



Victims of Terrorism

QUALITY ASSISTANCE

GUIDE



Victims of Terrorism

quality assistance Guide

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The *Victims of Terrorism Quality Assistance Guide*, which I am honoured to present, is the result of the fruitful and close collaboration between the Ministry of the Interior, with its General-Directorate for Support to Victims of Terrorism, and the Consejo General de Colegios Oficiales de Psicólogos (Spanish Psychological Association).

This collaboration started with the signing of the first agreement between both institutions on the 18th of June 2015 which has recently been replaced by a second agreement signed on the 16th of January 2019.

A number of actions have resulted from the aforementioned collaboration, including the creation of the National Network of Psychologists for the Assistance of Victims of Terrorism, which has quickly become a model and a reference for best practices at the international level in terms of psychological assistance to the victims.

However, apart from this psychological assistance that can only be provided by psychologists, there are many other people who must assist victims of terrorism. This task is specially complicated in the days and weeks after a terrorist attack. The assistance they receive from us is essential to minimize, or at least not to increase, the psychological damage they suffer.

Thus, this Guide aims to be an efficient tool for the State Security Forces, the fire brigade, local police officers, social workers, public authorities, workers of consular offices, members of associations and foundations of victims of terrorism and any other groups offering assistance to victims, helping them to work better, providing quality assistance to the victims.

Finally, I would like to mention that this Guide was made possible thanks to the financial support of the Internal Security Fund, as is the case with other actions developed together with the Spanish Psychological Association (COP).



Sonia Ramos Piñeiro

General Director for Support to Victims of Terrorism

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1

Introduction

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This **Guide** has been drafted with an aim to providing recommendations and basic rules of action to those agents who are not specialized in mental health (public authorities, first-response staff, representatives of institutions, etc.) and who, due to their work, need to assist or contact people who have suffered a critical incident and, specifically the direct victims of terrorist attacks and their families (relatives of those injured or deceased as a result of a terrorist act).

Terrorist attacks usually result in a serious impact in terms of deaths or physical injuries and material damages. They pose a high risk to physical integrity and generate a strong feeling of loss of control, since their goal is to spread fear among the population and diminish the feeling of security and protection, and can therefore alter the lives of victims and affected communities forever. This impact on the psychological, emotional and spiritual well-being of people needs to be taken into consideration to minimize medium and long-term mental health problems and **to foster the natural skills they need to overcome**

grief and hardship. If in the aftermath of an attack, the people affected receive poor or inadequate assistance from the staff and institutions in charge of their care —providing assistance without considering the impact of negative situations on their psychological, physical and mental state— their suffering can be aggravated (i.e. they feel like they are being interrogated, without support, forced to narrate the traumatic events unnecessarily). This is known as *secondary victimization, revictimization or double victimization*. The **secondary victimization** caused by social and institutional agents is added to primary victimization, that is, the victimization caused by the psychological impact of the terrorist attack. This can amplify the feeling of loneliness in victims and their families and augment feelings of mistrust towards the rest (including institutions), rejecting the potential aid they may be entitled to and increasing their social isolation and stigmatization, considerably interfering with their recovery process.

Taking these aspects into consideration, this Guide offers key strategies to provide **quality assistance** to survivors of terrorist attacks and their

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families, based on a **trauma-informed approach**. This approach will help all staff involved in immediate assistance in the days and weeks after the attack to minimize the potential for additional psychological damage, laying the foundations for the proper recovery of those affected in the long term. Likewise, research shows that **training the assistance team** in this kind of trauma-informed support **prevents the emergence of stress** or burnout problems. Mastering these best practices is therefore a very valuable resource for all staff involved.

Thus, the **Guide** aims to answer the following questions:

What are the similarities and the differences between terrorist attacks and other emergencies or disasters?

What are the response phases that occur after a critical incident such as a terrorist attack?

What are the common reactions of victims and family members?

What are the needs of people who have suffered a terrorist attack and their families?

How can proper support be provided in the aftermath of an attack?

What aspects need to be taken into account to provide assistance to people in mourning?

How can reactions of hostility and anger be dealt with adequately?

How must bad news be communicated?

How can the need for psychological treatment be recognized?

How can proper measures for self-care be established?

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This **Guide** has been drafted after reviewing the recommendations on specific assistance to victims of terrorism, assistance in case of crisis and the existing literature about the provision of trauma-informed assistance, published by different institutions and organizations such as the World Health Organization¹, the Office for Victims of Crime in the U.S.A., the American Red Cross², the Radicalisation Awareness Network (RAN) Centre of Excellence of the European Commission³, the North Atlantic Treaty Organization⁴ and SAMSHA⁵, among others.



Note:

This text has been written following non-discriminatory guidelines. The variable nouns or those nouns coinciding in masculine and feminine must be interpreted as including women and men when a masculine term refers to people or groups of people not specifically identified.

¹ World Health Organization (2012). Psychological first aid: Guide for field workers. Geneva: WHO.

² Office for Victims of Crime & American Red Cross (2001). Responding to victims of terrorism and mass violence crimes. Washington: OVC.

³ North Atlantic Treaty Organization (2011). Psychosocial, Organizational and Cultural Aspects of Terrorism. Brussels: NATO/EAPC.

⁴ RAN Centre of Excellence (2018). Enhancing the resilience of victims after terrorist attacks. London: RAN.

⁵ Substance Abuse and Mental Health Services Administration (2014). Trauma-Informed Care in Behavioral Health Services: A treatment protocol (TIP), SERIES 57. Rockville: SAMHSA.

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The importance of providing trauma-informed care or assistance

Adverse experiences, and especially terrorist attacks, can cause great psychological impact. Adequate assistance in any context (social work, legal aid, educational support, healthcare...) must be adapted to this circumstance and offer **treatment that recognizes this psychological impact and is in keeping with the needs** of victims and their relatives. This is known as *trauma-informed care or assistance*.

In this approach, it is important for all public assistance mechanisms to facilitate recovery for people who have suffered these adverse experiences, and therefore the staff involved should⁶:

- 🌀 Be aware of the serious consequences that these negative experiences have on the health and the behaviour of these people and know what we can do to help them recover.
- 🌀 Recognize the signs and symptoms of trauma in people, families and the assistance staff themselves.

- 🌀 Provide a response that fully takes into account all knowledge regarding traumatic experiences found in their policies, procedures and practices and try to actively avoid revictimization.

Any professional worker, assistance worker or person involved can apply this type of assistance with the proper training without the need for specialized knowledge on mental health.

| What trauma-informed care means | What trauma-informed care does not mean |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Considering what people need and covering these needs in a non-invasive way.</p> <p>Knowing the impact of stress on health and adapting the actions to this circumstance.</p> <p>Helping to re-establish the feeling of comfort, well-being and security.</p> <p>Avoiding additional damage.</p> | <p>This task is not exclusively for healthcare professionals.</p> <p>It is not counselling or psychological therapy.</p> <p>It is not about asking somebody to analyse what happened.</p> <p>It is not about pressuring somebody to narrate their experiences and emotions.</p> |

⁶ Substance Abuse and Mental Health Services Administration (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. Rockville: SAMHSA.

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Thus trauma-informed assistance is a framework that **highlights the physical, psychological and emotional security of the affected community as well as of the staff involved** (due to the risk of being exposed to adverse situations in their daily work), providing the necessary conditions for people to recover their sense of control and empowerment⁷.

Offering social, healthcare, legal assistance, and other services without knowing or taking into account the psychological and social impact of negative experiences can lead to the worsening of the symptoms in those affected, which leads to poor management of available resources. In contrast, trauma-informed assistance **optimizes assistance resources**, as it does not hinder the recovery of those who have suffered an adverse experience and can also serve as a best practice when assisting populations affected by any crisis, emergency, catastrophe or disaster, including those who have suffered a terrorist attack.



⁷ Substance Abuse and Mental Health Services Administration (2014). Trauma-Informed Care in Behavioral Health Services: A treatment protocol (TIP), SERIES 57. Rockville: SAMHSA.

2 Terrorist attacks and their psychological effects on survivors and relatives

Special characteristics of terrorist attacks

Any unexpected unconventional situation that poses a threat to the physical integrity of people generates a stress response which, if it continues for a period of time, can have negative effects on health. However, in comparison to other adverse situations or catastrophes, terrorist attacks have some **specific characteristics** that considerably hinder the ability of the population to face them and that need to be considered to understand the psychological impact and the repercussions that these events may have in our lives.

Natural disasters, such as flooding or earthquakes, are similar to large-scale terrorist attacks in the sense that they can result in a great number of human and material losses. Nevertheless, terrorist actions, as opposed to natural disasters, are events that take place **without prior notice** and cannot be prepared for. Therefore, the perception of control in those that are affected is specially compromised. At the same time, these are violent actions **deliberately caused by human beings**.

This characteristic has a strong impact on one's previous belief system, which results in **adapting to a new reality** where one ascertains that people are not trustworthy and that the world is not a safe, fair or orderly place and nobody is safe from danger^{8,9}.

Alternatively, even if terrorist acts and other violent or malicious crimes use the same means to reach their goals, terrorism is different to them in a number of ways: it implies an indiscriminate or **extreme use of violence**; it is perpetrated by the members of a wider group—driven by a common ideology and carrying out actions systematically—; it randomly targets innocent civilians and has clear **political objectives** and uses these actions to pressure the authorities to take certain political or social decisions¹⁰.

Moreover, these are acts carried out to **spread panic** and terror among the population. The sense of vulnerability, extreme fear, lack of protection and danger that they generate is very intense and long-lasting, so it is quite common for victims of an attack to continue to suffer from **high levels of anxiety** for days and even weeks afterwards. Many fear that a new attack can occur at any moment and

⁸ Office for Victims of Crime & American Red Cross (2001). Responding to victims of terrorism and mass violence crimes. Washington: OVC.

⁹ North Atlantic Treaty Organization (2009). Psychosocial Care for People Affected by Disasters and Major Incidents: A Model for Designing, Delivering and Managing Psychosocial Services for People Involved in Major Incidents, Conflict, Disasters and Terrorism. Brussels: NATO/EAPC.

