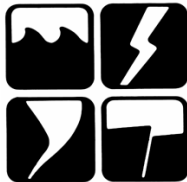


An Urban Nightclub Multicasualty Shooting: Lessons Learned in Critical Incident Stress Management

By

**Mary Myers
Stacy Muffet-Willett
The University of Akron
Akron, Ohio 44325-4304**

QUICK RESPONSE RESEARCH REPORT 176



The views expressed in the report are those of the authors and not necessarily those of the Natural Hazards Center or the University of Colorado.

Introduction

The field of critical incident stress management in emergency services has evolved significantly in the past decade (Mitchell and Everly 2001). While many services have been widely known and practiced since World War I, the emergency response field did not begin to embrace and practice such services until the mid-1970s. Currently, the barriers are beginning to diminish in these fields, and more administrators are realizing the benefit of providing these services to their own personnel (Anderson et al. 1995). Many agencies now have their own in-house critical incident stress management teams and many jurisdictions now have vast resources to provide these services for emergency personnel (National Institute of Justice 1997) in addition to providing victim's assistance to the general victim population.

The question remains, however, whether having these resources translates to better care and coverage for those involved in critical incidents. One would assume this to be the case. The researchers conducted a case study of the services provided to responders and to the population affected in the Columbus, Ohio, area following the nightclub shooting in December 2004. Ideally, the results of this study will inspire others to carefully explore what resources their community has and how to best coordinate these resources for their maximum effectiveness.

Research Question and Methodology

What, when, and how were resources utilized to initiate and deliver critical incident stress management (CISM) services to the victims of a local disaster?

The methodology included direct observations and focused interviews with the agencies involved, using a questionnaire approved by The University of Akron's Institutional Review Board to collect CISM data. The questions were focused on CISM services, not tactical information. Interviews were conducted and documented concerning the CISM services that were provided, how the services were initiated, and the length of such services. Researchers were interested primarily in who received which CISM services and if any major population was left without such services.

Background of the Event

On December 8, 2004, a nightclub in Columbus, Ohio, hosted a heavy metal rock group. The band formerly known as Pantera (currently known as DamagePlan) was ready to play for the crowd gathered at the club. The audience numbered approximately 400 people. For the size of the club, this was a packed event. The club had hosted such rock concerts regularly for years and was one of the oldest nightclubs in the United States. That night the club manager hired seven security guards to ensure things ran smoothly. There had been very few problems in the past at this location, and he wanted to be certain that the crowd remained safe and under control.

Before entering the club, 25 year-old Nathan Gale was stopped at the door, denied entry, and was told to remove his car from the lot. Shortly after the band played their first notes, Gale jumped a fence outside the club to gain access to the rear door into the club. Once inside, he jumped up onto the stage while being chased by one of the guards. Gale pulled out a 9mm handgun and shot and killed Darrell (Dimebag) Abbott, one of the band members. Gale then grabbed a hostage and opened fire on the audience, killing a club employee, a fan, and the band's bodyguard. Two other people were also injured in the resulting melee.

Two Columbus police officers were patrolling nearby when they heard the call from the club. One ran into the nightclub through the back door (in “rapid response” mode), while the other entered the front of the club. The officer in the rear of the club recognized the danger, took immediate action, and shot and killed Gale without hurting the hostage.

Meanwhile, as the event unfolded, the club manager hurriedly gathered the members of the band in the front room of the building (separated from the concert hall). He was with Vinnie Abbott, Darrell Abbot’s brother, who asked the club manager to check on his brother. The manager returned and felt compelled to inform him that he had passed away. After the police finally left the scene very late that night, the manager remained alone at the nightclub, working all through the night and next morning, using bleach to try to clean up all the blood. He felt a great need to return things to normal and “undo” the horrible crime that had been committed so that none of his people would have to see it later. He spoke of breathing in those strong bleach fumes for hours and hours that night while he worked.

