



ANNEX TO EU HANDBOOK

ON VICTIMS OF TERRORISM

The EU Centre of Expertise for Victims of Terrorism (EUCVT) is set up and run by the European Commission. The tasks of the EU Centre are executed by a consortium led by Victim Support Europe and include ARQ National Psychotrauma Centre, Association française des Victimes du Terrorisme and Fondation Lenal.

DISCLAIMER

This document has been prepared for the European Commission however it reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.



CONTENT

INTRODUCTION

1. CIRCLES OF IMPACT
2. THE IMPACT OF TERRORISM ON FIRST RESPONDERS
3. THE IMPACT OF TERRORISM ON THE WIDER CIRCLES
4. RESILIENT INDIVIDUALS AND COMMUNITIES
5. VULNERABLE INDIVIDUALS AND GROUPS
6. PSYCHOSOCIAL SUPPORT
7. SYSTEM OF PSYCHOSOCIAL SUPPORT
8. RECOGNITION AND RESPECT
9. COMMEMORATION AND REMEMBRANCE

INTRODUCTION

Terrorist attacks, whether in Europe or elsewhere, occur almost regularly, leaving not only their victims, often outside their home country, but also society shaken by the events. To empower victims recovery, one must consider the response to terrorist attacks and the post-attack support provided by governments, organisations, and individuals.

The EU Handbook on Victims of Terrorism focuses on the rights of victims of a terrorist attack in light of relevant EU Directives. It provides - where possible - practical examples as to how these rights have been implemented.

This Annex should be read as an integral part of the EU Handbook. It describes topics that are not directly tackled through the angle of rights of victims of terrorism as presented in the Handbook itself, and looks into a number of other aspects of terrorist victimisation which must not be neglected.

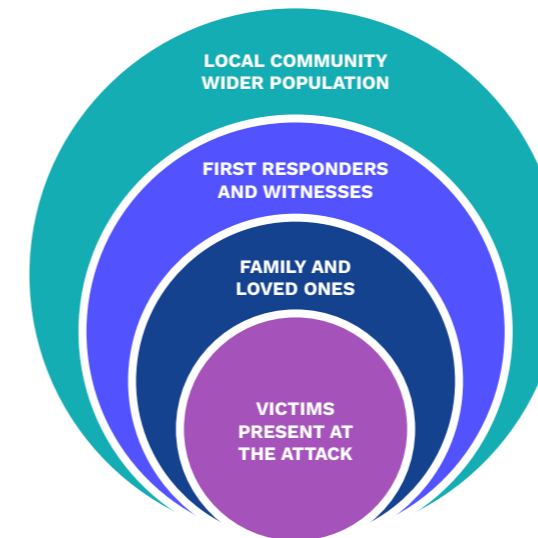
Recent attacks have highlighted the need for EU States to have in place response plans that allow for a range of issues to be addressed in the hours, days, weeks and months following an attack.

This Annex defines the manner in which a terrorist attack impacts not only victims at, or near, the attack epicentre, but also how the attack affects their families, first responders, and wider communities.

It goes on to describe the psychosocial consequences, applicable to all victims of a terrorist attack, that should be taken into consideration when creating a response plan. This psychosocial support will be organised according to the mental health care approach of each Member State.

Lastly, the Annex considers the need for proper recognition of victims of terrorism, both in the immediate aftermath of an attack and in the longer term. Particular attention is paid to the organisation of commemorative events.

1. CIRCLES OF IMPACT



When a terrorist attack takes place, its impact can be widespread. While it immediately affects those who are wounded or killed, their family members, first responders and witnesses, the aftershock influences local communities as well as the broader population.

At the centre of the circles of impact are the victims present at the attack. The surrounding circles are comprised of family and loved ones, first responders and witnesses and, eventually, local communities and society as a whole.

A comprehensive response to help individuals, communities and society to cope with and to recover from a terrorist attack can be prepared in advance. Such a plan addresses each of the four circles, describes how the population of each circle may be affected and what actions can be taken to help them.

The rights and needs of victims present at the attack and their family members are addressed in the EU Handbook on Victims of Terrorism. This Annex provides further information on the impact of a terrorist attack on first responders and the wider society.

Further reading:

- Ivanković, A., Altan, L., Verelst, A. (2017) How can the EU and Member States better help victims of terrorism?

