The Port Arthur shootings — Royal Hobart Hospital staff response

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Presented at the Australian Association of Social Workers, National Conference, Canberra, 21–24 September 1997.

This paper offers an anecdotal account of my observations, (as Staff Counsellor) of the ways in which staff at the Royal Hobart Hospital coped with the immediate and longer term aftermath of the Port Arthur shootings.

In a paper as brief as this, it is impossible to cover all the events that have happened since 28 April 1996, so this is a very personal selection it is what stood out for me. For the sake of confidentiality I have kept my observations general, where I use more specific information I do so with the permission of the staff members concerned.

Hospital staff see trauma and sad situations routinely and to some extent develop ways of dealing with this. The Port Arthur Massacre however, was very different, it went way beyond boundaries of the routine and it appeared to effect staff very deeply and for a long time. There were a number of reasons to make this situation so different:

- The scale of it—35 people dead and 22 injured.
- The international media interest. Within one hour of the first news of the shootings, the BBC in London was telephoning the evening Nurse Managers in the hospital. In less than 24 hours there were two satellite dishes and about fifteen media crews on the front lawn of the hospital.
- Our hospital received all of the injured *and* the alleged perpetrator. Some staff came into contact with both consequently, some were to experience confused and mixed emotions.

  There was also a misunderstanding among some of the community who commented on the poor management practice of having the alleged gunman in the same hospital as the injured. There are certain facilities at the Royal Hobart that are not available at other Tasmanian hospitals, all of the injured, the alleged gunman included, had to be admitted to the one hospital.

  Our hospital mortuary doubles as the City Mortuary, so in addition to the gunman and the injured we also received all 35 dead.

  Our hospital is in an unusual situation, if this Disaster had occurred in a large mainland city the load would likely have been shared among a number of hospitals.
- The fact that it was a deliberate act.

  Sister Susie Jones, a member of the emergency department staff dreamt up the title of this paper, she said that the whole thing was 'within our training and capabilities, but beyond our comprehension', her statement illustrates so well how staff felt. The hospital's response ran very smoothly, but for staff, the difficulty was witnessing the distress of the injured and their relatives, hearing their horrific accounts of what they had witnessed, and feeling helpless in response. Staff spoke of being overwhelmed by what they were seeing and hearing.

In my role as Staff Counsellor, what became instantly apparent was the very great sensitivity required when dealing with any aspect of the disaster response. This was illustrated by the differing opinions amongst staff about what we should call it. Was it the Port Arthur Massacre, the Port Arthur Shootings, the Port Arthur Disaster, the Port Arthur Tragedy, the Port Arthur Incident, or just Port Arthur?

All of these options have been bandied about endlessly, and I have had my head bitten off more than once for using a term which someone does not feel happy with.

But if we have such difficulty in agreeing on a name for the event, and if any number of people are upset by the use of one or other term, it gives an idea of how careful and how sensitive people need to be during the aftermath of such a monumental event.

What was to become clear during those early days and weeks was that our understanding of the events unfolding was to be stretched to the limit. We were bombarded with flowers, with messages of support, with advice, with offers of practical help. These interactions were overwhelmingly positive and created a tremendous feeling of being supported and cared for, but although this was something good in the midst of horror for some staff their feelings were of being emotionally swamped. They did not want this good stuff to stop or go away, but it too became a challenge to manage.

So how did staff manage? Well there were distinct phases that we moved through:

There was the first day. When people received that initial phone call that gave news of the Disaster, many were unsure if it was real or not. Some felt it just had to be an exercise. The more cynical amongst us said that they knew immediately it was the real thing because it was Sunday and the hospital would never plan an exercise, which involved paying double time!

Even when people realised it was real, everything still felt unreal. The descriptions most used by people were 'unreal, beyond comprehension, overwhelming'.

In the initial stages the worst thing was the waiting. People were fearful of what was to come and fearful of someone familiar being among the injured. There was also a great fear of stuffing up, of not being up to the task.

