study has allowed an in-depth analysis of the consequences of traumatic work-related death for families. The qualitative nature of the research means that the findings may not be representative of all families bereaved by traumatic work-related death. For example, the experiences of people who do not access a family support group, who live in rural areas, are from different industries, or who experience different compensation systems, may differ from those identified in this report.

CONCLUSION

The experiences and reflections of the participants in this study revealed a bereavement punctuated by health and financial problems, dramatic changes to family relationships, recalibration of family roles and structure, and disrupted friendships. Participants described a bereavement further complicated by insensitive institutional interactions that did not respect or acknowledge surviving family members as victims of workplace death. For many, their exposure to uncertain procedures and a lack of information about the investigations continued for many years and contributed significantly to their sense of isolation and abandonment. Future research that contributes to the development of protocols for communication with families, and provides insight into the nature and timing of support services would help minimise the negative impact of traumatic work-related deaths on surviving families.

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