2. THE IMPACT OF TERRORISM ON FIRST RESPONDERS

First responders are trained to deal with violent and shocking events. Nevertheless, the scale, magnitude and impact of terrorist attacks on individuals and communities are difficult to prepare for as they exceed normal experiences.

First responders

First responders, members of the emergency services (police, fire brigade, ambulance personnel, staff providing psychosocial support), are the professionals, who are first on the scene of a terrorist attack. They include not only those present at the attack site, but also those at hospitals and locations where uninjured and indirectly affected victims gather. Members of this group also include trained volunteers such as victim support organisations or the Red Cross.

Preparedness

To ensure professionals are able to perform their duties after terrorist attacks, pre-incident preparedness training is recommended as well as basic first aid training. Preparedness training helps first responders to build personal resilience and helps them to take care of their mental health after responding to a terrorist attack. The better prepared the professionals on the scene are, the better equipped they are to cope with the trauma they will encounter.

Impact

Responding to a terrorist attack will have an effect on these professionals. First responders show higher signs of stress, trauma-related mental health symptoms and disorders, or psychopathology, and score lower on quality of life due to their experiences. To overcome the impact of such events, support from family, friends, co-workers and employers plays an important role.

Employers

Employers, especially first response organisations, play a crucial role when staff need support. Organisations may be able to set up buddy

systems, with rapid access to appropriate mental health services delivering treatment for those who require it. Specialised treatment and referrals may require additional support from outside the workplace: government health programs.

Employers may encourage staff to attend meetings with (voluntary and paid) teammates soon after the attack to reflect on their experiences. Screening or other forms of rapid need assessment 1-2 months after the attack helps to ensure that those in further need are not overlooked. Providing staff with access to relevant support is the next step.

Buddies and specialists

A buddy system (trained colleagues who are available to support colleagues) have been proven to deliver an easily accessible source of support for those experiencing problems after responding to a terrorist attack. However, some first responders may need more support than the 'buddy' can provide. A specialised network of professionals (e.g. psychotherapists) may be required for further help, should it be needed. A smooth transition from the buddy system to internal or external professional care is recommended.

Situational first responders

In addition to the professional first responders, there will be 'situational' first responders: members of the public who provide assistance in situ (those who helped victims with minor injuries or who invited/allowed victims to shelter in their home, shop or office). These individuals may not have a professional support framework, but they will also be subject to post-event consequences.

Further reading:

- International Federation of Red Cross and Red Crescent Societies (2015) Caring for Volunteers: Training Manual
- Creamer, M. C. et al. (2012) Guidelines for peer support in high-risk organizations: An international consensus study using the Delphi method
- Richins, M.T. et al. (2019) Scoping review: early post-trauma interventions in organisations



3. THE IMPACT OF TERRORISM ON THE WIDER CIRCLES

The impact of a terrorist attack on the wider population is difficult to predict and depends on the nature of the attack, who the victims are and the response to the attack. The community of the village or town where the attack took place will always be affected as will neighbouring populations, and schools, organisations, or companies associated with victims. There may also be a backlash against the communities that are identified with the (origin of the) terrorists.

Reassuring the public

Politicians, local, regional and national authorities, civil society organisations, judicial institutions and victims' rights organisations can play their part in reassuring the public by providing accurate information about the attack. Compassionate, culturally and politically sensitive, inclusive communication will mitigate negative effects of the attack on the general public.

Social tensions

It is important that this information, along with instruments that promote and broadcast positive coping strategies and messages, prevents or reduces possible societal tensions. The valid inclusion of representatives from religious, ethnic or minority groups, in communications about the attack, can promote calm, cohesion and compassion within the community, while expressing sympathy with the victims and disapproval of the terrorists and their activities.

Backlash

A backlash is possible against communities, whose ethnic, religious or ideological population is perceived to be similar to the terrorists'. It is not uncommon to see an increase in hate related crimes, which themselves can be used in radicalising propaganda after terrorist attacks. In wider communities, actions that help people to come together, grieve together and express themselves may have significant benefit, but may require specific funding, provision of amenities or communication tools.

Return to normal

Governments and organisations can play key roles in facilitating a return to normal. Public leaders can reach out to victims, their families and affected communities to express compassion and recognise human losses. Teachers can talk with students about the attack and its effect on them. Companies may commemorate colleagues, who died as a result of the attack.

Communication

Communication plans as well as structures to support and enhance cooperation between local, regional and national governments and community actors will help reduce the broader community impact of terrorism.

