

Meeting the needs of survivors and families bereaved through terrorism

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**Survivor of the attack in Sousse, Tunisia,
26 June 2015**

“My sister sorted everything for me. She was my point of contact for the Foreign Office and the police... in the first few months after I was released from the hospital I travelled extensively for medical care and, due to my injuries, someone from my family had to come with me. For several months, I completely relied on my family and friends for everything that I needed. There was no external help. I was extremely fortunate to have my family and friends... It would have been nice for someone to have been supporting my family earlier on as they were doing everything for me. If someone helped my family, they would have helped me because they were the first ones who talked to me about what happened.”

**Levent Altan, Executive Director Victim
Support Europe**

“It is clearly essential that governments and NGOs take into account the specific difficulties and needs of foreign victims to ensure an effective victim-oriented response to terrorist attacks. Victim Support Europe has now supported international co-ordination of responses to a number of mass terrorism attacks including attacks in Paris, Brussels, Nice and Bangladesh. We have seen that the nature of these attacks often involve large numbers of foreign nationals who face numerous additional problems to those living locally.”

Acknowledgements

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Executive summary

In 2015, acts of terrorism resulted in 151 deaths across the European Union and more than 360 people injured.¹ Overall, data from the Global Terrorism Database shows that the frequency of international terrorist attacks continues to rise, with recent incidents suggesting that, increasingly, private citizens have become the primary targets.²

Terrorist attacks significantly impact survivors and bereaved families, psychologically, financially and socially. Despite this, victims' issues remain at the edge of the debate on terrorism. In many respects, the current policies and practices in England and Wales for supporting British nationals and residents who fall victim to these acts are falling short of what they need and deserve.

New research conducted by VS shows that while families bereaved by terrorism have access to high-quality care through the government-funded National Homicide Service, those who have not been seriously physically injured or bereaved but were at the scene of the incident do not have the guarantee of a service that meets their needs due to inconsistent referral mechanisms. British families bereaved through terrorism that occurred either in the UK or abroad will, in almost all cases, be offered assistance from a police Family Liaison Officer (FLO) and, provided they are resident in England or Wales or the deceased is a British

national, will also be offered support from VS's Homicide Service. Through the Homicide Service, bereaved families are offered dedicated support by a named, specially trained caseworker who can provide ongoing emotional support and immediate practical help. In contrast, while there is support available for those who have not been bereaved and did not suffer serious physical injuries, including from the Foreign and Commonwealth Office (FCO) and victim services, gaps in provision mean that survivors can and do struggle to access the support they need to move beyond the incident.

This report presents VS's research findings on the support needs of survivors and families bereaved through terrorism. It examines the range and co-ordination of available services in England and Wales and, using examples of what we believe to be international good practice, looks at how the provision of support can ultimately be improved. At a time when the threat of terrorism to the UK is 'severe' and public concern is high,^{3,4} it aims to provide personal insights into the survivor's journey through the system, and to inform key agencies with a responsibility to deliver help and support about the shortcomings that have been identified through practice.

Summary of findings

VS has supported more than 150 people directly affected by terrorism, including the attacks in Sousse and Paris in 2015. Between March and October 2016, we conducted research into the needs and experiences of survivors and those bereaved through terrorism. This included conducting a survey with VS caseworkers who have supported (or continue to support) people who have been directly affected. A total of 92 questionnaires were completed. We also conducted four interviews with survivors and bereaved family members and five individuals completed a self-administered questionnaire anonymously.

The impact of terrorism on survivors and bereaved family members

- Our research suggests that the consequences of an act of terrorism on the lives of those affected are, in the majority of cases, severe.
- Acts of terrorism cause significant psychological harm, including difficulties falling or staying asleep and a feeling of intense distress when reminded of the incident. Based on the opinion of VS caseworkers, almost all survivors and bereaved family members were affected psychologically as a direct result of their experience. Consequently, in the first month after referral to VS, the most commonly reported requirement was for emotional and psychological support (78.8%).

- It is not just survivors who have been physically injured who can suffer significant psychological consequences but those who witness an attack as well. All of those ordinarily considered 'witnesses' to an act of terrorism, who are referred to as survivors in this report, were affected psychologically.
- Those who had been bereaved and the survivors themselves were also affected financially (21.7%) and physically (13.0%). Our research found that bereaved family members were particularly affected, with almost a third suffering financial difficulties as a direct consequence.
- The needs of people affected by terrorism change over time. In the second month after referral to VS, the number of people identified as needing relationship support increased by 167% when compared with the first month.

Shortcomings of the current system

- In the absence of a widely recognised definition of a 'victim' of terrorism, 'witnesses' are not always considered to be victims by all of the agencies and organisations involved in supporting them. We believe this may have implications for the support they receive.
- There is no guarantee that a British national and/or resident who has suffered psychological injuries or less serious physical injuries as a result of an act of terrorism overseas will be referred to victim services.
- There is a lack of clarity as to where survivors should seek information about the support they can receive and the options available to them. All of the survivors who completed the self-administered questionnaire reported that it was unclear to them who they should turn to for support in the days and weeks following the incident.
- For some survivors and bereaved family members, the waiting time to receive counselling or therapy services on the NHS can feel too long. Accessing peer support groups, particularly locally, can also be problematic.
- Post-traumatic stress disorder (PTSD) is relatively common among those who have experienced a traumatic event, such as a terrorist attack.ⁱ However, treatment for PTSD is not offered by all NHS mental health trusts in England.
- Survivors can experience challenges in claiming compensation from the Criminal Injuries Compensation Authority (CICA), particularly where they are involved in a related civil claim for damages.

ⁱ According to National Institute for Health and Care Excellence (NICE) guidelines, around 25–30% may develop it. See: NICE (2005) Post-traumatic stress disorder management. Clinical guideline. (www.nice.org.uk/guidance/cg26/chapter/1-Guidance)

- Coping with intrusion from the media is an issue a small number of survivors in our study struggled with. They found the attention they received from journalists to be intense, intrusive and upsetting. In some instances this began in hospital.

Recommendations

In consultation with individuals and organisations who have a role in providing services to survivors, VS has identified elements of the approaches taken in the Netherlands and Massachusetts as good practice. We believe the Government, criminal justice agencies and delivery organisations in England and Wales can learn from these.

Based on these findings, VS recommends that:

- Those who are ordinarily classified as direct ‘witnesses’ should be considered and treated as survivors by all of the agencies involved in assisting them, in accordance with obligations under EU law and international norms, and be able to access adequate support services.
- Informed by the direct experiences of survivors of terrorism and their families, a pathway of support should be mapped out and agreed by all of the agencies involved in assisting them. This should clarify what services should be provided and at what point. A multidisciplinary working group should be convened immediately to look at co-designing this pathway.

As part of this support pathway, and to address the existing gaps in provision, we recommend that:

- A seamless referral mechanism to victim services for survivors who have been physically and/or psychologically injured by an act of terrorism abroad should be established.
- Survivors, their families and those who have been bereaved through terrorism should have access to a single online information and support portal. The Government should put in place plans for this to be set up and accessible in the days immediately following an attack, either in the UK or abroad (where it involves British nationals and/or residents), and for as long as those affected require it (which may be a number of years).
- NHS England and NHS Wales should ensure that those who have been directly affected by an act of terrorism are not adversely affected by long waiting times to receive psychological therapies. An effort should be made to provide them with emotional support to help them cope in the interim, in line with NICE guidelines.