When the injured started to arrive the hospital's response swung into action seemingly without a glitch.

At the end of their shifts many staff did not want to go home and some had to be forced to do so. Many people remained in a hyped up state for days. A lot of people reported that they didn't sleep for a number of nights.

Monday morning brought the realisation that the alleged gunman was to be admitted. This came as a surprise to staff, most had assumed that he would not survive. All of the staff I spoke to who were to be involved in his treatment just accepted that it was part of their duty to care for him. None were too impressed with the idea, but contrary to some media reports no one refused to work, all in all the staff 's reaction was 'well we just have to get on with it'.

There then followed a hectic and fraught seven days until Bryant was transferred to Risdon Prison. It is hard to describe the atmosphere in the hospital during that time. For the first two and a half days the body identification process was going on. a succession of relatives were assisted through the process by hospital staff and police. One Senior Nurse Manager who had a major involvement told me that she was

devastated when she learnt that due to the requirements of forensic evidence she was not allowed to do anything to the bodies. Not being allowed to wash the bodies, to make them look their best went against the whole grain of her nursing philosophy. In an effort to make some small amends she dressed in her smartest clothes every day, she said it was her way of showing respect for the deceased and their relatives. It soon became evident that it wasn't only those people closely involved with the identifications who were upset, other staff told of being distressed at seeing groups of grieving, weeping relatives, of trying to avoid them in corridors and of feeling entirely overwhelmed.

The Tuesday after the Disaster was I feel, the day when people hit their lowest ebb. The enormity of what had happened had sunk in, and the exposure of the hospital to the world media was beginning to grate.

At this stage timed seemed to be suspended. People would comment about something that had happened last week, then realise what they were talking about had happened yesterday.

During that first week the hospital was crawling with Police and Security Staff. Police Officers were at every entrance, and stationed at various points throughout the hospital. Relationships between hospital staff and the police was excellent, but this did not prevent the feeling of unease that there was in the hospital.

Martin Bryant was transferred from the hospital, to Prison, on Sunday 5 May 1996. Walking into the hospital the next morning the atmosphere was completely different, the big security presence had gone and the feeling of relief was tangible.

In the first two weeks the team work was phenomenal. There was that classic post disaster period when everyone loved one another. All the usual bureaucratic restrictions went out the window.

By weeks three and four the hospital system was returning to normal and there was much grieving amongst staff for the return of that post disaster goodwill. Generally, the atmosphere around the place was flat. People did not want to talk about the Port Arthur incident any more, except that you always did end up talking about it.

At this stage, people were inclined to be ratty, fuses were short. Just about all the well wishing flowers had died. Then by week five things were picking up and returning to normal, until a major episode of industrial action was to come along and blow things apart again.

The industrial action was unpleasant with staff of different unions pitted against each other. One union in particular was felt to have handled the episode very inappropriately so soon after the shootings, this resulted in significant numbers resigning from the union in question. It was a very distressing few days to have to witness, the team-work and support of a few weeks ago seemingly forgotten.

One hundred days after the shootings the media returned, the one hundred days seemed significant to them. It is interesting that most of the interviews never went to air or appeared in print.

The first anniversary was a tough time for many. In the hospital it was marked quietly with a 15 minute Memorial Service and the media were asked not to attend. Many people saw the first anniversary as a major hurdle to overcome and there were a few sighs of relief when 29 April dawned.

A short time after the first anniversary there was a particularly unpleasant murder–suicide in Tasmania when a father murdered his four young daughters while they slept, then committed suicide. This horrific crime appeared to send shockwaves through the hospital and my telephone ran red hot with people reporting that they were re-experiencing the grief they had felt after the shootings, some people said they felt worse.

So, looking back, over the past year or so, what effect has the shootings had on staff, what has helped and not helped?

