Chapter 3 Methodology

As discussed at the beginning of the previous chapter, there has been virtually no formal research that has looked at the impact of news reporting on victims and survivors of traumatic events in Australia and certainly only reasonably limited publication of any kind elsewhere. There has been a wealth of quantitative and qualitative research done by psychologists and others on trauma and its impacts, and there exists a healthy body of work that looks at how the media influences behaviour, particularly in children. However, most data available about the interface between trauma and journalism has so far been largely anecdotal. Given that this is a very new area of research, then, it is not surprising to find the case study method employed as a discovery tool by the most robust review so far of the area, that done by United States journalism educators Coté and Simpson (2000)[196].

Mass media communication research experts Wimmer and Dominick (1997) describe the case study method as 'a common qualitative research technique' that 'uses as many data sources as possible to systematically investigate individuals, groups, organisations or events'.[197] While they deny there is a 'typical' quantitative methodological approach to researching the mass media, they identify a number of common methodologies used by researchers working with larger populations, viz.:

- content analysis
- laboratory experiments
- surveys
- field experiments
- observations
- panels
- meta-analysis[198]

---

[196]   Coté, W. & Simpson, R. (2000), *Covering violence: A guide to ethical reporting about victims and trauma.* New York: Columbia University Press.

[197]   Wimmer, R.D., & Dominick, J.R., (1997) *Mass Media Research: An introduction (5th Edition).* Belmont: Wadsworth Publishing Company, P102.

[198]   Loc. cit., P345.

Another social science research method which is used to amass information, particularly in a new area is ethnography, the 'up-close, personal experience and possible participation, not just observation, by researchers trained in the art of ethnography'[199]. However, this researcher's limited availability due to ongoing work and family commitments precluded an extended 'live-in' study of victims and survivors and their interactions with the media. In any case, to have produced data that was indicative, comparable, replicable and triangulated would have required multiple ethnographic studies, something that was outside the scope of this research.

What was achievable, however – with a blended quantitative/qualitative methodology that drew on additional input from experts and from a review of key news coverage of the events being described – were multiple case studies that enabled comparisons to be drawn with some confidence within and between three different cohorts. The information elicited from such a study would be likely to focus on both the anti-social and, probably to a lesser extent, pro-social effects of news-gathering and news-reporting activities on victims, survivors and their families and communities. To achieve this, details about the way journalists behaved as well as the impact of the content of any news reports that eventuated would need to be gathered.

Wimmer and Dominick (1997) acknowledge the 'study of anti-social effects of viewing television and motion pictures is one of the most heavily researched areas in mass media', outnumbering other types of studies, including pro-social content studies, four to one.[200] Certainly concern over the impact of the content of mass media has been researched since the early 1920s when Lippman (1922) suggested that the media was responsible for the 'pictures in our heads'[201].

---

[199] Genzuk, M. (unknown), "A synthesis of ethnographic research", University of Southern California Center for Multilingual, Multicultural Research, accessed online at www-rcf.usc.edu/~genzuk/Ethnographic_Research.html on 18/11/02.

[200] Op. cit.

[201] Lippmann, W., (1922), *Public Opinion.* New York: Macmillan [mentioned in Wimmer and Dominick].

However much of the research done since then has focused on whether children are influenced by viewing violence in the media[202]. Other areas of research into mass media effects – particularly that which has centred around testing agenda-setting theory – has examined the media's impact on public responses to political campaigns, history, advertising, foreign news and medical news.[203]

Two key trends have emerged in recent agenda-setting research, according to Wimmer and Dominick (1997). They are

> '(1) how the media agenda is set … and (2) how the media choose to portray the issues they cover (this is called *framing analysis*). Framing analysis recognizes that the media can impart a certain perspective or "spin" to the events they cover and this, in turn, might influence public attitudes on an issue.[204]

In deciding how to frame and formulate Australia's first serious research of the potential impacts of news reporting on victims and survivors, this researcher realised a case study method which relied on a combination of qualitative and quantitative data elicited from a range of sources would provide valuable initial insights as well as potential pathways for future replication by other researchers or further research by the author. This largely face-to-face investigation method incorporated open-ended questions that enabled participants to articulate not only their experiences in their own words but also their opinions about what had happened to them (the non-standard variables). It also elicited various multiple-choice or ranked responses that, in turn, allowed direct comparison of certain standard variables, regardless of what traumatic event each participant had experienced.

