After the Shootings: Disaster Recovery in Melbourne, Australia

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Abstract

The mass shootings in Clifton Hill and Australia Post Headquarters within the space of four months in Melbourne, Australia in 1987 presented unique challenges for disaster recovery planners and workers. The violent and random nature of both incidents tested previously-held beliefs about disaster planning and the interventions required to mitigate the effects of trauma. While crisis intervention models provide useful conceptual frameworks, the incorporation of a loss and bereavement model can add a more holistic and humane perspective for service provision and community education. This paper will describe the recovery process following both shooting incidents, the challenges and conflicts inherent in recovery work, and the ways in which affected people were assisted. Many of the losses experienced by survivors and helpers alike cannot be restored nor quantified. Information, support and care enables those affected to make sense of chaotic and painful events which have rendered them helpless and vulnerable. As a social worker for a company of Funeral Directors and as a member of one of the affected communities, the author brings a depth of understanding to the processes involved in disaster recovery.

Introduction

Two separate incidents of mass shootings in Melbourne last year represented the first such 'man made' disasters in Australian modern history. The recovery work following both incidents has once again demonstrated the themes of human resilience and altruism described by Beverley Raphael in her book on bereavement through disaster—themes which give hope in the face of human suffering.

Living in one of the affected communities and as a social worker employed by John Allison/Monkhouse Funeral Directors (which originated in Camberwell, London in 1806), I have been closely involved in the development of bereavement education and support programmes both in response to the shootings and in Melbourne generally.

In this paper I describe the process of matching resources to the needs of those affected by both shooting incidents, as well as some of the challenges facing the helpers.

Those who plan and provide the recovery services after a disaster have had to develop new strategies in response to the random and violent nature of mass shootings. For example, there is an immediate need for information, debriefing and psychological support rather than physical solutions to physical problems as, for example, in mopping up after a flood. I shall identify some of the underlying issues and principles in disaster recovery which can be applied to these and other crisis situations and explain how a loss and bereavement model can provide a useful and humane conceptual framework for understanding the complexity of disaster experience. This approach ensures a more egalitarian and mutually supportive partnership in recovery for helpers and 'victims' alike, recognising that we are all 'disaster affected people' in these situations.

This model will be contrasted with crisis intervention and critical incident stress models, which in my view do not take into account the complexity and time involved in adapting to loss and change.

After describing the incidents and the elements of each disaster response separately, I shall discuss areas of commonality, general principles and related issues.

The Clifton Hill Shootings

Firstly, the Hoddle Street, Clifton Hill incident. On Sunday, 9th August, 1987 at approximately 9.30 p.m., a 19-year-old local man with three guns, including a semi-automatic rifle, embarked on a 20 minute shooting spree along a 200 metre stretch of Hoddle Street near the Clifton Hill railway station, before being apprehended by the police.

After shooting randomly at pedestrians, motorists and cyclists, five people were dead and 18 wounded. (One of the wounded later died in hospital, and a man who watched the scene from an upstairs flat overlooking the station had a fatal heart attack the next day.) Two people died while assisting others who were wounded.

Hoddle Street is a busy arterial road in Melbourne, and Clifton Hill is a peaceful inner suburb with approximately 2,500 households representing a very broad social mix of age, class and ethnic groups.

The day after the shooting incident, local ministers of religion and police officers joined with local residents to plan their response to the disaster. It was decided to hold a public meeting to give accurate information about the incident and reassurance about the sorts of reactions people might experience. The local community health centre immediately became a centre for information, counselling and referral. The wounded were being treated in various hospitals, funerals were being organised and the media coverage was extensive and dramatic. Apart from one affected Clifton Hill family, the bereaved were scattered throughout Melbourne—victims of a 'dispersed population' disaster.

The Neighbourhood Watch network, a police and community home security programme, was used to advertise the public meeting which was held on the Thursday night after the shootings. Over 500 residents heard speakers give information about the incident and about coping with trauma.

Written information was distributed to all households in the area to dispel misconceptions and rumours. This was necessary because media reports had been misleading and alarming, e.g. there was an unfounded rumour that a second gunman was still at large.

It was from residents' written and verbal suggestions made at the public meeting that all subsequent recovery activities flowed. These activities included:

- **A Support Group** for the wounded and others affected by the shootings (this group, which I led, met for several weeks at the local Community Health Centre)
- **A Public Lecture** organised by the Mayor on the topic of Media Violence

- An **Outdoor Memorial Service** with a tree-planting ceremony
- A **television documentary** about the shootings
- A **Community Newsletter**
- The formation of a **Coalition For Gun Control**
- A **School Bereavement Policy** was developed at the local primary school so that deaths in the school community could be acknowledged and dealt with more appropriately in future.

