

DIFFERING NEEDS OF BEREAVED FAMILIES AND COMMUNITIES AFTER A TRAGEDY

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On 17 February 2006 thirteen teenagers were walking near the fence next to a vineyard on the wide verge of a country road in Cardross, an outlying area of Mildura. They had been at a party and had left together planning to get taxis to go to another party. At about 9:30 pm a driver travelling at speed, lost control of his vehicle that skidded onto the verge travelling sideways acting like a scythe struck down many of the group, killing five immediately, a sixth who had severe brain damage and died a day later and three others were injured. The group who died consisted of four girls aged 16 - 17, who were close friends, and two boys of similar age who had all attended the same senior high school.

The event had a profound effect on the Mildura community, there was an outpouring of grief and support to the effected families. The hospital grounds were filled with distressed teenagers parents and family members. One family had lost two children. There were five funerals over the next week and a number of memorial events in the community.

All the parents were referred for grief counselling. The parents became well-known in the local community. Civic leaders and politicians arranged for further events at which the parents were expected to be present. Some parents felt under pressure to attend these events. Flowers and other tributes were left at the scene of the accident and remained there for a long time. Newspaper headlines and television news items made statements such as "Community devastated by deadly hit-and-run".ⁱ

There were further memorial events over the next few months and fundraising events. For some years there were memorial services on the anniversary of the tragedy.

The offender was later committed for trial on the serious charge of culpable driving causing death and culpable driving causing serious injury. His trial took place exactly two years later in Melbourne over five weeks. The trial was by jury. He was found not guilty of culpable driving but found guilty of the lesser charge of dangerous driving causing death and dangerous driving causing serious injury. He was sentenced to ten years in prison with a minimum of seven years. He had been on remand for two years and effectively had five years to serve. His driving licence was cancelled for ten years.

I assessed all the bereaved parents, some of the siblings and those who were injured. I interviewed most of the parents at least twice. The parents' capacity for coping ranged from one who has been repeatedly hospitalised with severe depression to others who have resumed a semblance of normal living, but it was clear that all were profoundly damaged by their loss.

One of the mothers told me that the offender was convicted the mother, who had lost two children was approached in a supermarket by a stranger who said "you must be pleased now that he has been convicted as you will have closure!"

On the face of it the comment was extraordinarily insensitive and crass. As this mother said "that man did not leave his house that night intending to kill my children, whatever happens to him doesn't matter to me because I will never get my children back."

Nevertheless the remark highlighted an issue that I had noticed that almost at a subliminal level, the

disconnect between the community and the parents. It struck me that from a community point of view the comment made in the supermarket was actually quite accurate.

The community had endeavoured to show support to the bereaved families. The community had a public outpouring of sadness and a sense of loss. The community discussion about the issue had been wide ranging and there was general condemnation of the offender. The parents had assumed almost martyr status and were expected to be appreciative of the extent of the community distress. The community had arrested the offender and he had been convicted, albeit of a minor offence in comparison with the enormity of the event but once he had been convicted, as far as the community was concerned the matter was over and done with and the community could get on with its usual activities having been restored to a state of homeostasis by these various activities.

Of course the parents have a very different journey to travel. With the passage of time they gradually realised that their children would never return and although their acute grief lessened (for most) nevertheless they remained chronically grieving, although to outsiders they may appear to behave normally, in my experience they can never get over what happened.

With the passage of time there seemed to be an increasing divergence between the needs of the bereaved families and the needs of the community. The need of the community is to return to normal with a sense of having dealt appropriately with consideration and care with regard to the tragedy. The needs of the parents are for their children to come back and at the very least to survive. There is no possibility of a return to the status quo. With the passage of time their presence and especially any manifestation of their grief becomes uncomfortable for others and almost an embarrassment.

Our knowledge and understanding of griefⁱⁱ, the effects of trauma (particularly with the establishment of the International Society for Traumatic Stress Studies and its associated publications) community disasters such as 9/11ⁱⁱⁱ, the Queen Street shooting^{iv}, the Ash Wednesday bushfires^v, the Port Arthur massacre^{vi}, the Kempsey bus disaster^{vii} and the Black Saturday bushfires^{viii} has increased markedly. We also have much more knowledge about the effect of tragedies on communities^{ix} and about appropriate responses to mass shootings and other violent acts^{xi}.