---

[202] Op. cit., Pp343-345.

[203] Op. cit., P356.

[204] Op. cit., P357.

3.1   Methodological framework

The main methodological framework employed for this research then was qualitative, comparative case studies. Merriam (1988)[205] identifies four 'essential characteristics' of case studies as:

(1) **Particularistic.** This means that the case study focuses on a particular situation, event, program, or phenomenon, making it a good method for studying practical, real-life problems.

(2) **Descriptive.** The final result of a case study is a detailed description of the topic under study.

(3) **Heuristic.** A case study helps people to understand what's being studied. New interpretations, new perspectives, new meaning, and fresh insights are all goals of a case study.

(4) **Inductive.** Most case studies depend on inductive reasoning. Principles and generalizations emerge from an examination of the data. Many case studies attempt to discover new relationships rather than verifying existing hypotheses.

The quantitative questions incorporated in different sections of the questionnaire allow meaningful internal, and future, comparisons of demographic, situational and event connectivity information. The quantitative data elicited from those who participated in these in-depth interviews – and not just those who were selected to later be examined as case studies – is presented in the next section of this chapter. Further information for these case studies was gathered from additional interviews with subject matter experts (viz., a forensic psychiatrist, a former media officer from the Premier's office, a senior broadcast journalist, a historian and a trauma counsellor) and from reviews of several major city newspapers' coverage of the various traumatic events mentioned by participants.

Therefore, a mostly scientific approach has been taken to this particular study which broadly follows tenets outlined by Wimmer and Dominick (1997)[206] in that:

---

[205] These points – which originally appeared in Merriam, S.B. (1988) *Beginning qualitative research.* Bristol, PA: The Falmer Press – were gleaned from Wimmer, R.D., & Dominick, J.A., (1997) *Mass Media Research - An Introduction* (5th Edition), Belmont: Wadsworth Publishing Company. Pp102-103.

[206] Wimmer, R.D., & Dominick, J.A., (1997) *Mass Media Research - An Introduction* (5th Edition), California, Wadsworth. Pp9-12

- its findings will be public;
- its (quantitative) findings are objective, empirical and unbiased;
- its structure is systematic and cumulative, with results that are predictive; and
- it can be replicated with other populations.[207]

Design

The design of this research evolved after a review of literature across the principle areas of concern related to this topic – viz., traumatology, journalism practice and the challenges of communicating during and after critical incidents[208]. As outlined in the previous chapter, traditional publication sources were reviewed, along with a range of verifiable online resources. The review of literature has continued throughout all phases of this thesis, with an increasing amount of relevant material coming into circulation (or online) in the past year or so. While critical incident communication literature is scarce, *per se*, crisis communication literature is plentiful and has some direct correlations with this area.

On the other hand, journalism practice and standards are well documented and, generally, there is a growing body of journalism research being undertaken in Australia. However, little research is being published in this country that specifically relates to the interface between victims and journalists and few texts – local or international – give any coverage at all to concerns in this area. A handful of biographies, however, give some insights into the experiences of trauma victims in this country[209].

---

[207] One of the main reasons such an approach was taken was because – in the long run – solid, scientific findings will be more useful for media organisations, regulators, victim support groups and the community.

[208] The previous chapter of this thesis contains this literature review.

[209] Scott, M. (1997), Mikac & Simpson (1997), Horvath Mobayad, E. (1999), Scott, J. & Robertson, J. (1993) and Diver, S. & Bouda, S. (1999) all give insights on how media respond to major traumatic events and interact with victims.

In the United States, a number of jurisdictions have become quite interested in the relationship between victims and the media. Even prior to September 11, 2001, several states – including New Hampshire and Wisconsin – had introduced charters of victims rights when dealing with the media, while victims' rights advisory cards are being distributed in other states like Virginia[210]. In Australia, police services and victims of crime organisations have also been targeting victims with advice on dealing with the media. The Tasmania Police have published such guidelines in booklet form. In New South Wales, the Victims of Crime Bureau has issued basic guidelines for victims of violent crime who need to deal with the media. Hwever these are aimed more at the integrity of any potential legal case and less at the welfare of victims themselves, as the US guidelines tend to be[211]. Police in the Northern Territory have verbally confirmed to this researcher that victims are given such information.

