**SPRING EXPERT MEETING**

**On May 24, 2022**

**Workshop II – Immediate support after terrorist attacks**

**Discussion paper**

**Background**

The Counter-Terrorism states that “[a]cts of terrorism constitute one of the most serious violations of the universal values of human dignity, freedom, equality and solidarity, and enjoyment of human rights and fundamental freedoms on which the [European] Union in founded[[1]](#footnote-1).“ Member States are called upon to “ensure that a comprehensive response to the specific needs of victims of terrorism immediately after a terrorist attack and for as long as necessary is provided within the national emergency response infrastructure”. In doing so, “support services should take into account that specific needs of victims of terrorism may evolve over time”. Moreover, “the Member States should ensure that support services address in the first place at least the emotional and psychological needs of the most vulnerable victims of terrorism, and inform all victims of terrorism about the availability of further emotional and psychological support including trauma support and counselling”.

Experiencing a traumatic event such as a terrorist attack results in stress reactions in many persons affected. Such immediate stress reactions are heterogeneous and may include physiological (shock, exhaustion, elevated heart and breathing rates), cognitive (confusion, disorientation, sorrows, intrusions), emotional (fear, sadness, grief, anger), and behavioural (social withdrawal, estrangement, aggressive acts) symptoms[[2]](#footnote-2).

Reactions as those described are commonly, within the first four weeks, interpreted as *normal reaction to non-normal events*. In fact, according to empirical scientific studies, many people who experience traumatic events such a terrorist attack are able to cope with the traumatic experience. However, some traumatized people may suffer long-term pathological consequences such as a post-traumatic stress disorder, addiction, depression, or anxiety disorders. Several protection and risk factors have been found that may help identify those persons affected who are less or more likely to suffer long-term psychological consequences[[3]](#footnote-3). Protection factors include social support and a stable social network, financial security, and behavioural coping strategies. Risk factors include, inter alia, low socioeconomic status, previous experience of traumatic events, experience of additional traumatic events, degree of exposition to the traumatic event, experienced loss of control during the traumatization, feelings like embarrassment, guilt, or anger following the traumatic experience, extensive consumption of media coverage about the traumatic event, and loss of employment and income.

With regard to mental health, it is important to help people affected by mass incidents such as terrorist attacks to cope with the traumatic experience and return to normalcy. In this vein, evidence-based scientific research has proposed five intervention principles that should guide and inform intervention and prevention efforts in the immediate aftermath and mid-term phase, i. e. several months, following a terrorist attack[[4]](#footnote-4):

* Promote sense of safety
* Promote calming
* Promote sense of self- and collective efficacy
* Promote connectedness
* Promote hope

The phases of response to disaster model[[5]](#footnote-5) traces the reaction of the community and individual victims to disaster. The model proposes that in the immediate aftermath of a disaster and within the next up to six months, spontaneous help is organized to a large extent, professional help structures are flexible, and the public interest is high resulting is social support being mobilized and available. Yet, after this phase, attention paid to the event declines and so do solidarity and number and extent of offers of support for victims. This so-called “disillusion phase” may cause a loss of hope, feelings of resentment and bitterness. Victims may feel to be left alone. In this phase, victims may on one hand be faced with lots of challenges in relation to their psychosocial or financial situation and may, on the other hand, have difficulties finding help to solve these problems. This period that may last several years is therefore also referred to as “second disaster” for the victims.

**Discussion**

The workshop will begin with a presentation by a representative from the French National Anti-Terrorist Prosecutor’s Office on the immediate actions with regard to support and protection of victims of terrorism put in place following a terrorist attack in France.

This presentation will be followed by a discussion among all participants. Participants are kindly invited to share the good practices implemented in their state, notably by answering the following questions:

1. Needs of victims of terrorism differ interindividually and over the course of time. How can Member States make sure that individual needs of victims are identified and met in the immediate aftermath and in the mid-term phase following a terrorist attack?
2. Is there a particular protocol or concept on immediate (and mid-term) support and protection provided to victims of mass incidents in general and terrorist attacks in particular?
3. Which actors are involved in support and protection provided to victims of mass incidents in general and terrorist attacks in particular and how do they cooperation both in general and in concrete cases?
4. Are there particular institutions that provide professional short- or mid-term psychological or psychosocial support for persons affected by mass incidents in general or victims of terrorism in particular?
5. Are victims proactively approached?
6. What can be done to ensure that the support offered in the immediate and mid-term aftermath of a terrorist attack is available for and reaches those who need it also in the long-term? Which actions are necessary in the immediate and mid-term phase to avoid a “second disaster” (see Raphael, 1986) for victims of terrorism?

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1. Directive (EU) 2017/541, 5 March 2017 [↑](#footnote-ref-1)
2. See for example Kröger, C. (2013). Psychologische Erste Hilfe. Göttingen / Bern u. a.: Hogrefe Verlag. [↑](#footnote-ref-2)
3. For an overview, see for example Ozer, E. J., Best, S. R., Lipsey, T. L., & Weiss, D. S. (2003). Predictors of posttraumatic stress disorder and symptoms in adults: A meta-analysis. Psychological Bulletin, 129, 52-73. [↑](#footnote-ref-3)
4. Hobfoll, S. E., et al. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. Psychiatry, 70, 283-315. [↑](#footnote-ref-4)
5. Raphael, B. (1986). When disaster strikes. A handbook for the caring professions. London: Unwin Hyman. [↑](#footnote-ref-5)