¹⁰ Moghaddam, F.M., and Marsella, A. (2004). Understanding terrorism: psychosocial roots, consequences and interventions. Washington, DC, US: American Psychological Association.

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any place, and react with a start to stimulus around them (e.g. ambulance sirens, unexpected noises, etc.).

Terrorist attacks also differ from natural disasters and other violent actions in that there is a need among the people affected as well as the society as a whole **for justice to be restored** by identifying and punishing the perpetrators.

Likewise, as explained above, these acts have important political consequences, undermining the trust felt by society as a whole and especially those affected by the terrorist act towards the authorities because they could not prevent what happened. The **political context** becomes especially relevant after a terrorist attack; there is a general demand for answers to why it happened and calls for adequate compensation for the damage caused.

Finally, the **media impact** of these acts is usually very intense and long-lasting. This increases the risk of stigmatization of those affected and for developing post-traumatic stress disorder due to repeated exposure to images associated with the terrorist attack.



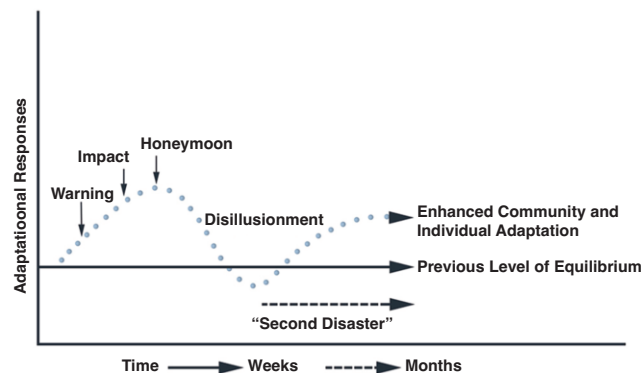
Phases of response to a critical situation

Figure 1 shows the **pattern of reactions** felt by victims and their relatives after a critical incident, from the immediate impact of the event to the reconstruction of a new life, to a greater or lesser extent. This pattern is also seen after a terrorist attack, mainly when it is a massive incident with multiple victims^{11,12}.

The phases of response after a terrorist attack represent a high emotional burden. However, to the extent that each terrorist attack **is unique**, the reactions of people affected and the society and, therefore, their needs may be different depending on the situation.

Knowing the different phases of this process will help assistance staff to understand that **the needs of those change over time**. Moreover, it demonstrates that the recovery process may require prolonged professional and material support and recognition of the people affected.

Figure 1: Phases of response to disaster¹³



¹¹ RAN Centre of Excellence (2018). Enhancing the resilience of victims after terrorist attacks. London: RAN.

¹² North Atlantic Treaty Organization (2009). Psychosocial Care for People Affected by Disasters and Major Incidents: A Model for Designing, Delivering and Managing Psychosocial Services for People Involved in Major Incidents, Conflict, Disasters and Terrorism. Brussels: NATO/EAPC.

¹³ Adapted from Raphael (1986), mentioned in RAN Centre of Excellence (2018). Enhancing the resilience of victims after terrorist attacks. London: RAN.

Impact phase

The impact phase appears when the critical incident takes place, causing considerable harm, death, destruction and material losses. **Confusion** about what happened, and shock reactions are common in the population affected and the society as a whole.

During these moments, the **sense of survival** prevails, so guaranteeing the security of those affected, covering their basic needs and, occasionally, offering premises for their relocation, are primary and immediate needs as is the provision of information regarding the situation of other relatives. After a terrorist attack or any critical incident, stress reactions are normal and to be expected. These are normal reactions to an abnormal experience.

-In this phase, a great range of feelings such as anger, grief, helplessness, guilt (including the guilt experienced by the survivor) and anxiety are often experienced-

Some people feel the urgent need to narrate again and again what happened to them. Other victims, witnesses or members of the assistance staff can show altruistic, sometimes even **heroic behaviour** to save and help those affected.



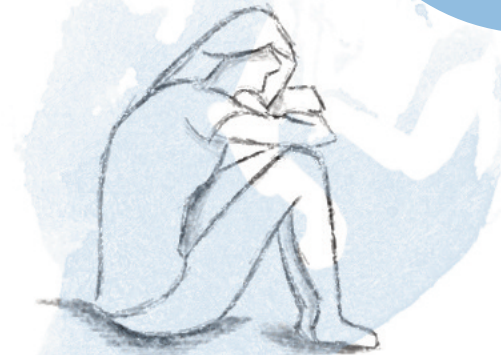
Post-rescue assistance phase

This phase starts some days after the event and can last from 3 to 6 months. In this phase, **the affected population receives immediate emergency assistance**, commemorations are held, and massive spontaneous assistance is organized by communities and authorities. The provision of professional assistance is more accessible, and there is much media attention on the event.

Generally speaking, help is mobilized and there is strong social support available.

Survivors and their relatives **receive tokens of solidarity, support, care and collaboration** from the community, generating a feeling that everyone is united in the face of the event.

The authorities declare their **commitment to restoring** the damage suffered, which fosters hope and generates high expectations among the affected population, who may still be under the effects of the initial emotional impact.



The people who have experienced the attack feel supported thanks to the tokens of affection from society but this intense outpouring of social support is **limited in time**.

Therefore, it is important that assistance staff and authorities use this momentum of solidarity and social cohesion to lay the foundations for professional help and social support that will be needed by the victims in the future.

Disillusion phase

The terrorist attack **is not in the spotlight anymore**. Society resumes its daily life and the press shifts its focus towards other news.

The groups affected are in mourning as they have to face their losses and fatigue starts to become visible.

Organized support is withdrawn, bureaucracy comes into place (regarding claims and financial compensation) and the commitments made earlier are not always met.

-This generates a loss of hope, feelings of resentment and frustration and increases the perception of loneliness among those affected-

In this phase, the feeling of shared grief with the society disappears. Those who have suffered the terrorist attack must **face the new reality alone** and their psychological and social needs are deeper.

In a few cases, those affected start to show **psychopathological problems** due to the long-standing stress response they have undergone, which notably interferes with their relationships and work, requiring more specific and/or specialized assistance.

Survivors and their relatives perceive that the **path to recovery is slow, long, painful** and, sometimes, complex, taking into account the problems that may arise in trying to receive adequate psychological, financial and material support, the difficulties in accessing information, the complexity of judicial proceedings or the absence or poor recognition of their condition and their needs, which are compounded by the requirements of their daily lives.

This phase is often called "**the second disaster**" or "**the disaster after the disaster**". This period may last several years.

Recovery phase

The recovery or reintegration phase appears when the persons **start to regain stability** and their actions are aimed at rebuilding their individual lives and the community life. However, this process may take many years.

The final result, i.e., recovery or worsening of their suffering will depend on the psychological condition and on the economic, personal and social resources of each individual, how they tackled these aspects in previous phases and on the availability of resources.

It is a **slow process**, often with low media coverage (except for anniversaries and news about judicial proceedings, etc.).

-Nevertheless, most of the victims achieve a new balance in their lives and manage to mitigate psychological suffering-

Remember...

- ✓ Societal and victim responses **vary over time.**
- ✓ Support for victims of terrorist attacks requires a **long-term organized and coordinated response.**
- ✓ How quickly society “turns the page” on what happened in comparison to how long it may take for direct and indirect victims explains the **discrepancies between their needs and the way the society, assistance staff and authorities show their availability** to respond to those needs.

What are the most common reactions?

Stress is a normal response to any situation that may represent damage, attack or threat.

Adverse situations, such as terrorist attacks, generate a series of stress responses that appear at the physical, emotional, cognitive, behavioural and interpersonal levels. Depending on individual differences, such as personality, perceived self-efficacy or previous experiences with other similar situations, these responses may vary in intensity.

At the physiological level, this first stress response **is mediated by the automatic activation of the sympathetic nervous system** of the body. It is a healthy and adaptive response to the extent that it protects us from danger and helps us respond to a perceived threat with two instinctive survival responses: **flight and attack**.

In both cases, a series of physiological changes takes place to optimize the body's flight or fight response (for example, the body's heart rate accelerates to guarantee the necessary flow of blood to the muscles for

running, pupil dilatation to better perceive visual stimuli, reducing the activity of the digestive system to concentrate blood in the limbs, increased shallow breathing to provide extra oxygen to the muscles, etc.).

These automatic stress responses explain why some victims of terrorist attacks (and other critical situations) show a **high level of activation, panic attacks and even aggressive behaviour** or hostile reactions towards the staff assisting them.

Alternatively, a minority may go into a **state of shock** and paralysis showing a serious inability to process what is happening and move away from the danger zone.

This response is due to the extreme and sudden activation of the sympathetic nervous system, in charge of regulating the stress response, which is accompanied by the extreme activation of the parasympathetic nervous system, in charge of regulating the opposite response of calmness and relaxation, counteracting the effects produced by the activation of the sympathetic nervous system and placing the body in an *energy saving mode*.

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In the following tables, the most common stress responses at the emotional, cognitive, behavioural, physical and interpersonal levels are detailed in adults as well as in children and adolescents^{14,15,16,17}.

-All these responses need to be considered as normal and expected reactions, shown by healthy people in an exceptional situation-

Most of these people will show these reactions after a stressful event (and may last hours, days or months) and come back to normal levels gradually.



¹⁴ Cloak, N.L., and Edwards, P. (2004). Psychological first aid. Emergency care for terrorism. Current Psychiatry, 3, 13-23.

¹⁵ Bering, R., Schedlich, C., Zurek, G., Grittner, G., Kamp, M. and Fischer, G. (2007). PLOT-Prevention of lasting psychological disorders resulting from a terrorist attack. Cologne: European Commission.

¹⁶ Butler A.S., Panzer, A.M., and Goldfrank, L.R. (2003). Preparing for the Psychological Consequences of Terrorism: A Public Health Strategy. Washington, DC: The National Academies Press.

