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**Suicide, statistics, and the coroner:
a comparative study of death investigations**

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a comparative study of death investigations**

Abstract

Australia has a significantly higher suicide rate than England. Rather than accepting that this 'statistical fact' is a direct reflection of some positivist truth, this paper begins with the premise that how suicide is counted depends upon what counts as suicide. This study involves semi-structured interviews with coroners both in Australia and England, as well as observations at inquests. Important differences between the two coronial systems include: first, quite different logics of operation; second, the burden of proof for reaching a finding of suicide is significantly higher in England; and third, the presence of family members at English inquests results in far greater pressure being brought to bear upon coroners. These combined factors result in a reduced likelihood of English coroners reaching a finding of suicide. The conclusions are twofold. First, this research supports existing criticisms of comparative suicide statistics. Second, this research adds theoretical weight to criticisms of positivist analyses of social phenomena.

Introduction

Since the publication of Durkheim's seminal *Suicide* at end of the 19th century (Durkheim 1897), suicide has remained one of Sociology's most consistently researched areas. The vast majority of this research involves investigation of who

kills themselves, and under what circumstances—with the dominant common currency to emerge from these studies being a wide variety of ‘suicide rates’.

The problem here is that these suicide rates are questioned by almost all involved in the field, who point to ongoing systemic underestimations of anywhere between 15% to 50% (De Leo 2007; Walker et al. 2008; Crepeau-Hobson 2010; Chapple et al. 2012; Tait and Carpenter 2013a). In Australia, this dissatisfaction with official suicide rates resulted in the establishment of a Senate committee into the issue in 2010, which led to the publication of *The Hidden Toll: suicide in Australia* (Senate Community Affairs References Committee 2010), which found the suicide was indeed underreported, and that a range of strategies may need to be introduced to affect any significant change.

Problematic though they appear to be, suicide rates continue to be regarded as being of particular social importance. They are widely used, in both popular and academic discourse, as ‘objective measures’ of the health of the social body, and more usually, given cohorts within that social body (Georgatos 2013). That is, a healthy society is held to be one with low suicide rates, via the argument that a healthy society has a happy population, and happy people don’t kill themselves. By the same logic, the existence of an inherently unhealthy or troubled, and hence unhappy, society is betrayed by its high suicide rate—an argument that also holds for specific social groups within a society.

From this reasoning, comparisons of suicide rates between different groups, cultures or nations, has an almost forensic quality to it. For example, problems within Australia's Indigenous community are articulated through an analysis of its suicide rates, as compared to the wider Australian population; likewise with the young. On a broader scale, comparisons are made between countries, and conclusions drawn from the results about how well each nation is doing, in an almost existential way.

This existential comparison is particularly evident between countries that share similar cultural characteristics, or a particular heritage, such as Australia and the United Kingdom. As a former British colony, Australia has always looked to the United Kingdom first—particularly England—not only as its parent culture, but also as a point of ready comparison, and rivalry. It is therefore not surprising that Australia has continually compared its suicide rates with those of the 'mother country', and has not liked the results. The most recent World Health Organisation statistics put the United Kingdom's suicide rate at 10.9 per 100,000 for males, and 3.0 per 1000,000 for females, as contrasted with Australia's 12.8 per 100,000, and 3.6 per 100,000 respectively (WHO 2011). These results do not differ markedly from previous comparisons between the countries: Australia has a consistently higher suicide rate than the United Kingdom.

Researchers have long sought to explain this discrepancy. In the late 1970s, British research suggested that the difference lay in the greater availability and cultural acceptance of firearms in Australia, as well as speculating on 'whether migration or an increased proportion of drug addicts, alcohol abusers and "chronically

disorganized” contribute to this difference’ (Snowdon 1979: 306). Australian research, while also pointing to the lesser availability of firearms in the United Kingdom, noted changes in the domestic gas supply in England and Wales from coal gas to natural gas, as explanations for the lower suicide rate (Wilkinson and Gunnell 2000). Gunnell (2005) proposed a number of possible explanations for differences between the countries. While mentioning reporting and recording differences, he also proposed economic differences, religious differences, levels of particular risk factors, and even differences between the genetics of the two populations.

As well as expressing the ongoing rivalry between Australia and the United Kingdom—and the disbelief that Australia could be somehow losing this contest—the assumption that the different suicide rates reflect objective differences between the two countries is summed up well below:

Australia has a better climate than the United Kingdom, and a similar Anglo-Saxon dominated culture; yet the UK has half the suicide rate of Australia. Getting Australia’s rate down towards UK levels should be an achievable goal over time! (The Anika Foundation 2014).

