RAN ISSUE PAPER

Enhancing the resilience of victims after terrorist attacks

Introduction

In this issue paper, we will look into the resilience of victims and the broader society after a terrorist attack and propose how this can be strengthened, building upon the experience and advice of victims from past attacks. To operationalise resilience, the **Resilience-Needs-Challenges model** is used to assess the situation of victims of terrorism. This tool, can be used to design an approach, used as a checklist or as an evaluation tool for governments, self-help groups of victims of terrorism[1] and professionals supporting victims.

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[1] In this paper we use the term 'self-help groups of victims of terrorism' to cover the entire range of victims who support each other, from informal loose networks, to structured organisations that have professional staff and advanced forms of psychosocial assistance.

Before introducing this model, it is important to look at the variety of reactions displayed by victims and society alike after an attack has taken place, and to explore the key principles when it comes to psychosocial care. What are victims of terrorism going through? How should they be engaged? What is resilience in this situation?

Some victims are active in the field of countering or preventing terrorism and indeed, their voices can be extremely powerful. But this should not be expected from all. To carry out this work, resilience is a prerequisite, and the well-being of the victims of terrorism must be safeguarded.

1. Insights into responses to terrorist crimes

1.1 Response over time: short, mid and long term

Terrorist attacks have huge consequences for the people affected. People have lost their lives, others have been wounded. It may also have a profound impact on people who have been confronted by the impact, such as the network around the victims, witnesses to the attack and professionals taking care of the situation. In fact, victims and society alike are in shock; giving rise to psychosocial needs.

Understanding that these needs - always individual - may change over time (in the weeks, months and years following a terrorist attack) is of utmost importance. Support and help must therefore be tailored accordingly. Identifying, acknowledging and monitoring needs is hugely important to help the victims and their immediate surroundings to regain a level of control and recovery in their lives. Lives that have been changed forever.

1.1.1 Phases of response

A general pattern or cycle of responses within society to a large-scale horrific incident– especially by the victims – was identified by Raphael in 1986. Figure 1 illustrates this cycle: from the immediate impact, until

victims have been able to reconstruct – to some extent – a new life. This pattern also occurs in the aftermath of a terrorist attack. Being aware of the different phases can help professionals and authorities to understand that needs may vary over time. Moreover, it shows that a recovery process might demand a very long period of (professional) support, facilities and acknowledgement.
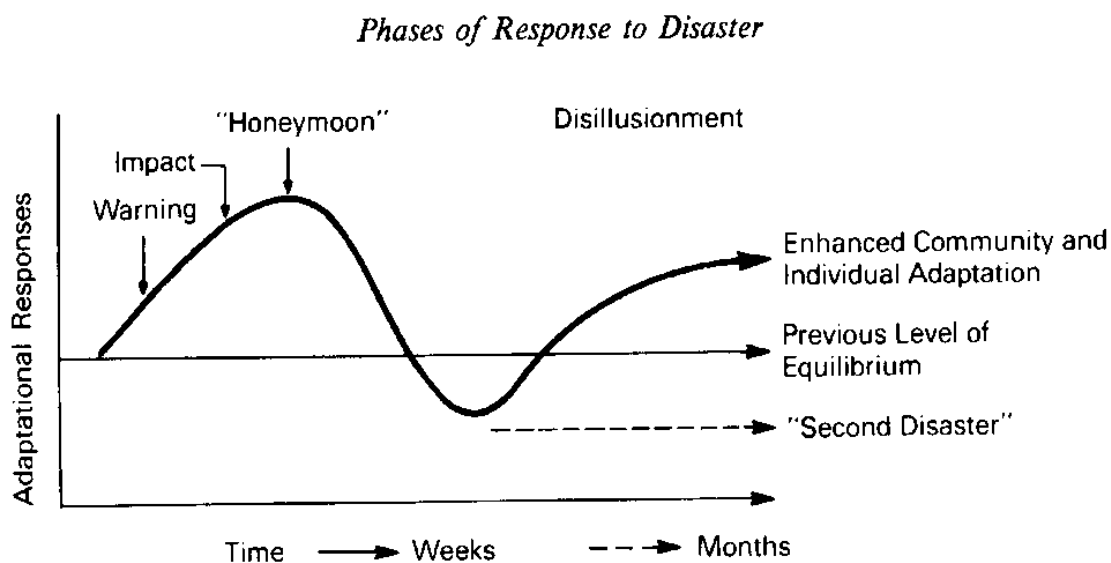
Phases of Response to Disaster

Figure 1: Phases of response to disaster (Raphael, 1986).

During the different phases after a terrorist crime, highlight the specific dominant emotions that are experienced by victims and society. As each terrorist attack is unique, the needs and reactions may differ.

1. <u>Impact phase</u>: the dramatic incident takes place, wreaking havoc, death, destruction and loss. Victims and society are bewildered and in shock. Survival is key. Safety, basic necessities and sometimes shelter are paramount immediate needs for the victims, as is information on, for instance, their next of kin. Various stress reactions may develop among direct and sometimes also indirect victims, including bystanders or witnesses. These are normal reactions to an abnormal, abhorrent experience. A strong need may slowly emerge to tell people repeatedly what has happened to them. Various emotions may be experienced, such as anger, grief, helplessness, guilt and anxiety. Victims, bystanders and professionals may show altruistic, sometimes even heroic behaviour in saving and helping others.

