

The Intersectionality of the 2016 Orlando Pulse Nightclub Shooting

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Introduction

The Orlando Pulse Nightclub shooting was a horrific act of violence that occurred in the early morning hours of June 12, 2016, at an LGBTQ+ friendly establishment in Florida. At approximately 2:00am, an armed assailant, Omar Mateen, entered the club, which was hosting a "Latin Night" event during its LGBTQ+ Pride Month celebration, and opened fire on the patrons. Mateen was armed with a SIG Sauer MCX semi-automatic rifle and a Glock 17 semi-automatic pistol. The initial assault lasted several minutes, and dozens were killed or severely injured. An off-duty police officer working security engaged Mateen, who then retreated further into the nightclub, initiating a hostage situation. During the standoff, which lasted for approximately three hours, Mateen made 911 calls, pledging allegiance to the Islamic State group, also known as ISIS. He referenced American military actions in Iraq and Syria as a motivation for his attack. Throughout the confrontation, police engaged Mateen in negotiations and eventually breached a wall of the club using explosives and an armored vehicle. Mateen was killed in a subsequent shootout with law enforcement officers. The attack resulted in the deaths of 49 people and injured 53 others who suffered gunshot wounds. The majority of victims were of Hispanic origin, with half being of Puerto Rican descent. At the time, this was the deadliest mass shooting in modern U.S. history as well as the most lethal act of violence against the LGBTQ+ community. It was also considered the deadliest terrorist attack in the United States since September 11, 2001. Viewing the Pulse nightclub shooting as both a mass trauma and a hate crime targeted at the LGBTQ+ community is crucial for a comprehensive understanding of the event's historical context, its devastating impact, and the ongoing implications for efforts to prevent future acts of violence.

Effects of Trauma

In the immediate aftermath of mass trauma, victims often suffer from exhaustion, confusion, sadness or agitation, and dissociation. Symptoms can easily develop into Acute Stress Disorder (ASD) or Post-Traumatic Stress Disorder (PTSD) if they persist for a longer period. These prolonged struggles might include intrusive memories in the form of flashbacks or nightmares, avoidance, negative changes in thinking or mood, and altered physical and emotional reactions such as hypervigilance or sleep disturbances. Frequently comorbid with PTSD, trauma can lead to mood disorders like depression and anxiety. Substance use disorders, eating disorders, and personality disorders are commonly found in victims of trauma. This can all lead to a significant impact on daily life, relationships and overall wellbeing if left untreated.

These effects of trauma should not be considered pathological in themselves, but rather a rational biological response to the extreme circumstances that have been experienced. Key neurobiological mechanisms are triggered when the human body is faced with situations that have not been normalized, as a defensive measure or last resort means of coping. Within the brain, when the body's "fight-flight-freeze-faint" response is called into action, the amygdala or "alarm system" becomes hyperactive, leading to heightened fear and anxiety responses; the hypothalamus which integrates information from many parts of the brain goes into overdrive; the hippocampus reduces in volume, affecting memory consolidation and contextual understanding; and the executive prefrontal cortex may function less effectively, impairing emotional regulation and impulse control (Webber & Mascari 2018, p48-50). Neurotransmitters and hormones can become dysregulated. Prolonged exposure to the stress hormone cortisol during trauma can affect brain development, while serotonin and norepinephrine levels are depleted, altering mood regulation and stress response, "prepar[ing] the body for a life-threatening fight, or a life-saving flight" (Webber & Mascari 2018, p52).

The human brain, however, is resilient, and neuroplasticity – the brain’s capacity for adaptation and recovery – offers hope for healing when timely interventions are offered. Through adequate support and coping skills, many people may not develop acute symptoms, and experience “posttraumatic growth” after disaster or mass violence events, emerging emotionally stronger and able to process and make sense of the situation (Webber & Mascari 2018, p58). Other key differences in trauma response are influenced by personal variables, such as prior trauma history, including Adverse Childhood Experiences (ACEs); the developmental stage of the victim at the time of the trauma; the subjective severity and experience of the traumatic events; and the social and environmental support available in the immediate aftermath.