¹⁷ North Atlantic Treaty Organization (2009). Psychosocial Care for People Affected by Disasters and Major Incidents: A Model For Designing, Delivering and Managing Psychosocial Services for People Involved in Major Incidents, Conflict, Disasters and Terrorism. Brussels: NATO/EAPC.

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Normal reactions to stress at any age

| | | | |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PHYSICAL | <ul style="list-style-type: none"> ⊛ Muscle stiffness, tremors and cramps ⊛ Generalized pain ⊛ Fatigue and insomnia ⊛ Reactions of shock and palpitations ⊛ Difficulty breathing, hot flushes, sickness ⊛ Hyperventilation ⊛ Sickness, loss of appetite ⊛ Vomiting, diarrhoea ⊛ Intense cold feeling | BEHAVIOURAL | <ul style="list-style-type: none"> ⊛ Impulsivity ⊛ Hyperactivity ⊛ Crying ⊛ Hostility and aggressiveness ⊛ Flight ⊛ Panic ⊛ Paralysis ⊛ Increased alcohol or tobacco consumption |
| EMOTIONAL | <ul style="list-style-type: none"> ⊛ Wide variety of emotions (rage, anger, sadness, anxiety, shame, frustration, powerlessness, mourning, relief...) ⊛ Emotional numbness ⊛ Sudden emotional changes and irritability ⊛ Guilt for not having avoided it or helped, survivor's guilt ⊛ Feeling of emptiness, vulnerability and loss of control ⊛ Intense fear of death ⊛ Inability to show interest, pleasure or love ⊛ Feeling of losing control or hopelessness | COGNITIVE | <ul style="list-style-type: none"> ⊛ Confusion and disorientation ⊛ Attention and concentration problems ⊛ Difficulty in thinking and making decisions and no perception of danger ⊛ Denial or inability to remember information ⊛ Undesired intrusive memories and nightmares ⊛ Altered sense of time (living time in fast-motion or in slow-motion) ⊛ Altered sense of reality (tunnel vision, as if in a nightmare, distorted perception of dimensions, sizes and sounds) ⊛ Altered sense of oneself (feeling of being detached from your body, of not being present...) ⊛ Hypervigilance and recurrent worrying ⊛ Sudden reliving of episode ⊛ New negative beliefs about the world (the world is a dangerous place), about the future (my life will never be the same) and about oneself (I am weak) |
| SOCIAL | <ul style="list-style-type: none"> ⊛ Difficulties connecting with others ⊛ Mistrust towards others ⊛ Feeling of being abandoned and rejected ⊛ Isolation | | |

CHILD-SPECIFIC REACTIONS TO STRESS

UNTIL 5

Constant fear of being separated from main carers, regressive behaviours (for example, thumb-sucking or bed-wetting if these behaviours had been overcome, speaking like a smaller child...), restlessness, tantrums, frequent crying, increased physical complaints and sleep disorders, including nightmares, sleepwalking and night terrors.

BETWEEN 6 AND 11

Apart from the above reactions, they may show excessive guilt and concern for the safety of their relatives, concentration and school performance problems, disruptive behaviours, repetitive play reliving episode, need to recount what happened over and over again, withdrawal, irrational fears, explosions of anger, anxiety and sadness or emotional numbness.

BETWEEN 12 AND 17

Anger, destructive behaviours, participation in risky behaviours, desire for revenge, sleep problems, decreased appetite and other changes in eating habits, hopelessness about the future and suicidal thoughts.

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Remember...

The initial stress response is healthy, natural and adaptive. However, **when this response lasts too long**, continues once the cause generating it has ended or is too intense, it **becomes maladaptive** and can lead to mental and physical health problems.

Some of the **mental health problems** which can appear as a consequence of chronic stress are anxiety disorders, depression (linked to a higher risk of suicide), post-traumatic stress disorder or problems of alcohol or drug abuse^{18,19}.

In terms of **physical health**, chronic stress can lead to developing or worsening cardiovascular disorders, breathing disorders (asthma, allergies...), gastrointestinal disorders (ulcers, irritable bowel syndrome), chronic pain, dermatologic disorders (psoriasis, eczemas...) and sexual dysfunction problems, among others²⁰.

- ✓ Any stress response is normal and adaptive.
- ✓ Every stress reaction is unique. Two people can react quite differently to the same traumatic situation.
- ✓ A very common stress response among the victims is anger and aggressiveness, even towards the persons who are assisting them.
- ✓ Avoidance or rejection of the places and people associated to the attack (including assistance services, staff involved, courts...) are common and hinder the ability of the victims to access or request assistance.
- ✓ People suffering from extreme stress find it difficult to think, reason and pay attention. Victims and relatives need to receive simple oral information together with written leaflets that they can refer to later.
- ✓ Changes in the perception of time, reality and oneself (living the situation as if it were a nightmare, seeing themselves out of their bodies, in slow motion...) are normal and adaptive protective responses to the overwhelming experience they underwent.
- ✓ Stress in childhood and adolescence can be mainly seen in behavioural changes and increased anger and irritability.

¹⁸ García-Vera, M.P. and Sanz, J. (2016). Psychopathological consequences of terrorist attacks in adult victims and their treatment: state of question. *Papeles del Psicólogo*, 37, 198-204.

¹⁹ North, C.S. (2013). Mental health response to community disasters: a systematic review. *Journal of the American Medical Association*, 310, 507-518.

²⁰ Butler A.S., Panzer, A.M., and Goldfrank, L.R. (2003). *Preparing for the Psychological Consequences of Terrorism: A Public Health Strategy*. Washington, DC: The National Academies Press.

3 Needs of the victims of a terrorist attack and their relatives

Providing appropriate care to survivors and victims of terrorist attacks implies **responding to their different needs**²¹.

Identifying, evaluating and responding to those needs is of utmost importance to help the victims and their environment **to resume control** and recover their lives, promoting their resilience, i.e., the natural ability we all have to overcome suffering, adversity and loss²². It is estimated that around 75% of people who have been victims of a critical event, such as a terrorist attack, manage to recover at psychosocial level without the need for specialized attention^{23,24,25}.

The list of needs to be considered may vary from one person to another and change in the days, months and years after a terrorist attack^{26,27}. Therefore, the support and assistance provided **must also adapt to each person and over time**.



²¹ Belgian Red Cross (2008). Gestión de las necesidades en caso de crisis. Brussels: EURESTE.

²² North Atlantic Treaty Organization (2011). Psychosocial, Organizational and Cultural Aspects of Terrorism. Brussels: NATO/EAPC.

²³ Butler A.S., Panzer, A.M., and Goldfrank, L.R. (2003). Preparing for the Psychological Consequences of Terrorism: A Public Health Strategy. Washington, DC: The National Academies Press.

²⁴ RAN Centre of Excellence (2018). Enhancing the resilience of victims after terrorist attacks. London: RAN.

²⁵ North Atlantic Treaty Organization (2009). Psychosocial Care for People Affected by Disasters and Major Incidents: A Model For Designing, Delivering and Managing Psychosocial Services for People Involved in Major Incidents, Conflict, Disasters and Terrorism. Brussels: NATO/EAPC.

²⁶ Ivankovic, A., Altan, L., and Verelst, A. (2017). How can the EU and the Member States better help victims of terrorism? Brussels: European Parliament.

²⁷ United Nations (2009). Supporting victims of terrorism. New York: United Nations.

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Some of the main needs of victims of terrorist attacks
and their relatives are:



1

Need for information.

2

Need to communicate with authorities and their relatives.

3

Basic needs of security and/or protection.

4

Recognition.

5

Emotional support and recovery.

6

Comprehensive physical and mental healthcare.

7

Need to contact others and belong to a group.

8

Dignity, privacy and proper treatment from the media.

9

Practical help and expert advice.

10

Need for justice and truth.

11

Participation and memory.



1

Need for information

Information is a crucial need from the outset. The uncertainty generated by an overwhelming and potentially fatal experience can be devastating and aggravates the person's perceived loss of control over his/her life.

The information that victims and their relatives need covers a wide **variety of topics** related to: what happened and what is happening now, who is responsible, the whereabouts and condition of their relatives, any aid and services they are eligible for and how to receive them, judicial proceedings, their reactions and how to manage them, how to deal with the media, their rights as victims, etc.

The information must be **immediate, accurate, non-contradictory, easy to understand** (avoiding technicalities), **relevant** and must be facilitated to direct as well as indirect (relatives) victims in a proper way and according to the culture and characteristics of the person, using adaptations and services as necessary (such as translators, sign language interpreters, etc.).

Rumours and lack of reliable and accurate information are usually factors that generate discontent, anxiety and anger among those

affected. Delaying delivery of information promotes the dissemination of rumours among the population, so it must be provided as soon as possible to avoid any potential damage.

2

Need to communicate with authorities and their relatives

Victims and their relatives need to have direct **channels of communication** with authorities or professionals to receive first-hand relevant information regarding their case (for example, location of relatives, their state of health, progress in the investigations, judicial proceedings, etc.).

That is why the communication channels to be established with each of the affected families must be determined from the beginning. This communication must be immediate, private, fluid, safe and **take place regularly** following an agreed-upon schedule and format.

It is good practice to establish a series of **follow-up phone calls** on a regular basis (for example, at 12 am and at 6 pm every day) and have several phone numbers of family members to call following a protocol in

case the first phone call is not taken. Establishing a schedule so the victims know when they will receive the phone call (even if it is just to inform that there is no news about the case) helps them to recover certain control over their lives and feel accompanied.

Delaying this communication can be perceived as a denial of their suffering and their status as victims. Likewise, this communication must **be adapted over time**. Victims and their relatives will probably need communication to be more frequent during the first days and weeks after the attack.

Alternatively, **a 24-hour hotline** can be provided for the affected community to answer any queries or urgent requests. In the aftermath of an attack this is an efficient tool that can help to reduce uncertainty, feelings of abandonment and vulnerability among the population.

