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The Pulse Nightclub Mass Shooting and Factors Affecting Community Resilience Following the Terrorist Attack

Olga Molina, Bonnie Yegidis, and George Jacinto

This article will analyze community strength and resilience emerging from one community (Orlando, Florida) affected by a terrorist attack whose victims were young, Latinx, lesbian, gay, bisexual, transgender, and questioning (LGBTQ). A qualitative analysis using a case study approach was conducted to explore factors affecting community resilience from the perspective of social service providers who were first responders during the Pulse Nightclub attack. Individual interviews revealed six conceptual themes: (1) the attack was a hate crime and an act of terrorism targeted at LGBTQ Latinx, (2) the community grew stronger and closer and became resilient subsequent to the attack, (3) linguistic and cultural competence were critical to responding to this act of terrorism, (4) survivors are still hurting and traumatized one year later, (5) there is a need for long-term mental health services and a plan for dealing with mass shootings and terrorist attacks, (6) and important lessons learned from this event may be helpful in developing community resilience.

Keywords: *community resilience, LGBTQ Latinx, mass shootings, Pulse attack, terrorist attacks*

On June 12, 2016, forty-nine people were killed and fifty-three others wounded in a terrorist attack/hate crime inside Pulse, a gay nightclub in Orlando, Florida (Alvarez & Perez-Pena, 2016). Pulse was hosting a Latin night and thus most of the victims were Latinx. It was both the deadliest mass shooting by a single shooter and the deadliest incident of violence against LGBTQ people in United States' history (Waters, DeVito, & Puca, 2017). It was also the deadliest terrorist attack in the United States since 9/11. One year later an even more deadly attack, in which fifty-eight people lost their lives, occurred in Las Vegas, Nevada, at a country music event.

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The community response to the Pulse attack was multifaceted and built in part on past challenges to the LGBTQ community in Orlando (Johnston, 2017). Community resilience after a terror attack is the result of many factors, including the type of community, location of the terrorist event, and relationships of the victims to each other as well as to others in the community. This qualitative study will explore factors that support community resilience after a terrorist attack.

Literature Review

The year 2016 saw more than 11,072 terrorist attacks globally, resulting in 25,600 deaths and 33,800 injured (U.S. Department of State, 2016). In 2015 and 2016 attacks occurred in Paris, Brussels, Nice, Tel Aviv, San Bernardino, and Orlando, (Melman, 2016). In each of these attacks innocent victims going about their daily routines had their lives shattered through senseless violence. Scores of people were killed and families devastated. These families and their communities were forever changed due to the deaths of loved ones, the loss of people's sense of freedom and security, and the horrific scenes that endure in our collective emotions and memories.

Increased global terrorism since 9/11 has resulted in many mass casualty events (Johnston, 2017; Patel, Rogers, Amlot, & Rubin, 2017). The locations of terrorist attacks include airports, concerts, holiday fairs, city streets, schools, office buildings, nightclubs, public events such as marathons, and places of worship (Johnston, 2017). The methods of mass destruction include firearms, trucks, cars, bombs, knives, anthrax, and airplanes. In some cases those present at terrorist events may know each other; in other cases they are strangers. Although mass casualty terrorism has taken place in the United States since its inception, this review will focus on post-9/11 incidents.

The literature includes a range of locations where terrorism has taken place (Johnston, 2017). After reviewing the literature, the authors extrapolated this information into a typology of locations. Table 1 provides a brief typology of mass casualty events since 9/11 (Johnston 2017; National Consortium for the Study of Terrorism and Responses to Terrorism [START], 2014).

An assessment of community resilience to terrorist attacks in the United States concluded that resilience is a multifaceted concept, citizens are generally resilient, and resilience may be increased with the development of practical steps targeted at increased crisis communications and engagement of citizens (Wood, 2009). A review of relevant literature indicates that community resilience may be understood from several different perspectives that include micro, macro, psychological, and sociological levels. These various perspectives hypothesize different frameworks for understanding the concept of community resilience (Wood, 2009). For instance, one framework that defines micro-level resilience examines behavioral responses to terrorist attacks (Kindt, 2006). This author posits that resilient individuals possess three principal qualities: "characteristics that include optimism, self-efficacy, mastery, and coherence; social ties affecting an individual's access to

