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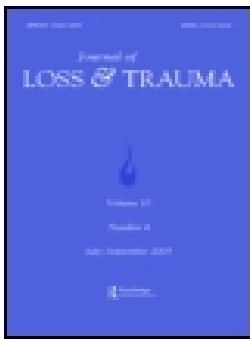
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Murder at the Dinner Table: Family Narratives of Forensic Mental Health Professionals*

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ABSTRACT

Stemming from work on emergency professionals directly affected by trauma exposure, attention has turned to the impact of work-related trauma on their families, including media and public scrutiny, trauma contagion, marital discord, and overprotective parenting. More recently, colleagues in forensic mental health are speaking anecdotally not only about the personal impact of exposure to violence, but also the impact on their families. This study uses a narrative approach to elicit stories from adult children of forensic psychiatrists to explore the extent of exposure to disturbing material, the impact of exposure, and mechanisms employed by parents to mitigate risk and exposure.

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KEYWORDS

Trauma contagion; forensic professionals; personal narrative; media; vicarious trauma

It is well established in the research literature that certain professions, such as those providing emergency services and those working with victims of violence, have high rates of exposure to situations and environments characterized by stress and trauma. Correspondingly, these professions have been found to have higher rates of symptoms and disorders related to stress and trauma, including compassion fatigue, vicarious trauma, and posttraumatic stress (PTSD; Arvey & Uhlemann, 1996; Bober & Regehr, 2006; Brady, Guy, Poelstra, & Brokaw, 1999; Figley, 1999; Fullerton, McCarroll, Ursano, & Wright, 1992; Gates & Gillespie, 2008; McCann & Pearlman, 1990; Ortlepp & Friedman, 2002; Regehr & Bober, 2005). Indeed, the association between high-risk professions and posttraumatic stress disorder has such broad-based acceptance that it is now recognized in the legislation of several jurisdictions as evidenced by the recent inclusion of presumptive clauses. That is, if members of identified occupations have PTSD, they do not need to demonstrate that the cause is workplace exposure in order to qualify for disability benefits (Regehr, 2018).

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*Preliminary results of this paper were presented at the International Academy for Law and Mental Health, 2017 in Prague.

Stemming from work on professionals directly affected, attention turned to the impact of work-related trauma on families of emergency responders and war veterans affected by trauma exposure. Research on families of emergency responders focuses on the impact of high-stress incidents on family, including negative media and public attention on the professional and events in which they were involved, and tendencies of emergency responders to be overprotective toward their own children as a result of witnessing tragedy experienced by others (Cowlshaw, Evans, & McLennan, 2010; Evans, Cowlshaw, Forbes, Parslow, & Lewis, 2010; Regehr, 2005; Regehr, Dimitropoulos, Bright, George, & Henderson, 2005; Regehr, Johannis, Dimitropoulos, Bartram, & Hope, 2003; Roberts & Levenson, 2001). Research on veterans draws links between PTSD and higher rates of marital discord and parenting problems (Calhoun et al., 2002; Davidson & Mellor, 2001; Jordan et al., 1992).

In the context of the criminal justice system, some limited focus has recently been directed toward lawyers working with assault victims (Brobst, 2014; Levin & Greisberg, 2003; Levin et al., 2011; Piwowarczyk et al., 2009; Sokol, 2014). Levin and Greisberg, for instance, found that attorneys working with victims reported secondary trauma symptoms stemming from becoming overextended and overidentified with clients, and frustration with what they viewed to be hostile courts and policing services (Levin & Greisberg, 2003). On the other side of the equation, Vrkleviski and Franklin found that criminal lawyers representing the accused had significantly higher levels of traumatic stress symptoms, vicarious trauma, and issues related to safety and intimacy than those involved in other aspects of the law (Vrkleviski & Franklin, 2008). Sokol attributes this, in part, to the social stigma experienced by defence attorneys or the “moral taint surrounding their work defending the accused” (Sokol, 2014, p. 22).