- NHS England should also ensure consistent and equal access to treatment of PTSD to guarantee that no one is adversely affected by where they live, either with regard to waiting times or the availability of services.
- Led by the Ministry of Justice, a taskforce should be convened to look at whether the length of time it takes for the CICA to make a final award, including in cases where the claimant is involved in a related civil action for damages, has any negative implications for survivors of terrorism. VS recommends that this group also has a remit to review the length of time between the date of an application and the claimant receiving an award, with a view to reducing it.
- As part of consular assistance, FCO staff should advocate on behalf of UK casualties with hospital management at the earliest opportunity to make sure their wishes are known regarding media access. In addition, the wishes of casualties and bereaved family members should be passed by FCO staff to the relevant victim services in the UK, so that further intrusion can be prevented.



Introduction

Context and background

Despite the prevalence of terrorist attacks, a consensus is yet to be reached on how an act of terrorism should be defined. As such, many definitions exist offering various interpretations of the purpose and scope of terrorist activity. For the purposes of this report, terrorism is referred to as an action that is used or threatened “to influence the government or an international governmental organisation or to intimidate the public”⁵ and “made for the purpose of advancing a political, religious or ideological cause”, as set out under the UK Terrorism Act 2000.⁶

Since 2014, the threat level from terrorism to the UK has remained ‘severe’, which means a terrorist attack is highly likely.⁷ While, on the whole, attacks in western countries currently make up a small percentage of the total number of incidents worldwide,⁸ data provided by EU Member States for the *Europol Terrorism Situation and Trend Report 2016* demonstrates that Europe is increasingly a target. Figures show that, of all Member States, the UK reported the highest number of terrorist attacks in 2015 that were either “completed, foiled or failed”.⁹ Further, it is clear that the nature of the threat continues to evolve, with more recent incidents suggesting a move towards attacks on private citizens by ‘lone wolf terrorists’.¹⁰

As the definition of terrorism outlined above suggests, those directly affected by acts of terrorism are often targeted as a means to an end. While further research is required on how survivors differ in how they are affected by their experience compared with 'other' victims of crime, it is clear that the indiscriminate, political and high-profile nature of terrorism warrants specific consideration of how survivors are and should be supported.

Victim Support

To date, VS has supported over 150 people personally affected by the attacks in Tunisia on 26 June 2015, Paris on 13 November 2015 and Leytonstone on 5 December 2015 through the Homicide Service and our core services. On average, someone who has suffered psychological and/or physical injuries as a result of being present at the scene of an incident will require our support and services for 92 days. This figure falls only slightly to around 71 days for those who were present in the wider vicinity of an attack (for example, they were hiding in their apartment).

Following the 7 July 2005 London bombings, VS also provided assistance to survivors through the assistance centre set up at the Royal Horticultural Hall along with a number of other voluntary organisations. This included the delivery of emotional and practical support, such as providing those affected with information about claiming compensation and signposting to other organisations.

Research methodology

This report is primarily based on the findings of a new study conducted by VS in early 2016. Designed to build on our existing understanding of the experiences of survivors and families bereaved through terrorism, it focused on four key questions:

- How are survivors, their families and those bereaved through terrorism affected in the short and longer term by acts of terrorism?
- What support do they require and does this change over time?
- Are their needs currently being met by existing provision?
- In what ways could the provision of support and assistance be improved?

Data collection took place in two stages: a quantitative survey and qualitative in-depth interviews. The findings presented in this report are centred on the data collected from VS caseworkers. Insights obtained through the qualitative study are used to provide additional insights.

Quantitative study with Victim Support caseworkers

For the quantitative survey, a questionnaire was sent to all VS caseworkers who have supported (or continue to support) bereaved family members and survivors of terrorist attacks. Caseworkers who supported more than one individual were required to fill out a separate questionnaire for each. They were asked about the perceived impact of the incident on the service user, their needs, the services they were offered and any gaps in service provision.

Participant profile

In total, data was collected from caseworkers about the experience of 92 individuals directly affected by terrorism. Of the survivors, their family members, and persons bereaved through terrorism, 55.4% were women and 44.6% men. As can be seen in Figures 1 and 2 respectively, the majority were aged between 45–54 (27.6%), 25–34 (25.0%) and 35–44 (17.1%) and were fairly evenly distributed across the English regions and Wales.

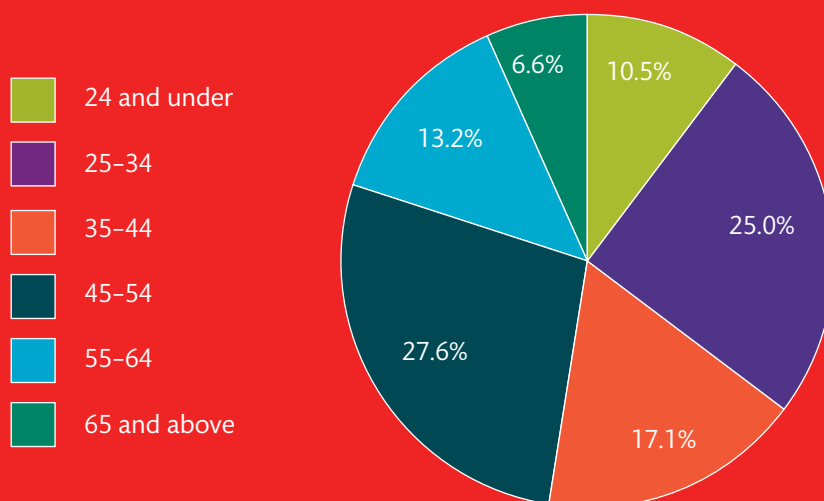


Figure 1. Age of survivors and bereaved family members

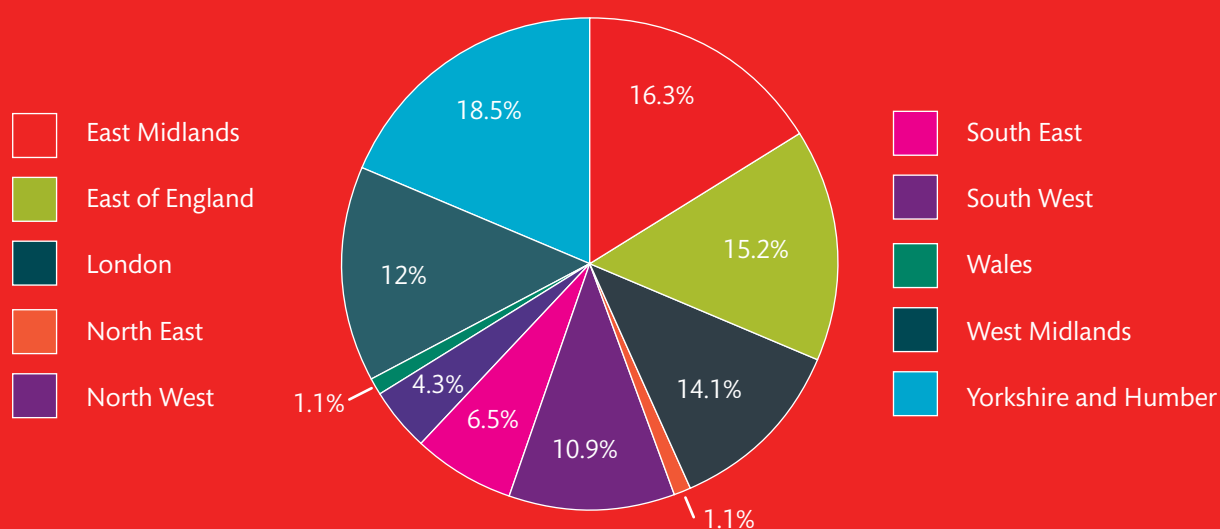


Figure 2. Distribution of survivors and bereaved family members across England and Wales

Almost all of the responses we received were from caseworkers who had supported someone directly affected by the attacks which occurred abroad in 2015. Some 92.0% related to the incident in Sousse, Tunisia, on 26 June 2015 and 7.0% to the incident in Paris on 13 November 2015. Only 1.0% related to the attack in Leytonstone on 5 December 2015.