2. <u>'Honeymoon' phase</u>: starts a few days after the terrible incident and may last three to six months. Relief support is provided, commemorations take place, massive spontaneous help is organised by communities and authorities, hierarchical professional help structures may be more flexible and there is much media attention and generosity. A lot of social support is mobilised and available. So, solidarity, bonding, caring and collaboration prevail between the survivors and the community ('we

are all in it together'). Promises to help rebuild lives are made frequently by officials and government bodies, creating hope and raising high expectations among the survivors, who may still be on an emotional high as they survived. Bereaved may feel supported by the outpouring of warmth from society.

The extensive social support shown at this phase will not last forever. It is therefore important that professionals and authorities use this momentum of solidarity and cohesion in society, by being visible, accessible and helpful, to lay the foundations for professional help and social support that will be needed by the victims in the future.

3. Disillusion phase: the terrorist attack is no longer the focus of attention. Society returns to its daily routine. Other news now demands attention. Victims mourn their losses and among victims and professional helpers providing psychosocial support and care, fatigue sets in. Organised support withdraws, bureaucracy (regarding claims and financial compensation) emerges and promises made earlier are not always kept. This causes a loss of hope, feelings of resentment, bitterness, and a perception of being left alone. There is no feeling of shared community anymore. The grim reality, the hard facts of what has occurred, surfaces and sinks in. Psychosocial needs may be(come) intense and for a minority of victims, prolonged stress reactions may turn into disorders interfering with work or relationships, and therefore requiring professional care. The path of recovery is felt to be slow, long and painful, and sometimes complex, with additional problems arising, such as difficulties to get the proper psychological, financial and material help and information, complicated and energy-draining lawsuits, diminished or no appreciation and recognition of their situation and needs, or conflicts with the 'outside world'. This phase is often referred to as 'the second disaster' or 'the disaster after the disaster'. This period may last for several years.

4. Reintegration phase: in this phase (although not specifically mentioned in figure 1), one of the main objectives is the rebuilding of lives for individuals and communities. This may take many years. It is the long-term phase of recovery. The outcome depends on the psychological and financial status of the individual, how aspects of the former phases were dealt with, and the availability of resources. It is a slow process, often with little media coverage (except for anniversary days, news of court cases etc.). For most victims, distress will finally decrease and a new balance may be achieved.

Taking stock of the concept of different phases after an attack can also help us to better understand the dynamics in society after a terrorist attack. The length of the phases differs from person to person on a micro-level and between those directly affected and the rest of society. This explains the discrepancy that may occur between the process of recovery, the needs of victims during this process and the way in which society, including authorities and professional health care workers at large respond to them.

1.2 Key principles for psychosocial care

In addition to the different phases after an attack, it is useful to take stock of the key principles for psychosocial care. A worldwide panel of experts on the study and treatment of people exposed to mass violence and disasters reached a consensus on intervention principles (Hobfoll et al., 2007). These principles have become pivotal ever since in the way worldwide intervention programmes have been developed. They identified five empirically supported intervention principles that can be used to guide and

inform intervention and prevention efforts in the early to mid-term stages after a terrorist attack:

1. promoting a sense of safety;
2. calming;
3. a sense of self- and community efficacy;
4. connectedness;
5. hope.

These principles should be kept in mind when identifying what victims may find helpful in their efforts to come to grips with their ordeal, and the consequences of the brutal attack they were confronted with. They are not needs in themselves, but rather describe the attitude that is needed to provide support, and to have support accepted by the target group.

1.3 Resilience at different levels

History has shown us that even in the face of many serious incidents, wars and disasters that have brought so much devastation, damage and pain to their victims, individuals can show significant strength. They cope in one way or another with the sorrow, pain and loss that have been thrust upon them. Nowadays we often refer to this capacity as (psychosocial) resilience: the ability to bounce back and to find a new balance in life after a dramatic incident has occurred.

Although this concept has been embraced worldwide for some time, there is still no single, universally accepted scientific definition of what resilience exactly is. Is it a personality trait (leaving not much room to be influenced by external factors) or is it a dynamic process? If the latter, it may be possible to support or mobilise resilience. An array of research identifies many factors that may contribute to resilience.
These can be seen at three different levels (Hoijtink, Te Brake, Dückers, 2011):
− the individual level;
− the community level;
− the characteristics of the incident.

1.3.1 Individual level

Resilience at an individual level can relate to the personality of the person involved, e.g. self-confidence, perseverance, determination, hardiness. It can also relate to the surroundings: a well-functioning network of family, friends, acquaintances, neighbours, colleagues and so on. It can be supportive in times of stress and can make the person feel less isolated and alone with his or her burden. But the individual's socio-economic situation is also important: gender, age, income, education, household composition. Although religion and ethnicity may play a role, more research is needed to accurately assess whether these factors influence resilience.