The field of traumatology itself is well evolved, with copious academic and clinical literature about the incidence, diagnosis, treatment, legalities and clinically controversial aspects of traumatic stress as well as human and community responses to such stress. Australian welfare and government agencies that respond to individuals and communities and provide valuable support after a traumatic event – such as the Red Cross, the Salvation Army, state health departments, community service bodies – are also active publishers about their activities and ways to help victims and survivors 'normalise' after a traumatic incident.

Trauma education and critical incident management programs are usually evident in most 'first responder' agencies across the country. Police, fire, ambulance, State Emergency Service departments and other search-and-rescue bodies routinely participate in such programs. Indeed, researchers are working in this field in almost every country and a large number of standard quantitative and qualitative survey instruments has been developed, tested widely and regularly employed in psychological research internationally.

---

[210]   See Appendix 7 for details of these guidelines.

[211]   These guidelines are available at http://www.lawlink.nsw.gov.au/vsb1.nsf/pages/media

One of these instruments – the Impact of Event Scale - Revised (IES-R)[212] – provided the initial basis for many of the standardised components of the questionnaire used with victims and survivors for this research[213]. Additional situational questions helped define the degree of connectedness participants had to their particular traumatic incident. Questions specifically about media behaviour and material published as well as the consequential impacts of both rounded out this survey.

While traumatology research stretches back for the best part of a century, research in the specific area of the impact of news reporting on victims and survivors is still relatively new. There is, however, a rich and growing body of personal accounts and professional discussions about trauma and its interface with journalism thanks to various educational and philanthropic programs. Most, but not all, of these are based in the United States and many offer easy access to expert advice and the latest research via the Internet. Some worthwhile sites include:

- The Dart Center for Journalism and Trauma (at http://www.dartcenter.org)
- The International Society for Traumatic Stress Studies (at http://www.istss.org)
- The Poynter Institute (at http://www.poynter.org)
- The Freedom Forum (at http://www.freedomforum.org)
- No Train, No Gain (at http://www.notrain-nogain.org)

In Australia, there are few such integrated, online resources specifically designed for journalists and the community to access and none that is as extensive as those on the above list. Apart from the odd media report and the biographies already mentioned, there are few personal accounts about the impact of news reporting on individuals or communities in Australia.

---

212   Weiss, D.S., & Marmar, C.R. (1996). 'The Impact of Event Scale – Revised.' In J. Wilson & T.M. Keane (Eds.), *Assessing Psychological Trauma and PTSD* (pp. 399-411). New York: Guildford. The original IES was developed from Horowitz's model of stress response syndromes. This instrument and its revision are used frequently in trauma research and have demonstrated extensive reliability and validity. [Horowitz, M., Wilner, N. & Alvarez, W. (1979). Impact of Event Scale: a measure of subjective stress. *Psychosomatic Medicine*, 41, Pp209-18.]

213   A copy of the survey instrument used appears in Appendix Five.

Yet this nation is not without its fair share of traumatic events and each has attracted heavy attention from and coverage by on- and off-shore media. Participants in this research all reported incidents where media behaviour or news coverage had caused victims or themselves further harm. Many also reported positive experiences with individual journalists and even media organisations. However, it was the negative experiences that stood out most for participants, even after many years had passed.

It was in this environment that the questionnaire developed for this research was drafted with assistance from Dr Embelton, who has himself done significant research and clinical work in the area of traumatic stress. Because it was based on an existing and proven instrument, IES-R, this questionnaire was piloted with only a small number of test subjects before it was employed during the fieldwork phase.

Sample selection

Sample selection in this area is quite difficult to randomise, given the haphazard distribution of potential participants with experience of a traumatic event and/or media attention in the aftermath of the event. Often these people are quite scattered or live in isolated regions. During the initial stages of this study, the Salvation Army's Lt.-Col. Don Woodland – an experienced media spokesperson who has provided post-event trauma support as well as informal media liaison at most major incidents in Australia's recent history – shared some valuable insights. It was Lt.-Col. Woodland who suggested that Port Arthur victims had valuable input to make to such a study, offering to act as an initial go-between for this researcher and a sizeable group of individuals connected to the event.