Findings

Interviews were conducted of most of the agencies involved. We found that the Franklin County Emergency Management Agency (FCEMA) and the Franklin County Sheriff’s Office (FCSO) had little direct involvement with this incident but do offer CISM services. The FCSO has recognized the need for CISM and has trained deputies in it. The deputies are called when needed; this is routine. Any supervisor may call for the services when needed. The FCSO pays overtime for the services and appeared to be very supportive of CISM. They do not force deputies to partake of CISM but watch them if the services are refused. Services are confidential and usually last a few days. The newer recruits seem to be more willing to participate in stress services and carry less resistance than the seasoned employees. One member interviewed stated he would not “be caught dead at those things, but they’re needed for some.” He obviously associated a personal stigma with such services but believed the services can be very beneficial to some in the agency.

The FCEMA had two people trained in CISM but had not had much opportunity to use them yet. The FCEMA was the liaison for other support agencies such as clergy, the Ohio Funeral Directors Association, and the Red Cross. They have included CISM organizations in their regular disaster drills. Their plan was to use such services flexibly, based on need as determined by the emergency operations center (EOC). One example they mentioned was a series of shootings in which the EOC was continually running for 130 days. The command center staff was provided physical comforts, such as television and food, when not taking calls, but did not call for CISM for that event in spite of the intensity of the extended length of assignment in the EOC. While no one worked the entire 130 days in the EOC, many worked 115 to 120 of these days, forming personal and professional attachments to the outcome. No CISM services were reported for that incident.

Interviews at the Columbus Police Department (CPD) included a department public information officer (PIO), a lieutenant, a police commander, and a homicide detective. In such a traumatic incident as this, it is entirely inappropriate to ask the officer actually involved in the shooting for an interview. Therefore he was not interviewed nor were any officers interviewed who were directly involved.

The CPD has a very sophisticated and formalized officer support team (the OST). Trained officers are regularly notified of officer-involved shootings by the staff in

communications. Typically, at least three OST members arrive on scene almost immediately, usually even before the investigators arrive. The members' role is to support the involved officer, sharing their experiences and offering advice over the next few days to the officer. The support team removes the officer from the scene as quickly as possible and takes him/her to headquarters. The officer involved keeps his/her weapon until arriving downtown, where the gun is then collected as evidence and a replacement weapon is typically issued (unless the officer is found to be mentally unstable). All of these actions usually take place within the time span of about one hour (which is very rapid timing given the normal chaos of such a scene). The officer is also assisted in contacting his/her family and is given legal counsel as soon as possible after the event.

Pictures of the involved officer are taken for evidence and the support team remains with the officer for the duration. The officer is offered the opportunity to make a statement (after talking with legal counsel), and statements, if any, are typically very brief. Most officers do not give a personal statement and leave all inquiries to the PIO to handle. All media and family inquiries go through the PIO. This effectively removes the officer from all public contact, which, as found by our interviewees, greatly helps in alleviating the stress suffered by the officer involved.

The support team and the officer will often go for coffee (or even a beer) afterwards to talk about the situation, to examine what to expect in the next few days, and to explain the CISM services available. Arrangements are also made to assist the officer in returning home if necessary. A visit to the department's psychologist is typically required before returning to work. The officer must also qualify with his/her new weapon before returning to work. This usually occurs within three to five days. The OST offers to accompany the officer whenever requested, including to the grand jury hearing. Furthermore, the officer is never left alone in a room immediately after such an incident. Anyone of any rank can call for a member of the OST.

The officer involved in this nightclub shooting was reported to be back to work within a few days. He was isolated from the media by his department. The officer was not required to make any statements to the media. The PIO spoke on behalf of the department and the officer for all media releases. When asked, the interviewees said that some members of the department did not get CISM services in this and similar cases. They felt the following people could potentially benefit from receiving CISM services: homicide detectives, secretaries, dispatchers, and the family of the officer involved.

The systems in place to provide CISM services are growing. Another system that was available in this incident to any of the emergency service providers on the scene was the Ohio critical incident response system (CIRS) sponsored by the state's Fraternal Order of Police. This group is available 24 hours a day by phone. In this instance, a member of CIRS knew a member of one of the medical rescue units that had responded and asked if an intervention was needed. This person-to-person call initiated a group CISM intervention that was provided several days after the incident to some of the medical rescue personnel involved on this scene. In this instance, the system utilized outreach to the parties involved instead of waiting passively for a call for help. Outreach is therefore an important component of providing CISM services.