Figure 3 provides a breakdown of the broad categories of individuals supported by caseworkers who took part in our survey. As can be seen, a large proportion had either been present at the scene of an attack, but were not physically injured, or were relatives of the deceased. A small number were travel agent employees who had a role in providing assistance to survivors on-site.

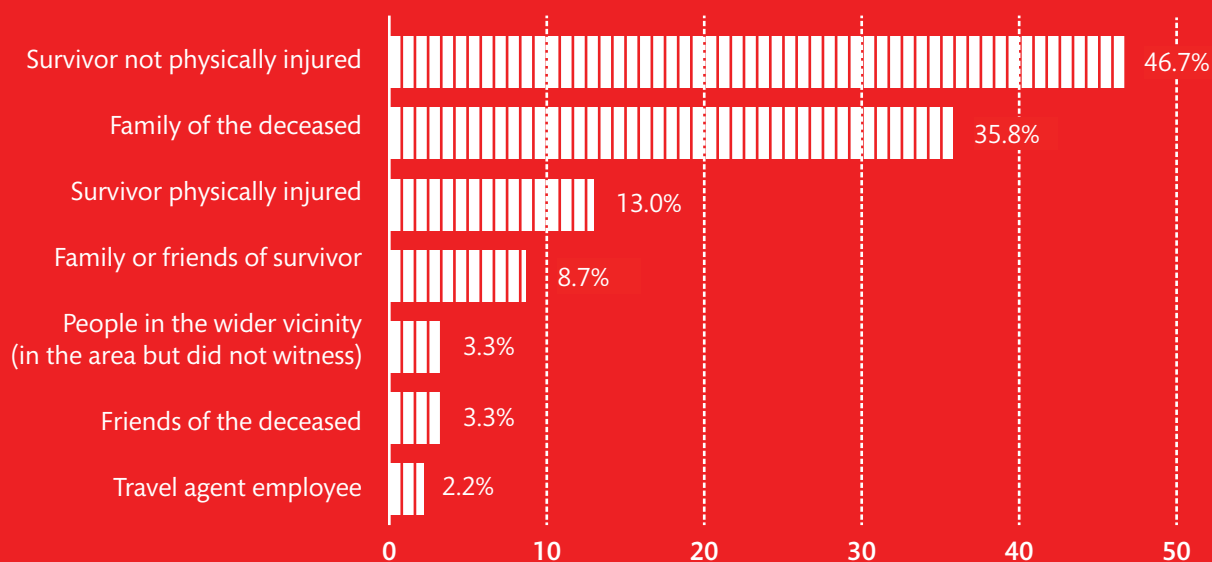


Figure 3. Broad categories of people supported by VS caseworkersⁱⁱ

Qualitative study with survivors and bereaved family members

To explore the issues raised in the quantitative survey in greater depth, four interviews were conducted with bereaved family members and survivors. Five individuals also completed a self-administered questionnaire anonymously.

Other research methods

This report also draws on data obtained through freedom of information requests submitted to 42 NHS mental health trusts in England and the CICA as well as informal interviews carried out with specialists across the health, legal and voluntary sectors.

ⁱⁱ The total percentage exceeds 100% because some of those affected are included within several categories. For example, the same person may have been physically injured by, and bereaved through, terrorism.

A note on the use of the term 'survivor' in this report

In the absence of a single and widely accepted definition of a victim of terrorism, this report will refer to both victims and witnesses as survivors throughout.ⁱⁱⁱ While these terms are open to interpretation, in practice 'witnesses' appear, on occasions, simply to be considered as persons who were present at the scene of an attack and directly witnessed the crime taking place; whereas 'victims' are considered to be persons who suffered physical injury or were killed during the attack. Consequently, someone who was psychologically affected, but did not suffer visible physical injuries, may not be seen as a victim and may, as a result, receive different treatment. As this appears to contravene the legal definition of a victim as set out in the EU Victims' Directive,^{iv} the definition we adopt in this report, to avoid embedding this distinction further, is in line with that used by the Cabinet Office guidance on humanitarian assistance in emergencies.¹¹ The term survivor therefore encompasses those who were present at the scene of an attack and were physically injured as well as those who were not physically affected but could have suffered psychological harm (either from providing support at the scene to survivors or through witnessing the incident).

iii In the context of terrorism, there are indications that many of those who suffer harm would prefer to be considered and referred to as survivors, as opposed to victims. See, for example, *Manual PAX: Supporting victims of terrorism*, 2010 (see note 42).

iv Under the EU Victims' Directive, which the UK was required to fully comply with by 16 November 2015, a victim is defined as "a natural person who has suffered harm, including physical, mental or emotional harm or economic loss which was directly caused by a criminal offence; or family members of a person whose death was directly caused by a criminal offence and who have suffered harm as a result of that person's death".



Support in England and Wales for people affected by terrorism in the UK and abroad

Initial support provided by the Foreign and Commonwealth Office

As with other crimes that occur overseas, the FCO provides immediate emergency assistance to British nationals affected by acts of terrorism abroad. Support can only be provided to British nationals, defined by the Government as British citizens (regardless of whether they ordinarily live in the UK), nationals with dual citizenship, British Subjects and British Protected Persons. Assistance cannot be provided to nationals of other countries.¹²

In the event of a terrorist attack abroad, affected British nationals receive immediate on-site support from British consulate staff who work closely alongside local authorities, such as the police and hospitals, and tour operators. The exact support they can offer depends on the circumstances of the incident, but may include contacting the victims' family and friends, providing support to help those trying to leave the area,¹³ providing information about local doctors and translators and assisting the relatives of victims who wish to come out to the scene. In the event of a large-scale emergency, the FCO Crisis Management Team will likely deploy a Rapid Deployment Team alongside psychological support officers from the British Red Cross and contingencies from the UK police, to assist consular staff on the ground and support any UK nationals who require help.¹⁴ Further, a dedicated information hotline may also be established by the FCO to provide British nationals with a clear point of contact.¹⁵

As terrorist attacks are considered 'exceptional' in nature by the FCO, British nationals who are affected by such incidents may also have access to Exceptional Assistance Measures,¹⁶ introduced in 2004. However, such measures are only used in extreme circumstances and as a last resort. Support that may be provided includes financial assistance to cover the cost of immediate medical expenses incurred as a direct result of the incident (where this is not covered by the individual's travel insurance provider), support with repatriation and medical evacuations. This financial support, however, is not available to British nationals who travel to countries or regions against FCO advice.¹⁷

Support for families bereaved through terrorism

British families bereaved through terrorism that occurred either in the UK or abroad will, in almost all cases, be offered support from an FLO. The role of an FLO is to assist the family by acting as a single point of contact with the senior investigating officer involved in their case and to support the police investigation by collecting evidence and information about the deceased from his or her relatives.¹⁸

In addition to the support provided by FLOs, if they are resident in England or Wales or the deceased is a British national, bereaved family members are also offered support from the National Homicide Service delivered by VS.^v Where an act of terrorism occurs abroad, the FLO will notify the Homicide Service of every new case of a death abroad within 24 hours of the commencement of an investigation, under an arrangement with the FCO. Once consent has been given by the bereaved person, Homicide Service caseworkers can provide a range of immediate practical support measures, depending on the needs of the family, such as assistance with repatriation and funeral arrangements, transportation, accommodation costs and advocacy with a variety of agencies such as employers and health services. They also provide ongoing emotional support and assistance with compensation claims from the CICA.

If additional support is required, following an in-depth needs assessment, the Homicide Service can also commission specialist services including trauma therapy, bereavement counselling and legal advice and provide referrals to other organisations. To ensure consistent information is provided to the bereaved person or family, VS caseworkers work closely with FLOs and other agencies from first contact.