Good examples: Manchester

After the 2017 attack at the Manchester Arena, the local government actively reached out to faith groups, the business community, ethnic minority groups and the LGBT community, etc. Such positive engagement with local Manchester communities, including those that felt vulnerable after the attack, was built on established relationships that had developed through years of partnership between communities, faith groups and the local government.

Good examples: Brussels

After the 2016 Brussels attack, the business community (e.g. restaurants and tourist-focused infrastructures) suffered an almost complete loss of business. The Belgian government provided financial aid to help them survive.

Further reading:

- Deeming, H. (2018) The Kerslake Report: An independent review into the preparedness for, and emergency response to, the Manchester Arena attack on 22nd May 2017
- Dückers et al. (2017), Psychosocial crisis management: the unexplored intersection of crisis leadership and psychosocial support
- Dyregrov et al. (2019), Learning from a decade of terror in European cities: Immediate, intermediate, and long-term follow-up



4. RESILIENT INDIVIDUALS AND COMMUNITIES

The term resilience can be defined as the ability to positively adapt in the face of adversity. Resilience plays a role at the individual and the community level. Governments, state authorities and victim support organisations play a vital role in facilitating and mobilising resilience, e.g. by providing adequate information

Individual resilience

Individual resilience describes how individuals achieve positive adjustment despite serious threats to personal development. Most people are naturally resilient; they can recover from shocking events and find a new balance without the need for professional intervention. This does not imply that they can recover on their own. Victims require interaction with their social environment and community systems. They will need recognition, comfort, social, practical, and informative support to recover. The bereaved continue to struggle over time with complicated grief and posttraumatic stress reactions. Following acts of terrorism, victims and bereaved family members can even show growth; however, growth usually comes at the expense of emotional pain.

Community resilience

Community resilience reflects how communities pull together following shock and disaster. Community resilience demands positive, empathetic crisis leadership, mobilisation of mutual support, good follow-up systems and a shared identity among survivors/victims where mutual aid can add strength to mastering a new situation.

The EU Strategy on victims' rights specifically mentions that it is crucial to initiate a strong framework for the support and protection of victims and ensure it is resilient in crisis situations. Stronger cooperation between all actors on victims' rights will also result in creating societies that are more resilient. In such societies, thanks to strong societal bonds, it is easier to address adverse consequences for particular victims. Strong cooperation and

alliances between national authorities and civil society, including non-governmental victim support organisations is key in this regard.

Positive impact

Disasters and major impacts such as a terrorist attack can also positively affect individual and community resilience. On an individual level, people may, for instance, be positive about how well they coped at the time of the incident, with the actions they took, or how they adapted afterwards. On a community level, major incidents can create an opportunity for people to reconnect with family and friends, or with neighbours and members of community groups. People may organise or join self-help groups or get involved in supporting affected members of their community. In other words, acts of terrorism offer opportunities for social interaction.

Peer support

Involving victims of previous terrorist acts in the healing process of victims of recent terrorist attacks may strengthen their respective resilience. As they have a similar traumatic experience in common, they can often better understand each other. Victims of previous attacks can also describe what they have been through, what challenges they have encountered and how they have dealt with such challenges.

Further reading:

- Government of Canada (2013) Building Resilience Against Terrorism: Canada's Counter-Terrorism Strategy
- European Commission (2020) EU Strategy on victims' rights (2020-2025)
- RAN (2018) Enhancing the resilience of victims after terrorist attacks
- 🌐 Ministère de la Justice (2018) Quels chemins vers la résilience?



5. VULNERABLE INDIVIDUALS AND GROUPS

Risk or vulnerability factors, in the development of mental (and physical) health problems after exposure to events like terrorist attacks, have been well-established. However, some groups are more likely than others to need help to recover and reintegrate in society.

Vulnerability is a term used to characterise people, who are susceptible, and less able to cope and adapt, to the consequences of adversity. Factors such as age, gender, income and education, sexual orientation, social support, residency status, history of poor health and previous trauma may increase vulnerability.

Vulnerabilities

Victims of terrorism may be at risk in various ways. Some may be more open to secondary victimisation, intimidation, harassment or further harm. Others may not be able to cope with the serious harm resulting from the attack, leaving them unable to recover on their own.

Vulnerabilities can develop as victims attempt to restart their daily routines. They may struggle with unforeseen financial consequences because they cannot work, or they may experience relationship problems. Regular assessments and watchful waiting help identify changes in these victims.