As Raphael explains, 'there is at neighbourhood and small group levels . . . a talking through and sharing of the experience providing for both emotional release and consoling interactions with others as well as a synthesis of perceptions and interpretations.'[1]

Grief Reactions

The visible reminders of the disaster disappeared very quickly and yet many people remained deeply affected.

Participants in the support group described their experiences and tried to piece together the jigsaw puzzle of what really happened. It was important for them to know where everyone had been, and when and how they had been hurt or affected.

They spoke of insensitive colleagues who did not understand their feelings and even made cruel jokes. They expressed guilt at having survived when other died. They pondered deeper philosophical questions about how to live more fully having confronted their mortality. Disillusionment about the world in general and fears about personal safety were expressed. Anger was directed at television crews who filmed a dead man slumped over the wheel of his car, thus announcing his death to his family in a brutally public way. Discussions also focused on practical issues such as compensation and car insurance.

Bonds between group members developed across all religious, racial and socio-economic boundaries.

The content of these discussions reflects many features of an uncomplicated, normal grieving response[2, 3].

Shock and disbelief were followed by preoccupation with the event, a need to speak of the loss repeatedly in an attempt to increase its reality, and then expressions of anger, sadness, guilt and fear and a compulsion to find meaning, ask why and search for answers. Physical sensations such as heart palpitations, insomnia and lack of energy were also reported. These disaster-affected people were actively engaged in the process of grieving.

The opportunity openly to share disturbing thoughts and feelings in a safe, supportive environment was welcomed, and helped to normalise and contain unfamiliar and frightening reactions. The value of this early intervention has been well documented[4, 5].

The helping activities in the community were characterised by honesty and a willingness by helpers to expose their vulnerability and to discard professional roles. It was simply a case of locals getting together and talking without fear of being assessed, diagnosed or treated, i.e. normal reactions to an abnormal event: working through feelings and thoughts in an attempt to make sense of it all.

While people affected by a disaster are often assured that they are experiencing 'normal reactions to an abnormal event', there is nevertheless a tendency for professionals to use diagnostic classifications. These may well represent their own attempts to gain mastery and control over a chaotic and threatening event as they are confronted with their helplessness, inadequacy and vulnerability to loss.

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Rather than enter into the pain and distress by using our imagination and capacity for empathy, we resort to dehumanising diagnostic games or, to quote Sylvia Plath, cited in Payne[6]: 'It is often tempting to hide from the blood and guts of life in a neat special subject on paper where one can become an unchallenged expert'.

A loss and bereavement model can provide a more satisfying and holistic framework, which allows not only expression of the range of grief reactions but also what Victor Frankl calls a 'search for meaning'[7]. Frankl points out that suffering without meaning leads to despair. Peter Marris, building on this concept, says that unless we find meaning in our experiences of loss it is difficult to move on from them, but 'the conservative impulse' implies an intolerance of unintelligible events[8]. The process of making events intelligible, particularly after an incident as horrifyingly unpredictable as a mass shooting, cannot be hurried and can be anxiety-provoking and extremely painful. It is Simos who makes the connection between grief, meaning and continuity. 'It is the grieving process that allows for the repair of that sense of continuity by allowing for the taking in and integration of the catastrophic changes in small doses. This new identity does not spring up anew after the process is over. It is the grieving process itself that creates it.'[3]

The Queen Street Shootings

The Queen Street incident further illustrates some of the above themes.

At 4.20 p.m. on Tuesday, 8th December, 1987, only four months after the Hoddle Street incident, a 22-year-old man entered the Australia Post building in Queen Street, in the heart of Melbourne's central business district, took the lift up to the 5th floor of Telecom Credit Union and opened fire on a young female teller after an argument with a friend.

He then embarked on a 15 minute shooting spree on the 12th and 11th floors, killing another seven people and wounding five more before falling to his death from the 11th floor.

Recovery Activities

This time a community of workers was affected rather than a geographically defined community.

In keeping with the provisions of Victoria's State Disaster Recovery Plan, the Health and Community Services departments provided staff and resources to co-ordinate the recovery work, in conjunction with the Management at Telecom and Australia Post and other agencies. These included representatives of the Clifton Hill community and members of The National Association for Loss and Grief (NALAG), which was formed after the 1977 Granville train disaster to provide education, support and information for the bereaved and their care-givers in the community.