Longer-term support for British nationals and/or residents affected by terrorism abroad

On return to England and Wales, British nationals and residents who have suffered serious physical injuries as a direct result of their experience will be assigned an FLO by the police in the majority of cases.¹⁹ As set out under the *Code of Practice for Victims of Crime*, these individuals, along with all other victims of crime, are entitled to receive information on, and referral to, victim support services within two working days of reporting the crime.²⁰

Those who have not been seriously physically injured or bereaved but were at the scene of the incident, however, are likely to have limited contact with the police after they have given their testimony. Information provided by dedicated Government web pages direct them towards their GP and organisations, such as VS, Disaster Action and Cruse Bereavement Care, which can provide help and advice. Where it is an option, they may also receive additional support and assistance through their travel operator.

Platforms to assist anyone affected by an act of terrorism to communicate privately may also be established. Following the attack in Sousse in 2015, a Yammer^{vi} website, administered by the police, was set up to provide survivors and bereaved families with a secure portal to share and discuss their personal experiences. It also provided a means for the police to provide families and survivors with updates on developments in the Tunisian police investigation.^{vii}

Support for British nationals and/or residents affected by terrorism in the UK

Survivors of a major terrorist attack that has occurred in the UK (regardless of nationality) can expect to receive immediate emergency assistance from a Humanitarian Assistance Centre (HAC).²¹ Under the Civil Contingencies Act 2004, Category 1 responders (including emergency services and the NHS) are collectively required to have plans in place to prevent as well as respond to emergencies (such as an act of terrorism).²² These plans are primarily developed through Local Resiliency Forums and responders must consider how the capabilities of the voluntary sector might contribute to them.²³

vi Yammer is a Microsoft product that allows users to communicate privately and securely.

vii M. Gower (personal communication, 17 October 2016).

The establishment of HACs at short notice, according to non-statutory guidance issued by the Cabinet Office, should form part of these local plans. Usually set up within the first 48 hours of an emergency, HACs are intended to provide survivors and all those affected with a single access point for immediate and co-ordinated multi-agency support and assistance. Depending on the nature of the emergency, it may be a physical and/or virtual centre and offer a range of services from basic first aid and voluntary sector services to assistance with accommodation, transport and emergency financial support. Where it is considered necessary, an HAC may be kept open for a number of months, or even years, in order to provide longer-term support services such as helplines and support groups. Whether or not measures such as these are put in place depends on a number of factors including the availability of local resources.²⁴

Ministerial committee and joint officials unit

Following the terrorist attacks in Tunisia on 18 March and 26 June 2015, a ministerial committee, supported by a cross-government officials unit, was established to ensure that the right support was available to those affected.²⁵ As part of this programme of work, the Department of Health launched a Screen and Treat programme to identify survivors and bereaved families who may benefit from mental health treatments available through the NHS. However, this was over six months after the attack in Sousse. The programme has since been extended; anyone directly affected by the attacks in Brussels on 22 March 2016 and Nice on 14 July 2016 can now receive support.²⁶

The Screen and Treat programme consists of three steps: screening, assessment and treatment. Participants are first screened through a questionnaire to assess whether treatment may be required. If the results suggest that treatment may be beneficial, these individuals are then contacted and assessed by the Psychological Response to Traumatic Events service at the South London and Maudsley NHS Foundation Trust. Those who require it are referred to and offered treatment from a local NHS psychological therapies service.²⁷

Financial assistance and compensation

The Red Cross Relief Fund

The Red Cross Relief Fund provides immediate financial assistance to British residents affected by an act of terrorism overseas, declared as such by the FCO. It applies to those who have been seriously injured (hospitalised for 12 hours or more) and/or bereaved as a result of an incident.²⁸ A payment of £3,000, or £6,000 in cases where a person is both seriously injured and bereaved, will be made to eligible claimants within 24 hours of the request being made.^{viii}

Criminal Injuries Compensation Scheme

Under the Government's CICS, British citizens are entitled to receive compensation for injuries suffered as a direct result of violent crimes committed in Great Britain, including acts of terrorism. Also eligible are close relatives of British citizens, citizens of the European Union or European Economic Area and persons in the armed forces. Payments can be made for physical as well as clinically diagnosed mental injuries that are considered to impede a person's ability to carry out their usual daily activities. To support victims who are unable to work or have a limited capacity to work, the CICS also compensates victims for loss of earnings. This continues up until the point when they are able to return to work, reach state pension age or the injury results in the end of the applicant's life. Further, applicants who, for more than 28 weeks, have suffered loss of earnings or been similarly incapacitated are entitled to special expenses payments. This includes financial assistance to help with any costs that arise from medical treatment under the NHS. To be eligible for a payment, applications must be made within two years of the incident and only in exceptional circumstances is this extended.²⁹

Where the injuries suffered by a victim on a very low income (less than £111 per week) are not considered serious enough to qualify for the CICS, financial reparation may be provided by the Government through the Hardship Fund. In order to be eligible for this fund, victims must also have been unable to work for seven consecutive days as a result of the crime, have no previous convictions and must not ordinarily receive statutory sick pay.³⁰

In 2012, eligibility for government compensation was extended for the first time to cover specific acts of terrorism abroad under the Victims of Overseas Terrorism Compensation Scheme.³¹ As per the CICS, this covers persons who have been physically or mentally injured as a direct result of an act of terrorism, witnesses and close family members or partners of the deceased. Compensation can be claimed for designated acts of terrorism which have occurred since 27 November 2012.³²

viii O.Burke (personal communication, 3 August, 2016).



Victim Support's research findings

In this section we present the findings of VS's primary research into the needs and experiences of survivors and families bereaved through terrorism. It combines the results of the qualitative and quantitative research.

The impact of terrorism

Perhaps unsurprisingly, our research suggests that, in the majority of cases, the consequences of an act of terrorism on the lives of those affected are severe. As can be seen in Figure 4, participants in our survey most commonly reported psychological and emotional impacts, with nearly all survivors affected to some extent (93.5%).^{ix} This was followed by financial issues which were experienced by 21.7%.

^{ix} Based on non-clinical observation by the caseworkers.

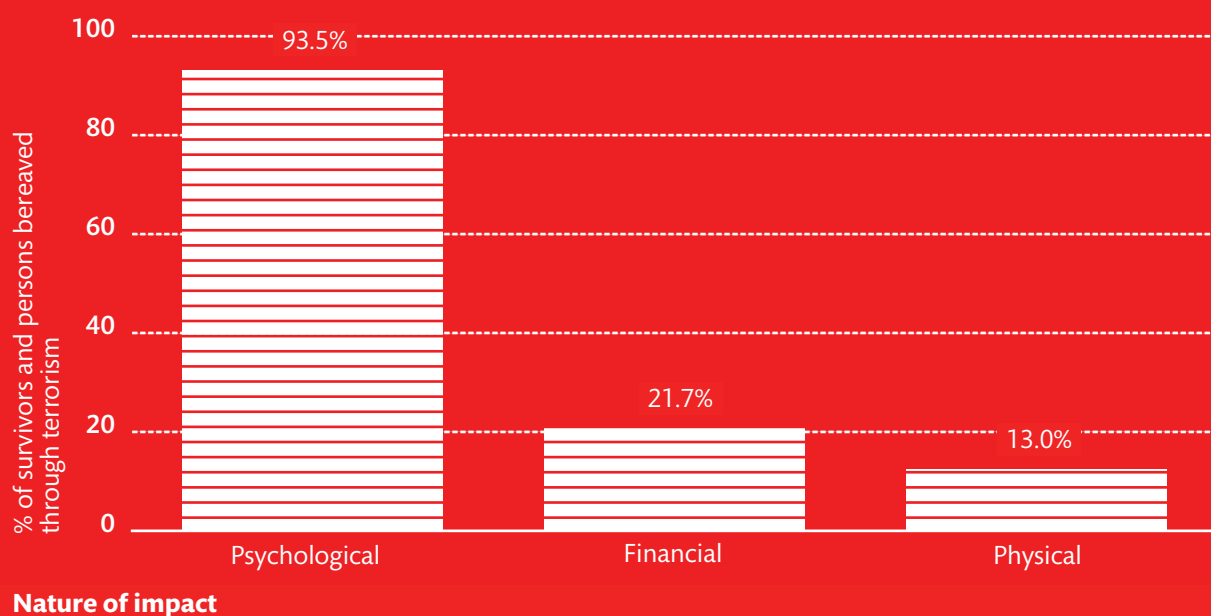


Figure 4. Proportion of survivors and bereaved family members by impact type

The psychological effects

As highlighted by Figure 4, acts of terrorism cause significant psychological harm. We found this to be the case with both those who had been bereaved and survivors themselves. For both groups, psychological harm took effect in a number of forms.^x