1.3.2 Community level

Resilience at a community level refers to feelings of belonging to a certain community or having emotional ties to a place or geographical region in which the victim feels at home, safe or emotionally connected with the community. The more cohesive a community and the stronger the ties with the region, the stronger the

resilience of both individual and community may turn out to be – although this may also stand in the way during the recovery process. Sometimes victims are relocated and must leave their home and social network.

Within a community, institutions can provide or become a strong vehicle for supportive interaction, and may make available resources to assist a victim in times of stress. Victims who organise themselves into self-help of support groups are a striking and important example.

1.3.3 Characteristics or aspects of a dramatic – large scale – incident

The nature and extent of an incident may also have an impact on its victims' resilience. Man-made incidents such as a terrorist attack seem to be comparatively more difficult to cope with than natural disasters (Norris et al., 2002).

The 'dose' or exposure is also important: the more one is exposed to the (detrimental effects of an) attack, the more likely a victim is to develop psychosocial complaints and disorders such as depression or post-traumatic stress disorder (PTSD).

A catastrophic violent incident may sometimes have political aspects or implications, leading to distrust within society at large, and among victims and authorities. A relationship of mutual trust between them is of utmost importance. Information needed to restore one's life, coming from authorities and professional caretakers, should therefore be speedy, clear, relevant, trustworthy and not-contradictory.

2. The Resilience-Needs-Challenge model

2.1 Introducing the model

The Resilience-Needs model shown in figure 2 was developed by Te Brake (2014) as a graphical translation of earlier research in which he studied how organisations of uniformed forces (e.g. police) can improve the resilience of its members when dealing with very stressful circumstances. He also co-designed a measuring tool for psychosocial resilience among citizens (Hoijtink, Te Brake, Dückers, 2011). His model is elegant, simple, yet clear.
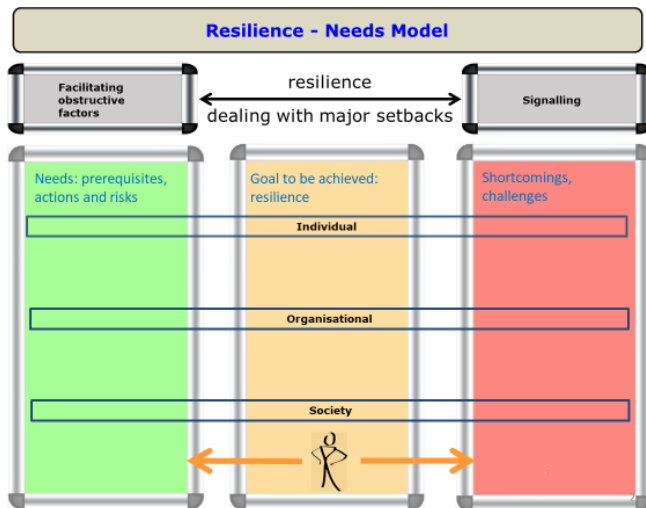
Figure 2: Resilience - Needs model (Te Brake, 2014)

This is the first time an adjusted version, the Resilience-Needs-Challenge model, is being used to look at the situation of victims of terrorism after an attack. By connecting it with needs and challenges, the model enhances thinking in a more structural way, when considering how to achieve or facilitate psychosocial resilience. The model can help identify what victims may need to regain control of their lives again, and what obstacles may interfere, hamper or complicate coping among victims of terrorism. It can be used to design, implement and review activities, to make sure the right information is available at all levels, and to implement actions that correspond to both needs and challenges. To make this effective, cooperation between victims, governments and relevant non-governmental organisations is highly recommended.

The adjusted Resilience-Needs-Challenge model (p. 10, and further)_ is organised in three columns (light green, light blue and light red) at three levels: individual (victims), organisational (self-help or support group for victims) and societal (society at large). The left-hand column (in light green) relates to the need to overcome the effects and consequences of a terrorist attack at the three above-mentioned levels: for victims, for victim self-help groups, and for a society seeking to deal with its victims. When these needs can be met, resilience is mobilised or strengthened, helping them to deal with the effects of their ordeal.

The right-hand column (in light red) is for challenges that should be anticipated, faced and dealt with, because they may obstruct and hamper the mobilisation or strengthening of resilience, blocking or slowing down the process of a victim regaining some control of his or her life, of support groups being effective, and of society dealing with the consequences of the attack.

The middle column (in light orange) is for describing the outcome when the need is weighed against the challenges. Resilience is the balance of needs addressed and challenges signalled.

As mentioned above, this model helps to provide a clearer picture of the needs to be met, and the challenges that may interfere, stimulating or restricting resilience. Apart from providing this much-needed analysis, having a feedback loop is crucial. Without monitoring the process of providing help to victims to help them

regain control of their lives, or without creating a mechanism or structure to collect information, there will be no assessment of whether facilities and help correspond to the needs of the victims. To get feedback it is necessary to keep in touch with victims, to monitor, evaluate and adjust provided services. This could be done by organising an annual meeting between representatives of government, professional support organisations and self-help or support groups, to discuss what is going well and what could be done better. Organising surveys among those who provide or receive support, or by having a central point of contact where shortcomings and challenges can be reported, can also be helpful. Whatever the initiative, one of the involved organisations should be tasked with coordination.