It is not the purpose of this paper to review this extensive literature. Nevertheless it is useful to have a working definition of some of the terms used in this paper.

DEFINITIONS

GRIEF is the response to a real, perceived or anticipated significant loss^{xii}

TRAUMA can be considered to be any experience generating intense anxiety too powerful to be assimilated or dealt with by usual means, overwhelming the individual or group and leading to feelings of loss of control, helplessness and other distressing feelings. Frequently, it is accompanied by the shattering of fundamental assumptions about life^{xiii}. In instances of traumatic bereavement these responses occur together with a disruption of the mourner's assumptions about the deceased or to global assumptions about the self, others, life or the world in general^{xiv}. Such violated assumptions comprise some of the many emotional "secondary losses" that develop consequent to a death can create additional loss and trauma for the mourner^{xv}.

COMMUNITY^{xvi}

Communities may be natural or transitory. Natural communities are bonded together through time and any number of characteristics, for example, geography or profession. Members of the community have a common focus which brings them together. *A cohesive community affords a certain, safe, and wholesome environment in which individuals can lead effective, enriching and safe lives.*

Within this context, a traumatic event may threaten the community's existence, purpose, focus, or goals. An event may increase or lessen the bonding of the community. If the scale of the event is particularly large compared to the size of the community managing it may have exceptionally widespread and long-lasting effects. Traumatic events within communities can lead to different outcomes. Some communities rise in anger some collapse in grief and all shades in between. The response of the community largely depends on community leadership.

DIFFERENT LEVELS OF SURVIVORS

Following a death in whatever circumstances some will be more directly affected than others. Emotional and/or physical proximity to the crisis often determines the group response. This leads to the concept of levels of survivorship. Zinner^{xvii} describes four levels of survivors. The first level of survivors are family members and intimates of the deceased and others who identified strongly with the deceased. At the second level are those people who have had some interaction with the deceased including friends and acquaintances, schoolfriends and work colleagues. Their grief level might be anticipated to be more moderate than that of primary survivors but there may be some expectation of their taking part in various memorial events or directly contacting family members of the deceased. At the third level are those who share significant social characteristics with the deceased such as occupational or recreational activity or geographic or ethnic identity but may have had little or no interaction with the deceased. They may experience a temporary feelings of loss because someone "like" them has died. At the fourth level of survivors are those who share one particularly broad and general characteristic such as geographic or ethnic identification. They may or may not feel connected to the deceased and may or may not wish to be involved in any post-loss activities.

THE EXPERIENCE OF THE DEATH OF A CHILD

Most researchers agree that on the scale of severity of trauma, death of a child ranks very high^{xviii}. Death of a child can occur through natural causes, accident or as a result of malice. In the longer term it appears that the two latter causes of death, especially the second, make grieving more prolonged and more complicated.

The grieving of parents whose child has died through natural causes is more likely to be uncomplicated, especially if there is no added trauma from concerns about the medical treatment their child received. Some parents in this situation have used the impetus of their child's death to channel their energies into research into their child's illness.

The traumatic death of children fall into three groups.

- The incident could not have been foreseen and was not the fault of any person or groups of persons. For example, a torrential wind blew down a wall killing a child.
- The incident could have been foreseen and was caused by negligence or carelessness on the part

of the child, for example, running across a road and being hit by a car, taking illicit drugs and suffering a respiratory arrest.

- The incident could have been foreseen and was caused by negligence, carelessness or malice of another person.

THE IMMEDIATE IMPACT

The immediate impact of the death of a child is much the same for all the groups described above. There is intense grieving associated with characteristic symptoms including sleep disturbance, appetite disturbance, usually involving loss of appetite and weight, intense distress associated with tearfulness and progressive exhaustion. During this time parents hang onto any reminders of the deceased child.

Parents are also involved, sometimes peripherally, in an intense phase of activity associated with dealing with relatives and friends, the funeral, legal ramifications and with the needs of their other children, if any. Parents are required to deal with the response of their own friends and the friends of their child, neighbours, and relatives. Grieving parents have to deal with many people over the days and weeks after the tragedy. This appears to be both a curse and a blessing as the intense pain of the loss is slightly mitigated by all the talk about the deceased child which makes the loss less real and less final. This phase is also a curse because it is so emotionally demanding as parents feel obliged to provide emotional support to others and have little time to deal with their own anguish.

The second phase involves the funeral and burial, sometimes accompanied by a viewing of the body that increases levels of distress.