The majority of people who had been bereaved experienced difficulties falling or staying asleep and reported a feeling of intense distress when reminded of the incident (72.7% and 63.6% respectively). In addition, around half (54.5%) suffered from outbursts of anger, 36.4% had flashbacks, 33.3% suffered from anxiety, and 30.3% displayed signs of avoidance. These results are shown in Figure 5.

^x Based on non-clinical observation by the caseworkers.

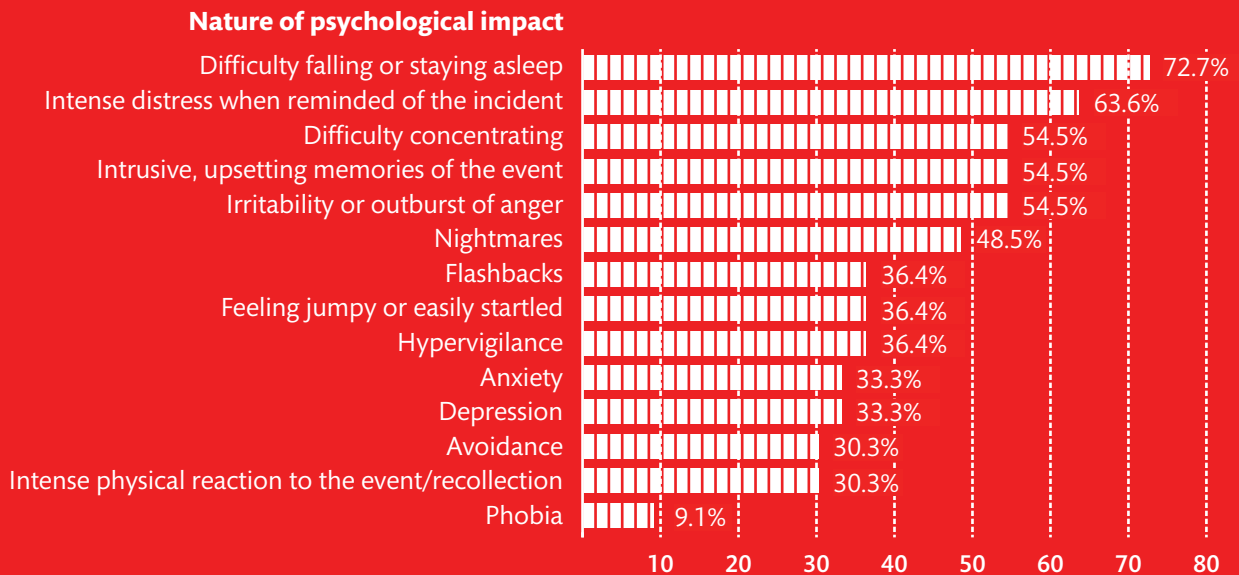


Figure 5. Proportion of bereaved family members by psychological impact type

The difficulties experienced by bereaved family members were broadly mirrored by those who had been present at the scene of an attack but had not suffered physical injuries (ie those who are ordinarily called witnesses). Figure 6 shows that around half of these survivors experienced a feeling of intense distress when reminded of the incident, had difficulty falling or staying asleep, or had flashbacks (58.1%, 51.2% and 46.5%, respectively). In addition, around a third experienced intrusive memories of the event, felt jumpy or easily startled, suffered from anxiety or found it difficult to concentrate following the attack. These findings demonstrate that it is not just survivors who have been physically injured who suffer significant psychological consequences, but those who witness an attack as well.

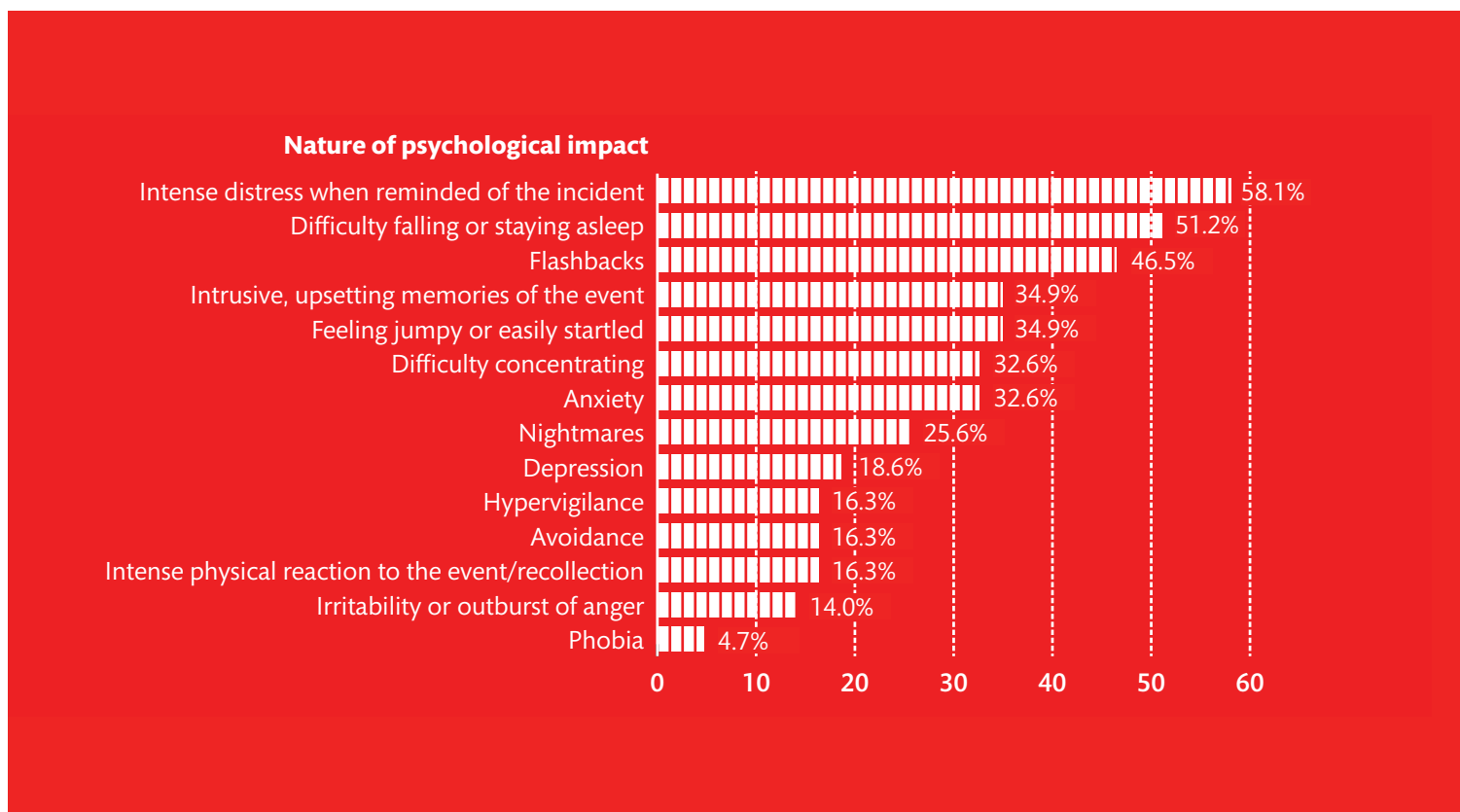


Figure 6. Proportion of survivors by psychological impact type

Survivor of the attack in Paris, 13 November 2015

“I was at the gig in Paris with friends and the last thing I expected was to be caught up in a deadly attack. But, as we enjoyed the Eagles of Death Metal at the Bataclan Concert Hall, extremists stormed the building killing 89 people. As the realisation dawned on me that the concert was under attack, I dropped to the floor. Terrified, I listened to the shooting believing I would be next. I eventually managed to escape through an exit but was nearly suffocated in the crush as people fled. It has left a huge mark on my life; almost six months have passed and loud noises still make me feel very anxious as if I am there again. I still feel unsafe.”