Likewise, those who are separated from their relatives after the terrorist attack need to be provided with the means to **re-establish communication with their loved ones**, since they have probably lost their belongings (e.g. mobile phones, money...) or there may be no coverage for phone calls or data due to the overloading of networks after

this kind of event, circumstances which cause great social alarm. Preparing for this need beforehand with enough means and resources to solve it is a good measure.

3

Basic needs of security and/or protection

Covering basic needs such as accommodation (in case of total loss), shelter, warm clothes, food, water, transport, etc. helps the victims to feel recognized or validated as people in need of immediate help. Chaos and improvisation in the provision of these basic services or inadequate planning of these needs are obstacles that need to be taken into consideration, mainly in mass incidents.

Moreover, feeling safe is a precondition that will guarantee the return to normality after an act of terror.

Attacks perpetrated in public places or places where the affected person often goes (such as the way to work, home...) generate a high sense of danger that can last days or months, so it is necessary to establish actions that **increase the perception of security** among the population.

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Additionally, the specific groups who are threatened or tend to be the most common target of this type of attack (State Security Forces, military forces...) also need to have this basic need for protection covered.

Finally, protecting people from **secondary victimization** caused by the treatment they may receive from assistance workers is also a fundamental need of the victims.

4

Recognition

At the individual level, those who have suffered a terrorist attack need to be recognized as persons, citizens and victims of an act of terror and therefore, as deserving certain rights.

As part of this recognition, it is important to **validate the fact that they have become victims incidentally**, just because they are members of a community or wider society or as symbols of a country or society. That is why it is so important for the State and society to assume more responsibility and make a firm commitment to redressing the damage.

In this regard, victims and relatives need to hear an **ethical, social and**

political condemnation of the terrorist act by authorities, society and media.

The recognition of victims' grief by society and authorities, the **condemnation of acts of terror**, the acknowledgement of the seriousness of the event and its psychological impact, and an awareness of individual differences when responding to this type of experience all represent an important step forward in the emotional recovery of those affected.

On the other hand, the recognition of their rights as persons affected by a terrorist attack **does not imply that they are labelled as victims** in the long term; despite the experience suffered, they are recognized as **persons with resources and the ability to overcome grief, damage and loss**. This approach implies moving away from paternalistic positions.

5

Emotional support and recovery

Victims and their relatives **need to feel supported and accompanied**

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in their recovery process. In the aftermath of the attacks as well as in the following weeks and months, those affected need staff providing assistance to be trained in terms of how to provide this assistance to victims of terrorism, ensuring respectful and supportive treatment. In this sense, this recognition together with the use of certain communication skills is very useful to reduce the impact of a potential secondary victimization.

6

Comprehensive physical and mental healthcare

Providing healthcare to the victims of an act of terror must be considered not only in the aftermath of the attack but **over their whole lives**, to the extent that physical and/or psychological consequences of this kind of experiences may be long lasting, chronic or even appear suddenly months or years after the attack (for example, delayed post-traumatic stress disorder).

In this regard, it is important to adopt a **comprehensive approach** when assisting victims which not only considers the evaluation and

treatment of physical conditions, but also the evaluation and treatment of mental health problems, since they are more disabling than the physical sequelae. The psychological and emotional consequences arising from direct or indirect exposure to a terrorist attack can lead, in some cases, to anxiety disorders, post-traumatic stress, depression and even suicide, notably hindering the daily functioning of people and representing an obstacle to their recovery.

7

Need to contact others and belong to a group

Undoubtedly, the support network is affected when a family has lost a loved one due to a terrorist attack (and even more so if the deceased person was an adult in charge of the family).

Nevertheless, those affected may also **receive less social support** after the attack because the community, friends and even the family may distance themselves from victims because they are unable to deal with the grief felt by the victim or the fact that this kind of event can happen to anyone. This is why victims usually **feel distant** from their immediate social

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environment. This, linked to the fact that these violent actions generate an enormous loss of trust in humanity with the consequent lack of interest in social relations, can lead to severe isolation of the victims and their relatives.

In this sense, **re-establishing emotional bonds** and perceived support (from their peers, society and authorities) is a fundamental pillar in their recovery.

The need to connect with others implies **promoting family contact, social exchange with the community and social interaction** with other people affected by the same attack or other similar attacks through self-help groups, victims' associations, social networks, etc.

8

Dignity, privacy and proper treatment from the media

As citizens, but especially as victims of a terrorist attack, the dignity and privacy of those affected must be preserved.

To ensure their dignity remains intact, any image that may damage the victims' image or aggravate their grief **must not be made public**, such

as explicit images of people injured, killed, naked or in state of alarm, shock and confusion after the attack. These images alone may generate negative psychological impact among the general public to the extent that they can cause post-traumatic stress disorder.

Moreover, it is fundamental that the identity of the victims and their relatives as well as other sensitive data (state of health, psychological health, contact details...) is not revealed to the media without their consent.

In the assistance provided to victims and their relatives, **the presence of curious onlookers**, staff whose presence is not justified, and media **must be avoided**, guaranteeing that the victims and their relatives have access to private spaces, free of interference, where they can express themselves.

Media coverage must strike a **balance between providing information about what happened and not infringing upon their right to privacy or the dignity** of victims. In this regard, the victims need to receive advice about their rights vis-à-vis the media, their right to control their image and their right to privacy, as well as knowing how

to properly manage the media and participate in potential interviews with the media.

9

Practical help and expert advice

The people affected by a terrorist attack need **help and material compensation** to recover control over their lives and re-establish their normal routines as much as possible. Possible aid includes work assistance, household assistance, educational assistance, etc. and access to expert advice at different levels: social, healthcare, legal, educational...

10

Need for justice and truth

To the extent that the victims of terrorism have been the target of violent acts that have attacked their physical and psychological integrity and their most fundamental rights (right to life, to live in peace and right to security), it is essential that they feel their rights are defended and that

they have the **necessary judicial protection**, receiving the right treatment in these contexts.

The need for the victims to ascertain that justice is done and to trust the judicial process implies access to judicial processes, availability of appropriate legal representation, etc.

11

Participation and memory

The need for participation is not only limited to participation in criminal, civil or administrative proceedings but in any political or legislative initiative concerning their rights. Providing the victims and their families with **the opportunity to speak and be heard** helps to re-establish their sense of control.

Likewise, the victims need to know they have the support from society and the authorities, that their story will not fall into oblivion and that all necessary efforts will be made to clarify what happened.

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For this reason, it is important to guarantee the memory of the victims of terrorism by means of **commemorative ceremonies**, symbols, monuments, museums, etc. and always using respect and dignity as guiding principles.

The mobilization of society against these violent actions helps to redress the sense of the victims of belonging to a group and recover trust in humanity.



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4 Basic rules of assistance

Basic principles of action

Providing **quality assistance** to victims of terrorism implies recognizing the impact that those adverse experiences have had on the life of a person. This *trauma-informed assistance* approach is based on the following principles²⁸:

1. Promoting a feeling of security.
2. Establishing relations based on trust and honesty.
3. Facilitating contact with others and social support.
4. Promoting self-efficacy (empowerment), the active role of the person in their recovery (which means making shared decisions) and their autonomy.
5. Fostering collaboration and mutual help.
6. Taking into account factors such as gender, background and culture.

These principles need to be considered to identify the needs of the victims of terrorist attacks and their relatives and are the basis for support.

From this perspective, it is assumed that most people, even if they experience a wide range of reactions (at behavioural, physical, emotional levels, etc.), some of which can generate intense grief, manage to cope thanks to the proper support from their environment and the care staff involved in their assistance.

General communication skills

Providing the proper assistance requires mastering certain **skills for efficient communication**, which can be learned. The following table offers a brief summary of some of the skills that can be implemented in assisting victims of adverse situations, including victims of terrorist attacks (a more detailed description can be found in Costa and López, 2006)²⁹.

²⁸ Substance Abuse and Mental Health Services Administration (2014). Trauma-Informed Care in Behavioral Health Services: A treatment protocol (TIP), SERIES 57. Rockville: SAMHSA.

²⁹ Costa, M. and López, E. (2006). Manual para la ayuda psicológica. Dar poder para vivir. Más allá del counselling. Madrid: Pirámide.

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| SKILL | DESCRIPTION | HOW? |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACTIVE LISTENING | Listening with understanding and respect. Showing true interest without judging. | Body leaning forward, facial expression of attention, nodding, repeating important sentences, using verbal prompts and sentences: <i>"Please, continue", "I see", "I am listening", "hum-hum", "you can talk to me"...</i> |
| EMPATHY | Putting oneself in the place of others. Recognizing and validating their emotions and the impact of negative events. | <i>I see you are worried You look very sad I see you feel frustrated I understand this is very difficult for you It is fine and normal to feel sad</i> |
| KNOWING HOW TO ASK QUESTIONS | Open questions to facilitate expressing themselves. Closed questions (yes/no questions) to obtain information quickly. Questions with a comment to normalize symptoms... | <i>Tell me, what happened? How do you feel? What concerns you most? What is your name? Where do you live? Were you accompanied? Many people in your situation feel as if they had lived a nightmare, is that your case? After situations such as this one, people continue to feel vulnerable for a long time, is that happening to you?</i> |
| PROVIDING USEFUL INFORMATION | Facilitating information efficiently. | Speaking clearly (being objective and describing, not interpreting), conveying short and simple messages, avoiding negative messages (it cannot be done, this is not so...), providing accurate, truthful (not lying) and orderly information. |
| "I" MESSAGES | These are non-threatening messages to facilitate help and to persuade (vs. "you" messages). | <i>I would like to talk to you. I am concerned that you are so overwhelmed. How can I help you now?</i> |
| SUMMARIZING | Summarize the needs or concerns exhibited in one sentence to finish the conversation. | <i>If I understand correctly, what you need is (describe), is that right? At this point, we could say that... So, what you are saying is that your main concern now is (describe)</i> |

Trauma-informed assistance to survivors and their relatives

Immediate on-site assistance

In case immediate aid is provided in the place of the attack, **the first thing that needs to be considered is one's personal security.** Except for the assistance provided by the staff in charge of evacuating the victims and providing security in the impact area (usually State Security Forces, Fire Brigade...), assistance must be provided out of the danger zone (away from fire, weapons, debris...) or aggressive people and always under the action framework established by the professionals coordinating the emergency.