2.2 Linking resilience to needs and overcoming shortcomings and challenges

This section gives insight into what the needs and challenges are, what support should be provided, and how to enhance resilience. Based on the insights of chapter 1 and insights from studies on the needs of victims, the Resilience-Needs-Challenge model has been filled in below and provides so an overview for the three levels. For each level there is more explanation in the accompanying text.

Before doing so, some caution is appropriate. All models are limited; not all needs and challenges apply to all victims due to the characteristics of the attack, and the diversity within the group when it comes to cultural and socio-economic background, gender, attack circumstances, time passed since the attack and so on. On top of this are differences between countries in the extent to which needs are met by organised activities, procedures and laws, and challenges are acknowledged and addressed. In this sense, the table below does not pretend to be the ultimate checklist or a comprehensive guide to needs. It is instead a way of structuring activities and efforts to achieve the goal of building or maintaining resilience. Therefore, it serves as a tool to reflect upon current practice, policy initiatives, activity plans for victim organisations and so on. The needs in the left (light green) column are *not* listed hierarchically, as they may all be important. Some of them are mentioned below to illustrate their significance. The words in bold highlight the different topics.

2.1.1 Individual level

Acknowledgment of the victim's situation is in several ways an important aspect of resilience. For instance the fact that many victims have been attacked as representatives of a larger group is an important need (Letschert, Staiger and Pemberton, 2010). It acknowledges that something dramatic and intense has happened, which deserves attention, help, comfort, respect, support and compensation. Individuals should be recognised as victims, but without being considered or treated as powerless people who can only be pitied. Being a victim does not define someone's identity. But they may need help, provided by their surroundings, professionals and authorities, to cope and find a new balance in life. We see various and different situations in which acknowledgement is necessary, such as:
- a person who needs practical help from first-responders in the immediate aftermath;
- a person who is not known by those aiding; who is unfamiliar with procedures for applying for assistance or who is (temporarily) unable to decide him/herself;
- someone looking for information on what has happened;
- a victim of terrorism who to some degree has specific needs compared to other victims;

- an affected individual who wants to feel recognised by governments and official institutions as well as society, family and friends;
- a person who is trying hard to accept his/her own fate and its consequences, such as mourning the loss of a loved one, dealing with physical or psychological injuries, or trying to cope with routine activities such as work and so on.

Information is crucial right from the moment of an attack. Uncertainty after a frightening and life-threatening experience can be devastating and underscores an individual's feeling of having lost control over his/her life. Information on a variety of topics helps people to regain (some) control over their own life. It helps people to get back on their feet. Information should deal with a variety of topics: what has happened and what is happening at this moment, for instance, or information on whether their loved ones is safe, or in what hospital they can be found, where to find practical help, what kind of procedures are to be followed to obtain financial compensation, and so on. This information always needs to be relevant, concise, correct, timely, understandable and not contradictory. Some tailoring may be needed to make information accessible and of use to all people concerned (e.g. victims, indirect victims such as bystanders, witnesses), as not everyone will have the same cultural background, level of health literacy or master the dominant language well enough to understand the crucial and relevant information. Certain groups may require special attention: children (higher risk and more difficult to reach); young people; minorities (lower use of mental health facilities); refugees or asylum seekers (earlier trauma), and foreign nationals.

Seeing **justice** served is important in coming to terms with what has happened. Although sentencing the perpetrators does not compensate for the harm done, it is at least some degree of recognition. It is frustrating for victims when an attack is not followed by a trial, for example when the perpetrators are not found, or when they also died during the attack. Apart from providing recognition, a court case also tends to generate information that is beneficial to the quest for truth.

Material **compensation** can also contribute to an individual regaining control over their changed situation.

Feeling safe is a prerequisite to normalisation after being involved in an attack. For those who became victims during their daily routine (at work, commuting), an environment once considered secure may no longer be perceived as such. There are also cases where victims feel insecure or unsafe because there is a good reason to fear another attack, e.g. when an attack was targeted at a specific person or his or her position or professional group (e.g. attacks on police or politicians). It is also worth noting that victims with the same cultural or religious background as the perpetrator are sometimes mistakenly considered as perpetrators, which can make them feel very unsafe and further exacerbate the situation.

When it comes to **psychological wellbeing**, most victims do not develop a psychological disorder. They show distress, and react to the stress, which are perfectly normal reactions to an abnormal situation. In the immediate aftermath of an attack, people need information from trusted sources and authorities (what is going on, where to find help, what is available). They also need acknowledgement, emotional and practical support, within and from their own familiar surroundings (family, friends, colleagues, acquaintances, neighbours), promoting a sense of safety and regained control. At this point, help from professionals should focus primarily on informing, stimulating and helping to mobilise the support needed from the person's

private support network (coaching, offering advice, supporting relief workers etc.), and to provide acknowledgement and referral when appropriate. Flexibility and empathy are also essential. Professionals should also identify those who may need immediate psychological help (a minority, including those who were already mentally instable) and monitor those who may eventually need professional help. A small group of victims may, sooner or later, develop a disorder, such as a post-traumatic stress disorder or depression. They obviously require timely, high-quality and appropriate treatment.