Table 1 Typology of terrorist attack locations

Type of location	Association between victims	Weapons used
Entertainment: social clubs, bars, restaurants, and nightclubs	People who frequent the area know each other and may experience a sense of community and friendship	Firearms/guns
Large venues: concerts, sports and other public events, malls, public transportation, and airports	Individuals may go with a few friends; the larger crowd consists of strangers	Firearms/guns, bombs
Businesses: office buildings, clinics, and plants	Individuals in departments or offices may know each other but may not know others in the building	Firearms/guns, anthrax, bombs
Public areas: open areas such as streets, trails, sidewalks, parking lots, and neighborhood fields	Individuals may not know others who have been injured or killed	Cars, trucks, firearms/guns, knives
Religious and educational: churches, places of worship, and schools	Communities of faith or study composed of families or friends	Firearms/guns

resources and communal support; and coping strategies and problem-solving skills” (p. 6). Thus, it may be concluded that community resilience includes individual (micro) responses based on community members’ psychological characteristics as well as community (macro) responses based on sociological and sociocultural elements peculiar to a geographic area (Kindt, 2006; Wood, 2006). Two key elements have been identified in developing resilient responses to terrorist attacks: improved crisis communications and public engagement in the recovery/resilience effort (Wood, 2006).

A systematic review of literature that included eighty papers did not reveal any consensus among researchers as to the definition of community resilience (Patel et al., 2017). This lack of consensus may result from the range and types of disasters including natural disasters, human-caused disasters, and various definitions of the community associated with a particular disaster. For instance, a car attack on a street injuring several individuals differs from a mass shooting attack at an entertainment venue like the Route 91 Harvest Music Festival in Las Vegas (Wing & Ferner, 2018). In both of these instances people may or may not have known each other and may or may not have felt invested in the collective traumatic impact of the event or the community recovery process.

Although Patel and colleagues (2017) posit that a widely accepted definition of community resilience has not emerged, there appear to be nine core elements that contribute to resilience: local knowledge, community networks and relationships,

communication, health, governance and leadership, resources, economic investment, preparedness, and mental outlook. These key elements will be examined in greater detail as they may relate to the development of community resilience following the Pulse massacre in 2016.

Community Context of Orlando, Florida

In the study of community resilience after a terrorist attack it may be informative to understand the history of a community and its previous responses to mass trauma. One of the authors of this article has lived in Orlando since 1984 and was involved in the LGBTQ community during the HIV/AIDS crisis. During the 1980s the LGBTQ community in Orlando was confronted with the lack of community-negotiated services for gay men with HIV/AIDS during a time when gay people experienced discrimination and acts of violence. The LGBTQ community organized to address the pandemic, providing health and mental health services as well as economic and prevention services. Efforts ranged from competing for funds through the Ryan White funding mechanism to engaging the larger Orlando community in addressing the public health crisis of HIV/AIDS. Fund-raising to assist people affected by HIV/AIDS resulted in annual events that continue to this day to benefit the Orlando LGBTQ community. During each human rights or public health crisis that has developed, long-time residents as well as more recent members of the community have come together to work toward AIDS prevention, treat victims, and advocate for needed services.

Orlando Strong was developed as a slogan to support the holistic spirit of the LGBTQ community following the Pulse attack. This slogan was based upon previous community building during the HIV/AIDS crisis that included seven of the nine core elements that contribute to community resilience (Patel et. al 2017):

1. Local knowledge of the stakeholders inside and outside of the LGBTQ community
2. Preexisting community networks and relationships
3. Development of communication networks to affect change through community collaborations
4. Health care that was coordinated by many stakeholders including social workers
5. Continuing challenges caused by lack of resources, such as housing and economic support
6. Governance and leadership at the local, state, and national levels to address the crisis
7. Programs and services provided by the gay and lesbian community center of Central Florida that were prevention focused and addressed the concern about preparedness in dealing with the crisis

Many of these existing networks developed in the 1980s and 1990s were still active in Orlando and thus individuals and service providers were ready to spring

into action again when the Pulse Massacre occurred. Over time, the demographics of the Orlando LGBTQ community had changed to include a greater proportion of Latinx members.

