CHAPTER 17

Posttrauma Reactions Following a Multiple Shooting
A Retrospective Study and Methodological Inquiry

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Introduction

This chapter describes an investigation of psychological reactions among the survivors of a multiple shooting that occurred in a Melbourne city office block on December 8, 1987. Nine people died and a further five were injured in an incident that has become known as the Queen Street Shootings. The research was undertaken to examine levels of posttrauma reactions over time and to identify those factors that may affect reaction to, and recovery from, trauma.

Reaction to trauma has been defined as "an emotional state of discomfort and stress resulting from memories of an extraordinary, catastrophic experience which shattered the survivor's sense of invulnerability to harm" (Figley, 1985b, p. xviii). Such posttrauma reactions have been the focus of considerable interest over the last few years, particularly since the recognition of Posttraumatic Stress Disorder (PTSD) as a separate diagnostic entity in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) (American Psychiatric Association [APA], 1980). The last decade has seen a substantial amount of research in the area, much of which has addressed the psychological sequelae of combat or natural disasters. Rates of morbidity vary according to the criteria used and the extent and nature of the trauma. It appears, however, that the presence of psychological symptoms following exposure to a traumatic incident is the norm rather than the exception, particularly in the period immediately posttrauma (Quarantelli, 1985; Wilson, Smith, & Johnson, 1985). Unfortunately, however, longitudinal studies are rare and few attempts have been made to chart the course of posttrauma reactions over time.

Studies investigating reactions to disasters of human origin are less common. Such research is of great importance, however, especially given the increasing interest in cognitive processing models of posttrauma reactions (Foa, Steketee, & Rothbaum, 1989; Green, Wilson, & Lindy, 1985). Those traumata resulting from pure human malevolence may be expected to shatter more basic assumptions (Janoff-Bulman, 1985) and be harder for victims to understand and cognitively process (Figley, 1985a) than those resulting from combat experiences or natural disasters. In addition, traumata of human origin are thought to result in more severe psychological reactions than natural disasters (APA, 1980). Such incidents constitute a challenge for the helping professions in their efforts to assist survivors in processing and integrating the trauma.

The current research sought to investigate the psychological effects of a multiple shooting, as well as iden-
The Incident

The shootings occurred in an 18-story office building located in the center of Melbourne, a city of approximately three million people. A gunman entered the building late on a Tuesday afternoon and proceeded to the fifth floor where he asked to see a particular staff member. (It emerged during the coronial inquest that the gunman had known this person at school and had developed an intense and irrational hatred of him in the intervening years.) When the staff member appeared, the gunman produced a sawed-off, semiautomatic rifle. As people ran for cover, he pursued them, firing a number of shots and killing a 19-year-old female staff member.

Unable to catch his intended victim, he proceeded to the 12th floor although it is unclear why he chose this level. He entered the work area and fired repeatedly at people hiding under desks and behind partitions. He killed three people on this floor and severely injured one other. He then left this work area and proceeded down the stairs to the 11th floor. In a similar fashion, he paced up and down between the desks, firing frequently at individuals where they were hiding. He killed four people on this floor and injured another four. He reportedly spoke often throughout the incident, saying such things as “You’re all scum; well, who’s laughing now? I’m going to take you all with me.” Individual killings were prolonged and sadistic in nature, with the gunman tormenting and mocking his victims. Eventually he was tackled from behind and a brief struggle ensued, during which the gun was taken from him. He managed to break free and clambered through a broken window. Despite attempts by staff to hold on to him, he finally kicked loose and fell to his death on the pavement below.

It should be noted that the gun was not functioning properly throughout the incident. A total of 41 shots were fired, but a further 184 unspent cartridges were ejected from the rifle during the incident as the gunman repeatedly tried to make it operate. Thus, a number of people had the gun pointed at them and the trigger pulled, with the weapon failing to discharge. There is no doubt that the carnage would have been considerably worse had the gun been functioning properly.

At the time of the shootings, approximately 850 people were employed in the building, although many had left to go home by the time the incident occurred. Those who were still there experienced a range of exposure to trauma: As well as those who received physical injuries, some saw their colleagues being shot, some had the gun pointed at them with the rifle failing to discharge, and some attempted to assist their dead and injured workmates before the emergency services arrived. Many people in the building were in fear for their lives: Even those on the floors not directly affected knew that a shooting was taking place and barricaded themselves into their work areas; they did not know that they were safe until the police came through the building some time later. Staff not in the building at the time were obviously affected also, as were the families of those involved.

It is clear that the shootings constituted a severe trauma for the subjects of this research. The incident was characterized by a number of features normally associated with severe posttrauma reactions, such as significant threat to life, bereavement, unpredictability, exposure to grotesque sights, and sudden onset (Green, 1982).

An extensive mental health recovery program was mounted in the building following the shootings and was retained throughout the first year posttrauma. The program was integrated into the affected community and was coordinated by the senior author. As well as a range of community-based strategies, individual and group treatment was made readily accessible. Unfortunately, a controlled empirical evaluation of this program was neither ethically nor practically possible. Thus, the extent to which these interventions affected recovery from the trauma remains purely speculative.

Research Design

The research utilized a repeated measures survey methodology, with data collection at 4-, 8-, and 14-months posttrauma. Timing of data collection was dictated by the practicalities of the research: As well as ensuring appropriate measurement intervals, other events that may have affected levels of distress (such as the coronial inquest and the anniversary) had to be taken into account. The method of data collection (self-report) was chosen for practical reasons, given the large subject group, as well as to provide comparability with earlier research. Consideration was given to the possibility of obtaining a formal diagnosis, particularly with reference to PTSD. Unfortunately, this would have been possible only by means of a structured clinical interview and was considered to be beyond the scope of the current study.

Research Subjects

All people employed in the building at the time of the shootings were utilized as a potential subject pool; thus, individuals did not have to actively volunteer to receive a copy of the survey. Nevertheless, this group remains a volunteer population in that participation in the research was not compulsory. This group of subjects is referred to in this chapter as the trauma group.

Because the study was concerned with adaptation as a function of trauma, a contrast group was used to enable results to be compared with a nontraumatized sample. A group of office workers from a similarly sized office building in the Melbourne city area was selected. The organization employing these subjects was a public sector corporation similar to that of the trauma group.