A cohort of 12 individuals – eight men and four women – was identified as the sample base from which suitable case studies could later be drawn. While in Tasmania and Victoria to conduct these interviews, several other subject matter experts were consulted for their perspectives on what happened at Port Arthur. These experts included a forensic psychiatrist, a historian, a television journalist who covered the story, a government media officer and a trauma counsellor.

After the interviews were conducted, it became obvious five of the participants would make a natural cluster of subjects for closer study because each had progressively more intimate connection to the shootings. Their *multiple-victim traumatic event case studies* – presented in Chapter Four – were respectively called 'the volunteers' (two participants who came onto the site, saw the dead and wounded and transported a survivor to hospital), 'the ferry operator' (who lived and worked on the site and continues to do so), 'the toll booth operator' (who witnessed the shootings of a mother and her two children by the gunman and then was shot at as she tried to keep herself safe in her flimsy office) and 'the security manager' (who entered the Broad Arrow Café while the gunman was still shooting and was able to evacuate many people to safety).

In fact, the Melbourne-based trauma counsellor Louise Bailey – who had been working with several Port Arthur victims – heard about this research through her brother, fellow Queensland University of Technology trauma and journalism researcher Philip Castle. She facilitated contact with a Melbourne-based support and advocacy group for people who had lost a partner or relative in workplace fatalities.

From an initial focus group of eight Industrial Deaths Support and Advocacy (IDSA) members (two men and six women), four female candidates were identified for in-depth interviewing. Their stories, encapsulated in the Chapter Five *single-victim traumatic event case studies*, are 'the new boy', 'the experienced engine driver', 'the granite worker' and 'the supervisor'[214]. They provide the basis for a comparative set of case studies and allow some similarities and distinctions to be drawn between the two populations.

After following up a feature story about the pressure of media attention on victims which appeared in *The Sunday Age*[215], the reporter contacted one of her interviewees, Joanne Robertson, the sister of James Scott, a Brisbane medical student who was missing in the Himalayas in the early 1990s for 43 days. She suggested Joanne make contact because of her family's experiences with the media during the search for her brother and after his rescue. Interviewed in May 2000, Joanne Robertson's account forms the final case study of a *traumatic event without loss of life* which looks at what happens to survivors and their families.

Examination of the three types of traumatic events has allowed a better understanding of how media interact with different sorts of victims and survivors. It also allows an exploration of what issues might be common across all three groups and what, if any, might be unique to particular situations.

---

[214] This last case, which centres around an explosion at a metalworks, eventually involved more than one death as three more gravely ill workers who were injured by the blast died over the coming weeks.

[215] 'Leave us alone!', *The Sunday Age*, April 23, 2000.

Ethical concerns

The Queensland University of Technology has an ethical clearance procedure that rates informed consent and the welfare of human participants as top priorities. It requires researchers to plan ahead, be honest and precise about the nature of the work to be done and point out any potential areas of concern as well as the availability of support mechanisms if required[216]. Additionally, a workshop conducted by then associate supervisor Dr Gary Embelton provided close guidance and advice about the proper way to conduct research with victims and survivors of traumatic incidents[217].

Potential participants were approached initially via telephone. Those who verbally agreed to participate were followed up immediately with a letter confirming the nature of the study and the intended range of areas to be probed. A permission sheet was sent to be signed before an in-depth interview took place and participants could elect to have someone sit in on the interview if they wanted. Prior to each interview, the purpose and form of the research was restated and participants were reassured that, at any time, they could ask to take a break from or end proceedings. Only one participant elected to have another person present during their in-depth interview and none elected to terminate or take a break from their interview.

Early questions focused on demographic and situational information and then the IES-R questions, which allowed this researcher to gain an understanding of the extent of their exposure to a traumatic incident as well as their prior and current physical and mental health conditions. Once answers to these early questions indicated further questioning was unlikely to jeopardise the health of participants, participants were then asked to describe in their own words what had happened to them. They were then asked a final set of questions relating to their specific experiences with the media.