Most have only patchy memories of these first weeks.

The families of the Cardross victims experienced all the above together with the total loss of their anonymity in the community. They were pointed out as a parent of the deceased and were frequently obliged to respond to outpourings of sympathy from strangers. Most described this as burdensome as they were obliged to maintain a public face and found themselves in the ironical position of providing comfort to strangers about the death of their own child.

The families of the Cardross victims were also expected to be involved in community events organised for the community by civic leaders to indicate the concerns of the community.

A number of parents felt this had little to do with their own grieving and felt they were puppets in a far bigger game. Some of the parents also resented politicians and civic leaders publicly wearing their own mantle of grieving and "shedding crocodile tears" and thought they were benefiting from the death of their child.

The families were further burdened because many of them endeavoured to go to all the funerals, there were five funerals including one funeral involving a brother and sister. They all reported finding that process exhausting, physically depleting, emotionally draining and were again expected to maintain a public profile. There were up to 2000 mourners at some of these funerals.

Parents of the Cardross victims report that their own grieving seemed to be put "on hold" whilst they were dealing with all these public issues.

THE REALITY SINKS IN

Parents of deceased children find that after a period of time, usually weeks, the number of people calling drops off, people pick up their own lives and seem to be moving on, and they are expected to provide support to the other children and to pick up their usual activities, especially their economic activities if they are the breadwinner.

During this time the reality of the loss of the child becomes more real and the awareness that the child will never return gradually emerges. Many parents make repeated visits to the grave site, and many parents spend hours at a time seated in the child's room surrounded by their belongings. Many parents report catching glimpses of their child, sometimes in the street or in the house, and hearing the voice of their child. Many also report talking to their child in their mind.

During this time there are often problems with their other children who are also grieving but are also feeling the emotional withdrawal of their parents or parent and learning problems, discipline problems and school refusal can occur.

Parents' initial symptoms may settle to some extent with an improved sleep pattern and an increase in appetite but this is variable. During this time alcohol abuse is common. Parents often receive medication for sleep and sometimes for depression, and are referred for grief counselling. In the early phases grief counselling appears to be of little benefit, according to reports from parents.

It is at this time that parents think more and brood more about the causes of the child's death. This is particularly difficult for parents whose children have died from accidental causes, especially when the fault lies with the child or with another person. Parents feel intense guilt at somehow not having protected their child and if the death was caused by the behaviour of another person may feel intense anger towards that other person.

This was particularly so with regard to this tragedy because the behaviour of the offender was seen to be irresponsible and consistent with a pattern of previous behaviour. The offender had two young children in his car, one of whom was sitting on his lap at the time of the accident. The offender ran away from the scene claiming he was in fear of his life. The offender had support from his family and made few or no attempts to apologise. The offender proved to have repeated driving offences and seemed a feckless, irresponsible, selfish person.

Despite their anger at the offender many parents reported that they were aware that this made no difference to the underlying reality of the death of their child and that no amount of punishment could repair that situation.

LIFE MOVES ON

Grieving is a process of dealing with loss of a significant other or loss of an image of oneself and has a predictable pattern and is associated with initial intense pain, prolonged sadness and anhedonia followed by acceptance and some intermittent long-term sadness associated with a re-emergence into the usual activities of life.

Uncomplicated grieving usually settles over 12 to 18 months. Grieving that can proceed without interruptions, but is not associated with other mental health or physical health problems, family breakdowns, or other distressing events goes through various phases ultimately leading to an acceptance of the loss and intense sadness about the loss, especially with reminders of it, periods of

recurrent grief that occurs for many years but also a rejoining of the mainstream of life. People have times when they forget about the death of their child and find themselves enjoying themselves, sometimes associated with a sense of guilt. The day-to-day needs of their other children and their partner regain their importance and grieving parents, according to their previous level of activity resume that level of activity with friends and in the community.

COMPLICATED GRIEF

The grieving process is complicated by a number of factors including:

- Physical health problems for the individual or in the family
- Mental health problems for the individual or in the family
- Further death
- Relationship breakdowns
- Job loss
- Relocation
- Financial loss

Grieving is also complicated by factors arising from the death itself including:

- A coroner's inquest
- Guilt over the death
- If there is an offender, the legal processes involved in leading to the punishment of the offender

LONG-TERM EFFECTS ON THE PARENT

Long term effects include the development of mental health disorders including depressive disorders, anxiety disorders, panic disorders and chronic post traumatic stress disorder. These conditions interfere with relationships, recreational activities and general enjoyment of life. Some parents do not develop a diagnosable mental health disorder, nonetheless they continue to feel a sense of bleakness, a lack of joy, a sense of 'going through the motions' and feeling emotionally impoverished. They are aware of their inability to give and receive affection from others and this leads to family problems and problems with partners.

