A social work perspective on the response to the Port Arthur crisis

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Introduction

Since 28th April, 1996, we have been asked many questions about the part social workers played in the response to the massacre at Port Arthur: where did you start, what did you do, how did it feel, how useful and relevant was your social work training? Today, with reflective accounts of our particular experiences, we attempt to answer those questions.

'This couldn't be true! things like that don't happen here!'

For those of us old enough, hearing about the Port Arthur shootings evoked memories of the news that John F. Kennedy had been assassinated. Many people still recall where they were and what they were doing when they heard of his death and they remember their feelings — disbelief, confusion, shattered sense of security, and intense sadness.

These are the memories and the feelings that returned on Sunday afternoon, 28 April, 1996, as the news filtered through that someone had run amok at Port Arthur and 15 or so were dead.[1] This couldn't be true, we said. Things like that don't happen here! Soon, interruptions to the radio football coverage confirmed that it was true, that something quite awful had happened here, in our state.

A news item announced that an Emergency Crisis Centre was being set up at Rokeby Police Academy. This was a responsibility of Department of Community and Health Services and I anticipated that they would need additional resources from the community. I telephoned, identified AASW and gave an assurance that the Branch could provide qualified workers as required.

'Man on tightrope'

Soon after came the call from Rokeby. Busloads of people who had been at Port Arthur at the time of the shootings were being brought to the Crisis Centre. More workers were needed to attend to them. The selection of the clip-art picture, 'man on tight rope' at this point of the presentation represented the trepidation and anxiety of that evening. How does one prepare for such circumstances? These are some of the things that seemed important that night:

- Practical items: box of tissues, full tank of petrol, contact names and addresses, notebook and pencil
- Belief in the strengths and traditions of the social work profession
- Knowledge of the fine record of Tasmanian social workers in dealing with the aftermath of other local disasters[2]
- Confidence in the value and relevance of training in Critical Incident Stress Management [3]
- Identification of key social work knowledge and skills

'Counselling services have been set up'

From that Sunday night through the following month, I became part of a comprehensive support service organised by the state Department of Community and Health Services, working with departmental staff on telephone counselling rosters and at counselling sites established on the Tasman Peninsula. The range of tasks we attended to was vast.

On the Sunday night at Rokeby, we assisted those who had witnessed shootings, had felt vulnerable and under immediate personal threat. Their need to talk and be listened to was great. Others had seen and heard little but had been detained on the site for many hours. Vehicles and luggage had been impounded and people were concerned about retrieving property and reorganising travel arrangements. It was late in the evening and they were all tired. Most important, however, was their need for information about what had happened and whether the gunman had been apprehended. That night, we listened, we provided information, as far as we were able, we confirmed practical arrangements, made hot drinks, and got people back in buses to be taken to hotels.

On telephone rosters, we took details from people offering accommodation for relatives and friends of the deceased and injured and we listened to people who were distressed or sleepless. All were trying to make some sense of what had happened. Others were concerned about neighbours or friends connected in some way with the events at Port Arthur. We talked with parents anxious about how to answer questions from their children. We provided information about common responses to trauma and details of where personal support might be obtained.

At the counselling sites on the Peninsula, we responded to similar calls, directly or by telephone. Sometimes we sat through the night with those who could not sleep. At weekends at Port Arthur, we listened to visitors who had made a determined effort to come down to the site, in support of those who were affected by the tragedy or because the place had special personal or family connections. Others had resolved that one person's actions should not end their enjoyment of a loved place. Some wanted to talk about gun law reform, their support for it or their feeling that it would be unfair to responsible citizens.

'The quality of the service depended on the quality of the listening'

Media reports about serious incidents invariably conclude with a comment that 'counsellors will be attending'. In quiet moments and in forums held since the shootings, we have questioned the nature and effectiveness of counselling in such circumstances. Does it ease pain or risk causing more harm then good? What should be the training of counsellors and to whom should they be accountable? Where does counselling fit with debriefing?

Disquiet has been expressed about the possible intrusiveness of some services. We have questioned what seems to be the establishment of a grief and disaster industry with 'experts' ready to fly to every new location. We have wondered about the dominance of psychology and psychiatry in post-disaster work and asked ourselves if there is a response that is distinctly 'social work'. The opportunity to work alongside

Note:

[1] The following morning, 29 April, the number dead was confirmed at 35.

[2] These include bushfires (especially those of February 1967), the collapse of the Tasman Bridge and the explosion at the Mt St Canice laundry.