What to do:

- ④ Introduce yourself saying your first name and explain why you are there (your position or role).
- ④ Find out the name of the person and call them by their name (you will capture their attention better).
- ④ Keep a calm tone of voice and body posture consistent with it.

- ④ Take the person to a safe place if they are in a situation of danger.
- ④ If the person has physical injuries, the necessary medical assistance must be sought right away.
- ④ If the person is unharmed, be attentive in case there is decrease in their vital signs or state of consciousness and seek immediate medical assistance.
 - ④ Bear in mind that the person may suddenly show symptoms of disorientation or an apparently unharmed person may have internal injuries that start showing up more slowly.
- ④ Find out the immediate needs of the person: water, warm clothes...
- ④ Find out if the person was alone or accompanied and if they have lost a loved one in the incident. In this case, don't leave the person alone or in a place where dangerous material is accessible to avoid injuries.

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What not to do:

- 🌀 Bear in mind that being informed about the sudden death of a loved one can cause impulsive behaviour such as self-harm or suicide in some people.
 - 🌀 Be aware of and respond to the need of comfort and dignity of the person you are providing help, i.e., offering a blanket to cover themselves up and request the onlookers or media to stay away.
 - 🌀 Try to regroup the person with their nuclear family as soon as possible. Gather information about their personal details and location.
 - 🌀 Provide accurate information and recognize that you don't have any information if that is the case (e.g. *I don't have that information, but I will try to find out*). Inform about any new information offered to those affected (e.g. information telephone lines, informative sessions, informative leaflets, etc.).
- 🌀 Don't shout or speak in a louder voice.
 - 🌀 Don't over-dramatize.
 - 🌀 Don't show impatience.
 - 🌀 Don't make promises you cannot keep.
 - 🌀 Don't lie about what happened.
 - 🌀 Don't argue with a person who denies what happened.
 - 🌀 Bear in mind that the person may not be prepared to accept what happened and/or may not want to listen. In that case, offer information gradually and in small doses.

Sentences to avoid: *This is horrific, this is a tragedy, we are lost, I cannot help you...*

Assistance in the days and weeks after the attack

When an interview is conducted or assistance is provided to victims or their relatives in the aftermath of the attack, it is fundamental to establish **coordination among support systems**, so that victims won't need to visit multiple services and be forced to recount their experience. Bear in mind that simply telling someone what happened generates a great suffering in the victim. These meetings need to be held in safe and calm spaces where privacy is guaranteed and assistance overload is avoided, i.e., the presence of several agents, when not strictly necessary.

What to do:

- ☞ Show interest and true concern (e.g. *I deeply regret what happened*).
- ☞ Show you are available to provide help and ask the person how they would like to be helped.
- ☞ Speak clearly, avoiding technical language and offer accurate information.
- ☞ Communicate like a peer, not like a boss or expert.
- ☞ Implement the strategies of active listening and empathy.
- ☞ Recognize the impact of the events on the person and delegitimize the violence (e.g. *I cannot imagine how hard it is to go through all this; nobody should be the target of this type of violence*).
- ☞ Understand that certain behaviours such as avoidance (not wanting to speak), irritability and hostility are normal responses after a critical experience, so if you observe these behaviours, don't take it personally (read about specific guidelines to manage these responses in the next section).
- ☞ Be patient, keep calm and use the right tone of voice.
- ☞ Maybe the person is not as distressed as could be expected and that is fine. Remember that there are no right or wrong ways to respond to this kind of situation.

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- ☉ Be aware of the cultural differences and respect them. In some cultures, it is not appropriate to show vulnerability or grief with strangers.
- ☉ Don't force the person to speak about what happened and under no circumstances should you force the person to tell what they went through unnecessarily (i.e. if your assistance does not require knowing the facts).
- ☉ In case your assistance requires the person to narrate their experience, invite them to speak about what happened only if they feel ready and willing to do so. In that case:
 - ☉ If the person wants to speak, do not interrupt to speak about your own emotions, experiences or opinions.
 - ☉ Bear in mind that the person narrating the event and apparently unexpectedly and unannounced, may experience high anxiety and/or relive the experience, which generates great distress and prevents them from continuing. Respect those moments and don't insist on obtaining detailed information about what happened. If the person feels very anxious, remind them that they are now in a safe place, that this experience is now part of the past and bring them to the *here and now* (e.g. ask them what they are planning to do after the meeting, who has accompanied them that morning, how are they going to return home, etc.).
- ☉ Consider that very probably their speech will be chaotic or incoherent, mainly the first times the person recounts what happened, finding it difficult to establish an orderly sequence of the facts), or the person may not remember anything (or only small fragments) of the moments before and after the terrorist attack. This is a normal response.
- ☉ Alternatively, some people may need to recount what happened to several times and be listened to more than once. Don't feel irritated if the person repeats the facts.
- ☉ Validate their emotions and tell the person that those reactions are normal in those abnormal situations, that these are healthy

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reactions to an experience which is emotionally extreme (it has nothing to do with being weak or vulnerable) and, therefore, they are not going crazy (e.g. *it is normal that you feel irritable/sad... after what you have gone through*).

- ④ Take into account that the person may experience the *survivor's guilt*, i.e. the feeling that it is unfair that nothing happened to them versus what happened to others around them, who were injured or killed. It is also common for those who survived an attack to feel responsible for what happened or feel guilty for not having helped other victims. Remember that the person bears no responsibility for what happened and that *some things in life are not under our control and it is impossible to protect ourselves or protect others from all dangers*.
- ④ Encourage the person to express their needs to the rest instead of assuming that the rest will know what they need. Help them to identify sources for support in their environment with whom they can share their feelings, as well as to understand that at times they will need to protect their need for privacy and to be alone.
- ④ Encourage the person to take care of themselves: enough rest, eating and drinking, establishing daily routines, walking, doing rewarding activities and using efficient coping strategies that they used in the past, recognizing their strengths.
- ④ Discourage the use of negative coping strategies such as getting too involved in their work, consuming alcohol and other drugs, self-harming behaviours or reading or watching news about the events on a daily basis.
- ④ Insist on the fact that overcoming an experience such as this one will take time, so they must take the time they need without any pressure to respond in a certain way.
- ④ Respect their religious beliefs.
- ④ Respect the right of the person to make their own decisions.

What not to do:

- 🌀 Don't use technical or incomprehensible language.
- 🌀 Don't tell the person how they should feel or lecture them about what they should do.
- 🌀 Don't speak about your own experiences or feelings.
- 🌀 Don't judge the person by their actions or feelings, nor question the truthfulness of what they tell.
- 🌀 Do not invalidate their experience or emotions. Avoid comparisons with others, since you will minimize their emotions.
- 🌀 Avoid paternalistic attitudes.
- 🌀 Don't interrupt the account or the silences. Don't try to complete their sentences.
- 🌀 Don't assist the person while you are doing another task (typing on the computer, looking at your mobile phone...).
- 🌀 Don't get involved in a discussion about God or the meaning of life.
- 🌀 Don't tell other people's stories and don't speak about your own experiences or problems.
- 🌀 Don't pressure the person to tell their story.
- 🌀 Don't make false promises that you cannot keep and don't provide unreliable information.

Sentences to avoid: *I know how you feel; this is the best that could happen; at least you didn't lose anybody; I cannot help you until you give me that information; I know what you need; you need to do as I say; you are lucky to be alive; you must be strong now; you need to move forward; you cannot let others see you suffering; that happened a long time ago; you need to turn the page now; you should not feel like that; keep calm, don't cry...*

5 Specific situations

Managing complaints and aggressive reactions

Remember that **anger is a normal response to extremely stressful situations**, so it is normal to assist people whose behaviour is hostile, even against the staff providing help³⁰. Don't take this response personally and, above all, try to keep calm³¹. Be aware that treating aggressive people generates stress so, if this is the case, take a break and make sure you help yourself to recover after such a situation.

What to do:

- 🌀 Implement active listening skills: allow the person to express their complaint or claim without interrupting (give them all the necessary time to let off steam).
- 🌀 Once they have finished, validate their reply and practice empathy with sentences such as: *for what you just said, I understand you have reasons to feel angry*.
- 🌀 Show your interest and desire to help; initially consider all complaints to be legitimate.
- 🌀 If the circumstances allow, kindly invite the person to a private area: *I am here to help you; I would like to deal with this issue more closely, would you mind coming with me?*
- 🌀 Sit down with the person to continue listening (use open questions). Identify their needs and priorities. Be patient and try to understand their point of view.
- 🌀 Offer water or food.
- 🌀 Speak calmly and lower your voice, even if the person speaks louder.
- 🌀 Show good manners and offer a respectful treatment (avoid addressing them informally, don't respond to insults...).
- 🌀 Don't make judgements or say your opinion regarding what the person should have or should not have done.

³⁰ Juen, B., Warger, R., Nindl, S., Siller, H., Lindenthal, M.J., Ajdukowik, D., Bakic, H., Off, M. and Thormar, S. (2015). Handbook on mental health and psychosocial support (MHPSS) planning tools. Copenhagen: OPSIC-Project..

³¹ Ramos, R., García, A., and Parada, E. (2006). Psicología aplicada a crisis, desastres y catástrofes. Melilla: UNED-Melilla.