Examples of practices

With robust emergency plans and mechanisms in place, chaos can be reduced. Countries that have faced attacks in the past are often better prepared. For example, the Spanish authorities were very fast in identifying the victims of the Barcelona attacks.

Working with the concept of a one-stop-shop - an Information and Advice Centre (IAC) with a front office for questions from victims, relief workers etc., and a back office consisting of supporting organisations - makes it easier for victims of terrorism to find what they are looking for. A further advantage to this approach is that staff will understand a victim's situation and needs, while monitoring the activities and results by the IAC will provide information about met and unmet needs. When victims are dispersed over a large area and a physical IAC may not be possible, then an online digital information referral centre can be helpful. This was organised in the Netherlands for those affected by the downing of flight MH17. The plane was carrying 298 persons, among whom were 196 Dutch nationals.

Individual level		
Needs	**Goal to be achieved: resilience**	**Challenges**
1. Basic needs fulfilled: safety, shelter, food, drink, medication	1. Acknowledgment as a person in immediate need of help	1. Chaos, insufficient and poorly prepared psychosocial care, especially for mass casualties and cross-border incidents
2. (Immediate) assistance; information on whereabouts of next of kin, social, practical, emotional and psychological support and victim support, when needed	2. Idem	2. Diversity in needs, timing, health literacy, risk groups
3. Respectful treatment	3. Acknowledgement as a person	3. Tendency for polarisation within the affected community
4. Recognition of victimhood by society, government, family, friends	4. Acknowledgement as a victim	4. Tendency for polarisation within the affected community
5. Need for truth and justice	5. Acknowledgment as a citizen and a victim	5. Taxing, burdensome and lengthy process
6. Easy accessible, relevant, accurate, consistent and understandable information	6. Being well and quickly informed (what happened, what is now happening/will happen) to regain some control	6. Take diversity target group into account (disabilities, culture, religion, language)
7. Information on legal procedures	7. Idem	7. Not reaching out to target group and financial implications
8. Participation in criminal justice system (including to receive information on investigations, prosecution perpetrators, rights, what to be expected, one's own criminal case, etc.)	8. Seeing justice done	8. Burdensome and lengthy process; secondary traumatisation; privacy

9. Protection by law, safeguarding if there is a possibility of the person becoming a victim again	9. Feeling safe/secure	9. Fear leading to self-isolation and marginalisation. Being accidentally mistaken for a perpetrator
10. Material compensation, both shortly after the attack to deal with practicalities, and long-term help to rebuild one's life	10. Receiving justice in a material sense	10. Financial aspects; speed; minimal/narrow approach
11. Mourning	11. Acknowledgement of feelings by victims and their family and friends	11. Grievances deriving from not expressing feelings
12. Working through emotional and psychological problems and trauma	12. Emotional wellbeing	12. No or poor assessment of level of needed assistance: professional therapy, peer groups and so on

2.2.2 Organisational level

For the organisational level, let us look at **self-help groups for victims of terrorism**. These groups can either be informal or formalised and registered associations or organisations. Victims might create their own organisation for those affected by the same attack, or choose to become part of or seek support from an organisation that aims at supporting victims of different attacks – or even victims in general.

These organisations or associations are of great importance when it comes to regaining control as they may have various goals they want to attain, or have several functions (e.g. emotional support, recognition, commemoration, memorial, information-exchange, truth-finding, financial compensation). As victims of terrorism often meet incomprehension from people who did not experience a similar incident, it often brings about a sense of relief to meet up with fellow sufferers. At the same time, it is an important vehicle of communication for victims on the one side and professionals and authorities on the other. As they in general represent many victims, a self-help group can act as a spokesperson to express their needs and situation. Authorities and professionals can use the group as a vehicle to communicate necessary information. (Cancrinus and Netten, 2008).

Mutual support, recognition and emancipation are important bonding factors whatever the form of organisation. Getting support from others who are suffering does not require a formal organisation as people also can meet up outside the context of a self-help group. Still, many self-help groups have been formed after attacks and following recent attacks, new interest groups for victims are also being formed.

The optimal form of organisation depends on the objectives (as well as what the partners and commissioning organisations are demanding in terms of joint activities or support). For example, the chance of being involved in drafting policy initiatives is higher when victims are organised and have a spokesperson that can speak on their behalf.

Alongside all the advantages, an interest group or association of victims also may have to face some **challenges**:

- finding **board members and active participants** among the victims the interest group is representing, with the necessary administrative competencies to run the organisation and the various activities the organisation wants to focus on (recognition, commemoration, a monument, financial compensation, truth, prevention, etc.). An advisory board or group of (relevant) experts, who can support the board in the execution of its various tasks and goals, may be - sometimes temporarily - a very practical and helpful strategy;
- **conflicting context**. An association - having been unintentionally 'born' out of the attack - often brings a heterogeneous group of victims together whose predicament and vulnerability need to be acknowledged and supported. Simultaneously, they are expected to act as a virtually professional organisation, to achieve their goals, to be taken seriously as a point of contact for the authorities and supporting organisations, and to be the spokesperson for the rank and file. Authorities and other professional parties should be aware and appreciative of their difficult situation. It can be helpful for a self-help group to include in their structure an advisory board of experts on relevant themes and with a relevant network, or include (temporarily) professionals to support or coach them, or experts on themes;
- **in- and outgroup thinking** resulting in isolation can occur when the support group is used in a way that allows victims to turn their backs on society. This can result in echo chambers where incorrect information or even conspiracy theories can flourish as the message is coming from a fellow victim;
- an interest group may at first look homogenous, but in reality is comprised of **individuals** with their own unique mourning and recovery process and pace, and this can result in some individuals not feeling supported (anymore) and leaving the self-help group;
- **hierarchy of suffering**; victims may sometimes 'compete' over who has suffered most or least, implying, unjustly, that some should deserve more or less recognition, acknowledgment, attention and access to resources. This is of course not helpful, and does no justice to the burden that everyone must carry and deal with;
- being committed to a self-help group is a highly appreciated and an incredible gift from one victim to others and to society; they are indeed stronger and smarter together! However, for very few people it may in the end turn out to be very **difficult to disengage** themselves from the organisation and focus on their own process of regaining some control. The opposite may then happen; they become too involved and cannot completely separate themselves from the incident. Their focus remains on the difficult aspects, and looking to the future and recovery seems quite impossible after some time. This may be harmful to the process of regaining control;
- the focus, goals and tasks of a self-help group is not static but **dynamic,** and will change over time, demanding corresponding choices, activities, and competences;
- sometimes different self-help groups are formed after the same incident, unwillingly introducing a possible **competitive context**, complicating communication and representation;

- dome victims want to be part of a self-help group; others will always refrain from taking part in such a group. Therefore, it is important for authorities and supporting organisations to find other ways to **reach out and communicate** to these persons.

Challenges such as these should ideally be acknowledged and dealt with by a victim organisation and supporting bodies at the various stages of its existence. For instance, financial and practical support is almost always needed; authorities can be helpful here, supporting the launch of a self-help group, and providing training. Another source of help, experience, information and inspiration may come from other or former self-help groups created after previous terrorist attacks that already have gone through this process. Their experiences are of great value, the members can be role models showing strengths, power and stamina. This is resilience in *optima forma*.

Victim groups may play a major role in **commemorations** and even erecting **memorials**. As they represent the persons most affected by an attack, their consultation or sometimes even participation in how these ceremonies are organised, or what monument should be constructed where, is essential, keeping in mind that not necessarily every victim is represented by them.

As stated when explaining the resilienceneeds-challenge model, a good **feedback-loop** is needed to adapt the support provided to victims. Victim groups can play an important role here as they have first-hand information on how, for instance, support, interventions, laws and policy decisions are being seen or experienced by the target audience. Simultaneously, they provide support themselves, which also may need fine-tuning andadjustment to be more effective.

Example of practices
In France, the main organisations for victims of terrorism are incorporated into the teams providing support in the aftermath of an attack. Being experts on what victims go through during this period, they complement the assistance offered by professionals. They are also able to continue supporting victims after the initial period. Cooperation of this kind demands the will to cooperate with governments, as well as well-trained and experienced victims.

To ensure the attack and its victims still receive appropriate attention, some victim groups in different countries involve schools in their commemorative activities. For example, by involving or inviting a school to adopt or maintain a monument, or by involving them in the ceremony. As part of preparations for the ceremony, victims can visit the school to raise awareness among pupils about what happened.

Self-help groups for victims of terrorism		
Needs	**Goal to be achieved: resilience**	**Challenges**
13. Participation/connection with fellow sufferers (establishing a self-help group)	13. Support, recognition, information, emancipation, communication (spokesperson/point of contact) promoting self-reliance	13. Outreach, privacy, expertise, resources, hierarchy of suffering, victimhood, fellow sufferers
14. Acknowledgement, being treated and respected as an equal 'player', direct access to information sources	14. Acknowledgement, empowerment	14. Becoming equal partners for government, institutions etc.
15. Being informed on all relevant themes	15. Acknowledgement	15. Accessibility to relevant sources of information
16. Participation in drafting and executing policy and legislative initiatives	16. Co-ownership solutions	16. Complexity, lengthy, a lack of consensus among victim associations
17. Commemoration and memorial	17. Acknowledgement, respect, consolation	17. Diversity, ownership, shape-form
18. Involvement of victim associations in immediate aftermath of an attack	18. Appropriate response after attack	18. Identifying well-trained organisations that want to cooperate with other stakeholders in first responses

2.2.3 Societal level

This level refers to those not immediately affected by an attack. Although not hurt themselves, these people may nonetheless feel affected. Terrorists want to disrupt society to create an environment that fits with their extremist ideology. Therefore, they tend to plan attacks in places with which many people can relate to, such as iconic places (e.g. London Bridge) or music concert venues (Manchester Arena, Bataclan theatre in Paris). Although the impact is by far less serious than on the victims themselves, society is in shock. The phases of response after a disaster are also applicable for society, especially the impact and the honeymoon phase, albeit much more tempered.