---

[216]   See Appendix 16 for a copy of the information sent to potential participants, including an informed consent form.

[217]   Embelton, G., (1997), *Peer Support, Supervision and Debriefing*, course notes published by Psychological and Corporate Consulting Pty Ltd.

Prior to the conclusion of each interview, participants were asked how they felt about being approached for the interview, how they felt during the interview and whether – as a result of feelings or reactions brought about by the interview – they required further assistance in the form of counselling or other support, which the university would fund. They were also given full contact details should they have concerns at a later date.

All participants said they were satisfied not only with being approached and how they were approached but also with the way their interviews had been conducted. Some participants were clearly upset during their interviews and acknowledged that the exercise had brought back difficult or unwanted memories. All regained composure and none elected to take up an offer of counselling or other forms of support because of their interview with the researcher.[218]

Data sources and collection

According to Wimmer and Dominick (1997), case studies that use multiple sources of evidence rate higher than those relying on a single source, help improve the reliability and validity of a study and allow the triangulation of the phenomenon being investigated[219].

---

[218]   QUT offers to arrange counselling or other informal support for any participants who might be 'at risk' because of their participation in approved QUT research activities.

[219]   Wimmer & Dominick (1997), P104.

The fieldwork for the nine case studies presented here was undertaken over two periods, October-November 1999 (in Tasmania, Victoria and New South Wales) and in May, 2000 (in Brisbane). In addition to conversations with subject matter experts, the in-depth interviews and a focus group with participants, substantial newspaper coverage of these events was reviewed in the Tasmanian, Victorian and New South Wales state libraries. Joanne Robertson also provided access to an extensive collection of media clippings pertaining to the period her brother James Scott was missing in the Himalayas, his rescue, his medical evacuation, his homecoming and subsequent matters, including the release of their book. Several non-fiction books that discuss these particular traumatic events were read, mostly prior to the relevant interviews, viz. *Port Arthur: a story of strength and courage* (Scott, M., 1997), *To have and to hold* (Mikac, W. & Simpson, L., 1997), *Till death us do part, industrial death narratives* (3rd edition, Horvath Mobayad, E., 1999) and *Lost in the Himalayas* (Scott, J. & Robertson, J., 1993).

Data analysis

Quantitative data collected was analysed during the latter half of 2000 and early 2001. Qualitative data took much longer to transcribe, distil and analyse. The nine case studies presented in this thesis were finalised in the latter half of 2001[220]. Empirical patterns were sought and elucidated where possible and a demographic analysis is contained within the next section of this chapter. Most participants had had a reasonably high level of direct interaction with news media. Others had little or no direct contact with the media during or after their particular traumatic event, but had valuable observations to make about media behaviour and the consequential impacts of published news on themselves and those around them.

---

[220]   The researcher undertook this study on a part-time basis and was unable to progress the work at full pace at different stages due to serious illnesses of two close family members.

Each of the case studies presented in this thesis, then, is factually detailed and contained within its own sub-section. The four case studies pertaining to the high-profile massacre at Port Arthur are covered in one chapter that deals with *multiple-victim traumatic event case studies*. The industrial death case studies are grouped in another chapter that examines *single-victim traumatic event case studies.* Finally, the experiences of Joanne Robertson form the sole case study in the third subset which looks at a high-profile *traumatic event without loss of life*.

Report writing

While traditional case studies usually follow the format of problem, methods, findings, and discussion[221], each of the case studies presented in this thesis is segmented along similar lines to that of the survey instrument used. The common framework includes:

- the traumatic incident and participant's exposure;
- immediate media coverage;
- ongoing media coverage;
- positives of media coverage;
- negatives of media coverage; and
- interviewee feedback for the media.

This not only protects the integrity of the information divulged by participants in its context, it has also allowed the flagging of valuable observations about experiences with the media at various stages (immediately after the event, during the days and weeks after that and, ultimately, in the longer term). A summary of those victim observations is contained in the chapter immediately following the case studies. That chapter is complemented by an examination of media perspectives on a cross-section of points raised by victims and survivors contained in the penultimate chapter of this thesis.

---

[221]   Wimmer & Dominick (1997), P105.