These findings correspond to what we know from several other studies. Research suggests that almost all (95.0%) of those closely affected by a terrorist attack are likely to experience symptoms of PTSD.³³ Furthermore, around 17.0% to 29.0% of bereaved family members, 30.0% to 40% of survivors, 1.2% to 13.0% of emergency or rescue personnel and 40.0% of the general population of the affected community may develop PTSD in the aftermath of the event.^{34,35}

The financial impact

While the mental health impact of terrorism on survivors is comparatively well documented, the findings of our research highlighted the less-studied financial consequences. In total, 21.7% of participants were reportedly affected in this way. Bereaved family members were particularly affected, with almost a third (30.3%) suffering financial difficulties as a direct consequence.

Studies suggest that families who have been bereaved may suffer financial problems as a result of funeral expenses and lost wages. Other problems may arise if a survivor is unable to work, or from a family member giving up work to provide care for those injured or traumatised. There may also be expenses involved in medical and psychiatric treatment.³⁶

The effect on physical health

Of the survivors supported by the caseworkers who participated in our research, 13.0% had suffered physical injuries. Though we chose not to collect data on the exact injuries, prior incidents suggest that terrorism has the potential to cause a specific set of serious physical injuries that may differ from those typical of other violent incidents.³⁷

Survivor of the attack in Sousse, Tunisia, 26 June 2015

“I was injured and, as a result, hospitalised. There is still a long recovery period ahead of me. My life has changed beyond recognition... I don’t know when I will be able to come back to work... I still don’t socialise as I used to... being able to go to the cinema with a friend, walk in the park or sit in a restaurant. It is really hard and a lot to take in.”

The support needs of survivors and families bereaved through terrorism over time

To assess whether, and how, support needs change over time, our study looked at the first month after referral to VS and from the second month onwards.

First month after referral to Victim Support

As Figure 7 shows, having been referred to VS, the majority of survivors and family members bereaved through terrorism (71.4%) reported having one principal need in the first four weeks.^{xi} Almost a quarter of participants (23.1%) reported two needs and for those who had been bereaved specifically, this figure was even higher (33.3%). The high number of primary support needs of some (5.5%) survivors and family members indicates that in certain cases the impact of terrorism is complex.

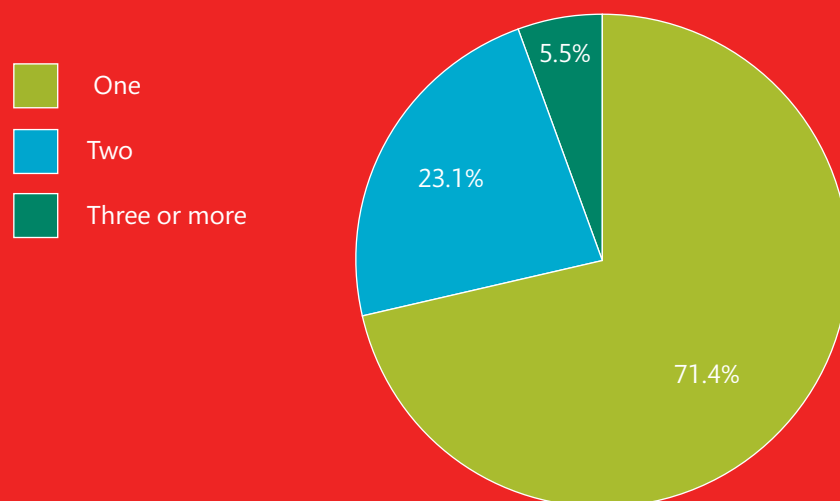


Figure 7. Proportion of survivors and bereaved family members by the number of support needs in the first month after referral to VS

^{xi} Principal need refers to the main support the individual required, which could be psychological, legal, financial or social.

In line with the findings of our research on the impact on terrorism, the most commonly reported support requirement during the first month was psychological/emotional (78.8% of all those surveyed). We also found that, again in line with the previous findings, the second most common need was financial (20.2% all of those surveyed).

A range of other support needs were identified by survivors during the initial period. This included assistance with legal procedures (9.0%), support with issues relating to relationships (eg with family or friends) (6.7%), support with issues relating to work or study (6.7%), assistance to aid physical recovery (5.6%), and help with basic needs such as food and clothing (2.2%).

Survivor and bereaved family member of the attack in Sousse, Tunisia, 26 June 2015

“The practical things that need to be done can cause a lot of stress. Even simple things, such as changing the name on the utility bills, are becoming extremely difficult when you do not have the password to hand or know who to contact... we did not have personal wills, driving licences needed to be cancelled. Something that would be very useful is for victims to be provided with a Word document with all the tasks that need to be done, key people and contacts.”

Second month after referral to Victim Support and onwards

In the second month after referral to VS and onwards, psychological/emotional and financial support remained the most common requirements (87.2% and 19.2% respectively). These results are represented in Figure 8.

While, on the whole, we found few differences in the support required during these two phases, two sizeable increases were observed. The first was relationship and social support where we found a 167% rise in the number of people requiring this. Second, the number of individuals with psychological and emotional support needs increased by 11.0% to 87.2% (from 78.8% during the initial period). Research shows that traumatic bereavement or the injury of a family member can have a deep and long-lasting impact on a family unit.³⁸ This may explain why we identified such a significant increase between the first and second months in the need for relationship and social support.

We also found that the need for certain support and services decreased over time. The largest decline (43.3%) was seen in the percentage of survivors and bereaved family members who required assistance with work-related issues. This was followed by the number in need of support with legal matters (14.4%) and their finances (4.9%).

The differences observed between the initial period and the following months emphasise the importance of providing support that responds to the changing needs of those who have been affected.