Identifying vulnerabilities

A combination of individualised and group-oriented approaches is necessary to identify vulnerable victims. The tailored approach is based on individual assessments. Personal characteristics, lifestyle, and the victim's personal history are important factors: a victim of a previous crime may be susceptible to PTSD; a victim lacking a strong social support network (friends, family etc) may be unable to cope.

The group-oriented approach identifies whether the victim belongs to a specifically vulnerable group: people with disabilities, children, elderly people, people from a migrant background, people from specific religious groups, cross-

border residents. However, this approach cannot replace the individual approach: not all victims in a vulnerable group need special measures whilst victims not in vulnerable groups may need specialist assistance.

Examples of vulnerable groups

Refugees/migrants/asylum seekers may have experienced prior trauma and may not have been able to access help because of barriers such as: language, lack of knowledge of available health and social services, lack of social and/or family networks, and cultural differences. If interpreters are required to help overcome language barriers, confidentiality must be ensured.

The elderly and those with disabilities may not have access to information (via devices such as computers, tablets, mobile phones), may not understand the information provided, may suffer from loneliness or be physically challenged. The provision of information in various formats will fulfil accessibility obligations.

Children can be acutely traumatised by terrorist events without fully understanding why they are affected: Why is everybody sad? Why can I not go to school? Specialist approaches to communicating with and treating children are required, especially for the very young.

People with a history of mental illness or who have suffered prior traumatic experiences are more likely to suffer negative psychological consequences. Additional oversight may be needed for those who are particularly vulnerable to PTSD.

Further reading:

- Bonanno, G.A. et al. (2010) *Weighing the Costs of Disaster: Consequences, Risks, and Resilience in Individuals, Families, and Communities*



6. PSYCHOSOCIAL SUPPORT

Article 24.3.a of the Counter-terrorism Directive mentions in particular the provision of emotional and psychological support, such as trauma support and counselling. In practice the concept of ‘psychosocial support’ is also widely used to describe the assistance after a terrorist attacks.

Terminology

Emotional support can refer to any contact that a victim experiences following the attack. It does not have to be delivered by a mental health care professional. For example, the family of the victim, colleagues, friends or an employer may all be a source of emotional support. It includes listening, showing understanding, compassion and respect.

Psychological support refers to help delivered by a mental health care professional. It could include any form of help from treatment of PTSD to help with depression or anxiety. It is specifically designed to promote the recovery of the victim and their reintegration into society.

Counselling refers to non-clinical support. For example, while psychological support may treat a diagnosed case of depression, counselling may offer support on practical, emotional and social levels to someone dealing with grief.

Trauma support refers to the immediate support victims may receive in the immediate aftermath of an attack and is executed by certified psychologists, psychiatrists, psychotherapists, etc.

Psychosocial support

Psychosocial support is connected to the above mentioned terms and concepts and can be described as ‘any type of support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder’. The goal of psychosocial support to victims of terrorism is to:

1. promote natural recovery and the use of natural resources;
2. identify victims who need more specialised support;
3. referral of these victims to more focused support or specialised care.

Providers of psychosocial support

The broad definition of psychosocial support means that it covers a wide range of activities by a wide range of service providers. Among them are first responders, victim support workers as well as clinical psychologists, counsellors and therapists, who may assist through non-therapeutic interventions.

Phases of response

Different forms of psychosocial support might be needed in the various phases during and after an attack. At the scene of the attack and in the immediate aftermath, psychosocial support is aimed at mitigating distress. In the medium to long-term, its focus will shift to identifying and addressing the possible emergence of mental health problems caused (or worsened) by the attack.

Watchful waiting

People’s needs are very individual and can change over time. Some victims need professional support immediately, while for others it is not clear when or what kind of support they will need. ‘Watchful waiting’ is a well-known, positively evaluated way to monitor the needs

of victims. This means keeping in touch with victims, and actively monitoring their wellbeing and recovery, informing them about possible support and offering/referring to support if you think they have a need of it.

Training

Every helper, be that a volunteer or paid staff, can have an important function in helping victims immediately or later. Police officers, fire personnel, emergency medical personnel and hospital workers will all meet the victims and will benefit from basic knowledge about how they best can be of help and communicate with a victim in the immediate aftermath of an attack.

General public

By providing the general public with information on how they can be helpful in contact with victims, the resources of communities can be bolstered in case of an attack, as well as becoming more able to help if they have victims within their own social network.