In the early days people reported having intense physical and emotional reactions, the most common being:

- headaches and sleeplessness
- dry mouthed, being permanently thirsty
- nightmares
- feeling fuzzy headed — having poor concentration
- lack of appetite, or eating comfort food
- weepy, heightened emotions
- increased alcohol consumption.

For most people these subsided after a couple of weeks.

More recently some staff have reported that they now lock themselves in the car when driving—something they have never done before. People report feeling 'edgy' in crowded places, choosing tables in restaurants that face the door.

For some people the first anniversary brought with it intrusive thoughts and flashbacks. A fundraising sticker showing an autumn leaf, a yellow ribbon and the words 'The Port Arthur Appeal' was launched in Tassie. It has raised much needed funds, but I had a number of staff say to me that they hate it. They will be driving along having not thought of the shootings for a while, they see this on the back of a car and all the memories come flooding back.

We have had three workers compensation claims directly related to the shootings with two pending, the latter being triggered by the first anniversary. I suspect that this is not a true reflection of the effect on staff. We will probably never know the true figures.

Some other factors that have worked against healing and have exacerbated stress symptoms includes:

- the intrusion of the media and the endless re-running of the details of 28 April
- a small minority of the people who contacted the hospital to offer help or advice or gifts behaved in a way so inappropriate we were sometimes left speechless, and their actions left staff who dealt with the them frustrated and weary
- the bomb scares, the abusive phone-calls received while Bryant was a patient added to anxiety levels
- there have been ongoing problems at the Port Arthur Historic Site and on the Tasman Peninsula generally and this inevitably has an effect on staff.

I have already mentioned the episode of industrial action. Add to this a major building program going on in the hospital with its disruption and noise. A redundancy program, the restructuring of the Health Department, changes in the hospital's structure, a new Chief Executive Officer and you see that all in all it has been a tiring and at times tiresome couple of years.

What helped with the healing process for some staff was the fact that they had worked on the Sunday night. The teamwork on the first night was amazing and the memory was to sustain us through the next few days when things did not always run so smoothly. Those who did not work the Sunday night did not have the good memories to help them. This came to be something of an issue so that we ran separate debriefings for those who had worked on the Sunday night and those who had not.

Supportive telephone calls, facsimiles, letters, flowers came from all over Australia and beyond. Other hospitals sent hampers and even staff, who volunteered to work on their days off so as to allow our staff an extra break. The circulation of flyers containing basic information about stress reactions generated an amazingly positive response from staff. People commented on how reassured they have been to read that their symptoms were considered to be normal behaviour.

For some people Critical Incident Stress Debriefing was to help. In all, 32 formal CISDs were run in the first two weeks. Over 300 staff attended.

Some staff did not feel comfortable with the group debriefing approach and chose instead to access one-to-one counselling or the anonymous and independent Port Arthur Counselling Telephone Hotline.

Countless informal debriefings were also held, some taking the form of social gatherings. On the Wednesday after the shootings the C.E.O. shouted drinks for all staff at the pub across the road. The Burns Unit staff who were caring for Martin Bryant did not attend. They said they would have felt too awkward doing so, they were not sure how their colleagues would react to them.

Of particular help to the recovery process was the more ritualistic events. The minute's silence that was observed on the front lawn of the hospital and which stretched to quite a few minutes.

The Memorial Service was also held on the front lawn a week after the tragedy. Some of the symbolism was very comforting to staff. Different coloured balloons were released symbolising the different coloured ID badges worn by the different disciplines who had worked so well together, all professional boundaries forgotten.

A significant boost was given to the healing process when Martin Bryant pleaded guilty. The relief throughout the hospital was audible and palpable! We no longer had to call him the ALLEGED gunman. At long last we received information about Bryant's personality - something we were previously deprived of. Dr Ian Sale a Forensic Psychiatrist who had interviewed Bryant made a statement which was to significantly assist some people in coming to terms with what had happened, 'Think of Bryant as a freak', he said, 'think of him as a natural disaster'! Thinking of him in these terms made it easier to believe that a similar event would not happen again.