3.2   Sample demographics

Quantitative – mostly demographic – information collected during fieldwork for this thesis is useful in understanding the background and context in which respondents gave their opinions, especially from the two main cohorts of participants: (1) those who experienced the massacre of 35 people at Port Arthur in Tasmania, Australia, in April 1996, and (2) those who had experienced the loss of a loved one in a workplace environment. That these participants are cohorts – i.e., they all lost loved ones, friends, neighbours or co-workers – enables an overview of some real impacts of sudden, violent deaths themselves.

Demographic information for the final participant in this research, Joanne Robertson, is contained within the case study in Chapter Six and included below in the next section which presents a cross section of combined demographic data in tabular form.

3.2.1 Combined demographic data (all three cohorts)

Table 3.2.1A:
Age & gender of participants at time of their traumatic event

	18-25	26-35	36-45	46-55	56+	*Total*
Women	0	2	4	3	0	**9**
Men	0	2	3	1	2	**8**
AGE GROUP TOTALS	0	4	7	4	2	**17**

Table 3.2.1B:
Age & gender of participants when interviewed

	18-25	26-35	36-45	46-55	56+	*Total*
Women	0	1	3	4	1	**9**
Men	0	2	3	0	3	**8**
AGE GROUP TOTALS	0	3	6	4	4	**17**

Tables 3.2.1a and 3.2.1b show that all 17 people interviewed in depth for this research were aged more than 26 years at the time of the event they were describing. Because time elapsed between specific traumatic events and each interview varied, the overall aging of this group can be seen best by comparing the Age Group Totals for both tables. The gender distribution was virtually even, with nine women and eight men across the three cohorts.

Tables 3.2.2, 3.2.3 and 3.2.4 give some insight into the extent of disruption participants experienced after their particular traumatic event, mapping obvious changes in family cohesion, place of residence and occupation status.

Table 3.2.2:
Family status before/after event

	at time of event	now	stated cause of disruption
Unmarried	0	0	
Married/ de facto/ partner	6	3	2 partner deaths*, 1 had children
Married with children	11	9	3 sep/divorced, 1 became parent
Separated/ divorced	0	3	3 separated/divorced
Widowed/ partner deceased in event*	0	2	2 partner deaths
TOTALS	**17**	**17**	

Table 3.2.2 shows the extent of change to family status from before an event until the time of interview for the 17 participants involved in this research. One of the partner deaths and all three of the separations/divorces were experienced in the Port Arthur cohort. Although a statistically small sample, a higher incidence of family breakdown or change after a multiple-death shooting (one in three families interviewed) underscores the increased pressures families may face in these situations. The other partner death was experienced in the Industrial Deaths cohort.

Table 3.2.3:
Disruption to place of residence

	Female	*Male*	*Total*
Moved directly because of event	1	2	**3**
Moved partially because of event	0	2	**2**
Moved for other reason*	2	0	**2**
Still at same address	6	4	**10**
TOTALS	**9**	**8**	**17**

** building new home at time of event (and subsequently moved in);
or needed larger home to accommodate birth of children)*

Table 3.2.3 shows almost 30 per cent of participants (five out of 17) moved house directly or partially because of their traumatic event. Although a small sample, a larger proportion of women participants seem to remain at their previous address after a traumatic event. This would be an interesting factor to examine in a larger survey.

Table 3.2.4:
Impact on occupation

	Female	*Male*	*Total*
Unable to work	1	0	**1**
Changed occupation because of event	2	0	**2**
Scaling back responsibilities because of event	2	2	**4**
Changed occupation for other reasons*	2*	0	**2**
Retained occupation, work with same employer	1	2	**3**
Retained occupation, changed employer	0	1	**1**
Retained occupation, added new duties	0	2	**2**
Has/was/still is retired	1	1	**1**
TOTALS	**9**	**8**	**17**

* Better job offer (1), went part-time when children born (1)

Table 3.2.4 shows that, for seven of the 17 participants (41 per cent), their traumatic event had a direct impact on their occupation, with one unable to return to any form of work, two deliberately changing their occupation because of their event and four scaling back their responsibilities at work because of the traumatic event and its consequences for them or their families.