What not to do:

- Once hostility is reduced, provide a summary to clarify the problem: *taking into account what you have said, what you want to solve now is...*
 - Where appropriate, propose ways to solve the problem, express your commitment to investigating the facts, and adopt the appropriate measures to repair the damage and/or prevent it from happening again. Apologize for the inconveniences caused (*I am sorry this occurred*). Thank the person for informing you about the issue.
 - If applicable, you can express your feelings concerning how you have felt and establish limits in the interaction, e.g. *I find it hard to help you if you speak to me that way; I felt overwhelmed when I saw you like this and your tone of voice does not help me to solve the situation.*
 - If the person is very aggressive, never assist the person by yourself. Leave an escape route between the person and you (where the person is not blocking the exit door), keep a safe distance of one and a half metres and never approach the person from behind.
- Don't feel guilty.
 - Don't be offended.
 - Don't raise your voice.
 - Don't express opinions disqualifying the person or other colleagues.
 - Don't change the subject.
 - Don't trivialize the complaint.
 - Don't focus on apportioning blame but on solving the problem.
 - Don't show lack of respect.
 - Don't offer excuses; offer help.
 - Don't argue with the person.
 - Don't make jokes.
 - Don't minimize the reason for their complaint.

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Remember...



🌀 Don't continue with the argument in a public area.

🌀 Don't react to insults.

Sentences to avoid: *relax; calm down; don't shout; it is no big deal; you are wrong; you don't understand; try to put yourself in my shoes; I am sorry but we cannot help you; what is happening to you is not that serious; things could be worse; don't get upset...*

- ✓ If the person is aggressive, **don't take it personally** (it is their way of dealing with stress).
- ✓ Sentences such as **calm down, don't worry, etc.**, far from soothing the person, **trigger again an anger response**.
- ✓ **Focus in what can be done** and promote positive communication.



Communicating bad news: reporting a death

Communicating bad news should always be done by specifically trained staff. However, under certain circumstances (e.g. lack of resources or the urgency of the events), this is not always possible and other members of the assistance staff may be involved in this process.

Bad news is understood as being any information that may negatively or seriously affect the life and future of a person. When it comes to communicating bad news, one of **the most sensitive and difficult situations** for the staff involved is reporting a death.

Likewise, for relatives who receive this information, the moment when they are given the news will always stay in their memories and could condition the mourning process that comes afterwards³². That is why it is so important that **the persons in charge of this communication are duly trained**.

When assisting the family in this process, it is important to be aware of the **wide range of physiological reactions** that may arise after communicating a death to a relative or close friend, including hyperactivity, downheartedness, shock, numbness, faint, vomiting,

tremors, shouting and, in some cases, aggressive behaviour towards others or themselves.

In this regard, in the moments after communicating a sudden death, there is high risk of suicide for the person receiving this news, mainly if the death has been traumatic and unexpected and there are feelings of guilt. For that reason, **the person should never be left alone** once the death is reported.

Moreover, reporting a death **must never be done in a public place** or approaching several families at the same time. It is an intimate and very personal moment. Therefore, it is advisable to speak to small family units in private, even in the case of attacks with many victims, to provide this information in a personalized way and avoid the domino effect of emotional contagion among families.

This communication should ideally be done with **close relatives who are mentally able** to receive this information, and who will be in charge of informing the rest of the family and friends, including children.

³² Singh, M.M., Agarwal, R.K. (2017). Breaking bad news in clinical setting: a systematic review. Indian Journal of Applied Research, 7, 29-32.

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The family and the group of friends are key in these emotional situations, so before, during and after reporting a death, one needs to make sure these supports are available.

-To guarantee that the situation is properly managed, it is preferable to communicate this news face to face-



When the communication is face to face

What to do:

- Before communicating the news, make sure you have the official confirmation by a judge, doctor or legally authorised staff. You cannot give this information based on rumours or on what others have seen or said.
- Prepare the situation. Make sure you have enough time to communicate the news and have a quiet, private and noise-free place, avoiding any type of interruption (even your mobile phone).
- Once the family members are identified and preferably one by one, sit together with them (ideally, in a 60-degree angled position without furniture between you and at a distance of 1 meter) in a place where privacy is guaranteed. If sitting down is not possible, place yourself at the same height.
- Adopt a calm and composed attitude, keep eye contact and implement active listening strategies.
- Use a warm and calm tone of voice.
- Introduce yourself saying your name and your role and what they can expect from you.
- Start with the following sentences: *I deeply regret to give you this news; I am sorry to tell you I have very bad news; the information I have to give you can be very hard to hear...*
- Use the term *died, death* and its derived words. Avoid technical language.
- Use the first name of the person deceased to refer to him/her, instead of saying the *deceased*.
- Provide an objective description of what happened with sensitivity, accuracy and directly.
- As long as it is true, say that every effort was made to save their life or that the victim did not suffer.
- Allow and wait for strong initial reactions. Consider that these reactions are normal in an unexpected and uncommon situation.

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- ☉ Allow the family to express their feelings. This is the first step to adapt to the reality of the death. Validate and normalize their emotions.
- ☉ Allow for silence.
- ☉ If appropriate, use physical contact (placing your hand on their shoulder, back...) but watch out for possible uncomfortable reactions and, in that case, respect personal distance.
- ☉ It is possible that some people react denying what happened. When they face threatening information, they use denial as a defence mechanism and do so unconsciously or involuntarily. In this case, respect the pace and ability of the person giving enough time to accept what happened and their situation. For example: *I am aware that this news is very hard to accept...*
- ☉ Maybe some people feel dizzy and lose stability. Keep an eye to prevent injury (e.g. a fall) and anticipate this situation, having healthcare staff nearby to provide support.
- ☉ Communication must not be rushed. The relatives need time to process the news and ask questions. One of their main needs is to know exactly what happened.
- ☉ Show true concern and availability to clarify any information and help them if necessary.
- ☉ Tell the truth. If you don't have all the information, say so, and express your commitment to providing more information as soon as you receive it.
- ☉ Consider the need to repeat the account of what happened as often as the relatives demand. Leave the door open for them to contact you again to ask any questions they might have.
- ☉ Explain the procedures that will follow (e.g. identifying the deceased, gathering DNA samples, funeral, etc.) as well as the next steps the family is expected to take (collaborating with the investigation...), the aids they can request and the resources available for them.

What not to do:

- Don't provide morbid details or unnecessary information that may cause them to picture the deceased in a situation of agony or pain.
- Don't over-dramatize.
- Don't use technical terms.
- Don't communicate this news in a group to several families and/or in the corridors.
- Don't leave the place just after providing the information.
- Don't foster potential feelings of guilt.
- Don't lie.
- Don't demonstrate anxiety, irritability or urgency to finish the conversation.
- Don't show yourself distant.
- Don't use ambiguous terms such as *we lost him/her*, *he/she is not with us* or *he/she left us*.

- Don't feel obliged to speak non-stop.
- Don't saturate them with information.
- Never leave a person alone after communicating the death.

Sentences to avoid: *We know how you feel; we feel just like you; it is a very uncomfortable situation for me; thank you for coming, my mission is to let you know that...; it has been a terrible tragedy; it has been a dreadful death; at least it was quick; it could have been worse: you still have your brother/mother/father...*



When the only option is a telephone call

Communicating bad news should be done whenever possible face to face (requesting the relatives to come or going to the relatives' place of residence). However, under certain circumstances and due to the urgency of the situation, sometimes it is only possible to make a phone call. In this case³³:

- ☉ Introduce yourself saying your first name, for whom you work and confirm the identity of the person you are speaking to (e.g. *Are you XXX's father?*).
- ☉ Verify that the person is in the right moment and place, i.e., that the person is not driving, in a meeting, in a train or a bus where coverage can be lost... If that is the case, suggest moving to a safe and private place and agree a time to phone again.
- ☉ Ask if the person is alone or if they have close relatives. If the phone call ends suddenly, knowing this information is important when deciding whether emergency services must be mobilized.
- ☉ Use a calm and quiet tone of voice.

- ☉ Find out if the person spoke recently with the deceased and if that is the case, when.
- ☉ Say how hard it is to have this conversation over the phone: e.g. *You say you spoke to your wife a couple of hours ago, but I regret to say I have bad news about her and I feel it is difficult to give this information over the phone.*
- ☉ If the relative asks whether the person has died, give a direct answer. It is important that the word *dead* is used even if the receiver uses other euphemisms such as *we lost him/her* to avoid misunderstandings.
- ☉ If the relative does not ask, offer a brief description to explain what happened. For example: *There has been a car accident and your wife has been one of the victims. The emergency staff tried to resuscitate her but they were not successful. I regret to inform you that she has died.*
- ☉ Listen and validate emotions. For example: *I understand it is very distressing to listen to this news, especially over the phone.*

³³ Taylor, E. (2007). How to best to communicate bad news over the telephone. *End of Life care*, 1, 30-37.

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- ④ Demonstrate your availability to help and allow for silence. For example: *Take your time, I am here.*
- ④ If the person is alone, offer to stay on the phone all the time the person needs.
- ④ If you fear for their health, if there is a long silence, if the person does not answer and you can't hear them breathe, etc. say that you are going to phone an ambulance to assist them, if they consider it appropriate.
- ④ Inform the person about the necessary procedures where their participation is required.
- ④ Agree on actions to be taken in the following minutes and hours before finishing the phone call (offer to inform a friend or relative so they can go to the place where the relative is, provide them with a telephone number so they can call again if they have any questions, make follow-up calls, etc.).



Guidelines for relatives who need to communicate the death to children

Assistance staff should never be the ones **communicating a death to children** (communicating this news by someone unfamiliar may have a great emotional impact and generate a feeling of mistrust in the child). This should be performed by someone who is close to the child, someone who represents safety, support and protection.

Due to the large emotional burden this implies, one of the most frequent (and urgent) demands of the families who have lost a loved one is advice on how to communicate this news to children who are members of the family, as well as strategies to help them manage the mourning process.

Even if it is not a task to be carried out by the assistance staff, it is useful to anticipate this need and provide guidelines and material for families such as the following table³⁴.



³⁴ De Vicente, A. (2009). Enseñame a decir adiós. Guía pedagógica con casos prácticos- Niños y adolescentes. Madrid: Gesfomedia.