The Pulse Nightclub Massacre and Community Resilience

The Pulse Nightclub was a gathering place for members of the LGBTQ community in Orlando. Many individuals met there to participate in several levels of friendship and for many a family of choice. The Pulse Nightclub is typical of one type of setting for mass casualty terrorism since the 9/11 attacks. A major concern related to mass casualty terrorism is the response of communities in the aftermath of the event. It appears that the type of location where the terrorist attack took place has an association with the way communities respond (Patel et al., 2017; Wood, 2009). The Pulse Nightclub was embedded in the heart of Orlando and easily accessible to the LGBTQ community. The people who were killed or injured or who survived the event without physical injury were friends and/or family members; others in the community experienced close bonds with these people. As first responders began to arrive and set up crisis communications, many survivors assisted those who were injured, helping to get them to the nearby trauma center (Santich, 2017; Wood, 2006). Friends and strangers carried victims and transported them in their motor vehicles to the emergency room of the nearby hospital.

The heroism and compassion experienced in the immediate aftermath created a watershed moment for the Orlando community and forged a pathway for community resilience. Many local agencies and service providers responded immediately to the physical and emotional needs of survivors and their friends and families. The Orlando Community and University of Central Florida held several memorial services, and social, economic, and counseling services were quickly implemented to assist victims, families, and friends of those present at the Pulse Nightclub during the attack.

Study Purpose

The purpose of this qualitative study was to analyze factors affecting community resilience following a terrorist attack in Orlando, Florida. The goal was to examine the community's response to the Pulse attack from the perspectives of social service, mental health practitioners, and community leaders who were first responders during the Pulse Nightclub attack. This study examined specific factors that contributed to resilience within this community with the hope that this knowledge may be applied to other communities facing similar tragedies.

Method

This research study was submitted to a university-based institutional review board (IRB) for review. After IRB approval, key informants from community agencies that were first responders were asked to identify a small study sample that

would be appropriate for this study. The authors relied upon the expertise and experiences of service providers who worked primarily for a social service agency that serves a predominantly Latinx population in Orlando.

Sample

A purposive sample of clinical practitioners and community leaders who were actively involved with Pulse Nightclub survivors and victims' families was identified for inclusion in the study. Individual interviews were conducted with a total of six participants who consented to be included in the study, consistent with university IRB protocol. All participants were adults from eighteen to sixty-five years old; five were female and one was male. Two of the participants were white, three were Latinx, and one was biracial (Latinx and white). One participant identified as a gay male; the other participants did not disclose their sexual orientations. Four of the participants were social workers, including two social work professors who were first responders; one was a mental health counselor; and one was a community advocate for Latinx families.

Design

A qualitative design using the case study approach was employed for this study. The case study approach was chosen because it can be used to contextually explore and analyze factors affecting community resilience following a terrorist attack. The case study approach is an "empirical inquiry that investigates a contemporary phenomenon in depth and within its real-life context," especially when there is minimal research in this area (Yin, 2013, p. 18), as is the case of a community's response to a terrorist attack. The goal of a case study is to develop data to build or expand upon theory rather than to test relationships between and among variables (Roll-Pettersson, Olsson, & Ala'i-Rosales, 2016).

Two of the authors of this study gathered data through semi-structured interviews. The interviews provided participants an opportunity to explain the impact of the Pulse Nightclub attack on the Orlando community and to describe how the community came together following the attack. Individual interviews lasting approximately two hours were conducted with each participant in a private office convenient to the participants. Interviews were audiotaped and transcribed for content analysis. Data collection took place approximately one year after the Pulse Nightclub attack. The semi-structured interviews were designed based on the literature (Creswell, 2007) and explored the following specific open-ended questions developed by the investigators:

- What role(s) did you have in the Pulse Nightclub attack?
- What has been the impact of this Pulse Nightclub attack on the Orlando community?
- What larger ramifications such as political, economic, and/or social, if any, exist from this incident?

- In your opinion, how did the Orlando community come together?
- Did the community become more resilient following the incident? If so, in what ways?
- What are some of the factors that helped the community become resilient following the incident?
- What themes emerged from your work with the Pulse Nightclub survivors, including any themes that evolved from the various organizations involved in helping survivors?
- In your opinion, how are the Pulse Nightclub survivors dealing with the aftermath of the attack at this point, which is almost one year later?
- What do you think are some lessons learned by the community from this incident?
- Is a community plan needed to respond to terrorist attacks in the future? If so, what would be the components of this plan?

Data Analysis

Content analysis of the data from the transcripts resulted in a set of themes that may be useful in understanding community resilience. Several steps were taken to analyze these data. As many descriptive categories as possible were generated to order the data. The transcripts were first analyzed using an open coding strategy (Corbin, 2008) to tease out general themes. Next, axial coding (Strauss & Corbin, 1997) was initiated to determine overall categories and subcategories. After the data were classified and labeled, the categories were refined. To further analyze and interpret the data, particular themes from emergent patterns in the data were organized and reported as major trends. The data were analyzed by one author and then reanalyzed and checked for accuracy by a second author. The authors agreed on the interpretation of the data for all cases studied. Due to the nature of the data gathering method and the nature of the sample, there were no missing data.