Individuals are also aware of their restricted interest in other activities and their irritability and impatience with matters they regard as trivial.

Individuals often abuse alcohol, cigarettes and sometimes marijuana, although rarely narcotics, as a means of self medication to reduce their emotional pain.

EFFECTS ON FAMILIES

Loss of a child frequently strains parental relationships to such an extent that the relationship may break down, this leads to further losses both for the individuals but also for the surviving children.

The response of parents to the death of one child has a profound effect on the other children. The surviving children are dealing with their own grief about the loss of her sibling but also dealing with the emotional withdrawal of one or both parents, sometimes for a prolonged period of time.

Surviving children frequently perceive the prolonged distress of a parent as indicating the parents'

preference for the deceased child rather than for the one surviving.

Usually children respond to these losses in one of two ways. Some children respond with withdrawal from the family and friends, sadness, emotional isolation, and a declining academic performance.

Other children (depending on their age) respond with anger, risk taking behaviour, school refusal, truanting, drug and alcohol abuse and sometimes sexual promiscuity and these latter behaviours can lead to a breakdown of the relationship between parents and a child.

EFFECTS ON EMPLOYMENT

Grieving makes it hard to work. Family members have little incentive to get up in the morning, particularly because their sleep pattern is usually so disturbed. They have difficulty concentrating on any but the most mundane tasks and often have significant problems with memory and concentration reducing their work efficiency. The task is made more difficult because their evident grieving causes distress in their workmates and sometimes leads to further emotional isolation as workmates do not know how to respond.

With the passage of time work can often become a form of therapy providing a time when the parent is actively engaged in matters other than to do with the loss of their child. Nevertheless their work efficiency remains low for a number of months and sometimes for years.

For the first few months, parents devastated by the death of a child are usually treated sympathetically by the employer, there is often flexibility about working hours and work duties, and co-workers often pitch in to cover for them. After a varying period, between 6-18 months, most employers become impatient and extra pressure is put on the grieving parent. This might lead to further health problems and may lead to the parent giving up that job and or working part-time.

It is not uncommon for parents to have a reduced working capacity for a considerable period of time, this in turn places a greater financial pressure on the family at a time when they are already under a great deal of pressure from a variety of other sources.

RECREATIONAL ACTIVITIES

Most parents are unable to continue with their usual recreational activities and may not return to them indefinitely. This usually leads to a reduction in social contacts which initially may be preferable because of the reduced pressure to behave "normally" but in the long-term leads to long-term emotional isolation.

THE CARDROSS SITUATION

Many of the factors described here apply to the parents involved in the Cardross tragedy. However there does seem to be an extra dimension related to this tragedy occurring in a relatively small isolated community amongst parents whose children were part of the same friendship groups. The effect of this has both positive and negative aspects. The effects of this tragedy appears to have been more damaging to parents because of these special factors. These include.

1. **GRIEVING MULTIPLIED** - All of the deceased comprised two friendship groups that

overlapped, many of the parents had known each other quite well before the tragedy. As a result parents have been not only grieving for their own child but also grieving for their children's friends and hence dealing with multiple grief.

Many of the parents attended a number of the funerals and have continued to have close contact with some of the other parents and participate in significant events such as the anniversary of the tragedy. They have had bracelets manufactured containing the names of all the children involved and many continue to wear these in memory of all the children. The parents continue to talk about the sadness they feel at the death of the other children as well as their own child.

There was intense media involvement with additional pressure being placed on parents to do interviews.

2. **RELATIVE ISOLATION** - The city and its surrounding areas are very isolated and many of the families have long-standing ties to the area and many relatives in the community.

Most of the parents have extended family living in the area. Most of the children had known each other socially, at school, and through sporting activities. Because Mildura is such an isolated city and has a comparatively small population of adolescents, it is not surprising that many of them know each other or have friends in common. There is an intricate social network which has had significant pluses and minuses. The pluses are that they have family support, they have support from the other bereaved parents, they have become well-known to various support services in the community and employers and schools are very familiar with the tragedy and have been able to make considerable allowances in accommodating the behaviour of the parents because of their knowledge of the tragedy. It is noteworthy that none of the parents have moved away from the Mildura area. The minuses are detailed in the next section.