Recently, a renowned forensic psychiatrist began speaking publicly about his reactions to case-related trauma exposure (CBC, 2014). He described “an emotional storm” resulting from videotape exposure to high-profile crimes (Colley, 2015), including “rage attacks” and changed family relationships (Cobb, 2013). Shortly thereafter, the first author of this paper presented at the annual meeting of the *American Academy of Psychiatry and the Law* on the view of forensic psychiatry from the perspective of a daughter (Regehr, 2015). As a result, forensic mental health and legal practitioners in attendance began to speak anecdotally, not only about the impact on them of exposure to suffering imposed by one human on others but also the impact of this work on their families.

Forensic mental health and criminal justice work tends to be high-profile. Families are exposed to the work in multiple ways: professionals' names or pictures appear in media accounts; media, colleagues, and in the

case of lawyers, even clients charged with violent offences, may call the family home to discuss cases; friends and neighbours frequently ask questions about cases. Forensic professionals themselves talk about being protective of family, fearing that the identities of their children may become known through a chance encounter or through social media, and warning their children of potential risks in public areas and those posed by trusted individuals, such as coaches. Yet despite these shared experiences, research on the impact of this work on families is strikingly absent.

This research sought to understand the impact of forensic practice on the children of forensic psychiatrists. It also sought to obtain advice from adult children regarding strategies to limit exposure, and speak to children about their parents' work, in order to share this advice with those working in forensic mental health.

Methodology

The project adopted a narrative research approach. This qualitative method places the emphasis on stories, narratives, or descriptions of a series of events, which are essential elements for accounting for an individual's experience (Pinnegar & Daynes, 2007). While there is a tradition of using narrative methodology in education research (Connelly & Clandinin, 1990), narrative approaches are increasingly being used in health care research, engaging health care providers themselves as storytellers, reflecting on their own clinical experiences (Sandelowski, 1991). The focus is on the telling of the stories, and the meanings individuals make of these stories. It is a process of collaboration between the participant and the researcher involving mutual storytelling as the research proceeds (Clandinin, 2006a; Connelly & Clandinin, 1990). Given the dearth of information regarding the impact of forensic mental health work on families of professionals, the narrative method is ideally suited for this area of inquiry. The initial research questions stemmed from experiences of hearing stories shared among forensic professionals, and between forensic professionals and their adult children. Expanding this storytelling approach allows us to better understand the manner in which this unique group of individuals has experienced family life and world around them. The insider view of the researchers allows access to otherwise unexplored experiences.

The project utilized long-interview method qualitative interviews with adult children of forensic mental health professionals. While narrative inquiry often calls for unstructured interviews (Connelly & Clandinin, 1990), the long-interview method described by McCracken calls for open-ended questions to assist in the exploration of experiences and to elicit stories, in this case related to growing up with a parent who is a criminal

justice or forensic mental health professional (McCracken, 1988). Questions solicited stories about awareness of the nature of their parents' work, experiences that may have differentiated their childhood experiences from those of others, times when the work may have seeped into family life, rules that may have stemmed from the work, and the manner in which the work may have affected their parent personally. The proposal was approved by the Human Subjects Research Ethics Board at University of Toronto.

Data collection and analysis

Participant contact information was obtained from parents who were senior members of the American Academy of Psychiatry and the Law. These senior members were engaged in a professional and scholarly network of which the second and third authors of this paper (Cheryl and Graham) are also members. Once contact information was provided, potential participants were contacted by e-mail and asked if they'd be interested in taking part in an interview.

Thirteen adult children of forensic psychiatrists were interviewed by the first author to develop an understanding of the extent of exposure to disturbing material regarding human violence, the impact of exposure, and mechanisms employed by parents in attempting to mitigate risk and exposure. This sample size is consistent with that recommended for the long-interview method of data collection (McCracken, 1988). Four participants were men, nine were women; ages ranged from late teens to early 50s. Most participants were professionals, including such professions as doctors, lawyers, and financiers; others were university students. They lived across the United States, Canada, and the United Kingdom. These demographic descriptions are intentionally vague, given that participants are drawn from a somewhat limited sample of offspring of high-profile forensic psychiatrists. Professions, and at times genders, have been changed in the quotes to maintain anonymity. All participants provided consent in accordance with the protocol approved by the research ethics board.