[3] This has been undertaken through Army Psychology Corps and the former Army Community Service. Their support in training and through the Port Arthur work is gratefully acknowledged.

members of other professional groups provided opportunities to observe core social work skills in action. They included the following:

- *Sound assessment skills—the ability to see and start 'where the client is'.* Described by Bell (1995) as the 'systems and person-in-environment perspective', social work looks at the client and his present circumstances in relation to the impact of other experiences in his life and the availability of other support systems. Interventions are tailored to meet immediate needs whilst harnessing resources and strengths for longer-term care.
- *The ability to listen and to be comfortable with silence.* 'The quality of the service depended on the quality of the listening', said manager Peter Fielding when reviewing interventions after the first few days. For many people the opportunity to be listened to objectively, patiently, and compassionately and to feel 'heard' in the midst of emotional chaos was supportive and sustaining. (The importance of listening is also mentioned by Newburn (1993, p.132) who considers that renewed emphasis needs to be put on 'listening skills' in professional education.)
- *Knowledge of the processes of grief and loss.* Social workers have extensive experience in assisting clients to deal with loss and grief in many life situations. This knowledge can be applied to appreciate the emotional trauma of those caught up in sudden, violent incidents.
- *Knowledge of community resources and the ability to make appropriate referrals.* Many of the people to whom we responded came from other parts of the country. For local people, it was not intended that crisis counsellors would provide continuing services. Identifying appropriate support agencies, networking to make contacts and arranging referrals for clients who needed further help were key tasks.
- *The ability to educate through the provision of appropriate information.* Many clients needed reassurance that the feelings they were experiencing did not mean that they were going mad or overreacting. Some needed information to help them answer their children's questions. In this process, we were greatly assisted by the flow of information, brochures, and booklets that came from other parts of Australia to distribute to people in the community.
- *Experience in providing services within the community.* Social workers are experienced in home visits and outreach work and are able to adapt to working away from desks and offices. This work took us to unfamiliar places and to work stations that had been set up us part of the crisis response. We were comfortable to work by the side of the road or under trees at Port Arthur, in the State Emergency Service depot at Nubeena, in the dining hall at the Police Academy, or in temporary telephone booths. We were also willing to do practical tasks, such as serving drinks, finding medication for headaches, making phone calls, or checking information when these were assessed as the immediate concerns.

While other professional groups may claim to have expertise in these areas, they are skills central to social work practice and grounded in long experience in responding to crises. It is important that they are owned and that continuing training for disaster work is provided for all social workers in order to reinforce and promote the contribution the profession is able to make.

Caring for the carers

How did we look after ourselves and what effects did we feel from this trauma? Our professional training may heighten our awareness and provide some preparedness for the impact of tragic events but it does not give protection (Cwikel 1993). Whilst we are helping others to cope, we are dealing with our own sense of vulnerability, sadness, and confusion. These feelings may be put on hold or we may fight to keep them at bay whilst our energies are absorbed in service delivery. Eventually, they need to be confronted. These are some of the events and gestures which assisted workers in Tasmania:

- Attendance at memorial services, including the one at St David's Cathedral where the lighting of 35 candles in memory of the victims reinforced the enormity and reality of the massacre
- The positive experience of building links with colleagues through working together and debriefing informally during and after shifts
- The creativity of a social worker who organised local fitness clubs to set up a rest, revive and relaxation centre where workers could go for massage
- The gesture of a resident who arranged pedicures for social workers she knew as her practical contribution to the community response
- The receipt of cards, letters and faxes from social workers around the country
- The sending of written resource material which workers interstate had found useful in their practice

'And now it's time to be debriefed'

For many workers, this was the first experience of being debriefed or debriefing others. An aura of mystique seems to have grown up around debriefing, with a view that it must be conducted by specially trained mental health workers, normally psychologists and psychiatrists. My own study of the subject and my experiences of being both a participant and a leader in the process assure me that debriefing lies well within the capabilities of social work. The effectiveness or otherwise of debriefing is the subject of much debate (Robinson, 1995). To add to the discussion, I record these observations:

- *Debriefing needs to be demystified.* The debriefing role is a facilitating one and there is nothing in the process that is beyond the capacity of an experienced social worker; however, *preparation, emotional energy, focus and confidence with group processes are necessary*
- A model for debriefing provides an important *framework* to give structure and direction for leaders and participants. Strict adherence, however, may introduce a rigidity into the process that is not necessarily helpful for the participants. Within any framework, there must be scope for adaptation in order to provide for the special circumstances of each group.
- *Sound interpersonal skills*, demonstrating empathy, listening, reflecting, summarising, information giving, are the tools by which the process is implemented, all within the capabilities of social work.
- The *language* used and any material distributed as handouts must be carefully chosen. The educative part of the process is designed to inform workers about *possible* reactions. It should help them to identify and mobilise their own resources and coping strategies and to feel comfortable about these. The process should not result in increased anxiety or an expectation that disturbed behaviour is inevitable.
- The *allocation of time* to participate in debriefing and the acknowledgment by management of the extraordinary work undertaken by their staff are likely to be as significant and helpful for the staff as the debriefing process itself.

Bell (1995) believes strongly that social workers constitute the profession of choice to bring traumatic stress intervention to those in the workplace. With our 'unique perspective' we can identify where teams are needed, which debriefing design is appropriate and we can develop and lead debriefings. I am sure she is right; however,

it is imperative that social work is confident to claim its place in this area of practice. It can do this by attention to continuing rigorous training, demonstration of professional practice, recording its experiences and promoting evaluation and research wherever possible.

'I feel guilty that I'm not there to help'

It might be expected that most social workers, faced with tragedy would wish to contribute directly to response work. There will be some, however, for whom reactions to these events are so intense and so personal that they are not able to contribute effectively to service provision.

These responses need to be validated and decisions not to participate in crisis work should be respected. Other workers have referred to the competition that can arise between workers and organisations (Newburn 1993, 131), and of the guilt felt by workers who cannot be involved, perhaps because of distance from the scene or family commitments.

In Tasmania, the identification and rostering of workers appeared haphazard and there are reports of those who felt anxious or concerned about their professional competence when they were not called.

It is also important to be clear that there is not a hierarchy of tasks. The overall response needs to be viewed as a 'big picture' with value placed on cumulative rather than individual tasks. Credit also needs to be given to those workers who remain on duty in their agencies, ensuring minimum disruption to usual service delivery.

'In just twelve weeks the daffodils will bloom'

At the public memorial service at Port Arthur on 19 May, 1996, the choice of readings and music encouraged belief that recovery was possible. The Premier's looking forward to the blooming of the daffodils, symbols of the brightness and new life of spring, and the remarkable shining of the sun as the service concluded were reminders that there would surely be brighter times ahead.

There is no doubt that the experience of working in the aftermath of the Port Arthur massacre will stay with us forever. We will look back sadly at some aspects - the fact that it happened at all, our difficulty in understanding why, the despair and disruption it brought to so many people. We will also remember warmly the positive experiences we had despite the sadness of it all, the camaraderie that developed with colleagues, demonstrations of hope and goodwill, the comments from clients that indicated our contact had brought some relief.

I hope that we will continue to explore the issues around responses to disasters, consolidate our knowledge and develop and practice our intervention skills. It is not possible any longer to think that these things do not happen to us, only to other people. Tragic events in my work place and in our local community since the Port Arthur massacre are sombre reminders that tragedy can strike without warning in any place and at any time.

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Resource material and leaflets

Australian Army, 1st Psychology Unit, *CISD and PTSD* (see section on 'Supporting Caregivers').

Australian Army, 1st Psychology Unit, *Stress management guide*.

Australian Red Cross, *Coping with a major personal crisis*, booklet.

DCHS Tasmania, *Coping with a tragic event*.

Gordon R. and Wraith R., *When children learn about trauma*.

Gordon R. and Wraith R., *The family and personal crisis*.

Stronger bonds between the Tasmania State Emergency Service and Charles Sturt University

The Tasmania State Emergency Service and Charles Sturt University have collaborated in the last three years by offering through Distance Education the Bachelor of Social Science (emergency management). The course is very successful and is going from strength to strength. There has also been significant interest in both a post graduate qualification such as a Masters degree and providing the course for overseas students. These initiatives require a full-time course coordinator to be established in the new School of Public Health on the Bathurst campus of the Charles Sturt University. The Director of the Tasmania State Emergency Service and the Tasmania Police Commissioner, Mr Richard Macreadie, agreed that Mr John Lunn, the Manager of Training and Development, could be seconded to Charles Sturt University for a minium of two years to coordinate the course full time and establish the other initiatives for the benefit of Emergency Management throughout Australia and overseas.

The contact details for John Lunn are now:

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