Positivist Sociologies of Suicide

In both Australia and the United Kingdom, suicides are dealt with through their respective coronial systems. Since the inception of the role in the 11th century, one of the central tasks of the coroner (within historically shifting sets of responsibilities

and rationalities) has been to investigate deaths 'considered worthy of inquiry' (Burney 2000: 3). These would include deaths such as those by accident, where there was some suspicion of wrongdoing, and those by suicide. Within the context of this paper, the ontological question now arises: are the differences in suicide rates really a measure of objective, structural differences between the two countries, or do the differences have their genesis in how suicide is actually conceptualised, adjudged, and recorded?

So far, much of what has been written on the issue of systemic underestimations of suicide rates has been premised up on two fundamental assumptions. The first is that though the suicide data may be flawed, this is simply a technical issue, associated with, in this instance, various practices within coronial suicide determination. This can be corrected by reorganising aspects of how coronial offices conduct their affairs. The second is that the statistics emerging from such offices can still give an objective representation of 'the real'—that there are perfect suicide rates still to be found, rates that will describe levels of suicide in ways which are not contingent upon how questions are asked, or how the issue is approached. This 'realist' understanding of truth considers that it is possible to construct knowledge about how the world really is, not upon what we think about that world (Tait 2010).

This paper will adopt a different approach. Rather than accepting the fundamental positivist proposition that suicide statistics reflect, with more or less accuracy, particular truths about the world, the assumption here is that such statistics are part of the way in which that world is shaped. As Rose (1991: 676) states:

... it is clear that such numbers do not merely inscribe a pre-existing reality. They constitute it. Techniques of inscription and accumulation of fact about “the population” ... render visible a domain with a certain internal homogeneity or external boundaries. In each case, the collection and aggregation of numbers participates in the fabrication of a “clearing” within which thought and action occur. Numbers here delineate “fictive spaces” for the operation of government, and establish “planes of reality”, marked out by grids of norms, on which government can operate.

Within Australia and the United Kingdom, it is coroners who historically have decided how the notion of suicide is practically conceptualised, where its boundaries lie, which deaths are to be adjudged a suicide, and how these deaths are actually recorded. In short, ‘the truth’ of suicide lies with the coroner, and for a complex set of historical, social, and pragmatic reasons, it is a conclusion they are often particularly reluctant to reach (Tait and Carpenter 2013b).

There have been numerous attempts to address the ‘problem’ of coronial underestimation of suicide (Harrison et al. 2009; De Leo et al. 2010)—to the extent that the Australian Bureau of Statistics now attempts to compensate for such ‘underestimation’ issues, *post-facto*. This paper is not simply another attempt at improving the quality of coronial suicide data, and hence the ‘accuracy’ of suicide rates. This paper is based upon the insight that how a social fact like suicide is counted depends on the norms and concepts that determine what counts as suicide in a given setting, or for certain purposes. After all, official suicide statistics do not

measure the actual incidence of suicide, only what is counted and labeled as such. In the area of law and government, the determination of various measures of the 'social body' depends upon norms for its governmental regulation, leading to a reciprocal relation between social norms and statistical norms or measures of distribution of events in a population (Hacking 1982, 1991; Foucault 1984).

In the specific area of suicide, this nexus of social norms and statistical measurement is centered in the coroner's office, which makes it into the prime surface on which the social fact of suicide is measured. While existing research has generally dealt with coronial suicide rates as a technical problem (Gunnell et al. 2013), there has been no attempt to investigate the relation between the nexus of social-legal norms and statistical measurement of suicide embedded in the institution of the coroner's office. This research will form an important part of that investigation.

Methodology

This paper details the results from two associated research projects. These projects involve the analysis of English and Australian coronial practice regarding suicide determination.

The first research project was conducted within one geographic area within England, and consisted of two parts. In the first part, observations were made at twenty public inquests into possible suicides. Contact was made with each coronial office, who then suggested which inquests to attend. All the inquests were within the same

part of England; they were conducted over a four month period, some lasting two days, some lasting less than an hour; most took between 3-4 hours. The inquests attended reached a variety of different conclusions, including suicide, accident, open verdicts, and narrative verdicts.