The interviews were professionally transcribed to allow for in-depth analysis. Similar stories were grouped into emerging themes and patterns in a manner consistent with paradigmatic analysis (Polkinghorne, 1995). In addition, however, narrative analysis allows for the learnings from unique episodes that are vividly remembered (Polkinghorne, 1995), punctuating and elucidating an individual's experience.

Trustworthiness in narrative research has often focused on *verisimilitude* or the appearance of truth (Connelly & Clandinin, 1990), that is, achieving

a sense of resonance or congruence with the audience who may have experienced similar situations (Ollerenshaw & Creswell, 2002). An additional suggested criteria is the *utility* of the narrative in terms of assisting with comprehension of an experience and enhancing future problem-solving of a group (Loh, 2013). In this respect, forms of trustworthiness include prolonged engagement, triangulation, peer validation (or audience validation), and member checking (or audience checking; Loh, 2013). This was achieved in the present study through (a) prolonged engagement in the community, (b) conducting in-depth interviews, (c) sharing themes from previous interviews with participants for reflection, (d) presenting material to colleagues for peer reflection, including a presentation at the *International Academy of Law and Mental Health*, and (e) comparison of preliminary findings with past and current literatures in similar areas of investigation.

It should also be noted that the engagement with participants was solely conducted by the first author of this paper, who disclosed that she was also an adult child of forensic professionals. This understanding seemed to allow for a more relaxed conversational interview process, as both participant and researcher were able to reflect on similar experiences and comparable memories. The coauthors are her parents, both of whom are forensic mental health professionals that have engaged with colleagues about this issue over the past two decades.

Resulting themes

The notable speed and enthusiasm with which participants responded to an invitation to participate in the study suggested that there was a critical life experience that they either had been unable to share with others or about which they simply never been asked. One participant laughed as soon as the phone interview began, “I saw your e-mail and was like, ‘Oh, yah, I definitely have to do this . . . this is like a free therapy session.’” And further, “I said, that’s got to be the kid of a clink shrink who is doing this study.” These statements reinforce the relevance of narrative research for this study; it provides an opportunity for practitioners, or in this case children of practitioners, to tell stories about the work and impact of the work (Connelly & Clandinin, 1990).

Four major themes emerged from the interviews: lullabies of murder—exposure to traumatic material in the home; sharing is caring—family discussions of risk and safety emerging from situations encountered; a different lens on the world—continuing impacts of parental forensic work on adult life; and it’s not the norm—advice to parents from adult children of forensic professionals.

Lullabies of murder—exposure to traumatic material

The first theme focused on inadvertent exposure to traumatic material within the family home. Participants in the study unanimously referred to their parents' dictaphone as a notable accessory to the work and something that had a profound influence on participants' life experiences. Some participants equated the dictaphone with their forensic psychiatrist parent in a manner similar to associations made between an individual and a familiar piece of clothing, or an accessory such as a pipe. Dictaphone stories included overhearing a parent dictating in another room, unexpectedly entering home offices while the parent was in the midst of dictation, or actively sneaking a forbidden listen. One participant listened to his parent's dictation for the purpose of gleaning information:

I found it very interesting, especially back when he was talking more about the higher-profile cases, I was very interested to hear what these people were like, and what his professional opinion was. . . . It was always something that I was really wanting to hear about.

However, many participants interviewed were not actively seeking out forensic content, but rather, exposure to troubling material was a simple byproduct of being in the same locale or of wanting to be close to their parent. Jen could hear her father dictating from her bedroom:

My father would dictate murder cases at night in his big recliner chair in the living room and so I would, actually, I call it lullabies of murder.

As a very little girl I heard the most heinous crimes in the world, the most violent, disturbed, necrophilia, cannibalism, torture, chopping off people's heads, so it was pretty extreme stuff. And I was thinking, gosh men are fucked up, this is so perverse. . . . I was, at one point, concerned that I would be afraid of men. It turns out I was not.