Information, communication and media. To feel safe and to regain some control after the attack, citizens want and need to be informed about what has happened, but they also want to show their sympathy to the

victims, and their outrage about the attack. At the same time, polarisation and prejudices might grow as a reaction to the attack.

At this level, the victims' interests may even conflict with those of society. E.g. where society wants to 'turn the page' (getting back to normality) after a certain period, victims are - understandably - not (yet) ready to do so. A balance must be found between informing the general public and respecting the privacy of individuals directly affected. A lot of attention in the media can be beneficial for the general public's coping process (fulfilling the need for information), but it may create a new source of pain and grief for victims. The way in which the attack is covered (showing violence or victims in a way that is not respectful, giving more attention to the perpetrators than the victims) can have negative effects. The media always look for information on the victims soon after the event, driven by demand for this from the general public, and victims may feel overwhelmed by the press attention and pressure. Some victims will abhor contact; others may be open to the media, but the timing is crucial. When victims are ready to speak out, the general public may have already 'turned the page'. This mismatch between the coping process pursued by those directly affected and the rest of society can feed a picture of victims 'living in the past' or even 'being obsessed'. This does not encourage feelings of **being recognised or acknowledged**.

Society has a lot to offer to help strengthen resilience among victims of terrorism. The governmental and political level can arrange practical support and legal assistance, such as a victims' statute. Civil society often responds spontaneously in the immediate aftermath of an attack by providing practical assistance (e.g. taxi drivers taking people home for free, citizens opening their homes) or by creating temporary places for commemoration (flowers, candles). Society is also involved in the longer term, albeit in a more structured way, through foundations for commemoration or fundraising, or through involvement in ad-hoc activities. When it comes to society, **acknowledgment and recognition** are priorities for resilience. As we will see in chapter 3, the victims of terrorism can themselves also contribute to the resilience of society.

Examples of practices
Victim groups and the media have been involved in platforms set up to discuss their relationship, how attacks are covered by the media, and how to work with victims. Although such sessions will not solve everything due to an obvious conflict in interests, they increase awareness and understanding. Discussions can result in a code of conduct.

Social media are used as a source of information and as a platform to express feelings after an attack. Initiatives like 'Je suis Charlie' and 'Pray for Brussels' went viral. On occasion, and usually not intentionally, users have shared material that could be perceived as shocking or disrespectful to the victims. In several countries, the authorities, NGOs and victim groups are calling for prudence in sharing potentially distressing material after an attack, underscoring respect for privacy.

Society		
Needs	**Goal to be achieved: resilience**	**Challenges**
19. Media coverage of attacks	19. Recognition, acknowledgement	19. Retraumatisation, vicarious traumatisation, invasion of privacy
20. Public and media response to victims	20. Acknowledgement	20. Intrusion, compromised safety, backlash
21. Victims statute (both on symbolic and practical level)	21. Acknowledgement as a citizen and a victim	21. Prevention of repeated victimisation and secondary victimisation (blaming the victim)
22. Participation in criminal, civil or administrative proceedings (right to be heard; to provide information balanced against the stress involved in participation)	22. Recognition, justice	22. Secondary traumatisation
23. Commemoration and memorials	23. Acknowledgement, respect, consolation	23. Different preferences on how to commemorate, discussion on ownership of ceremonies
24. Information to society	24. Acknowledgment impact on society	24. Balanced public interest and privacy individuals
25. Recognition of victimhood	25. Acknowledgement, respect	25. Up to date procedures, legislation acknowledging victims of terrorism
26. Political interest	26. Idem	26. Victims becoming political symbols or are even abused

3. Contributions by resilient victims of terrorism (organisations) to countering violent extremism; promoting societal resilience

Victims are often resilient, especially when their needs are acknowledged and catered to. Not only have victims of terrorism shown and impressed society with their strengths; over the years they have also been involved in approaches designed to prevent or counter violent extremism. Having been affected themselves, they are credible messengers who can show the harm done by extremist violence. Victims have participated, for instance, in school projects promoting critical thinking among youngsters by talking about their experiences and revealing the real nature of terrorism. Such activities are laudable, impressive and may be very helpful to society and the victim alike.

Such activities should however only be undertaken when integrated with another activity, such as a school project (so it should not be a single, isolated action), and with (emotional) support from the school, the self-help group and relevant others. Working on preventing and countering violent extremism is not the same as - for instance - commemorating an attack and its victims. Whereas memorial activities focus on 'we shall not forget', activities to prevent and counter radicalisation try to connect the attack, and its impact on victims, with current societal challenges. They address the questions, 'what can we learn?' and 'what can we do?' Recounting what happened is not sufficient here. It is also important to help the target group (e.g. pupils) to relate to the lessons learned, and to translate this into how they go about their daily lives, as well as their opinions. Therefore, in order to challenge critical thinking within a (young) audience, the victim needs to be attentive and in control of his own intense emotions and feelings of grief, pain and anger; in fact, he or she should realise and agree that the painful experience will be used in an instrumental way to discuss citizenship, democracy, human rights, and so on.