3. **IDENTIFICATION AS A VICTIM** -The parents have no anonymity and have become known as the parents of the "Cardross Kids" and have been subjected to frequent gratuitous comments, mostly supportive, from other members of the community.

The parents have found burdensome their identity as the parents of one of the "Cardross Kids". They feel under scrutiny and all have had to deal with responses from strangers, most of these responses have been caring and considerate but even then they become a burden. Many of the parents described having to reassure well-wishers when that is the last thing they want to do.

A number of the parents have also, more recently, been subjected to gratuitous remarks, some even critical. These include "Isn't it time you got on with your life, you should put this behind you". After the offender was sentenced a number were told "that's good, now you have closure". The response of parents to this is anger because, of course, there can be no closure as their child has died.

4. **PURSUIT OF JUSTICE** - The legal process against the offender has been protracted and has consumed a good deal of the time and energy of the parents.

Parents participated in the committal hearing in early 2007 and many attended the Supreme Court trial in February and March 2008. It was found that the offender was driving with two of his children including a four-year-old son sitting on his lap steering the car and was travelling at a speed of 150 km/h.

All described the stress in hearing more about the tragedy and all avoided attending on those days when medical details were given about the death of each victim. They expressed concern about the behaviour of the offender and his family and the apparent lack of remorse shown by the offender. They were angry that the offender had had a number of previous driving offences. They were particularly angry with the jury who found him not guilty of the more serious charge of culpable driving causing death.

Nonetheless most of the parents said that whatever happened with regard to the sentence their child would still not come back and so to that extent the whole business seemed irrelevant. Nevertheless the committal process and the trial took a great deal of emotional energy and a number of parents stated that they felt dealing with the legal process and the responses of the Mildura community to the legal process interfered with their own grieving.

5. **COMMUNITY PRESSURE** - The parents have been expected to participate in community activities to commemorate the anniversaries of the tragedy and have felt significant constraints in being able to grieve in their own way.

Many parents felt like hiding away and yet felt obliged to participate in various community activities, especially in the few weeks after the tragedy. They found this took a great deal of energy and was emotionally very depleting and they had to keep a public face intact for prolonged periods. They also felt a sense of resentment that many of these matters were decided upon by politicians and community leaders with little consultation with them and yet they were still expected to participate. Parents thought that their refusal to participate would be seen negatively in the community.

6. **COUNSELLING** - Most of the parents have had counselling with one or other of two psychologists in the area, and both psychologists have felt, at times, overwhelmed. The parents appear to have gained little from the counselling. As one parent said "I'm sick of going over what happened again and again." It raises issues about what is the purpose of grief counselling and what is its effectiveness.

THE COMMUNITY RESPONSE

The community seems to go through a different process from that of the family. The response of members of the community, particularly a relatively small community, is a sense of shock and horror and a sense of secret relief that it was not one of their own family members involved. All communities including the Mildura community have a series of ritualistic behaviours to move past the media tragedy. These behaviours have one goal in mind, for the community to resume their usual activities with the belief that they have done appropriately with the tragedy and can move on with their lives and their family lives guilt free. The widely used term "closure" has little meaning for parents in this situation but does mean something for their community in the literal sense of closing a chapter and moving on.

The community response has involved distress, support to the grieving families by visits, telephone calls, letters, flowers, and food. Community leaders organised memorial services in which the grieving parents were expected to participate. This allowed the community to feel that they were doing their best for the grieving parents. The community response also involved criminal proceedings against the offender.

Promises were made that the children who were killed would never be forgotten. Memorial services were held on the anniversary of the tragedy. Again parents were expected to participate and to be

grateful that the community continued to think about them.