Community Beyond Borders

Due in no small part to historical and sociological circumstances, LGBTQ+ people more than other populations often find and form community outside their immediate geographic location. For reasons of safety and in the face of discrimination, LGBTQ+ people often define and sustain community through shared experiences, values, and history. Though individually unique, the coming out process is also a shared ordeal that unites people across distances. Rallying around the need for acceptance, equality, and social justice, LGBTQ+ people often bond with collective action that surpasses physical proximity. In the past several decades, online spaces and virtual communities have become essential cultural touchstones for this minority group, facilitating connection and mutual validation, particularly for those in isolated or rural areas.

During the 1980s, the Orlando LGBTQ+ community specifically “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” (Molina, et al 2019). This heightened the importance of “safe spaces” where LGBTQ+ members could gather without the everyday

worry of persecution and alienation often experienced within wider society. These establishments became fixtures of the communities they were found in, offering respite and a commonality of experience, frequently attracting locals and visitors alike. Already found to be “at a higher risk of experiencing certain health conditions, including depression, suicide, substance abuse, and HIV/AIDS” than the general population, for LGBTQ+ people these gathering places offer a way to connect in person with others facing some of the same difficulties (Cigna Healthcare).

Already experiencing judgement or the fear of it, “LGBTQ+ patients can [be] deter[ed] from seeking necessary medical care, contributing to health disparities” (Franklin 2023). Ranging from refusal of care to abusive language and unwanted physical contact, the LGBTQ+ community experiences challenges with health professionals, with 8% of all, and 22% of transgender respondents reporting avoiding or postponing needed medical care (Franklin 2023). A 2022 yearly survey by The Trevor Project on the mental health of LGBTQ+ youth included nearly 34,000 respondents (45% LGBTQ+ youth of color; 48% transgender or nonbinary) and found that nearly half considered suicide in the past year, and 60% who wanted mental healthcare in the past year did not get it (Franklin 2023). These disparities in physical and mental health wellbeing within this marginalized population further emphasizes and highlights the significance and need for the connection and community found in LGBTQ+ spaces.

The Event

On June 11-12, 2016, Orlando’s Pulse Nightclub was a hubbub of activity, hosting a popular weekly “Latin Night” event. Around 2am, Omar Mateen entered and discharged two semiautomatic weapons, shattering the peace and resulting in 49 deaths and 53 additional gunshot injuries. Due to the specific concentration of the victims – overwhelmingly LGBTQ+-identified individuals, a majority of whom were also Hispanic – as well as commentary

by the perpetrator pledging allegiance to the Islamic State (ISIS) and critiquing US military intervention in Iraq and Syria, the attack was immediately recognized as both a hate crime against the LGBTQ+ and Latinx communities, as well as an intentional act of mass terrorism. It was “widely agreed that this was a hate crime and an act of terrorism that had a tremendous impact on everyone in the community [and] that both the LGBTQ and Latinx communities were targeted ... It was also noted that these two communities have not always gotten along well with each other” (Molina, et al 2019).

The intersectionality of Mateen’s identity is also worthy of consideration in the context of the violence committed. Being himself a racial minority (Afghan-American) and religious minority (Muslim), there was also the potential that his affectional orientation may have contributed motivations to the attack, though the latter should be considered with caution as it is based on speculation and secondhand accounts of anti-LGBTQ+ slurs directed at Mateen by his father. Still, it raises questions of religious fanaticism and terrorism, homonationalism, and potential self-hatred as motivating factors beyond the racism and homophobia to which Mateen’s actions are widely attributed (Stults et al, 2017). It also remains critical to avoid the perpetuation of stereotypes about any group while analyzing potential motives, and focus should remain on Mateen’s words and actions during the attack.