Further reading:

- IASC (2007) Guidelines on Mental Health and Psychosocial Support in Emergency Settings
- Te Brake, H., Dückers, M. (2013) Early psychosocial interventions after disasters, terrorism and other shocking events: is there a gap between norms and practice in Europe?
- Hobfoll, S. E. et al. (2007) Five essential elements of immediate and mid-term mass trauma intervention
- Vicente Colomina, Aída de (2019) Victims of Terrorism Quality Assistance Guide

7. SYSTEM OF PSYCHOSOCIAL SUPPORT

Proactive measures and screening to identify victims in need of more specific support, can reduce symptoms of trauma and generally help victims cope and recover. For victims (and first responders), trauma therapy is needed if trauma symptoms are above identified limits after the first three months.

Therapies

Evidence-based trauma therapies with the most empirical support are Eye Movement Desensitisation & Reprocessing (EMDR), Cognitive Behavioural Therapy (CBT) and exposure therapy. These all assist in reducing symptoms and help victims return to a more normal life. As numerous other therapies exist the options can be difficult to navigate. It is important to take into account victims' preferences to choose the therapy they prefer and to provide them with guidance on the efficacy of any intervention.

Work and school

Early return to school or work (reintegration) is usually beneficial for those affected, if handled in a caring and understanding attitude. Reaching out to leaders, classmates and co-workers to improve their understanding of how they best can welcome back victims can increase the success of reintegration. Experience often shows that a gradual, planned return has more success than starting at 100% all at once.

Pyramid of psychosocial support

Each layer of the pyramid reflects an emphasis for psychosocial support activities and serves as an upward funnel, referring individuals at risk to a more specialised form of support. The starting point, at the base of the pyramid, introduces general support, while moving upwards, the services become increasingly focused and specialised.

Basic services and security can be provided by anyone that meets with victims. In the next layer we find support from and for communities and families, friends and other social networks

to which people belong. This layer is followed by focused support, provided by victim support and primary care organisations. At the top of the pyramid are the specialised clinical mental healthcare professionals and organisations, working with those who develop serious mental health problems such as PTSD or mood and anxiety disorders. Victims of terrorism, particularly those present at the attack, tend to need these specialised services at a higher percentage than other trauma victims.



Service delivery network

In practice, an optimal psychosocial response requires an interdisciplinary network, covering all layers of the pyramid. This psychosocial service delivery network consists of governments, victim support organisations and mental health care professionals. Existing networks (associations of psychologists, civil protection structures, etc.) may be incorporated into this network. A regular connection will ensure constructive and timely exchanges of information necessary to support victims of terrorism.

Further reading:

- IASC (2007) Guidelines on Mental Health and Psychosocial Support in Emergency Settings
- Schnyder, T. et al. (2015) Psychotherapy for PTSD: What do they have in common?

8. RECOGNITION AND RESPECT

Recognition and respect underpin the healing process of victims as individuals and community members. Under EU law, Member States must ensure that victims are treated in a respectful manner by all those they come into contact with. Recital 16 of the Victims' Rights Directive mentions that victims of terrorism often need social recognition and respectful treatment by society.

Recognition and respect are established by ensuring that actors appreciate the victims' situation, their individual and group circumstances, the nature of the attack and how that can influence victims' behaviour.

Recognition

Society (local, regional or national government; politicians; media; support providers, and justice/law enforcement actors) can recognise victims of terrorism in many ways: formal written acknowledgement of status as (indirect) victim, remembrance ceremonies, memorials, financial compensation, and/or granting of specific rights.

In its EU Strategy on victims' rights, the Commission urges Member States to ensure proper recognition for all victims of terrorism, especially since terrorist attacks are directed at the state and society as a whole. France, Italy and Spain introduced positive examples of government recognition. In France the National Recognition Medal for Victims of Terrorism exists; in Italy the Gold medal for Victims of Terrorism and in Spain the Royal Order of Civil Recognition of Victims of Terrorism.

Respect

Treating victims with respect can significantly influence victim satisfaction with government and criminal justice systems. Fundamental to respectful treatment are:

- the way professionals interact with victims and
- the procedures and infrastructures in place.

The cultural and religious background of the individual victim of terrorism determines to a large extent what the victim considers a respectful treatment.

Respect begins with empathy. Understanding the victims' situation empowers professionals to act in an empathetic manner. However, compassion should be moderated by sufficient professional distance to provide the best possible support.