Guidelines for relatives who need to communicate a death to children

| GUIDELINES | WHAT IS RECOMMENDABLE | WHAT IS NOT RECOMMENDABLE |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WHO SHOULD COMMUNICATE THE DEATH | <ul style="list-style-type: none"> • The closest person for the child. | <ul style="list-style-type: none"> • An unfamiliar person, third parties or indirectly by the media. |
| WHEN | <ul style="list-style-type: none"> • As soon as possible. | <ul style="list-style-type: none"> • Delaying the communication or not communicating. |
| WHERE | <ul style="list-style-type: none"> • In a quiet and private place. | <ul style="list-style-type: none"> • Surrounded by many people or noise. |
| HOW | <ul style="list-style-type: none"> • Calm and quiet tone of voice. • Physical contact (hugs, holding hands, etc.). • Sharing your emotions. • Warm and affectionate tone. | <ul style="list-style-type: none"> • Shouting, showing desperation or terror with sentences such as: <i>I don't know how to live without him/her, I want to die, etc.</i> • Speaking in a cold and distant way without showing emotions. |
| WHAT: EXPLAIN WHAT HAPPENED | <ul style="list-style-type: none"> • Be sincere and honest. • Say that the loved one has died. • Explain what happened in a simple way. • Point out, to the extent possible, positive aspects such as <i>He/she did not suffer, every effort was made to save him/her.</i> • If the information is too shocking, it can be fractioned and say it bit by bit (first speak about the accident, later say that the relative is dead) but don't delay the news of the death for too long. | <ul style="list-style-type: none"> • Lying. • Using euphemisms such as: <i>He/she is on a trip, he/she is sleeping, he/she is now in heaven.</i> • Using vague or confusing terms such as <i>he/she has expired, he/she does not exist anymore, he/she has disappeared.</i> • Presume that the child knows what happened. • Giving unpleasant or morbid details that may have a great impact on the child. • Exposing the child to shocking images on TV or press if it is on the media. |
| EXPLAIN WHAT IT MEANS TO BE DEAD (FOR YOUNGER CHILDREN) | <ul style="list-style-type: none"> • Clarify that when a person dies, the body stops working (no breathing, no walking, no eating...) and the person cannot return to life (death is forever). • Give an explanation based on facts and practical knowledge. | <ul style="list-style-type: none"> • Taking for granted that the child understands what it means to be dead. • Base our explanation on theoretical, biological or spiritual concepts that are complex or abstract. • Being careful when speaking about a heaven where everyone is happy (the child may wish to go there and join their loved one) or about a threatening God who judges people. |

Supporting a grieving person

Mourning is a normal process and has an adaptive function. In most cases it does not require special interventions or psychoactive drugs, as long as the person has the appropriate internal and external resources to cope with the situation.

Everybody expresses their grief differently; it is a completely personal and non-transferable experience. The ways in which grief is expressed (or not) are varied and all of them are valid.

Normal manifestations of grief

PHYSICAL

Loss of appetite, sleeping disorders, loss of energy and exhaustion, nervousness and/or somatic reactions generating anxiety and concern (such as dizziness, sickness, headache, chest tightness, tremors, difficulty breathing, palpitations or dry mouth).

BEHAVIOURAL

Nervousness, crying, fatigue, tendency to isolation, avoiding memories, fear of becoming detached from personal objects of the deceased, little motivation and difficulty resuming normal levels of activity, neglecting one's appearance and personal hygiene.

COGNITIVE

Obsessive thoughts about the deceased, very vivid and recurrent memories of the deceased and what happened, low self-esteem, self-reproach, blaming others, sense of helplessness, hopelessness, sense of unreality about death, problems of memory and concentration, hallucinations (believing that they have seen the deceased days after their death, hearing his/her voice...) and having the feeling that the deceased is present in some way.

EMOTIONAL

Sadness, desperation, anxiety, exacerbation of feelings of guilt, anger and hostility, inability to feel pleasure, loneliness, relief, numbness, fear of forgetting the loved one, fear of failing him/her, desire to die or need to blame others (rage and hatred), among others.

The wake and the burial or cremation ceremony are very private moments for the families, so the assistance staff should only be present at these events after establishing prior contact with the family and having received their consent to do so. Likewise, their presence at these ceremonies must be very discreet, so it is not experienced as an invasion of privacy³⁵.

In those specific cases where the person has lost a loved one, apart from the general considerations regarding their assistance, bear in the mind the following aspects:

What to do:

- 🌀 Maybe the person needs to talk about the deceased. Give them the chance to do it.
- 🌀 Ask questions and show genuine interest for their feelings: *How do you feel?*
- 🌀 Practice empathy.

- 🌀 Use the first name of the person who died instead of *the deceased, the dead*.
- 🌀 Expressions such as *I send you my condolences; I feel very sorry for what happened; I regret your loss, I find it hard to put myself in your shoes...* are valid as long as they are consistent with the way you speak.
- 🌀 Treat tokens of grief and sadness with dignity and respect (try to protect the privacy of the person in these situations).
- 🌀 Be ready for any reaction, even anger.
- 🌀 Confirm to the person in mourning that what they experience is understandable and expected and that they are not going mad.
- 🌀 Let them know that they will probably continue experiencing periods of sadness, loneliness or anger.
- 🌀 Bear in mind that there is no right way to express grief and even not expressing anything is ok too. Explain how important it is to respect, understand and allow themselves to express grief in their own way (and that of other relatives).

³⁵ Fernández-Millán, J.M. (2013). Gestión e intervención psicológica en emergencias y catástrofes. Madrid: Pirámide.

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🌀 Do not pressure anyone, not even children, to behave a certain way.

Recommended sentences: *only you can know how you feel after such an event; I find it difficult to put myself in your shoes; I cannot get an idea of what you are going through...* To questions such as “Why did this happen?": *There are questions that have no answer...*

Remember...



- ✓ **After communicating a death**, you should expect a wide range of very strong reactions. They are normal.
- ✓ Anxiety makes us accelerate our speech. When you communicate bad news, **make a conscious effort to slow down your speech.**
- ✓ **Don't ignore your own emotions.** Communicating a death has a great emotional impact. After this type of intervention, take a break and speak about your feelings with someone you trust.

What not to do:

- 🌀 Don't interrupt.
- 🌀 Don't try to deny what the other person thinks regarding religious beliefs, even if you consider they are not right or generate distress.
- 🌀 Don't get involved in a theological discussion.
- 🌀 Don't force the person to speak about their grief. Simply offer your availability to listen.
- 🌀 Don't judge any of the emotions or reactions shown by the person.

Sentences to avoid: *I know how you feel; maybe this was the best thing that could happen; he/she has gone to a better place; we don't receive more than what we can stand; you are strong enough to overcome this; you will soon feel better; you need to relax; luckily nobody else died; everything happens as per a pre-established plan; let's speak about something else; some day you will get an answer to those questions; you need to go through mourning; you need to do everything possible to cope; you are strong enough to face this...* To a child: *now you are the man/woman at home; you have to be strong...*

6 When to refer to a psychologist for treatment

Not everyone will need psychological treatment to recover from experiencing a terrorist attack³⁶. However, if the person believes they need this kind of help, it must be provided to them. It is advisable to know which resources are available beforehand so that they can choose the best option.

While it is common for psychologists to be involved in the different stages of assistance described earlier, the appearance of suicidal thoughts or alcohol or drug abuse as a strategy for coping with the event as well as other persisting symptoms may require **specific psychological treatment from a professional expert**.

It may be necessary to start the treatment if after four or six weeks the person **continues to show** difficulties in resuming normal activity as well as **the following symptoms**:

Very strong and constant fear or anxiety.

Significant deterioration of relationships as a result of the event (e.g. the person avoids contact with their relatives or friends).

Nightmares related to the event or feeling they are reliving the experience again.

Extreme rejection or avoidance of the place where the attack occurred or of establishing contact with any person that reminds them of the experience.

Cannot stop thinking about what happened.

Cannot enjoy life at all.

Cannot carry out daily activities due to their distress.

Feels guilty for what happened.

³⁶ North Atlantic Treaty Organization (2009). Psychosocial Care for People Affected by Disasters and Major Incidents: A Model for Designing, Delivering and Managing Psychosocial Services for People Involved in Major Incidents, Conflict, Disasters and Terrorism. Brussels: NATO/EAPC.

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7 Keys for self-care

Assistance staff and other agents in contact with those who **have suffered a traumatic situation** such as a terrorist attack, are also at risk for being direct or indirect witnesses of human suffering, traumatic deaths, physically-threatening situations, etc. that are highly stressful. This in turn **may seriously affect performance**, quality of work and physical and mental health³⁷.

How do we know if we as participants are suffering the consequences of the exposure to stress? Some of the symptoms that may alert us to this risk are feelings of hopelessness and helplessness, feeling of failure, hypervigilance, sleep difficulties, decreased creativity and difficulty to make decisions, inability to have flexible thoughts (adopting “black or white” positions), minimizing others’ problems and feelings (*you are exaggerating, it is not that bad...*) chronic fatigue and recurrent pains (headache, stomach-ache...), inability to listen/deliberate evasion when the person is narrating their experience, guilt, fear, irritability, anger and frustration, cynicism (negative thoughts about others), significant increase or decrease in our level of activity, increased consumption of alcohol or tobacco or feelings of grandiosity (e.g. *I have to be here because I am the only one that can solve this*).

Likewise, there is a series of **factors that can increase the chances of suffering the negative consequences** of exposure to stress due to their type of work, such as:

Having experienced difficult or traumatic situations and/or recent deaths.

Long working hours without breaks.

Not recognizing the health-associated risks of this job.

Taking the work home.

Lack of experience in treating victims of traumatic situations.

Too much experience (doing this job for many years).

Having direct contact with children who have been victims of traumatic situations.

Not getting good results after the interventions.

³⁷ World Health Organization (2012). Psychological first aid: Guide for field workers. Geneva: WHO.

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The staff in charge of victim assistance needs to be aware of the health risks derived from treating people who have suffered traumatic experiences. They must **accept that the sources of stress are real and legitimate** and that this type of task has an impact at the individual and group level.

For this reason, it is important **to adopt measures that protect the psychological well-being of the assistance staff**, such as limiting working shifts to ensure rest, rotating workers in those positions that come into greater contact with victims, requesting rest and free time when needed, fostering support among the colleagues, personal follow-up, establishing supervision meetings or training the assistance team in techniques for stress management and communication skills, among others.

