

## **Lessons from the violence: anniversary of the Queen Street shooting**

*Professor Mark Creamer worked with the recovery team in the Australia Post building following the Queen Street shooting on 8 December, 1987. Twenty years on, he heads up the Australian Centre for Posttraumatic Mental Health at the University of Melbourne, where he continues to apply the lessons learned from Queen Street. Here he shares some of those lessons on the 20<sup>th</sup> anniversary of the shooting.*

Twenty years ago Melbourne witnessed two of the most devastating acts of random violence in its history. The repercussions of the Queen Street shootings, and those in Hoddle Street earlier that year, continue to this day. The incident affected not only the people directly involved and their families, but also police, ambulance officers, media personnel, and others who arrived on the scene shortly afterwards.

We cannot prevent the psychological impact of such violent and unpredictable incidents. However, over the past twenty years we have learnt much to help people recover from the emotional impact.

Two decades ago, it was routine practice for teams of counsellors to provide compulsory de-briefings for people involved in such traumatic events. Since then, we have learnt that people should be supported in talking about what they have been through, only if and when they feel ready. Detailed discussion of the incident in the immediate aftermath is unhelpful for some people. When people do want to talk, it certainly does not have to be with a health professional. Trusted friends and colleagues are often the best source of support at these times.

This does not mean that we throw the baby out with the bath water and leave people to cope on their own. A broad model of support known as psychological first aid is now considered the best approach. It is provided by health professionals like doctors, nurses, social workers and counsellors who might often see people immediately following an incident. They initially focus on providing practical support. Information about likely reactions to such an incident, simple advice on coping strategies, and encouragement to draw on the support of family, friends or workmates are key

components. Psychological first aid also provides an opportunity to monitor a person's reactions, so that any further help can be tailored to suit their individual needs.

Much of what happened in the days after the shooting, both spontaneously and with the encouragement of the recovery team, was consistent with the principals of psychological first aid. The recovery team encouraged workers to return to the building as soon as possible. This was important in resuming a normal routine and regaining some element of control over their lives, control that had been shattered by the violent shooting on that December afternoon. It allowed people to access regular and accurate information about what had happened, about the progress of their injured colleagues, and about strategies to assist recovery. Most importantly, it allowed people to draw on the naturally occurring support networks provided by their friends and colleagues. A primary goal in the early days was not to intervene, but to guide and empower people through the normal process of recovery.

Over the first few weeks and months, some people were offered more intensive individual assistance to help their recovery. Twenty years ago, our knowledge of how best to treat conditions such as posttraumatic stress disorder (PTSD) was in its infancy. We had no published scientific research available at that time and we had to draw on what we knew to be effective for other conditions to guide our treatment decisions. The last two decades have seen a great deal of research and we now have a clear understanding of which treatments are most effective. This evidence base was used in developing the [Australian PTSD Treatment Guidelines](#), released in May this year.

The death and injury of close colleagues, the high threat to personal safety, and the sudden and unexpected nature of events like the Queen Street shootings make them among the most traumatic of human experiences. There is no time to prepare or adjust. It just doesn't make sense. As a result, it causes those involved to question strongly held beliefs — about their safety, how much control they have over their life and how predictable the world really is. At the same time, such events also bring out the best in people. Twenty years later, I am still struck by the strength and resilience that was shown by so many in the days and weeks that followed. Compassion and caring for colleagues who had been adversely affected was the norm.

In 1987, the city of Melbourne struggled to come to terms with these random acts of violence. Today, our thoughts turn to those who lost family and friends, or who are still troubled by distressing memories. We all wish it had never happened. The fact that it did has contributed to our better understanding of human response to trauma and how best to help those affected.