Williams and Zinner wrote that rituals have great power^{xix}. Rituals have always been a part of communal interactions. Rituals play a healing role as *symbolic communal responses* to an event that goes beyond any one individual or family in its impact and consequence. One function met by the use of ceremonies is that of *survivor group identification*. Group identification through ritual emblems or behaviours embodies the concept of hierarchies of suffering denoting those most burdened by trauma. The wearing of armbands or ribbons, the lowering of flags, the coming together in group demonstrations of grief and loss all serve as evidence of *shared mourning*. In many instances, generals and later memorial ceremonies not only demonstrate communal grief but also give directions as to how to act out grief publicly. Rituals and memorial events provide a means to establish remembrance and bring closure. It is important to families that the dead be remembered, which is the function of tombstones and personal shrines. It is important to communities that major communal events are recalled and commemorated as significant threads in the total *collective fabric of the community*. Remembrance and closure are different sides of the same coin. One focuses on the loss, the other on the recovery, both are needed but may be required at different stages in the crisis. The most important aspect is that rituals are a tool for creating meaning. *The impact of an event is measured more by its interpretation than its consequence.*

Subsequently the judicial process reached its conclusion. Life in the community moved on.

Responses to these tragedies maybe better focused if there is an awareness that there is a fundamental difference of interest between bereaved family members and the community. The community want life to get back to normal even in the absence of those who died. The parents want their children back.

Community leaders and counsellors need to be aware that various events organised to help the community "heal" such as memorial events, fundraising events and so forth may be useful for both groups in the short term but in the long-term may be counter-productive as far as the bereaved families are concerned. There may also need to be community education about the differences between the needs of the community and the needs of families so as to enable community members to be more understanding that family responses are likely to be very long-term and probably indefinite.

Counsellors should avoid focusing too much on the traumatic event and help their clients deal with day-to-day matters including decisions about participation in community activities that may not be in their long-term best interests.

There are two surprising omissions in the vast body of literature about grieving, traumatic loss, mass tragedies and community responses. These omissions are with regard to the effects on families, separate from the effects on communities, of the death of a number of children in a single incident. The other glaring omission is with regard to the disconnect between the needs of families after such a tragedy and the needs of the community. The only brief mentions I could find were in a book entitled *When a Community Weeps*". The introduction^{xx} states *however, when bereavement and trauma coincide, the individual and the community situation often becomes quite complicated.*

In a paper on the Challenger disaster^{xxi} it was noted that *the frequent ceremonies held in honour of crew members brought mixed feelings to some.... The Michael Smith family requested that the annual ceremony honouring their son be called off. In this instance, at least, a conflict seemed to develop between the larger social group's need to identify with a loss of a heroic member and the family's need to put the public aspects of the event*

behind them.

In the summary of this book, the editors, Zinner and Williams^{xxii} write *while this book focuses on the impact of the crisis on the community, any loss involving destruction and death is, without doubt, a profoundly significant events for the immediate survivors. While both the community and immediate survivors share the tragedy, they do so with different levels of intensity and needs. The community needs to restore order and move on using a different timetable than the timetable utilised by individuals most closely affected by the trauma. In this attempt to restore order, the physical, political, and social implications of disaster which are of central importance to the group may conflict with the highly personal needs of any one person or family or neighbourhood. Interventions that may serve one side may not serve the other.*

Furthermore another contributor to this book, Bolton^{xxiii} noted *the implications for a town or community are predominantly social, economic, political and more dispersed. The implications of victims are much more immediate, physically and emotionally, and intensely personal. These two perspectives need to be held together with due regard for both.*

CONCLUSIONS

The death of a child is a tragedy that has multiple ramifications. This is especially so when the death has occurred as a result of trauma, particularly trauma that is the fault of another. Parents are damaged by this experience and many never really overcome their loss.

Parents involved in the Cardross tragedy appear to have been particularly traumatised. It is considered this is primarily because they have suffered not only the loss of their own child but also the loss of their child's friends, effectively wiping out their child's friendship group, and hence they are dealing with multiple trauma and multiple grieving. This process is focused because this occurred in an isolated city and its environs in which the parents have developed an identity and are widely known as one of the parents involved in this tragedy.

The manifestation of their traumatisation is reflected in their work capacity, their relationships, and their lack of recreational enjoyment.

Tragedy occurring in a small community arouses a community response including a variety of support for the bereaved parents and family members, a series of significant events including memorial services and a judicial process. The unspoken aim of the community is to restore some sort of status quo. This is at odds with the aims of the parents who want their children back and who do not want the community to forget about their loss. A lack of understanding of the different needs of the two groups can lead to a good deal of distress on both sides. Research with regard to the response of family members in instances of multiple deaths and with regard to the diverging interests of the community and the primary survivors are significant areas that remain to be explored in-depth.

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