Findings

Six thematic areas arose from the data analysis:

1. The event was a hate crime and an act of terrorism targeted at LGBTQ Latinx
2. The community grew stronger and became resilient after the attack
3. Language and cultural competence were critical in responding to this act of terrorism
4. Survivors still experienced pain and trauma one year later
5. There was a need for long-term mental health services and a plan for dealing with mass shootings and terrorist attacks
6. Important lessons were learned that may be helpful in developing community resilience

In the following sections, we will describe each of these themes relative to the findings of the study.

A Hate Crime/Terrorist Attack against LGBTQ Latinx

Participants were asked what impact the attack had on the Orlando community. They all agreed that this was a hate crime and an act of terrorism that had a tremendous impact on everyone in the community. They also agreed that both the LGBTQ and Latinx communities were targeted. These are two communities that have historically been marginalized and suffered discrimination. It was also noted that these two communities have not always gotten along well with each other. However, one participant stated that, despite this, “there was a coming together where this had happened to *us* not them.” Another participant said,

It can't be lost on anyone that the tragedy happened on Noche Latina, and it happened in an LGBTQ club and so it had two impacts. I think it forced some folks who have been less accepting of the LGBTQ community in the past; it may have pushed them in the right direction towards more acceptance.

With respect to the impact of the attack on the community, a participant said,

Well, the impact is immeasurable. It was devastating in every possible way. It's hard to explain how the lives of 49 people taken so suddenly can impact a community. A lot of the survivors are forever changed; scarred for life, not only with physical injuries, but with mental injuries as well.

Another participant said, “From surviving such a horrific experience, the resiliency of the community should be noted because the community came together in ways we have never seen before.”

Lines of people wrapped around buildings to donate blood, and donations to the Pulse Victims' Fund set up by Equality Florida came from more than 120 countries and more than 120,000 individuals. Most of the contributions came from outside of the Central Florida area, but many came from the community itself.

The community as a whole, including local leadership, showed solidarity by displaying the rainbow colors. This was a crucial time for the community because people might have blamed one another rather than joining together as they did in condemning hate, bigotry, and violence. A community united to try to help people in a time of need and sustained that unity for well over a year.

The Community Grew Stronger and Became Resilient

Participants were asked how the community came together following the attack. They observed that the community embraced people of different ethnicities,

nationalities, and sexual orientations and that this was very powerful. They agreed that the community became stronger and closer following the attack. One participant said that it was beautiful to see people come together with messages of love and support such as “love conquers hate.” Another participant stated that “People showed up across the political, religious and ethnic/racial spectrum, ability, age. So much food! People wanted other people to know that they were there, and they were not alone and that they at least felt the grief with them.”

All of the participants said that the community became more resilient and that it was stronger together. One participant said, “Everybody saw how we could work together. We want to be remembered for standing together. Our diversity is our strength.” Participants noted that social service agencies, religious institutions, and first responders—from law enforcement, government, and health—as well as community leaders and civilians all came together to help in any way they could. Participants stated that the Pulse tragedy created the opportunity for more people to be open-minded and accept different lifestyles. A participant stated that “We became more resilient, more tolerant with each other, more accepting of each other, more knowledgeable of each other. You know, now we know our neighbors. We know what agencies do that we were not aware of before. We communicate.” Another participant said, “We are Orlando! Everybody counts. We are responsible for each other. We all live here. We came through this in an amazingly beautiful way. I was proud. I still am. I’m still proud.”

Participants were asked to share their opinions about factors that affected the community’s resilience after the attack. They identified a number of factors, such as forgiveness, accepting others, knowing that we should not be judgmental, showing love to others and those who are in need, understanding cultural differences, caring for those who are suffering, and offering solidarity and peace. One participant also felt that the breadth of media coverage was a factor in creating solidarity:

Because members of the media from around the world, internationally, were all focused on Orlando for that period of time, the eyes of the entire world were looking at us, so unique about what we experienced. We experienced a tragedy, but we had an impact in many ways. I suppose it may have impacted the resiliency of the community in that I think that you can sometimes be your strongest self when you know so many people are counting on you and so many people are watching.