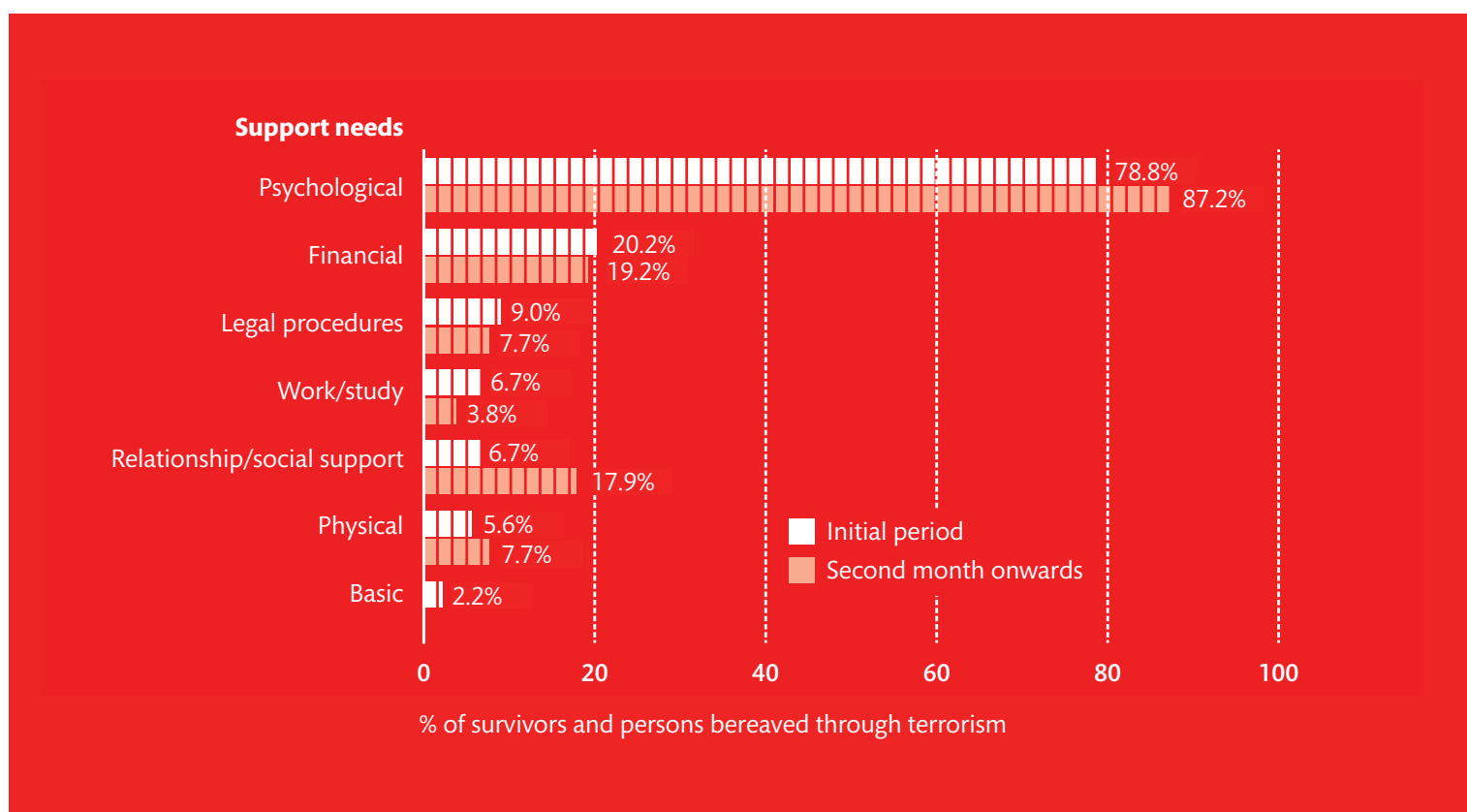


Figure 8. Proportion of survivors and bereaved family members by type of support need

Support services available for survivors and bereaved family members

A range of services are offered by VS caseworkers to survivors and bereaved family members. These are presented in Figure 9 and can be divided into three main groups:

1. Emotional/psychological support services;
2. Information and advocacy; and
3. Practical assistance.

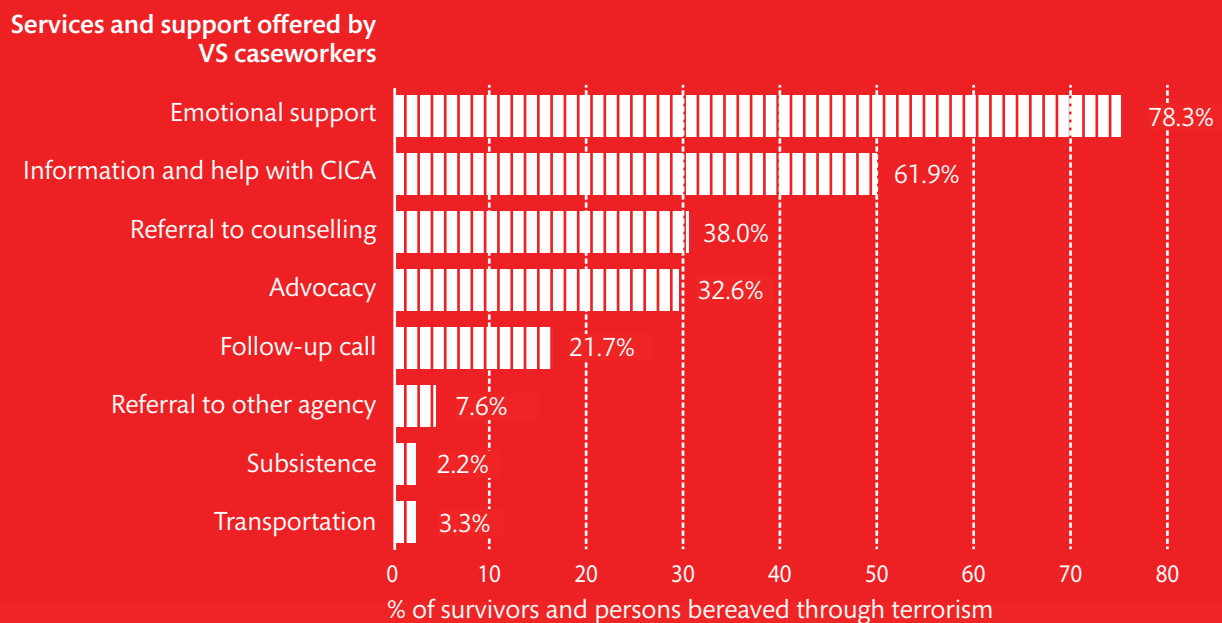


Figure 9. Proportion of survivors and bereaved family members by service offered

Based on their needs, 78.3% of survivors and persons bereaved through terrorism were offered emotional or psychological support from a trained VS volunteer or member of staff. In 38.0% of cases, individuals were referred to trauma counsellors, suggesting that, for many, emotional support alone is not enough.



Shortcomings of the existing support framework in England and Wales for survivors and families bereaved through terrorism

This section presents the shortcomings of the existing support framework that have been identified through VS's direct service delivery over the past 18 months. In addition to using data obtained through the quantitative survey, the conclusions drawn are based on insights from in-depth interviews with survivors, informal interviews with specialists from the health, voluntary and legal sectors as well as requests made under the Freedom of Information Act 2000.

Lack of clarity about who is defined as a 'victim of terrorism'

Our experience has shown that the term 'victim of terrorism' is sometimes used by agencies involved in supporting these individuals to refer to persons who have suffered physical injuries or were killed. In contrast, the term 'witness' is used, in some instances, to describe a person who was present at scene of an attack and directly witnessed the crime taking place. In practice this has meant that, understandably, a considerable amount of attention has been placed on those who have been physically injured. What may be an unintentional consequence of this, however, is that individuals who have been otherwise affected can slip down the list of priorities, putting at risk their chance of receiving the support they require.

Our research with caseworkers and survivors, and that of international studies,³⁹ shows that witnessing a terrorist attack can have severe psychological and emotional consequences for the individual. As a result, in some cases, people consider themselves to be victims but are not officially recognised as such. We know there are instances where people have struggled to access the necessary support services for this reason.

When compared with the definition adopted by the Massachusetts Office for Victim Assistance,⁴⁰ the approach that we believe may be in use in England and Wales appears quite restrictive.

"Victim' is being used to connote those persons who were physically injured or killed, their immediate family members, those persons who physically experienced the event or its immediate aftermath, including those in the immediate vicinity of the bombing, those surrounding the scene, those professionals and non-professionals who tended to the wounded, those who were involved in the subsequent apprehension of suspects or any other individual, whom by virtue of their unique experience or prior trauma history, would be triggered or impacted by this event."