One participant derived great pride from hearing his father's dictations. Justin described listening actively in awe of his "ability to construct complete paragraphs in his head," for "he could form a 30-page document. I've never understood how." In this sense, Justin describes the dictation process not only as a means of feeling close to his parent but as eliciting feelings of admiration and aspiration.

Although some parents seemed to restrict their dictation to the home office or a sectioned-off area of the family home, others did not feel the need for such structures. As one participant noted:

My father would be doing a dictation, and I would be able to hear what he says. Even now, just the other day, sometimes I'd be sitting at the kitchen table, and he'd be walking around, doing his dictation, so I would hear the better part of what he's talking about. There was never really a problem, there was never really a distinct separation of work and home, or try to keep it away from us.

The dictaphone was not the sole form of media that allowed for permeations between work and home life. Three participants noted experiences involving photographs of either crime scenes or pedophilic content. All of these three participants stated these accidental viewings had lasting impact. At the age of 12, Kayla saw a crime scene photo atop a stack of papers on her father's desk:

It was a gunshot suicide, a young woman. . . . I just remember that because that was the first time I had ever seen a picture [related to his work]. I think he had just taken it out and I had happened to come home. I recall that as being one of the more graphic awareness moments of, oh, right, this sometimes involves people's deaths.

Kayla then went on to explain how this experience, in fact, sparked a discussion with her father, which ultimately led her to a greater understanding of him and his work.

The balance between too much information on one hand, and a feeling of being shut off from a distant or uncommunicative parent on the other, was often a point of discussion in the interviews. For those who perceived their parent to be overly secretive about their work, the home office presented a place of potential connection with their parent. Sam, who felt his father's boundaries around his work made him inaccessible, recalls the following:

In his study at home, there were a lot of psychiatry books and . . . I remember there was a point in time where I would go and read stuff to try and figure out what he's doing.

In these ways the home office, or working from home, presented a complex space, which allowed for either small breaks in carefully constructed boundaries, or for much more overt exchanges between child and workplace materials. It is these tangible traces—the dictaphone recording, the crime scene photograph, the psychiatry books—that seemed to have been the greatest point of contact between young children and the content of the forensic professional parents' work. In the next section of this paper, we move away from these tangible objects to memories of conversions and direct interactions that participants with parents.

Sharing is caring—family discussions of risk and safety

For many participants in this study, the most salient memories were not centred around the physical materials discussed above, but rather in the much more intangible ways that the nature of the work played on in parenting practices. Stella recalled a time when her family was at an amusement park—a water park, to be specific—and her father recognized a former client. She remembers him running out of the changing room with

her younger brother, Rafe, and reporting to a security guard that a convicted paedophile was loitering near the boy's showers. Eighteen years later, when Stella questioned whether Rafe remembered the incident and further if he understood the concept of a paedophile at the age of 8. He responded yes to both questions and then added, "I feel like through conversation around the house we knew probably way more than the average person about what people could do to one another."

This awareness or knowledge of things that "people could do to one another" is a thread linking most of the interviews in this project. This topic was often followed by a discussion of how much awareness is appropriate or healthy in a child's development. For some participants, there was a sense that their parent was so keen to educate them—either with respect to safety or in the pursuit of knowledge—that there was a tendency to overshare. Jen explains that she felt that she was exposed to violent films from a very early age and expanded on this thought by referencing a film her father took her to at the age of 5:

I remember asking my dad if I was kidnapped would he pay ransom for me. And he said he would not, he said, and I quote, and you can put this in your paper, you can underline it and bold it, he said, "I don't negotiate with terrorists." And so, that freaked me out and it made me afraid that if I got kidnapped he wouldn't pay ransom for me.

"I don't negotiate with terrorists" . . . that lens, that lens rules his consciousness.