The second part of the English research involved semi-structured interviews, informed by observation made at the inquests. These were conducted with six coroners who had presided over the above inquests. Once again, all were from the same part of England. The interviews were conducted over a two month period; generally, they lasted about an hour, and they were conducted in a variety of locations.

The second research project was conducted within one State jurisdiction within Australia. Unlike the English study, no observations were made at inquest. In Australia, inquests are not a regular part of coronial practice for making determinations of suicide, except under special circumstances. Instead, the research consisted solely of semi-structured interviews with coroners. These interviews were conducted with five coroners, all from the capital city of the state, and its surrounding areas. The interviews were conducted over a one month period, and were conducted in the coroner's offices, also lasting about an hour.

Results and Discussion

From the observations made at inquest, 3 main conclusions were drawn (pertinent to the focus of this paper). These conclusions were then unpacked in detail within the both the English and the Australian interviews. Briefly, the observations were:

- 1) Even though England and Australia both have a 'coronial system', these systems have very important differences—not simply in its operative legislation and practices, but also with the fact that the English system retains a particularly formal structure and manner.
- 2) In England, suicide determination is based around the criminal standard of 'beyond reasonable doubt', as opposed to the Australian model which has adopted the civil standard of 'on the balance of probabilities'. It became apparent that to reach a finding of suicide in England, the coroners set the requisite standard of proof at the very highest level. That is, the coroners seem reluctant to bring in a finding of suicide unless all the elements of an unquestionable suicide are in place: a suicide note, previous attempts, choosing a time and location which rules out the possibility of interruption, lethality of method choice, not intoxicated or under the influence of drug (which may remove intent), and so on.
- 3) In England, the family of the deceased clearly has a significant role to play within the inquest, in terms of the eventual finding. When the family of the deceased is present—and often vociferously states their belief that the death is not suicide—the coroner is significantly more likely to bring in an open verdict,

evidence to the contrary notwithstanding. Even where the family appears inclined to accept a finding of suicide, attempts are often made to control the narrative via interactions with the local newspapers, representatives of whom are also generally in attendance.

Taking these conclusions in turn:

1) Two very different coronial systems

English and Australian suicide data may be the product of nominally identical systems of judgment—seemingly adding initial weight to claims of validity for comparisons between the two sets of statistics— however closer scrutiny points to a number of very significant differences between their coronial systems. For example, within the English coronial system, there is no centralized system for the appointment of coroners; coroners can be appointed from disparate professional backgrounds, and consequently approach the job in very different ways:

'There's no standardisation for permanent coroners; each local authority appoints them ...' English Coroner 5

'There's no requirement for us to have training ... so there is inevitably a lack of consistency, and there are some people who don't go on any training at all.' English Coroner 2

This is not to say that English coroners are worse at their job than Australian coroners—far from it—simply that there is a far greater degree of variation between English coroners, and this can result in greater levels of slippage between coronial findings. In addition, there are very different levels of resourcing, and professional expectations:

'You go and see Coroners in some other parts of the country and they're working out of the back kitchen, they're working out of a Portacabin ... there was one Coroner starting to hold an inquest, could only have the village hall for the day, had to move to the next town to actually conclude the inquest.' English Coroner 3

'Every large area should have a Regional Coroner, and then you have little struts off that—you know, your District Coroners ... we've got ridiculous situations here; we've got little pockets of rural communities, where there is a part-time Coroner, but they do 20 inquests a year. I mean, I can do 20 inquests a week sometimes, But yet, if a Jumbo Jet came down on the inner Lincolnshire Wolds, that Coroner will be faced with an enormous problem.' English Coroner 4

While these issues of professional consistency are pointed out by English coroners, this is not necessarily seen as a fundamental weakness within their professional structure. That is, the somewhat quirky nature of district coroners, and their often piecemeal local appointment, is often positioned simply as grounding the office firmly within the local community. Australian coroners are aware of these

traditional elements of the English system, without necessarily thinking that they would still have a place within their own system:

'We might have started off with that, I think, in the early days—I'm talking about the early days of the colony ... but I think that really, that went away some time ago.' Australian Coroner 1

These are by no means the only differences between the two systems. The English coroners are all very aware of the role that their office has played within the historical fabric of British democracy—and in particular, the role of the inquest, which has acted as a bulwark against abuses of power by the state (Burney 2000)—rather than just in the mundane administration of death. In spite of the economic costs of mandated inquests, as well as the problems which will be discussed below regarding family pressure, all the English coroners interviewed expressed a commitment to the continuing use of inquests, in large part because of the other important social roles it is deemed to play:

'Part of the whole purpose of an inquest is to quell rumour. It's a very old-fashioned thing to say, but it is.' English Coroner 2

'It's all about enabling people to get on with their lives ... giving them closure, actually lifting them up and explaining things ... it's not what the law tells us it's about, but that's the reality of what it should do.' English Coroner 3

Australian coroners do not share this view of the importance of inquest, or the role of other traditional structures within the English system:

'I think their coronial system is probably a little bit more traditional, and I suppose the alternative description is old-fashioned. But ours, I think ours is a bit more modern.' Australian Coroner 3

The general point here is that although the two systems are nominally the same, indeed one was created as a copy of the other, in practical contemporary terms the systems are now very different. Consequently, even if the suicide data produced by these systems could somehow be regarded as objective representations of 'the real', any attempt to make comparisons between that data must, at very least, take these differences into account.

2) The Standard of Proof

As a direct legacy of times when it was categorized as a crime, the standard of proof required for reaching a finding of suicide by an English coroner is highest possible: 'beyond a reasonable doubt'. This stands in contrast to the necessary Australian standard, which is 'on the balance of probabilities.' The importance of this issue is compounded by the fact that English coroners express a nuanced understanding of just what constitutes 'beyond a reasonable doubt.'

'The standard of proof of beyond a reasonable doubt as applied in the public prosecution services is quite a lot lower really ... I doubt many people would be prosecuted if you needed the level of sureness you need for a suicide verdict ... Don't misunderstand that there's only one standard of proof, which is beyond a reasonable doubt, but then of course it's up to interpret what's beyond a reasonable doubt.' English Coroner 1

Consequently, in England a finding of suicide can be very hard to attain. Many deaths, which would readily meet the Australian standard, are classified as something else, such as 'accident' or an 'open verdict'. This particularly stringent reading of 'beyond a reasonable doubt' results in a significant reduction in the numbers of English suicides recorded each year, a fact of which the coroners are very aware:

'Every coroner does things differently, and like I say, a rough rule of thumb—if you're looking at statistics, I can guarantee that suicide is under-represented. Roughly, I say you could add a third onto the figure ...'
English Coroner 4

'We're left with about 300 cases a year which we inquest ... I would say we do 50 suicides a year out of 300—genuine suicide verdicts. Then there are probably about another 30 odd, which probably are.' English Coroner

This is not to suggest that Australian coroners are prepared to hand out findings of suicide without an equal measure of caution, however this caution is framed within a significantly lower legislated standard of proof.

'... the more serious it is, the higher up the scale you have to go towards 'reasonable doubt'. You don't have to get there; it's just on the balance, the balance has to be a lot stronger than just 'probably'. Australian Coroner 2

'It's just the same as any other finding coroners make; you have to be satisfied having regard to the seriousness of the finding. Suicide is a more serious finding than accidental death.' Australian Coroner 5

However, this is also not to suggest that English suicide statistics are therefore 'wrong' because of their standard of proof, in direct contrast to Australia, where coroners are somehow free to make accurate and informed decisions regarding circumstances of death. On closer scrutiny, Australia has its own delimiting factors on reaching a finding of suicide:

'In South Australia, they can't make a finding as to the circumstances of death without an inquest, and therefore unless there's a reason for an inquest they'll never make a suicide finding ... it's pretty weird.' Australian Coroner 5

One factor both English and Australia coroners largely share concerns their seeming common disregard for the importance of producing accurate suicide statistics. While they are fully aware that their office—and more particularly, their individual judicial decisions on circumstances of death—provide the substance from which suicide rates are assembled, this does not appear to impact in any comprehensive way upon their general awareness that findings of suicide are reached too infrequently. To put it another way, most coroners feel under no obligation to make their findings amenable to the production of accurate and useful suicide statistics. Most see their task as a fundamentally administrative function concerning the management of particular kinds of death, as well as helping families deal with the passing of a loved one. They do not see their job as making life easy for those charged with turning such deaths into meaningful numbers.