Australia Post's in-house counsellors and industrial chaplains were on the scene immediately and the 18th floor Functions Room was converted into a comfortable and comforting reception area for distressed and displaced staff. Meanwhile a major debriefing programme for all 900 staff in the Australia Post building was being designed, drawing on the experiences of the Hoddle Street incident and current knowledge of disaster recovery.

Using additional outside counsellors with expertise in bereave-

ment, small group debriefing sessions were held simultaneously throughout the building only two days after the shootings. The groups again provided opportunities for open sharing of thoughts and feelings, strengthened support networks and helped to overcome isolation. Information about normal reactions to trauma was distributed and assessment of current and future needs of affected workers was made.

Similar themes to those of the Hoddle Street Support Group emerged: shock and disbelief, survivor guilt, anger about inadequate security, a need to know the whole story of what actually happened step by dreadful step, feelings about confrontations with death and mortality, and acute grief reactions over the deaths of colleagues and friends. For many, these deaths had been witnessed at first hand.

A further debriefing programme was carried out a week later for those who had not attended the first round of discussions or who felt the need for further information and support.

Other recovery activities at Queen Street have included:

- A memorial service at St. Paul's Cathedral—held on Friday, 18th December, ten days after the incident.
- Counselling and rehabilitation services. These were provided both in-house and also by a Health Department psychologist seconded to Australia Post from Day 13.
- Regular production (from Day Nine) of a Newsletter for staff and families. At first this contained news of injured colleagues and the bereaved and, later, poetry, prose, compensation and fund-raising details.
- A Support Group for bereaved families established three-four months after the incident and continuing for as long as necessary.
- An Information Evening for concerned families of staff.

New issues and challenges continue to emerge. Many workers are only now presenting for help after unsuccessfully trying to escape from their memories through going on holidays, avoiding all discussion about the events, or by using medication or social withdrawal.

Questions about security within the building have yet to be resolved satisfactorily and many fears remain. To some extent the loss of confidence in the safety of the world and the workplace can never be completely restored. Confrontations with death and suffering leave permanent doubts and uneasiness but also perhaps a deeper appreciation of life and relationships. For ultimately, to quote Raphael again: 'disasters represent on a grand scale the confrontation with death and loss. Thus for individual and community they symbolise both the cycle of life and the ultimate end'.

Grief recovery therefore becomes a crucial element of disaster recovery and all those affected, including helpers, are challenged to work through their grief not only in relation to the current event but also about other unresolved experiences of loss which are inevitably triggered.

While stress disorder models are helpful in explaining short-term reactions and symptoms, they fail to provide conceptual structures for long-term healing and adjustfent of a broader kind. Diagnostic terms such as 'post-traumatic stress disorder' and 'critical incident stress' may even represent our death-denying and avoidance strategies in the face of overwhelming loss. I believe that helpers in this field of work must therefore relinquish rigid adherence to professional language and be prepared to expose some personal vulnerability and helplessness: in other words, to use the language of learning to live with loss.

Some human experiences can be so chaotic, painful and seemingly senseless that they defy all attempts to categorise or explain, yet our need to gain mastery and control over chaotic events drives us to seek explanations and patterns.

Newly developing models of disaster recovery represent a shift from the militaristic Combat/Rescue/Recovery models to community development models, which promote self-determination and community-led recovery, empowerment of affected individuals through information and support, long-term outreach programmes and a recognition of the importance of the grieving process and psychological needs.

This approach reflects many of the lessons gained after the 1983 Victoria Ash Wednesday fires. In his unpublished paper on Disaster Recovery following the fires, John Hill discusses the complex and dynamic process of recovery which enables and supports rather than rescues and restores.

'Victims' become 'disaster-affected people' and 'control' becomes 'consultation', all part of a new approach which recognises the potential for creative renewal and growth following tragedy.

It is an agreed principle of grief recovery at the personal level that 'each person's grief is the worst for them'. Amid all the natural and the man-made disasters that occur, perhaps we need to remember that in each situation the physical and psychological losses, the processes of recovery and of finding meaning, are unique. Each disaster situation is the worst for those directly involved at the time. Comparisons are not always helpful nor appropriate.

What we do know is that common patterns of response emerge and that survival and growth is possible but does not come easily. It involves taking risks and requires courage, the type of courage described by Sylvia Plath (cited by Payne[6]) when she said: 'I want to force myself again and again to leave the warmth and security of static situations and move into a world of growth and suffering where the real books are people's minds and souls.'

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