



National
Psychotrauma
Centre

ARQ Centre of Expertise
for the Impact of Disasters
and Crises

(Terrorist) attacks: The impact and the organisation of psychosocial support

Toolkit psychosocial support after attacks

Psychosocial support after attacks

Based on current knowledge, lessons learned and good practices, the *Toolkit psychosocial support after attacks* guides decision making, implementation and evaluation of psychosocial support (PSS) in The Netherlands. It is designed as expert advice and does not function as a guideline or normative framework. In this flyer we present a short English summary of our findings.

The Toolkit is especially designed for the Dutch Community Health Services (GGD) and their partners such as social services, general practitioners, spiritual caregivers and hospital personnel. Read more on the organization of PSS in The Netherlands below.

The toolkit covers three main topics which are elaborated on in this flyer:

1. Information about challenges that a(n) (terrorist) attack poses
2. Tips and tools for preparation, coordination and implementation
3. Specific points of information regarding target groups

1. Terrorism and psychosocial support

What is terrorism and why is PSS different with a terrorist attack?

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| <p>Intentionality Terrorists aim at creating a sense of unsafety among citizens. The intentionality and extreme violence used, drives this feeling. By attacking a society's norms and values, terrorists try reach political or idealistic goals. Because of terrorisms broad impact, psychosocial support after attacks should focus on the different layers and experiences of 'victimhood' and find a balance between individual and collective needs in recovery.</p> |  | <p>First responders First aid services will have to work on sites where their safety cannot be guaranteed. During and after an attack, they will encounter different types of injuries and larger numbers of victims. They might have to make radically consequential decisions in the process of triage. This may cause mental, physical and moral distress (over time). Services need to be in a continuous state of readiness over a longer period and have therefore little time to process the events.</p>  |
| <p>Longer aftermath Terrorist attacks have an extended aftermath. This is reflected in never ending media attention, legal processes, and criminal and parliamentary investigations. Key witnesses will likely have to make several statements. These processes may take years and are very demanding on those involved. Pro-active communication, screening and monitoring will be of utmost importance: mental problems may manifest even years after the incident.</p>  | <p>Injuries Victims of terrorism often have war-like injuries. These are usually caused by improvised explosives and can be large and cruel. This requires a different response by the first responders and asks for a longer recovery. The chance to develop PTSS is higher among injure and it usually stays present for a longer time.</p>  | <p>Multidisciplinary approach Counter terrorism requires a multidisciplinary approach, in all stages of preparation and response. Different disciplines and structures come into play: criminal law (victim care), crisis management and public health. Cooperation is necessary between disciplines, perspectives and leadership roles. However, collaboration is compromised by political and legal priorities as a result of increased feelings of safety.</p>  |

Challenges

Delivering PSS after a terrorist attack poses several challenges. Awareness and understanding the implications of these challenges saves time.

- **Self-reliance:** Both in the acute phase and in the aftermath of terrorism, those affected appear to be much less self-reliant than expected, which calls for outreaching methods.
- **Affected society:** Terrorism affects society as a whole in its democratic values and its sense of safety. Apart from the services for those directly involved, attention needs to be paid to the restoration of social structures and relationships within society.
- **Quality of services:** In the acute phase and recovery para- professionals "pop-up", offering help and support to those affected. Many do good work, but sometimes more damage is done due to a lack of crises experience or the use of unvalidated psychological methods.
- **National vs regional:** The most effective care and support is provided locally, but administrative and political responsibilities remain diffuse in the interplay of local, regional and national governments.
- **Registration:** Large and diverse groups of people may be affected in an attack. Those involved might not realize how it will impact them until a later date. Registration will likely never be complete.

2. Tips & Tools

Based on the information gathered, ARQ Expertise Centre Impact designed several tools and information sheets to practice during preparation and implement in the acute or recovery phase:

Preparation:

- Training scenarios

Coordination and planning:

- Pathways to help
- Critical moments

Implementation and advice:

- Community empowerment and support groups
- Victims and the media
- Visiting the place of disaster

3. Target Groups

In attacks, many different target groups will be involved needing different forms of PSS. Information, points of interest and possible interventions are provided for each group:



first responders



injured



entrepreneurs



children



eye witnesses

Toolkit Development and publication

This Toolkit is based on lessons and experiences learned from our surrounding countries faced with terrorist attacks in the past years. These findings are fuelled with (academic) literature and programmes used in countries abroad.

The Toolkit was commissioned by the Ministry of Health, Welfare and Sport, and the National Institute for Public Health and the Environment. It was first published in spring 2019 on the website of ARQ Expertise Centre Impact of Disasters and Crises (in Dutch): www.arq.org/diensten/toolkit-psh-na-aanslagen

The organisation of PSS in The Netherlands

In case of potential traumatic events, the regional or local government is responsible for support to those affected in any aspect. For the coordination and execution of psychosocial support services, they rely on the Community Health Services (GGD) and local partners. The GGD has two main tasks:

1. to advise the local government on PSS;
2. to organise and coordinate the execution of PSS. For the execution of PSS the GGD collaborate with local partners, such as Victim Support, social services, GP's and mental healthcare organisations.

ARQ Centre of Expertise for the Impact of Disasters and Crises

ARQ Centre of Expertise for the Impact of Disasters and Crises is the Dutch national knowledge & advice centre for psychosocial support concerning critical incidents. We develop knowledge, tools and trainings to empower PSS professionals, first responders and victim organisations. We advise governments and public health organisations responsible for the delivery of psychosocial support during and after crisis.