‘The statisticians will try and drill down and sometimes we’ll get psychological surveys of my files ... they go through and they try and figure out what the file means so they get the true suicide picture. So I said; ‘Hang on a second; I sit in court, I’ve heard the evidence, I’ve made a judgment on what’s happening here, and you want to go through the same material to see if you come to the same judgment or a different judgment? They said ‘Yeah’. ‘That’s fine,’ I said, ‘what you’re doing is meaningless, but just do it if you want to.’ English Coroner 3

‘We’ve now introduced narrative verdicts which are here to stay as far as I’m concerned, and are a huge boon for the public, and a huge benefit to

the coroners' court. So I'm not very sympathetic to somebody coming along and saying: 'well, you're disturbing our statistics'.' English Coroner 6

'I don't really think hard about producing accurate statistics' (laughs)
Australian Coroner 3

'The main thing is trying to get coroners to act consistently, and traditionally they've just kept silent about it. That's how we got 85 accidental hangings—which is bullshit, obviously. The ABS defaults to accident if you don't make a finding as to intent ... there would have been three accidents, three auto-erotic events, and then 80 suicides. They've had to lump them all together as accidents.' Australian Coroner 5.

The point here is twofold: first, the difference between the English and Australian systems over the standard of proof required to reach a finding of suicide reinforces the epistemological claim that suicide is not some kind of ontological 'fact'—out there—rather, it suggests that how suicide is counted depends upon what counts as suicide. Second, in both systems, for the most part neither set of coroners regard the production of 'accurate' suicide statistics as high on their list of professional priorities.

Both these observations have direct impact on the data produced to describe each nation's suicide rates. That is, in both cases they add weight to the existing concerns over the 'objectivity' of suicide statistics, and to the possibility of any meaningful comparison between two different systems of death investigation.

3) Inquests and Family Pressure

The third point of comparison between the English and the Australian coronial systems centers upon the frequency of inquests. In Australia, inquests are relatively uncommon, only deployed when there is a specific reason for doing so. In England, all possible suicides result in an inquest. The crucial difference in the context of this paper is that holding an inquest gives the family of the deceased direct access to the very person who is going to make the formal decision about the circumstances of that death. This decision has significant social implication, and the desperation of the family not to have a suicide finding by the coroner is perfectly understandable, given the stigma still associated with this verdict:

'If you go back in English law 150 years or so, suicide was an absolutely dreadful thing to do to yourself. You were cheating on God; you would not have any hope of resurrection ... At that stage coroners had been giving burial orders which said that the deceased must be buried at the junction of four roads with a stake through their body—and no, I'm not getting mixed up with Transylvania here, this is really what it said—where beggars could spit upon their graves as they went past.' English Coroner 5

While some coroners profess relative immunity to the wishes of family members, others are aware that such wishes often factor into their overall decision-making process.

'They tend to come in numbers. If you've got 10 members of the family with their eyes burning on you, and they really don't want that verdict, it is very, very hard ...' English Coroner 4

'It's very tempting to give a sympathetic verdict to the poor widow who stands before you saying we can't be sure he took his own life – this dreadful thing.' English Coroner 1

In contrast to this approach, some coroners state that they are not at all swayed by the wishes of the deceased's family.

'A coroner has to divorce his own sensibilities from his legal responsibilities.' English Coroner 5

'It boils down to evidence as far as I'm concerned ... I wouldn't be persuaded just because they're all shouting [the family] ... I'm afraid you've just got to be robust about it and stick by your guns.' English Coroner 2

Indeed, advocates of this way of thinking often regard coroners who take family wishes into account as simply abrogating their professional responsibilities:

'They're not up to the job ... if they can say to anybody that it [family pressure] makes a difference to my judgment, they shouldn't be doing the

job, they should've left. They're not a fit and proper coroner.' English
Coroner 3

In the absence of an inquest, Australian coroners are not subjected to constant family requests to reach findings other than suicide. Without such extraneous emotional pressure, Australian coroners claim that they are in a better position to reach their finding based solely upon the information presented to them. Australian families are still welcome to have an input, and this is factored into the eventual finding, but this is not done in person. And yet, even such ameliorated family influence still has its effects:

'You can't do this job without having been mindful of the feelings and so on of the families that are left behind. You've got to have that in your mind all the time, I think. I mean it's impossible not to ... no matter what I might say.' Australian Coroner 3

However, in the absence of direct family contact, the Australian coroners appear to feel that they have greater latitude in reaching the finding of their choice:

'You find that the families will write to you and they will say... this was not a suicide. You go ... well, everything suggests that they bought the rope the day before at Mitre 10, they waited until everyone had left the house, there's a note that says this is what they're intending to do, and they were found hanging in the shed. If it's not suicide, then what the hell is it?'
Australian Coroner 2.