So what are the lessons to have come out of the Port Arthur shootings? For me they would have to be:

- A recognition of the enormity of the emotional impact that such an incident can have on staff. I am not sure how we could ever adequately prepare people for such an event, but we must look more closely at pre-incident education.
- I believe there is a need to de-mystify the counselling and debriefing process. We need to place a lot more emphasis on the basics of care and compassion for colleagues, peer support, listening and empathy. We need the structured response programs but they are not single magic solutions, we also need to remember that we as individuals have a responsibility for ourselves and for each other.
- We must ensure that we do not develop tunnel vision with regards to CISD. It became evident that some people saw this as being a quick fix-it solution to their stress reactions. We need to work harder at promoting a holistic Critical Incident Stress Management package.
- Lastly I learnt just what phenomenal work my colleagues are capable of. I feel honoured to have been a part of the hospital workforce at that time.

At the time of the Port Arthur shootings, Rosie Crumpton-Crook was Staff Counsellor at the Royal Hobart Hospital. She left the hospital in February 1998.

New publications

Illusions of safety: culture and earthquake hazard response in California and Japan

Palm, Risa and Carroll, John
Westview Press, Boulder, Colo., 1998

Earthquake hazards in Japan and the United States—Social and behavioural science and the study of human response to earthquake hazards—Description of the empirical study—General description of respondents—Attitudinal characteristics—Culture and risk perception—Adoption of mitigation measures—Beliefs about government aid and public policy measures—Implications of this research for public policy (119 pages).

Mitigating the impact of impending earthquakes: earthquake prognostic strategy transferred into practice

Vogel, Andreas and Brandes, Klaus (eds.)
A. A. Balkema, Rotterdam, 1997

Earthquake prognostics: from fundamental research to practical measures of protection—A few comments on earthquake disaster prevention—Studies about crustal structure and crustal dynamics using converted waves—Teleseismic body-wave spectra for earthquakes in the Hellenic arc—Self-organisation and evolution of seismicity—Sesimic electrical signals recorded by VAN-systemin Greece and their contribution to earthquake prediction—The earthquake sequence in Volos, Central Greece, April 1985 and its temporal and spatial variations and focal mechanisms—Modelling earth current precursirs in earthquake prediction—Estimation on the duration of strong ground motion—Description methods for earthquake-induced slope and ground hazards—Seismic hazard assessment in Albania at national level—A Bayesian seismic hazard model for Greece and surrounding areas—Influence on local site conditions on surface strong ground motions parameters in near and far field conditions—Analysis of strong motion records from two tectonically active areas in Greece—Statistical analysis of the damages by Manjil earthquake—Two methods for soil-structure interaction with seismic excitation—Protection of historical centres against earthquakes in Italy—Earthquake vulnerability, loss and risk assessment in Turkey—A critical review of current seismic codes—Consequences of a strong seismic activity in Costa Rica—Earthquake-resistant design of large building structures—Cyclic loading behaviour of bolted end-plate connections of structural steelwork—Experimental development for earthquake resistance of low-cost housing systems in Colombia—Town and country planning in earthquake regions with regard to seismic microzoning—Aspects and chances in geoscientifical cooperation between Germany and Japan (407 pages).

Tasmanian lifelines project: Hobart lifelines project report

Tasmania State Emergency Service,
State Emergency Service, Hobart, 1997

This report is divided into two parts.

Part 1 is a summary of the outputs from the project.

Part 2 contains an outline of the project's methodology, the strengths and weaknesses of the project's methodology and recommendations for future lifeline projects. This part is aimed at those wishing to understand why the project was initiated, how it was initiated, the processes used and how future projects can be enhanced as a result of the lessons learnt from this project (30 pages).

Floods: people at risk, strategies for prevention

Miller, John B.
United Nations Publications, New York, 1997

Introduction—Causes of floods—Flood plain management—Structural counter measures—Non-structural flood defence—Dam safety—Emergency response—Conclusions (93 pages).