Jen's concept of the forensic psychiatry lens, which continues to frame one's life, permeating the boundaries between work and home, is of great relevance to this discussion. It seems that this lens presents itself in different ways in different families, and further can apply to the manner in which parenting practices play out and also in more concrete ways, where past clients can at times reenter one's life, further blurring these boundaries. The possibility of these incidents is particularly relevant to forensic practitioners who practice in smaller cities or communities.

Roz recounted a story when her father was picked up at home by an airport limo, only to find that the driver was a man about whom he had testified in court some years earlier. Specifically, he was of the opinion that the man did not qualify for a defence of not criminally responsible due to mental disorder (NCR-MD) and should be held criminally accountable for his offences. This man was subsequently convicted:

I guess this guy went to jail and then got out of jail and became an airport limo driver.

He was looking at my dad in the rearview mirror . . . [and my dad] felt anxiety—"This guy knows who I am and knows that I'm the reason he went to jail." So, he called my mom and said, "Hey, did you lock the door today?"

And she said, “Wonderful. You are God knows where for a week and I’m going to go home and there’s going to be some—not actually mentally ill person—just, like, someone who is going to murder me in my home. Wonderful.”

And it’s kind of funny, but it’s also kind of not.

Humour, particularly the use of humour in reflecting and remembering at times uncomfortable interconnections between work and home life, was often raised in the interviews conducted in this study as a typical tool for discussing and processing. Most of the interviews included some form of comedic storytelling.

Other participants were aware of danger through safety measures in which their family engaged, such as protocols for managing a chance encounter with a patient. Our family recalls a Friday afternoon when the doorbell rang. Graham answered (with a young Kaitlyn in the hallway) and encountered a man who stated, “Hi, doc, do you live here . . . do you want your driveway shovelled?” The man was, in fact, a patient seen that very morning prior to his release from jail. Kaitlyn was quickly pushed to the side and our house became the first on our street to have cameras installed to monitor the front entrance.

Some participants recounted specific fears that their parent may be at risk, such as, “I also heard stories of my dad’s colleagues being attacked by certain individuals that they were assessing.” One stated:

[I later learned] he was getting these letters, threatening to kill him and that he was coming after him. . . . Basically, a threat assessment was done and we upped the security on our home, like bars on the basement windows and a much better alarm system and motion sensors. There are now alarms on my and my sister’s windows because they face back. And there is a little balcony so if you could get up there then you could get into our windows. My dad was not concerned at all because he said that if this guy knew where we lived, he would have been sending the letters straight to the house; so that was a little comforting because it was like, what do you mean, a guy who wants to be a rapist murderer is coming after you.

Some parents took a much more immersive approach to this sharing and brought their children into work with them in prison environments. Three participants shared stories of visits to jails. In two of the cases, it is unclear whether the memory has been exaggerated over time potentially due to fear or excitement the child experienced at the event. As one participant explains:

[I was] maybe 8 years old, [or] a little bit older. My father took my brother and I . . . we were . . . he had to go to see this patient, I think, at this prison. My brother and I were brought in, and the people were with . . . they were shackled, and the people were a little bit, just seemed a little bit, I guess, psychologically challenged in various ways, or people that were involved in criminal activity. . . . I was a little bit

uneasy in that environment. My brother and I were sitting there, and these people were around us, and there were guards, and there were the shackles.

Another stated:

And we went through the gates and I waited in the waiting room. I still remember, like, the locks and these kids' faces. I remember thinking that I need to be good. That was my takeaway from that.

Although some participants felt their parents should have limited their exposure to the work until a later life stage, it was only in instances where it was perceived that parents shared too little, allowing for no storytelling and subsequent humour, where feelings of anger towards parents were expressed. In these instances, participants suggested that the lack of discussion surrounding their parents' work created distance and, at times, a rigid family environment. As Sam stated, "They don't talk a lot"; instead, "They were just very, very strict." Strictness is a theme that was brought up in a few interviews. However, unlike most cases where parents would cite heightened fears around predators and safety due to the nature of their work, Sam's parents feared he himself might go off the rails and become a future client: "My dad was scared to death that I'd end up in prison one day."