Importance of Language and Cultural Competence

The study participants commented that 97 percent of the victims in the Pulse attack were Latinx. Agency social workers or service providers reported that 98 percent of their clients received services in Spanish. One participant said, “That’s their major language, that is how they express their feelings.” Social service providers said they noticed immediately that Spanish speakers were needed to help

the survivors as well as the victims' families. Even if the survivor was bilingual, many times family members did not speak English and for many victims family sessions were needed. Many of the social service providers had to do home visits because the survivors were afraid to leave their homes following the attack. Social service providers all agreed that more bilingual and culturally competent professionals were needed in the Central Florida area.

Participants offered examples to explain why culturally competent providers are necessary when working with Latinx. For example, it is important to know the Latinx culture and understand that clients may want to hug and show physical affection when they greet a guest or helper. Not doing this may be interpreted as a sign of disrespect and lack of caring. Those who are invited to funerals, as many providers were, are expected to attend the services. This is important in gaining trust of Latinx families (Schoulte, 2011). Understanding the ways in which different cultures grieve and the different rituals that are part of grieving is necessary when working with families who are dealing with the death of a loved one as was the case in this tragedy. These are but a few examples of cases in which providers' cultural competence helped Latinx clients and their families to accept the social services they needed and to feel that the service providers understood the pain they were experiencing.

Some participants indicated that equally important for providers was to understand the LGBTQ Latinx culture and the culture of persons of color who are LGBTQ. For example, it was noted that many of the Pulse survivors had not come out to their families and employers due to traditional cultural beliefs about LGBTQ communities. This increased stress for many of the survivors because they did not choose to be outed and many did not want to say that they had been in a gay nightclub. This outing could potentially leave them without a supportive network of family and coworkers at a time of crisis when there was a greater need for emotional support.

Some of the participants discussed the need to understand the intersectionalities of the Pulse survivors and the impact these intersectionalities had on their identity, their need for support, and on the consequences they faced after the shooting. These intersectionalities included race/ethnicity, gender, sexual orientation, and immigration status. Some of the survivors were undocumented immigrants and needed help in retaining legal counsel to obtain work permits and legal residency. Service providers needed to work with immigration attorneys in the community in the aftermath of the attack. The complexity of the range of intersectionalities further affected some victims, contributing to their experiences of marginalization and discrimination.

Survivors Experienced Pain and Trauma One Year Later

Most participants agreed that the Pulse survivors were in a "better place." They observed that many were no longer afraid to leave their homes. They were able to get themselves to service providers, they were not easily startled, they were back

to work (even if it was part-time), and they were working toward changing their immigration status. Some clients' trauma symptoms were triggered by the one-year anniversary of the Pulse attack, and many had returned to agencies for counseling. Interestingly, none of the survivors who were clients of one of the agencies serving Hispanics attended the memorial events held by the City of Orlando. One participant said, "They did not want to show up, which is my concern. It makes me wonder how they are coping, if they are coping? It's been said that if you still cry about it you are not healed." Some survivors had received counseling and had improved their functioning, but at the one-year mark many of the undocumented survivors were reporting worsening symptoms:

The clients haven't gotten what they were told, especially with respect to residency. They were promised a U-visa, but one year later they had not gotten it yet. One client exercises 24/7 because he doesn't want to gain weight. He says he's eating like crazy because of the anxiety of not knowing what his legal status is. He has gone everywhere, even to the mayor's office, which sent him to somebody else, but at the end of the day nothing has happened.

A major problem was that undocumented survivors could not get jobs until they had the proper documentation. Being unable to work created a significant level of anxiety, depression, and financial problems. They had been using the money they received from the One Orlando fund to pay their bills, but that money ended. They continued to be fearful and experienced anxiety about what the future would hold for them and their families. Many were still waiting for the government to reimburse them for their medical expenses, but this had not consistently occurred. One participant agreed that survivors were still hurting:

What I think is most important to take away a year later is that beneath the catch phrases and the hash tags of Orlando United and Orlando Strong, beneath all of that is a community broken. No, everything is not ok for everyone. Is the community resilient? Yes. Is there unity and solidarity? Yes, but that does not mean that everything is ok, and it doesn't mean that all folks have moved on and it doesn't mean that the community is rebuilt or that all lives have been repaired. There is still a lot of pain, a lot of grief, and a lot of problems that people are having with being able to rebuild their lives because of the tragedy at Pulse.