While English coroners may regard the inquest as the cornerstone of their professional lives, it appears to have no such status in Australia. Indeed, while Australian coroners are fully aware of the structure of the English system, they consider that the economic and emotional costs of inquests are far too high to warrant the introduction of the practice within their own jurisdictions:

'It gives me pause for thought, but yeah ... I don't know how you would be resilient, and how it couldn't impact on your decisions actually if you were involving yourself face to face with families who may simply be wanting to speak with the person making the decision, or maybe wanting to influence that decision ...' Australian Coroner 4

It became apparent during the interviews—particularly in England—that there are differing opinions over the central role of the coroner. Some coroners took a fairly hard line over their determinations—understanding their role as fundamentally administrative—while others saw their role in a more pastoral light, pertaining first and foremost to helping the grieving family.

'I often engage the family and will say, 'I'm thinking along these lines. What's your view?' Sometimes if you carry the families with you, it's more cathartic—it's totally wrong, but it's a more cathartic experience for them ... you put the family at the heart of the inquiry.' English Coroner 4

Which can be directly contrasted with:

'I'm not a social service. I'm supposed to be making an inquiry on behalf of the State, not on behalf of the family, and if this person has taken their own life, and the evidence satisfies me beyond a reasonable doubt that this is the case, what verdict can I possibly come to other than that they have taken their own life?' English Coroner 6

'Let me say ... I'm not writing fiction. I'm not making it a different death.'
Australian Coroner 2.

Clearly, there is a division here between those Coroners who see their principal task as providing comfort and closure to grieving families, and those for whom the job remains steadfastly administrative. Interestingly, this tension may well be relatively new, as there is little sign of it in Burney's (2000) book on the English Coronial inquest during the late nineteenth and early twentieth centuries. What may have happened here are the effects of what Freckelton (2008: 576) refers to as the rise of 'therapeutic jurisprudence'—defined as 'the study of the role of the law as a therapeutic agent'. Within this approach, the law is not simply a set of codes to be followed without reflection, much in the manner of Legal Positivism; such codes have consequences for all those caught up in the proceedings. As such, legal institutions, and those charged with making them work, are now deemed to have some responsibility for the mental and emotional wellbeing of all participants.

The question here then is: has ‘therapeutic jurisprudence’ taken a greater hold within English coronial practice, as opposed to Australian, or indeed, were some of elements of therapeutic jurisprudence—social healing—always present to a greater extent in England, with its inquest-based, death investigations? Certainly, the evidence presented in this research suggests that concern for the well-being of the bereaved family plays a significantly greater role in the English coronial system than it does in its Australian equivalent.

Once again, the point being made here is that there are a number of relevant factors likely to be involved in any comparative analysis of suicide determination. While some concern simple regulatory issues, such as the standard of proof required, others entail an assessment of the complex of forces that come into play during the decision-making process. The lobbying by family throughout the English inquest constitutes an important vector—all but absent from the Australian system.

Conclusion

This research leads to two main conclusions, one relatively practical and administrative, the second more conceptual. First, it would appear that this study adds weight to the argument that comparative suicide statistics are, at best, to be treated with extreme caution, and are at worst, virtually pointless. Even where the systems of suicide determination are seemingly the same, as in this instance, closer examination can reveal sufficient differences to make direct correlations of their

data meaningless. In spite of these relatively widely-held concerns, comparative suicide data continues to be produced and analysed—normally prefaced by some kind of proviso:

The information presented here reflects the official figures made available to WHO by its member states; these, in turn are based upon real death certificates signed by legally authorized personnel, usually doctors, and to a lesser extent, police officers. Generally speaking, these professionals do not misrepresent the information, and the real extent of eventual distortions introduced by misreporting remains to be demonstrated. (Bertolote & Fleischmann 2002: 6).

The conclusion in this study is not that English coroners are engaged in *misrepresenting* the rates of suicide in their country, it is that their ways of conceptualizing and adjudging suicide differ significantly from their Australian counterparts. The fact that they are both responsible for the production of death certificates does not thereby somehow make their findings *a-priori* comparable.

The second conclusion is that this research supports the epistemological claim that asking about ‘the real extent of eventual distortions’ to suicide data, is to make a familiar positivist mistake: if only we can strip away errors and faulty interpretations, ‘real data’ exists independently of those who assemble it, data describing objective facts about the world. If this research shows anything, it is that ‘the truth’ of suicide is one determined by coroners—conceptualised, operationised, adjudged, and

recorded—and suicide statistics, comparative or otherwise, are a direct measure of that determination.

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