In educational situations, the circumstances under which victims carry out efforts to prevent or counter (radicalisation leading to) violent extremism can be controlled to a certain extent. This is more complicated for online activities and in the media. In such a situation, the target group is not known, and neither is the time it will be watched, by whom, and in what state of mind they will be. This can cause unexpected feedback. Whilst in itself positive, reactions can come at a moment in time when the victim may be vulnerable, or in a completely altered state of mind. Negative reactions may also arise, or other people may use the victim's message for their own purposes (recontextualisation). In other cases, there may be no feedback at all, which can give the impression that the efforts were pointless. This reduced control makes the need for resilience and psychosocial support victims even more important.

If people are (still) struggling to cope with the attack and its aftermath, they should avoid or postpone their participation , participation, because such an activity should not be used as a kind of 'therapy' - more pain could be inflicted upon the victim. This is complicated, as some people in the 'honeymoon phase' may want to become active in the field. Thus, a careful selection of the right person to work in this field and preparatory training is needed. But once a victim feels in control and wants to participate, his or her participation can be a very potent and a positive contribution in the struggle against violent extremism. Obviously, it is a personal choice for a victim to become involved in countering or preventing violent radicalisation. Participation can never be expected or demanded, although it can be encouraged, as for some individuals, positively using a negative experience might be helpful. It should however never become a standard expectation of victims.

Apart from being rewarding, working on preventing and countering radicalisation can also be demanding and may cause revictimisation if insufficient care is taken. It is therefore important for the victim to be well prepared or trained and to protect the victim from unpleasant situations, such as exposure to an audience that does not acknowledge the cruelty of a terrorist attack or being left alone after a meeting without any debriefing or care to see if he/she is coping. The more the involvement of victims is structured — e.g. in a school programme developed by a victim organisation — the more attention can be given to the victims' well-being[2], and the better their impact may be.

4. Conclusion

Resilience is a key factor in getting life back on track after having been affected by an attack. Although intrinsically personal, people can be encouraged, supported and helped to trust their own mental and emotional strength again. Stimulating resilience by meeting needs and helping individuals address challenges gives back control and supports the recovery process. Even if victims are not able to regain full independence, it is important to help them take back control of their lives wherever possible, in addition to providing any assistance needed.

For victims of terrorism and society, the four phases of response after a disaster (impact, 'honeymoon', disillusion and recovery) underline the need for the appropriate support to the victims of terrorism in each part of their individual or collective process. The five psychosocial intervention principles (promoting a sense of safety, calming, a sense of self- and community efficacy, connectedness and hope) provide guidance for

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[2] The RAN working groups on victims of terrorism and education will organise a meeting on how school programmes can maximise their preventive goals and safeguard the wellbeing of the victims of terrorism.

working on resilience. With the Resilience-Needs-Challenge model, resilience-building can be translated into actions for the individual, the self-help groups and society at large.

When it comes to meeting the needs of the victims, it is not only the support or the offer of support that dictates whether resilience is boosted. Perception also plays a major role. Is support seen by the victim as recognition and acknowledgment? Or do other factors, like previous experiences or tone of voice affect feelings? Victims of terrorism organisations make a difference here. They can be involved in drafting and executing policy and legislative initiatives, and helping to organise support for victims. They can also be brought on board within response teams formed in the immediate aftermath of an attack. Doing so raises the degree of acceptance for support as well as trust levels among victims.

Resilient victims in a resilient society is an important goal. This also implies meeting the needs of 'non-victims' after an attack, even if these needs are far more limited than those of the immediate victims. As experts through experience, victims can also play a role in making society more resilient, by participating in, or initiating activities that can help to prevent and counter extremism.

Literature

Cancrinus, I., and J.C.M. Netten (2008). *Guidebook. Together we are smarter and stronger*! *Guidebook for self help organisations for people affected by disaster.* Diemen, Impact.

Hobfoll, S.E., Watson, P., Bell C.C., Bryant, R.A., Brymer, M.J., Friedman, M.J. et al. (2007). 'Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence', in: *Psychiatry,* 70, 283-315.

Hoijtink, L., Te Brake, H. and J. Dückers (2011). *Resilience Monitor, Development of a measuring tool for psychosocial resilience.* Diemen, Impact.

Ivanković, A., Altan, A., Verelst, A. & P. Jeny, (2017). *How can EU and the Member States better help the Victims of Terrorism. Study for the LIBE committee.* Brussels.

Norris FH, Friedman MJ, Watson PJ, Byrne CM, Diaz E, and K. Kaniasty. Psychiatry (2002). *60,000 disaster victims speak: Part I. An empirical review of the empirical literature, 1981-2001.* Fall; 65(3):207-39.

Letschert, R.M., Staiger, I. & A. Pemberton (eds.) (2010). *Assisting Victims of Terrorism. Towards a European Standard of Justice.* Houten, Springer.

Raphael, B. (1986). *When disaster strikes; a handbook for the caring professions*. London, UNWIN HYMAN.

RAN Centre of Excellence (2017). *Ex post paper RAN RVT 'The power of victims of terrorism: how to give support'.*

RAN VVT (2015). *Handbook: Voices of victims of terrorism.*

Te Brake, H. (*20 November 2014). *Symposium Resilience online. Applications prevention and practice; Working towards a practical model of resilience.* Amsterdam.