Table 3.2.5:
Where survey participants were born

Place of birth	Females	Males	Total
Tasmania	3	6	9
South Australia	1	0	1
New South Wales	2	1	3
Victoria	2	0	2
England	0	1	1
Spain	1	0	1
TOTAL	**9**	**8**	**17**

Table 3.2.5 simply shows where the 17 participants were born. While 15 of the 17 were Australian-born, only two were born overseas. At roughly 11 per cent of this small sample, this group is under-represented when compared to the composition of the broader community. It would be useful to ensure sample composition was closer to average on a larger-scale survey. Also, in this small survey, no one identified themselves as being of Aboriginal or Torres Strait Islander descent. An examination of cultural differences in responses to traumatic events is not within the scope of this thesis.

Table 3.2.6:
Participants' connectivity to their traumatic event

	victim/survivor		family			friend			other connection/s				connect-ivity rating
	received injuries	received no physical injury	of deceased (+ relationship)	of injured	of someone at Site with no phys. injuries	of deceased	of injured	of someone at Site with no phys. injuries	neighbour/ community member	local community/ business official	attended victims/ survivors at event	assisted victims/ survivors since event	Max. score = 12
SP1 (f)		•				•	•	•	•	•	•	•	8
SP2 (m)					•	•	•	•	•	•		•	7
SP3 (f)					•	•	•	•	•		•	•	7
SP4 (m)		•				•	•	•	•	•	•	•	8
SP5 (m)		•	• (cousin)			•	•	•	•	•		•	8
SP6 (m)			• (cousin)		•	•	•	•	•		•		7
SP7 (m)		•				•	•	•	•	•	•	•	8
SP8 (m)						•	•	•	•	•		•	6
SP9 (f)		•				•	•	•	•	•	•	•	8
SP10 (f)						•	•	•	•	•		•	6
SP11 (m)		•			•	•	•	•	•	•	•	•	9
SP12 (m)		•	• (spouse)		•	•	•		•	•	•	•	9
SP13 (f)			• (son)				•	•					3
SP14 (f)			• (father)										1
SP15 (f)			• (partner)										1
SP16 (f)			• (son)										1
SP17 (f)				•							•	•	3
TOTALS	0	7	7	1	5	12	13	12	12	10	9	12	
Av. C#1													*7.6*
Av. C#2													*1.5*
Av. C#3													*3*
Av. Total													5.9

SP(N) (Gender) in bold lettering indicates participant interview was later incorporated in one of the nine case studies in this thesis.

Table 3.2.6 shows all but two participants in the Port Arthur cohort had moderately high levels of connectivity to their traumatic event. The remaining two in this cohort still scored much higher than any participants in the other two cohorts examined in this thesis. The researcher believes this is attributable to the nature of the close-knit Port Arthur community. All other participants lived in major metropolitan areas. Public health, psychology and other researchers may care to explore this aspect further. Across all three cohorts of this research, the more numerous connections tended to be in the roles of friend or neighbour/community member.

Table 3.2.7:
General physical health before/after event

Disruption factor*	Females	Males	No. of participants
-3	1	0	1
-2	3	3	6
-1	2	1	3
0	3	2	5
1	0	1	1
DNR	0	1	1
TOTAL	**9**	**8**	**17**

DNR = did not respond
* disruption factor refers to the extent of negative or positive change to participants' reported general physical health status following their traumatic events

Table 3.2.7 shows the change reported in the general physical health of participants since their traumatic event. Ten of the 17 participants (59 per cent) reported some degree of deteriorating physical health. One participant experienced considerable deterioration in her general physical health (moving from 'very good' to 'poor'), while six participants (three men, three women) noted a significant deterioration, dropping two points on a four-point scale. Three participants (one man, two women) reported no change to their physical health and only one participant said his physical health had improved. One male respondent did not answer this question.

This particular question was included to better understand the possible impacts of traumatic events on individuals involved, however drawing firm links or conclusions from this sample would be unsound both statistically and methodologically. Exploring any link between traumatic events and the onset or worsening of physical illnesses is not the aim of this research and would be better done by public health or medical researchers.