A different lens on the world—continuing impacts

Sam didn't end up in prison. He became a lawyer. More recently, when his dad took on a high-profile case, he called Sam to talk about it. The act of talking has been central to the interviews in this project—not simply with respect to the talking that took place during their childhoods, but indeed, the talking that does or does not happen to this day.

When referring to the incident with the paedophile at the water park, Rafe suggested he and his sister knew "way more than the average person about what people could do to one another." Though such conversations went on in some households, for many participants, understanding of what some people were capable of, and exposure to the parent's work, tended to increase as they moved into adulthood. This impact was not restricted to private space in the home, by way of items as discussed in the first theme, or through interactions with parents as was discussed in the second theme, but also in public space by way of press materials, which in turn may have shaped public opinion. All participants could cite cases with major media attention in which their parent was involved. They recalled seeing quotes from their parents in newspapers, and listening to television and radio interviews of their parent. This provided an opportunity to learn more details of their parents' work and sparked unsolicited comments and inquiries from friends and parents of friends. One participant describes

becoming aware of her father's press appearances in high school, an awareness that grew as she went to university:

I guess going through high school at some point, you just realize more things because you get more aware of these things. . . . Well, he's worked on quite a few famous cases, but the most famous case I think was in [year removed for anonymity]. At that point, I was in [University] . . . it's after that one big case that I became I think more aware of what people thought about him at work.

For Elouise, awareness of her father's work became even more pronounced when she began her medical residency. She noted that even patients will comment on her father's cases:

You know, patients speak about everything. Well, the patient was an old journalist and so . . . I think when I presented myself, I was, like, I'm Elouise Doe, and I'm a medical student blah, blah, blah, she said, oh well, "I really hope you're not related to that other John Doe" (her father).

In Elouise's experience, the difficult, and at times controversial, nature of her father's cases have potentially shaped public perceptions of her by way of association. Elouise's experience moves the impact of the work from childhood memories into a contemporary, and much more concrete, impact on her career and image.

Nevertheless, Elouise felt that her father's work had a hugely positive impact on her career as well, as it provided a source of inspiration for her professional life. Similarly, although one participant stated that his father's work negatively impacted his career choice and he actively avoided forensics, about half of the participants suggested that their parent's work positively impacted their work and directly informed their chosen careers. Others spoke more broadly about a positive lasting impact, inferring that the work formed their view of human interactions and the human experience.

Kaitlyn asked her brother Dylan if there were any elements of their father's work, which he felt remained with him into adulthood. "Empathy," he said assuredly. He explained that he could encounter someone on the street and understand how the person got there. That is, he could see:

Someone can be a 20-year-old just in university and then suddenly be schizophrenic and then cut someone one day, and then go to jail, and then bounce in and out of homeless shelters. It's like no one can take care of them.

The one thing I fear more than anything is having a child with a severe mental illness, because you just see how hard that is in society.

Dylan's perspective helps to contextualize Sam's experience outlined in the section above, as Dylan, one generation removed, also feared having a child who would go to jail, who would bounce in and out of homeless shelters, and that society would inevitably let down.

Another participant explained that, when he and his wife began a process of adoption, his forensic psychiatrist father expressed similar concerns:

Instead of, “Oh, that’s so exciting,” he said, “You want to adopt a girl, not a boy, because boys tend to commit the overwhelming majority of aggressive violence.” . . . [There’s] just this sense of the capacity for violence.

However stark, such warnings are not necessarily detrimental. They are perhaps even helpful, provided that they are noted as anomalies. Some participants felt that the rare and unique nature of gruesome cases their parent encountered was often omitted from conversations. That is, the regularity with which parents engaged with exceptional crimes contributed to a skewed view regarding the regularity with which such crimes occurred in society at large. As Jen suggested,

[My dad] didn’t say, “Honey, these are the worst of the worst of the worst, the 0.000 of 1% of humans, this is not typical, this is not your run of the mill sex crime or murder.” . . . I thought everybody was like this, 8 out of 10 guys could chop my head off. . . . Now I appreciate statistically how rare these sorts of crimes are.