Yet another system was available in this incident to the hospital personnel who may have been affected by being overrun with the need for emergency treatment of victims. Hospitals generally have social workers or nurses on call who are sometimes trained in CISM needs. In this instance, there were actually few victims who required treatment at the hospital, so the needs

for CISM services did not appear great. No mention of such services was found in our investigation for this particular instance.

The Victims

The primary victims of this shooting were those injured or killed. (For obvious reasons, these victims were not interviewed for this research project.) The secondary victims included the club manager, his employees, and attendees. Vicarious victims included the emergency responders, hospital staff, investigators, and the medical examiner's personnel. Unacknowledged victims included the local community and media personnel.

After the scene was secured by the CPD, the victims/witnesses (primarily the concert audience) were sequestered on three buses for hours while they waited to be interviewed by officers. The process went smoothly and most of the patrons cooperated with the police. Many of these victims were stunned and sought instructions/directions on what to do. Detectives worked past their afternoon shifts to interview approximately 400 victims/witnesses. These people were removed individually from the buses for private interviews. Many remained on the bus for four or more hours, as late as 3:30 a.m. No CISM services were offered to the victims on the scene, which included the club manager and workers. No CISM referral services were mentioned to witnesses. Identification and brief statements were collected from each of the witnesses who were interviewed and sent home. After being questioned, the interviewees were given a prosecutor's card that identified them as having been interviewed. This was done so that the officers charged with security of the parking lot knew which vehicles could be released. This use of a prosecutor's card actually worked quite well on the scene of on-going chaos. Even more effective would have been victim assistance contact information added to the reverse side of the card which contained the prosecutor's information.

Over the weekend, employees of the club took the initiative to privately seek assistance from counselors. Several days after the event, they met at a house as a group with counselors from a local university. In the wake of the tragedy, many of the victims had been drinking heavily, were unable to sleep, and/or felt numb. Some were having nightmares or felt irritated by people or loud noises around them. Some carried a tremendous amount of guilt and did not feel like they should be out anywhere or be permitted to have any fun. No subsequent group CISM sessions were initiated by the club manager or employees. No services were ever offered to them by any of the agencies involved. Community services are typically available in the area, if initiated by the victim, through NetCare, a local referral agency. However, if one is involved in a critical incident and is not informed of these services, then one is left to deal with the critical incident on one's own with one's own means, which is what happened to these individuals.

One of the aggravating circumstances for the manager and employees of the club was the use of the Internet. Within eight minutes of the event the manager began receiving e-mail messages. He received thousands of e-mail messages after the event, including some very strong hate mail. These messages aggravated the issues involved in the normal second-guessing and self-doubts that are so typically involved in such an event. The manager felt compelled to host a charity benefit for the victims, but was afraid of being confronted by angry parents, friends, and fans. He was also torn between closing the club, which has been in the family for years, and trying to reopen it. He was trying to figure out the "right and appropriate" action to take and wondered if fans would support a reopening. We interviewed this individual and found that he held much guilt and agony over the incident and was visibly in vital need of CISM services even

weeks after the event. He was having trouble sleeping, remembering things, and coping with the incident in general. We recommended that he continue to obtain additional help as he already had referral contacts with which he was comfortable.

Overall Summary

CISM services were appropriately provided for some of the emergency responders, both individually and in a group. But sadly, CISM services were not delivered to some of the people in this incident who needed it the most. No outreach was offered to the primary or secondary victims. Those who experienced this traumatic incident directly were left to find such services themselves. Many fans of the group posted messages on Web sites or left flowers at a spontaneous and makeshift memorial at the nightclub. Some even spray painted their condolences on the exterior walls of the club. When we first visited the club weeks after the event, the remains of these memorials were still rather neatly in place. Later, when the photographs included below were taken, it was pouring down rain and these memorials looked like trash; still the remains were left at the scene. The manager had originally told us he was in a quandary as to what to do with these memorials (see Figures 1, 2, and 3).