Ripple Effects and Response

The shooting at the Pulse Nightclub resulted in both direct and vicarious trauma experienced not just by the victims themselves, but by the wider LGBTQ+ community, particularly those identifying as Latinx. Indeed, “LGBTQ+ people may have experienced the shooting as a traumatic event, irrespective of their geographic proximity to the shooting” (Stults et al, 2017). Incidents of mass violence like this can shatter the collective consciousness “of an impacted community and trigger symptoms of posttraumatic stress among individual members

... and impact the worldview, meaning-making, and post-traumatic adjustment of impacted communities” (Stults et al, 2017). This was a traumatic event that impacted LGBTQ+ people across racial and ethnic groups, and those whose identities are even more marginalized, such as transgender or nonbinary individuals, may be more vulnerable to identity-related attacks and threats. Mass shootings are assumed to have different impacts based on the person's geographic location and whether they identify themselves as similar to the population that has been harmed. The stronger connection an individual has to the targeted population, the easier it is for them to see themselves as potential victims (Mueller, et al 2021).

The single deadliest episode of violence against LGBTQ+ individuals in the United States, the attack at the Pulse Nightclub was associated with a variety of responses for individuals identifying as part of the community, such as “report[ing] feeling distress and concern for their personal safety following the Pulse Nightclub Shooting” (First, et al, 2022). Study participants of color in the weeks after the attack “strongly identified” with the victims and noted, “that it could have been [them] and [their] partners” that were killed (Ramirez et al, 2017). Another study provided nationally representative evidence that “the Orlando shooting may have been detrimental to the mental health of sexual minority” individuals regardless of physical proximity to the event (Gavulic & Gonzales, 2020). These safety-related concerns may combine with myriad other stressors experienced by LGBTQ+ people that collectively compromise the health and wellbeing of sexual, gender, and racial or ethnic minority people, and these chronic experiences of minority stress have been linked to a range of health problems, including depression, substance use, and HIV infection (Stults et al, 2017). The perception of safety in places like LGBTQ+ nightclubs and the community’s sense of security as a whole was notably fractured.

The response to the events of June 12, 2016, was far reaching. Orlando Police Department (OPD) officers and SWAT members swiftly engaged the shooter and EMS units

were on scene within minutes of the shooting beginning. Though widely praised, some survivors and an independent review raised concerns over the length of the standoff, arguing that officers should have entered the nightclub sooner to neutralize the threat. There was also a civil lawsuit claiming that some uninjured patrons were detained for hours, violating their civil rights. Other circumstances such as difficulties with the emergency notification system, road closures, and protocol violations by responders highlighted issues with communication and coordination at the command level. The trauma experienced by first responders led agencies like OPD and Orlando Fire Department (OFD) to expand mental health services and prioritize the needs of rescuers after the shooting. Services for the victims and wider community included a mini-disaster assistance center offering food, networking opportunities, therapy animals and informal counseling. Family Assistance Centers were established to provide information and support to families of the injured and deceased, and hospitals waived medical bills for the survivors and families of the deceased (Alberts 2017).

Media

Americans are vulnerable to terrorism, particularly because it is difficult to anticipate a terrorist attack or predict when the next event will occur. The expectation of the unknown and “the power of an anonymous direct threat might cause one to experience high levels of fear and anxiety” (Mueller, et al 2021). Widespread media coverage amplified and broadcast the trauma effects of the incident. Covered massively in both English and Spanish media, the shooting was rightly portrayed as an attack on the LGBTQ+ and Latinx communities, but this also had the deleterious effect of spreading the impact and distress, particularly on an already vulnerable population. “Mass shootings receive significant media coverage and although most people have not experienced a mass shooting directly, many have been indirectly exposed via this media coverage” (First, et al, 2022). In particular, LGBTQ+ individuals reported paying more attention to media coverage of the Pulse nightclub shooting and may experience stronger emotional

reactions to it (First, et al, 2022). Terrorist attacks are designed to invoke pervasive fear of the unknown and uncertainty regarding the next event's time and scale. Victims and those secondarily exposed to media coverage are likely to become more fearful and anxious about event-related stimuli. The salience of the event and the unpredictable nature of terrorist attacks are expected to have a psychological impact (Mueller, et al 2021).