Jen’s concept of noting the anomalies represented in forensic practice is an important one. Children, and arguably adults who deal with such cases day in and day out, may not have the perspective that their fears and cautionary advice arise from repeated contact with situations that happen relatively rarely in society.

It’s not the norm—advice to parents from adult children of forensic professionals

Talking and sharing the nature of the work quite clearly sits at the heart of this project, but how much and about what seems to be the question at stake. Like Sam, the majority of the participants interviewed went on to work in either legal or medical professions. Thus, when completing each interview with a question of, “What advice would you give to forensic psychiatrists around talking to their children about their work?” they were asked to speak from both a personal and professional perspective. Employing Jen’s concept of noting the anomaly, Dylan’s theory surrounding empathy, and Sam’s enforcement of communication, Kaitlyn (the first author), along with the adult children of forensic professionals who participated in this project, developed the following recommendations for parents.

Parents need to be aware that their child will be exposed to the nature of their work. Some of this exposure can be limited by ensuring that any materials kept at home are not accessible to young children: “Keep it very separate, as in having an office with a lock on the door . . . that can’t be accessed by younger people.” It can also be limited by being vigilant of the

particular risk of exposure through verbal dictations of reports when children are assumed to be elsewhere or sleeping. Additionally, some participants noted that both their parents were involved in law or health care and thus tended to discuss aspects of the work together in the presence of the children. In our own family, Graham and Cheryl were alerted to this issue when a nursery school teacher took them aside to say that Kaitlyn was telling other children that her daddy had a gun under the bed, something that was illegal, and manifestly untrue. When asked about this, Kaitlyn replied that she knew that he needed to protect them from the dangerous people with whom he worked—and so, he surely had a gun. From that point forward the rule “no murder at the dinner table” was established.

Other exposures are more difficult to limit, such as those involving media attention to high-profile cases, or questions or comments of others who are aware of the parent’s involvement in cases. As a result, discussions about the work should be held with children at age-appropriate stages throughout their development, increasing in complexity as their understanding matures. As Jen suggests, “Just take a moment to think about what’s appropriate for the age and personality of your own children.” Results of this study indicate that it is permissible to not give the whole truth to your five-year-old and say that you’d save her from a kidnapper—even if you “don’t negotiate with terrorists.” Nevertheless, it is important to address questions as they arise:

I would advise . . . not avoiding questions when they are asked by children to understand it, because I think if you avoid it, they are going to seek out that information in other ways, and then it might not be . . . on the Internet or something. I feel like finding a way to constructively discuss the darker aspects of the work with younger children [is important], in a way so that they understand what it is, so that they are not snooping around out of their own desire to know more.

Age-appropriate discussions foster understanding of the parent instills good safety practices, and as Dylan suggested, may instill empathy for others. Age-appropriate talks also create a space for discussion and potentially humor, in moments when work inevitably permeates home life—when the dictaphone is overheard, when the crime scene photo is left atop a desk, and when your airport limo driver happens to be a man to whom you denied the NCR-MD defence. This having been said, discussions with children should be also be mitigated with an acknowledgement of the anomaly where appropriate. To reference Jen again: “What you’re seeing on a day-to-day basis is not necessarily the norm. It’s the norm for you but it’s not the norm for everyone else . . . when you run the statistics, it’s very rare that this stuff will happen.” Children and arguably adults (who deal with such cases on a daily basis) may have difficulty understanding that, although family safety measures and warnings about potential risks are

motivated by love and caring, they arise from awareness of rare and specialized occurrences. After all, none of us went to jail, 8 out of 10 men didn't try to chop Jen's head off, and nothing did happen at the waterpark that day.

Discussion

Over the past two decades, there has been considerable interest in the effects of work-related trauma exposure on emergency service and counseling professionals. More limited attention has focused on families of these professionals, and the impact of radiated distress. Forensic mental health professionals are exposed to human cruelty and suffering on a daily basis, yet to date little has been written on the impact of this work on them personally, and the impact on their families has never been considered. In this project, we have used a narrative research approach (Clandinin, 2006b; Pinnegar & Daynes, 2007) to explore the effect of having a parent involved in forensic mental health on the children. In embarking on this work, we surmised that children may be affected in similar ways to children of first responders or war veterans described in the literature, including trauma transmission, managing the effects of media exposure, and overprotective parenting behaviors (Davidson & Mellor, 2001; Regehr et al., 2003, 2005). Indeed, some of the emerging themes did parallel those of related literature, while others did not.