Victims should be treated with respect, at all times, by the police or investigating authorities, legal professionals, judicial staff and others involved in the judicial process.

There are many good examples of respectful treatment of victims of terrorism:

- Providing victims with extended response deadlines shows understanding and respect for the difficulties victims face.
- Providing victims with the opportunity to be heard and genuinely listening to their views – not only once but repeatedly.
- Acting on the requests and views of victims – even if only to say that their views cannot be taken on board.
- Clear communication and transparency encourage the development of trust between victims and the authorities.
- Time spent explaining in a clear and simple way why a decision (by a public prosecutor, by a judge) was reached will help victims understand. It will strengthen their trust in the authorities, even if they do not agree with the decision taken.

- If mistakes are made by those working with victims, apologising and committing to future improvements is another good example of showing respect for victims.

Respect is important for individual victims, but also for the entire group victimised. It is particularly important for vulnerable victims or minority groups, elderly, children and people with disabilities.

Further reading:

- Laxminarayan, M. et al. (2013) Victim Satisfaction with Criminal Justice: A systematic review
- European Commission (2020) EU Strategy on victims' rights (2020-2025)
- Australian Red Cross (2018) Review of the literature on best practices before, during and after Collective Trauma Events



9. COMMEMORATION AND REMEMBRANCE

Acts of terrorism target victims as symbols of state and society. In this context, commemoration shows that society, as a whole, did not forget those who lost their lives or continue to suffer physically and psychologically due to the attack. Commemorations can take various forms: spontaneous memorials, physical memorials, online memorials, formally recognised days of remembrance and informal meetings with fellow survivors.

Victim involvement

Commemorative events and memorials form an integral part of the healing process for victims, their families and all those affected. While states may face competing community ideas in the preparation and delivery of such events, it is the wishes and input of the victims that are decisive in the development and realisation of any commemoration: this may be one of the few times victims come together.

Commemoration events

The aim of a commemoration event is the bringing together of victims, first responders and those affected by the act of terrorism. For example, on 11 March each year, the European Remembrance Day for victims of terrorism is organised with victims and for victims together with the European Commission.

Commemoration events provide victims as well as the general public with the opportunity to express feelings and opinions; to experience and receive social support; to show societal acknowledgment and to give meaning to the attack. If done properly, the commemoration can contribute to the victims' recovery process, however, as acts of remembrance may 'dilute' over time, changes in frequency and form should be discussed with the victims.

Many factors are involved in the design of an event:

Invitees to be nominated: while attendance by societal leaders is important, the victims

occupy the central position. To ensure good international relations, embassy and state representatives are often invited, specifically after attacks with cross-border victims.

Location: with appropriate seating for the injured, elderly, young, disabled; should it be a quiet contemplative venue or central place for all to congregate?

Rituals to choose - tradition is often appreciated, but they differ per context, culture, religion etc. Mentioning the names of the victims during the commemoration is generally appreciated.

Victims can feel emotionally and psychologically unbalanced before, during or after the event, therefore, it is important to address the need for on-site psychosocial support. A private space should be allocated for victims, who may need it during the event and for victims to gather together after the event.

Governments may need to help cross-border victims to attend by securing funding to cover their costs.

Monuments

Monuments create a physical place where victims can gather to share their individual loss with society. Such monuments preserve collective memory to be shared with future generations. For example, on the Breitscheidplatz in Berlin, a monument was unveiled in 2017, one year after the attack there. A bronze crack crosses the square, and the names of the victims are engraved in the steps of the stairs in front of the Gedächtniskirche.

Media

The involvement of the media is an essential element in commemoration, but must be handled carefully. The media can be highly supportive of societal remembrance, but can also be intrusive. A balance must be achieved, with victims always centre stage – including with respect to their privacy wishes. Filming of documentaries, use of images from the attack as well as audio must also be done in a respectful manner, preferably with the consent of the victim or, where it is not strictly needed, with their awareness.

Further reading:

- European Commission, European Remembrance Day of victims of terrorism – 11 March
- Eyre, A. (2007) Remembering: Community commemoration after disaster
- VSE (2019) Remembering Victims of Terrorism: A guidance document
- Mitima-Verloop, H.B., Mooren, T.T.M., Boelen, P.A. (2020) Commemoration of disruptive events - a scoping review about posttraumatic stress reactions and related factors