“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” (Molina, et al 2019). The LGBTQ+ community at large, and it's Orlando contingent, are primed and attuned to incidents of trauma and are also generally well-connected to media and social media, especially in the aftermath of a significant event. Healthcare professionals should strive to improve trauma-informed care by refining their understanding of how direct or vicarious trauma may impact a person's mental health (Gavulic & Gonzales, 2020). Those with complex intersectional identities were even more significantly impacted, and “were left feeling isolated and invisible in their own personal crises by what should have been considered supportive or understanding communities” (Ramirez & Galupo, 2017). In the aftermath of identity-related attacks, “health promotion and community mental health organizations [must] make efforts to outreach to members of the community affected, irrespective of their geographic proximity to the tragedy” (Stults et al, 2017).

Culture

It is impossible to ignore the context of American gun culture and the prevalence of firearms in relation to mass shooting events. While it is necessary to balance consideration of Second Amendment rights with public safety concerns related to gun violence, the response to the proliferation of these mass shooting events is woefully inadequate. Firearms are the leading cause of death for young people ages 13-24, and the cause of half of all suicide deaths in this

age group (everytown.org, 2024). LGBTQ+ young people who reported the presence of a firearm in their home reported higher rates of having seriously considered suicide in the past year (43%), compared to their LGBTQ+ peers who did not report a firearm in their home (37%). Overall, 21% of LGBTQ+ young people reported that they or someone they know had been personally impacted by a mass shooting (everytown.org, 2024). Though there has been some movement to implement legislation in the United States, progress in this area has been glacially slow. “Whether hate crime laws act as a deterrent against crimes targeting LGBTQ+” people is arguable, however ... they remain important because they codify society’s collective opposition to such acts” (Stults et al, 2017).

U.S. gun laws and the limitations of minimally-required psychological testing, as well as inadequacies of the mental health system in general, severely hamper efforts to identify and treat individuals who may be at risk for committing mass violence. Individual rights and privacy concerns are justifiably at odds with public safety anxieties when assessing potential threats. There is still tremendous societal stigma associated with mental illness, which impacts the likelihood to seek treatment or its efficacy on individuals seeking help. There is also little to no evidence supporting the accuracy of attributing violent acts solely to mental health issues. Omar Mateen passed a psychological assessment in 2007 as part of his application to carry a firearm as a security guard under Florida state law, and in 2013 the FBI interviewed Mateen twice due to concerning statements he made to coworkers about ties to terrorist groups; these investigations were closed without further psychological assessment or charges being filed, or a confiscation of Mateen’s firearms, indicating significant flaws in this system. There seems to be little appetite to address these deficiencies in Congress, despite mass shootings growing to become a near-daily occurrence in the U.S.

Conclusion

The 2016 Pulse Nightclub shooting in Orlando, Florida on June 12 was a horrific hate crime and terrorist attack that had far-reaching effects well beyond those immediately affected. The LGBTQ+ community as a whole, and particularly the members of that population who also identify as Latinx, experienced a significant collective trauma. The inherent interconnectedness of that group, combined with the prolific mass media coverage of the event, spread the vicarious trauma exponentially outside of those victims who were present. Trauma-focused interventions proved to be critical in the aftermath for both victims and first responders but did not consider the indirect effects felt by the community at large until years after the fact. In addition to the culture of guns in the United States and potential legislative changes, focus needs to be placed on the methods of media coverage in these circumstances, as 27% of children in general report that media influenced their emotions following terrorist attacks (Mueller, et al 2021), and 23% of LGBTQ+ young people ages 18-24 report being impacted or knowing someone impacted by a mass shooting; an overwhelming 87% majority of LGBTQ+ young people also reported frequently worrying, with 33% worrying “a lot” in the past year and 54% worrying “sometimes” that a mass shooting could happen in their community (everytown.org, 2024). These statistics are appalling and unacceptable, reiterating the multifaceted nature of the Pulse tragedy’s impact within a body of people already engaged in an ongoing fight for safety and equality. Continued, enduring advocacy, support, and trauma-focused resource allocation is critical to address the needs of communities affected by such tragedies in order to foster resilience and recovery.

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