Alternatively, assistance staff must be aware of the importance of self-care habits. Some **healthy guidelines** that will help to buffer the effects of stress are given below:

- Be aware of your limitations and needs and do not participate in the intervention if you believe you will not be able to do it well.
- Work as a part of a team.
- Accept that you cannot take care of everybody's problems.
- Take the time to eat, drink and rest, even if it is only for short periods of time.
- Don't work until exhaustion. Learn to delegate.
- Practice relaxation techniques, even during the working day (diaphragmatic breathing, etc.).
- Practice regular physical exercise.
- Share your concerns or difficulties with someone you trust (in your organization or your support network).
- Schedule rewarding activities throughout the week.

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- 🌀 Spend time with family and friends.
- 🌀 Make use of any personal resources that have worked in the past.
- 🌀 Keep yourself entertained.
- 🌀 Limit caffeine, cigarette and alcohol consumption.

Remember...



- ✓ Taking care of yourself is as important as taking care of others.
- ✓ Learn to identify when you are irritable, hungry or in need of sleep so that you can withdraw from the assistance service and cover those needs.



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Annex

1

Quick guide

Essential aspects in providing quality assistance to victims of terrorism

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Normal reactions to stress

PHYSICAL

Muscle stiffness, tremors and cramps, generalized pain, fatigue, insomnia, reactions of shock, palpitations, difficulty breathing, hot flushes, sickness, hyperventilation, sickness or knot in the stomach, loss of appetite, vomiting, diarrhoea and intense cold feeling.

BEHAVIOURAL

Impulsivity, hyperactivity, crying, hostility, avoidance of the places and people associated to the event, flight, paralysis and increased alcohol or tobacco consumption.

EMOTIONAL

Wide variety of emotions (shock, rage, anger, sadness, anxiety, shame, frustration, powerlessness, mourning...) or emotional numbness, sudden emotional changes and irritability, guilt for not having avoided/helped, survivor's guilt, feeling of emptiness, intense fear of death and feeling of vulnerability, inability to show interest, pleasure or love, feeling of losing control and hopelessness.

COGNITIVE

Confusion, attention and concentration problems, difficulty in thinking, denial of the event, difficulty in remembering, undesired intrusive memories and nightmares, living the experience in fast-motion or in slow-motion, as if it were a nightmare or as if the person was outside of their body or the scene, tunnel vision, distorted perception of dimensions, sizes and sounds, decreased ability to assess risk, hypervigilance, recurrent worrying, sudden reliving of what happened, negative beliefs about the world, about the future and about oneself.

INTERPERSONAL

Difficulties in connecting with others, mistrust and isolation.

Needs of the victims of terrorist attacks

1. Need for information

- ☉ It is a crucial need.
- ☉ It must be immediate, accurate, non-contradictory, clear, understandable and relevant.
- ☉ Avoiding delays in providing information (it increases the risk of spreading rumours).

2. Need to communicate with authorities and their relatives

- ☉ Determining channels and times for communication with those affected.
- ☉ Providing 24-hour hotlines.
- ☉ Facilitating means so relatives can find each other and communicate.

3. Basic needs of security and/or protection

- ☉ Planning resources to cover the need for shelter, food, drink, transport or accommodation.
- ☉ Establishing special protection measures.

4. Recognition

- ☉ Recognizing the rights of victims of terrorism and validating their suffering.
- ☉ Condemning acts of violent terrorism.
- ☉ Respecting different ways of reacting to event.
- ☉ Not labelling people as victims in the long term. Recognizing they have resources and skills to overcome grief.

5. Emotional support and recovery

- ☉ Understanding the impact of stress and traumatic situations on people and adapt the assistance to this circumstance.
- ☉ Avoiding secondary victimization.

6. Comprehensive physical and mental healthcare

- ☉ Offering evaluation and treatment of physical and mental health problems over their entire lifetime.

7. Need contact others and belong to a group

- ☉ Re-establishing and offering opportunities to reinforce social support for the victims: self-help groups, membership in associations, etc.

8. Dignity, privacy and proper treatment from the media

- ☉ Preserving the public image of the victims and their identity.
- ☉ Eliminating the presence of onlookers, too many assistance workers or the media.
- ☉ Advising the victims about their rights regarding the media and how to deal with them.

9. Practical help and expert advice

- ☉ Providing subsidies and material compensation.

10. Need for justice and truth

- ☉ Offering legal support and a fair judicial process, as well as appropriate and respectful treatment in this context.

11. Participation and memory

- ☉ Providing ways for the victims to be heard and taken into account in political, legislative, and social initiatives.
- ☉ Ensuring memory by means of commemorations to remember the victims, always under the premises of respect and dignity.

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Basic guidelines for action

1. Promoting the feeling of security.
2. Establishing relations based on trust and honesty.
3. Favouring connection with others and social support.
4. Promoting a sense of self-efficacy, the active role of the person in their recovery and their autonomy.
5. Fostering collaboration and mutual help.
6. Respect for a person's gender, history, and culture.

Immediate assistance

- ✓ Speak calmly.
- ✓ Move to a safe place.
- ✓ Refer to immediate medical care if needed.
- ✓ Find out immediate needs.
- ✓ Regroup family members.
- ✓ Provide accurate information.

Communication skills

Active listening

Body leaned forward, facial expression of attention, repeating important sentences...

Empathy

I see you are anxious

Knowing how to ask questions

How do you feel? Many people have nightmares, is that your case?

Giving useful information

Short and simple messages; accurate, true and organized information

"I" messages

I am concerned you are so overwhelmed

Summarizing

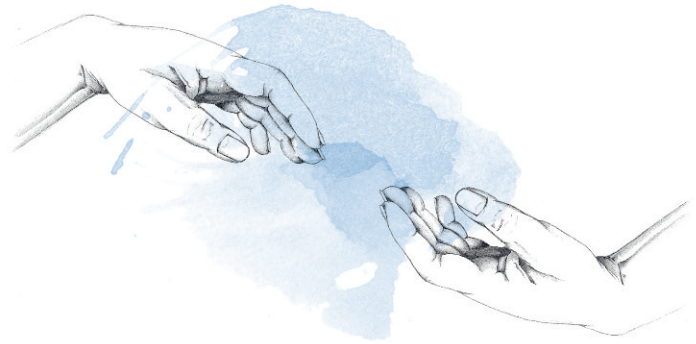
If I understood correctly, what you need is (describe), is that right?

Assistance in the following days and weeks

- ✓ Establish safe spaces, free of noise and interferences.
- ✓ Coordinate assistance services so that victims won't have to recount their experience over and over again to several services.
- ✓ Ensure victim's privacy.
- ✓ Avoid assistance overload.
- ✓ Show genuine interest and concern.
- ✓ Find out what help they would like to receive.
- ✓ Avoid technical language.
- ✓ Condemn the violence.
- ✓ Be patient and listening.
- ✓ Be tolerant of the different ways one may respond to the experience.
- ✓ Don't force or pressure the person to narrate the facts.
- ✓ Validate emotions.
- ✓ Respect the person's values and decisions.

Managing complaints and aggressive reactions

- ✓ Let the person express without interrupting.
- ✓ Don't interpret aggressiveness as a personal attack.
- ✓ Use a calm tone of voice.
- ✓ Be polite and treat person with respect (address formally, not insulting, etc.).
- ✓ Validate their response: *I understand that you are angry.*
- ✓ Show your availability to help.
- ✓ Invite the person to a private area.
- ✓ Focus in finding solutions.
- ✓ Avoid raising your voice, offering excuses or apportioning blame.



Communicating a death

- ✓ Get the official confirmation before giving the news.
- ✓ Prepare a quiet, private place free of noises and interruptions.
- ✓ Provide information to each family in private.
- ✓ Show calmness and serenity and speak slowly.
- ✓ Use a warm tone of voice.
- ✓ Introduce yourself and explain your role.
- ✓ Start the conversation with a sentence like: *I am deeply sorry to give you this news.*
- ✓ Use the term *died*, *death* and their derivatives and the name of the deceased.
- ✓ Avoid technical language.
- ✓ Describe what happened with sensibility and accuracy.
- ✓ Say that all efforts were made to save their life or that the victim did not suffer, as long as it is true.
- ✓ Allow and expect strong and deep emotional reactions.
- ✓ Validate and normalize emotions.
- ✓ Allow for silence.
- ✓ Answer questions.
- ✓ Don't lie.
- ✓ Don't show urgency to finish the conversation.
- ✓ Establish follow-up measures.

Supporting a grieving person

- ✓ Ask and show genuine interest in how they feel.
- ✓ Use the name of the deceased to refer to him/her, instead of the terms *deceased* or *late*.
- ✓ Use expressions such as *I deeply regret what happened; I am very sorry for your loss*, as long as that is consistent with the way you speak.
- ✓ Show respect for the way in which they express their distress and preserve the dignity and privacy of the person in mourning.
- ✓ Understand that anger is a normal and expected response.
- ✓ Normalize and validate any type of emotional reaction or lack of reaction.
- ✓ Don't pressure the person to behave a certain way.
- ✓ Use statements such as: *I find it very hard to put myself in your place; I cannot even begin to understand what you are going through.*
- ✓ Don't get involved in theological discussions or judging.
- ✓ Don't force the person to speak.

Keys for self-care to avoid stress at work

- ✓ Avoid working in direct contact with those affected if you don't feel you are able to do it properly.
- ✓ Work as part of a team.
- ✓ Accept that you cannot solve everybody's problems.
- ✓ Give yourself the space and take the time to rest, eat and drink.
- ✓ Learn to delegate.
- ✓ Practice relaxation techniques.
- ✓ Practice regular physical exercise.
- ✓ Share concerns related to your work with people you trust.
- ✓ Schedule rewarding activities and promote personal social contact.
- ✓ Keep yourself entertained.
- ✓ Limit alcohol, tobacco and caffeine.

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