Need For Long-Term Mental Health Services

There were a large number of people suffering from posttraumatic stress disorder (PTSD) as a result of the Pulse attack including survivors, their families, social workers, mental health counselors, police officers, other first responders, and community members. The effects of PTSD can last many years. One participant said, "This is going to be a long-term healing process and I believe we should

advocate for more mental health services funding for long-term care.” It was noted that mental health services were also needed for families including children, as many survivors were parents. Participants noted that Florida is rated fiftieth in the nation for funding mental health services, and increased awareness and advocacy are needed to address this challenge. Several participants said that there have been dozens of mass shootings in Florida since last year (not all terrorist attacks). One participant said, “It is something that is going to continue to happen and we are going to continue to see crisis here. We need more mental health funding to help individuals cope with their mental health problems.”

Lessons Learned

Participants who worked in the major agencies serving Hispanics believed the city government of Orlando did not include them in the planning of a response, even though this agency was one of the few Latinx mental health agencies in Orlando. They stated that better communication and planning would be needed if another attack or mass shooting were to take place in Orlando. In addition, they indicated that community planning must address the need for culturally competent accessible services. In Orlando, one participant noted that victims’ families were confused by announcements given in English during the first days of the attack, and names of the victims were mispronounced: “I think that bilingual/bicultural mental health providers should be there in the beginning to avoid re-traumatizing the survivors.” Participants in this study believed that “we were unprepared to handle the mental health component as a city.” Another participant added, “We learned that we have to respect people who have different cultures than you. Whoever was killed could be gay or could not be gay and it doesn’t matter. It was a human being that was killed.”

It was also observed that there is poor regulation of weapons in the state of Florida. A program or series of programs designed to treat people with mental illness and also curb access to weapons was seen as important to the prevention and intervention in such tragedies.

Discussion

Mass shootings and terrorist attacks have been increasing locally, nationally, and globally. Since the preparation of this manuscript, dozens of mass shootings—some terrorist attacks and some school shootings—have occurred. This study found that the greater Orlando community responded to the hate crime that was perpetrated against the LGBTQ Latinx community with lifesaving health, financial, and emotional support. The community organized to ensure that victims and their families were responded to in a culturally competent effective manner. Although services were not initially available in Spanish, Spanish-speaking case managers and clinicians were located to respond to the clients and communities’ needs. Because of previously established networks and relationships, services could be mobilized to provide the immediate and longer term needs of survivors

and their families. One year after the attack, however, survivors still experienced PTSD, which was not unexpected. Exposure to mass violence, death, and destruction does not readily or quickly resolve itself. However, because the Orlando community rallied around the survivors, some were able to resume their previous ways of life, demonstrating resilience at the individual level. The community at large also coalesced and learned that having effective communications, providing culturally appropriate services, and staying the course with respect to providing services to victims with continuing trauma were critical to creating and maintaining a resilient community. Although two years later we find that mental health services to victims and their families are still required, the community has embraced this need and has accessed federal disaster funds.

How a community treats its people affects how it is perceived. In this study we heard that “everybody counts. We are all needed to prevent these tragedies and to intervene in an effective, culturally competent manner when these (tragedies) do occur.”

Limitations

Because this was a small qualitative study, the findings described in this article are not generalizable to other communities. The sampling method used—purposive sampling—may have produced sampling bias as well as findings that may be viewed as socially desirable. Half of the participants were from one social service agency and therefore findings may have been reflective of their perspectives from this particular lens. Additionally, the findings of this study were not presented to the participants for member checking, and participant engagement was limited to initial data collection. Despite these limitations, it is important to note that research from the perspective of social service providers is a critical addition to the literature and future studies could expand upon these results.

Implications for Best Practices in Mental Health

This study has provided some preliminary data on the importance of resilience in helping communities to heal following mass disasters. A typology was presented and qualitative data showed that communities with a history of working together and a willingness to work across cultural boundaries may be effective in addressing the short- and long-term effects of these tragedies. This is a key issue for the preparation of social workers; we need to ensure that social workers are skilled at providing culturally competent services to various client populations with a particular sensitivity to and awareness of intersectionalities of cultural differences.

More recent events in the United States have also demonstrated that providing necessary mental health services to troubled individuals, youths, and adults may play a key role in mitigating these mass attacks. In an age when community and global terrorism appear to be on the rise, these are important steps for securing the safety, health, and well-being of our communities.

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