Because these victims received no documented CISM services, we have no information about them. We are left to wonder if any of them will ever attend another concert, sporting event, or activity which involves large crowds and enclosed spaces. These individuals were not even given an agency's phone number for referral to contact if they had nightmares. They had no knowledge of the names of those agencies willing to help. It was also noted that some experienced CISM providers remarked that this heavy metal group would not likely be impacted in the same way that others would be because the fans would have thought it all part of excitement of the show. This assumption was actually quite false according to those we interviewed and the Web sites we visited.

CISM services were not offered to the media personnel connected to this scene. In fact, no CISM research was found that has ever treated the media personnel as vicarious victims of trauma. But the media personnel are sometimes required by their agencies to contact grieving family members, even when this goes against their own personal beliefs. We were informed during this investigation by knowledgeable parties that these contacts do indeed cause some media personnel tremendous stress.

The media is sometimes disparaged and perceived to be sharks seeking out traumatic wounds to graphically display in the news. Emergency service personnel in particular often do not trust the media and usually see them as getting in the way of the response effort. Yet, the media has a job to do and a public to inform. The media can provide important information to the public when needed and would have been an excellent outlet for CISM service support information, particularly if they had ever been made personally aware of how powerful CISM services can be after such an incident. No plan was in place to support these vicarious victims; they could, however, take the initiative to seek out and partake in community CISM services.

Conclusions

The breakdown in the system of CISM in this instance must be noted. Other agencies must ensure that primary victims and witnesses are not overlooked in future events. Plans should be developed to take into account how to fulfill the needs of all those who might benefit from

CISM services. The unacknowledged victims must be identified and considered. CISM is important and has come a long way over the years, but our work is not finished. Severe gaps still exist in the system. There are many who need CISM services who are still not getting them and we must continue to make progress in this field.

This incident occurred in a major city, where CISM resources were plentiful, yet even so, gaps occurred in the coverage. Just because an area has a large array of CISM resources does not necessarily mean those resources are getting to the people. Resources are only as good as the plan and practices to unfold and deliver them to those involved in critical incidents. Having these resources should not mean assuming community needs are automatically met. In this large and resource-filled community, most of us might assume that those who needed the services would receive them, but many received no such services. The victims, one of the largest groups needing such services, were left to fend for themselves after witnessing a murder. Imagine this event occurring in a small town where CISM resources would be rapidly depleted and then imagine the gaps.

In this particular case, the most sophisticated CISM resources were available to those who had typically been through the highest number of critical incidents (e.g., the police and paramedics). Ironically, those who quite possibly had never experienced such an event in their lives were left without direction and guidance on what to expect emotionally and how to deal with those issues. Now that we have more support for CISM and more resources in general to deal with critical incidents, it may be a good time to step back and ask:

- Exactly what populations are we serving?
- Exactly what are the needs of each of the particular populations?
- How can we ensure that the particular CISM needs of each of these populations are properly met?

In conclusion, no one should ever fall through a gap in these services, especially a primary victim.

Acknowledgements

We wish to thank all the parties who participated in this research that we might share with other agencies what has been learned as a result of this traumatic incident. We also wish to thank The Natural Hazards Research and Applications Information Center for their financial support of this project and for publishing the results of this study so that others might benefit.

References

Anderson, W., D. Swenson, and D. Clay. 1995. *Stress Management for Law Enforcement Officers*. Englewood Cliffs, NJ: Prentice Hall.

Mitchell, J.T., and G.S. Everly. 2001. *Critical Incident Stress Debriefing: An Operations Manual for CISD, Defusing and Other Group Crisis Intervention Services*. Ellicott City, MD: Chevron Publishing.

National Institute of Justice. 1997. *Developing a Law Enforcement Stress Program for Officers and Their Families*. Washington, DC: U.S. Department of Justice.



Figure 1: “You can’t kill the music” (circled). Graffiti painted on the exterior of the club shortly after the incident.



Figure 2: The remains of the memorial in front of the club, near the street.



Figure 3: “This love would end in rage.” More remains of the memorial.