It is clear from our research that the work of forensic psychiatrists permeates the family boundaries in many ways, including direct exposure of their children to traumatizing material, concerns regarding risk to safety of family members, and perceptions of the world. All the interviewees noted that they were exposed in one way or another to various facets of forensic work and that this exposure had at times a lasting impact on them. At times, this exposure was out of the control of the forensic psychiatrist parent, such as through an unexpected encounter with a patient, or media reports. At other times it could have been avoided by securing materials, being more cautious about the possibility that dictation was overheard, and selecting more age-appropriate movies. While the greater efforts to limit exposure may have been in order, participants nevertheless agreed that it is important for parents to maintain an age-appropriate and developmentally appropriate dialogue with the children, rather than trying to hide the nature of their work.

Many participants recalled events when the safety of their family may have been at risk, resulting in measures to increase security. In large part these had become humorous stories, recounted as a shared family experience. Anecdotal reports by forensic psychiatrists that we have heard in the

past—that they may have been overprotective as a result of their work—were not borne out in these interviews with offspring, suggesting that cautionary measures were not viewed as out of line with reality. Indeed, more prevalent than the fear of being harmed was the fear of having a child that may suffer from a mental health problem or a child whose behaviour could bring him or her into the criminal justice system.

In all, however, we can take comfort in the fact that, in this small sample, the general consensus regarding the lasting effect on the children of forensic mental health professions was largely positive. These effects included choosing similar careers and related fields, with increased understanding and empathy for those suffering from mental health problems. Participants overall felt great pride in the work of their parent, their parent's skill and intellect, and the important role that the parent played in society.

While the narrative method brings many strengths to this line of inquiry, it also holds limitations. Sampling was derived from professional networks of two of the authors, as the pool of high-profile forensic psychiatrists is relatively small. Participation of adult children was mediated by parents, who were first contacted by the researchers and then determined whether to provide contact information for their adult children. Although this may have biased the sample toward more positive experiences, nevertheless, wide ranges of experiences were described. Shared experiences by the researchers and the participants is a unique strength of the narrative approach (Clandinin, 2006a; Connelly & Clandinin, 1990) but also serves to shape the information gathered and the analysis. To this end, approaches to enhance verisimilitude and trustworthiness were employed and reinforced that the findings resonated with others who had these experiences. As such, this study may serve as a model for engaging in research with adult children of those in other high-risk, high-stress professions, shedding light not only on their experiences but also providing guidance for the development of education for professionals on mitigating the potential effects of their work on their own families.

Conclusion

Despite the considerable attention, interest, and concern about the effects of workplace trauma exposure on those professionals working in a wide range of fields, very limited attention has focused on the impact of the work on their own families and children. In addition, as those engaged in the criminal justice system, and specifically forensic mental health, have been largely ignored in terms of their encounters with traumatic materials, the effects on their families are entirely unknown. This study adopted a

narrative approach to exploring the experiences of a group that to date has been invisible in the scholarly literature.

The stories of adult children of forensic mental health professionals are compelling, at times shocking, and at other times both shocking and humorous. They point to a unique life experience in which young people are exposed to brutality and suffering imposed by one person on another in ways their peers are not exposed. Participants in this study describe an awareness of the world that may at times have been frightening, but at other times increased their empathy for those that encounter the law and motivated them to pursue professions related to health care or forensic work. Nevertheless, participants made recommendations to forensic mental health professionals who are parents, including limiting exposure of their children to traumatic material, discussing issues that arise in a manner appropriate to the age of the child, and ensuring that, when discussions are held, children are made aware of the anomalous nature of this work and the people encountered within it.

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