Table 3.2.8:
General mental health before/after event

Disruption factor*	Females	Males	No. of participants
-3	1	1	2
-2	2	1	3
-1	4	2	6
0	2	3	5
1	0	0	0
DNR	0	1	1
TOTALS	**9**	**8**	**17**

DNR = did not respond
* disruption factor refers to the extent of negative or positive change to participants' reported general mental health status following their traumatic events

Table 3.2.8 shows the change reported in the general mental health status of participants since their traumatic event. Of the 17 participants, 11 (or almost 65 per cent) reported a deterioration in their mental health. Two participants (a man and a woman) experienced considerable deterioration, dropping from 'very good' to 'poor'. Three (one man, two women) noted significant deterioration, down two points on a four-point scale. Six participants (two men, four women) dropped one point, while five (three men, two women) reported no change to their mental health, while one man did not answer this question.

Table 3.2.9:
Participant symptomology

		SP1 (f)	SP2 (m)	SP3 (f)	SP4 (m)	SP5 (m)	SP6 (m)	SP7 (m)	SP8 (m)	SP9 (f)	SP10 (f)	SP11 (m)	SP12 (m)	SP13 (f)	SP14 (f)	SP15 (f)	SP16 (f)	SP17 (f)
Must	*fear response*	•			•			•	DNR	•	•	•		initially	•	•	•	•
any 1	*distressing recollections*	•		•	•			•	DNR	•	•	•	•	•	•	•	•	•
	intrusive/ distracting thoughts	•	•		•		•	•	DNR	•	•	•	•	•	•	•	•	
	recurrent distressing dreams	•		•		•			DNR	•		•	•	•	•	•		•
	sense of reliving trauma	•		•					DNR	•		•	•	•	•	•	•	
	upset triggered by similar things	•		•	•	•		•	DNR	•	•	•	•	•	•	•	•	•
three or more	*avoid certain thoughts, feelings, conversations*							•	DNR	•	•	•	•		•		•	
	avoidance of certain activities, locations or people		•		•		•	•	DNR	•	•	•	•	•	•	•	•	
	inability to recall important aspects of event	•				•		•	DNR	•		•		•		•		
	markedly diminished interest/ part. in significant activities	•	•		•				DNR	•		•	•	•	•	•	•	•
	feeling detached/ estranged from others	•	•	•	•			•	DNR	•	•	•	•	•	•	•	•	
	restricted range of emotions	•			•			•	DNR	•	•	•		•			•	
	general feeling of numbness	•		•	•				DNR	•			•	•	•	•	•	
	sense of a fore-shortened future	•	(not for self, but wife)		•			•	DNR	•	•	•	•		•	•	•	•
two or more	*difficulty falling/ staying asleep*	•	•			•			DNR	•	•	•	•	•	•	•	•	•
	irritability or outbursts of anger	•	•					•	DNR	•	•	•	•	•	•	•	•	
	difficulty concen-trating	•	•		•	•		•	DNR	•			•	•		•	•	
	over-vigilance	•		•	•				DNR	•	•	•	•	•	•	•	•	•
	startles easily	•			•	•		•	DNR	•	•	•		•	•	•	•	
	Is PTSD likely?	yes, ongoing	no	no	yes	probably no	no, but could be delayed	yes (1st year)	unknown, unlikely	yes, ongoing	yes, some pre-exist.	yes, ongoing	yes, diminishing?	yes?	Yes (yrs 1-3)	yes	yes	possibly (yrs 1-5)
TOTAL No. of symptoms		17	8	6	13	7	2	13	DNR	19	12	17	15	16	16	17	16	7

Table 3.2.9 examines the participants' reported responses to their traumatic events using the American Psychiatrists Association's established diagnostic criteria for post traumatic stress disorder (PTSD). Of 10 participants who met the APA criteria for PTSD and/or scored high numbers of the 19 potential symptoms, all had (a) tended or witnessed the dead and injured (two had actually witnessed fatalities as they happened) or (b) lost a partner, parent or child in the traumatic event. While this researcher is not qualified to diagnose PTSD, all but one of the participants whose accounts form the basis for the case studies in the following three chapters reported sufficient symptoms to indicate the likelihood of early or ongoing PTSD.

These tables reinforce the notion that journalists would do well to consider the high probability of the presence of PTSD in victims, survivors, families and communities after a traumatic event.