Other parts of the world, including Spain⁴¹ and Portugal,⁴² also use a far broader definition of 'victim'.

Survivor of the attack in Paris, 13 November 2015

"I was made to feel unimportant by the Metropolitan Police and the FLO at times... mostly because they class me as a 'witness' to the murder of one individual (a British citizen). But I am not just a witness – I am also a victim. Extremists tried to kill me and I am still struggling with the impact of it on my life. Victims should not be fighting for support and recognition. We need to focus on our recovery and deserve to be supported."

According to EU legislation on the rights of victims of crime, the UK (along with all EU Member States except Denmark) is required to recognise the emotional and mental harm suffered by all victims, including of terrorism. Similarly, the 1985 United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power recommends that Member States include persons who have suffered mental injury or emotional harm within the definition of a victim. It is therefore not only of practical concern that not all of those who have been affected by terrorism appear to be considered victims, but it would also appear to put the UK in contravention of both EU law and international best practice.

Inconsistent referral mechanisms to access victim support organisations

British nationals directly affected by terrorism overseas are not, as standard, automatically entitled to be referred to victim support organisations. Some may still be referred by local police in England and Wales to such organisations; however, this seems to largely be dependent on the individual circumstances of the case and whether they have been assigned an FLO by the police. Families bereaved through terrorism and those who have been seriously physically injured are very likely to be offered an FLO who has a responsibility to provide information on, and a referral to, victim support services “at the earliest appropriate moment”.⁴³ However, there is still no guarantee. Our experience has shown that whether the individual receives a referral to a victim support organisation largely depends on the knowledge and experience of the officer assisting them. We have found the number of referrals from the police to our core services to be small following recent incidents.

Further, we found that survivors (often referred to as ‘witnesses’) of terrorist attacks abroad appear to have a reduced chance of being referred to victim support services, as once they have given their testimony they are likely to have limited contact with the police. On return to England and Wales, this means that the responsibility to access support services lies primarily with the individual. With the option of guidance from the Victim Information Service and the Government’s dedicated web pages, VS’s experience has shown that many survivors of terrorism ultimately self-refer. For some, this lack of a support pathway has led to a considerable amount of confusion and uncertainty. We heard from one service user that, having waited for over a month to be contacted by the police in England and Wales and assuming it was never going to happen, they decided to self-refer to VS. The difficulties this individual faced were compounded by a lack of co-ordination between individual police forces in England and Wales and the French authorities.

Survivor of the attack in Paris, 13 November 2015

“Upon my return to the UK, I came forward to the UK police. I was questioned by two different forces and my statements were passed to the Metropolitan Police. But days later, a Family Liaison Officer from the Metropolitan Police called me to ask some questions and knew nothing of my previous statements. I was also under the impression that my information would be passed on to the French police but I had to repeatedly chase them to do this. I had to make numerous requests for written acknowledgement of my statement and confirmation of whether my details had been passed to the French authorities. I finally received this in April 2016, five months after the attack. This delay made it very difficult for me to be recognised for what I had been through; and the French authorities did not even know I was a victim. The police also did not refer me to VS.”

Survivor of the attack in Sousse, Tunisia, 26 June 2015

“No one told me or my family that there is this kind of support out there. We didn’t have any support, we didn’t know that support existed, no one told us. Now I am aware of Victim Support and other organisations that can help me but it’s a bit late now. I could have benefited from this support at the beginning. We had to search for all of the information and make all arrangements ourselves.”

An improvement could be made to ensure that survivors of terrorism overseas are automatically entitled to be referred to victim support organisations, which would prevent those affected from falling between the gaps.

Uncertainty about who to turn to for support

In the immediate days and weeks following terrorist attacks, the provision of timely, co-ordinated and reliable information to those directly affected, and their families, is critical. However, the findings of the self-administered questionnaire completed by survivors showed that it can be unclear who to turn to for support. We found this was primarily due to insufficient and unco-ordinated information about the support that was available. This included from individual officers at the FCO during the emergency response phase.

Survivor of the attack in Paris, 13 November 2015

“We were unsure whether there may still be other attackers. On the advice of the French police, we ran to our hotel and my partner called the Foreign and Commonwealth Office’s hotline. After a long wait, he managed to get through but the information and support was minimal. We still felt very unsafe... I was covered in blood and we were terrified. We expected someone to advise us how to get home safely or at least call us back to ask how we were doing. The following morning, my partner called the FCO again and was referred to an internet page for further information – something I feel was impersonal.”

Survivor of the attack in Sousse, Tunisia, 26 June 2015

“The only person I spoke to when I was in Sousse hospital, who was British or from the British government, was a very nice lady from the Red Cross. She came to tell me that they had organised for me to get home. However, the whole time I was in hospital, and until I came to England, I did not know if my family had been told about what had happened to me. I felt completely cut off from any information. It troubled me endlessly whether they knew. No one talked to me about what happened and those who approached me did not know if my family had been informed.”

Furthermore, we heard from a small number of caseworkers that improved access to information, specifically from the FCO, would have made it easier for the survivors they were supporting to access the services they required. In some instances, the information provided by the police in England and Wales in the early stages about the available support services and criminal proceedings was seen to be insufficient.

Delays in receiving psychological therapies and limited availability of peer support

Statistics show that Improving Access to Psychological Therapies (IAPT) services meet, and in some cases exceed, the waiting time standard set by the Government in 2014. The Government’s five-year plan *Achieving better access to mental health Services by 2020* committed to providing:

“Treatment within six weeks for 75% of people referred to the Improving Access to Psychological Therapies programme, with 95% of people being treated within 18 weeks.”⁴⁴

In July 2016, NHS England published data showing that in April the same year almost 85% of people were starting treatment within six weeks of being referred, and 97% within 18 weeks.⁴⁵

However, our experience suggests that survivors can still feel as though the waiting time to receive counselling or therapy services on the NHS is too long. Furthermore, we know that maintaining consistency of consultants, when further treatment is required, can be an issue once discharged from hospital. Consequently, we know that some turned to private therapy, where this was an option, or decided not to access it at all. These challenges were described in detail by two individuals.

Survivor of the attack in Paris, 13 November 2015

“It was, and still is, an immense challenge to gain access to counselling. I originally opted to self-fund private psychotherapy sessions after being told that NHS waiting times could be up to 12 weeks. I subsequently self-referred to my local Improving Access to Psychological Therapies service in March 2016, as I was still experiencing severe post-traumatic stress reactions. I am currently still waiting to start IAPT therapy and am told I can expect to wait 18–19 weeks. In the meantime, I struggle.”

Survivor of the attack in Sousse, Tunisia, 26 June 2015

“I wanted consistency and to see one psychologist throughout my recovery, but through the NHS I would have been passed to different psychologists. With my physical care the consultants are consistent; it’s just a shame that it is not the same with mental health.”

The importance of survivors receiving support while they wait for treatment was also highlighted by what we heard from Nicola Lester, an expert in traumatic bereavement at Foundation for Peace. Her experience is that once someone has been assessed by their GP, and a possible need for a mental health treatment has been identified, the waiting time between referral and their first appointment with a specialist is on average around eight to 16 weeks.^{xii} She reported that “in some circumstances there can be a further delay between initial assessment and commencing treatment depending on waiting times. Although the National Institute

xii N. Lester (personal communication, 6 September 2016).

for Health and Care Excellence recommends a period of ‘watchful waiting’ of up to 12 weeks, the ability of the person affected to recognise their need for psychological support is variable which means that people will access their GP at various points post-incident and may have already exceeded the recommended ‘watchful waiting’ period only to have to face an additional wait before being able to access treatment; leaving them without support for a considerable amount of time.”^{xiii}

Information obtained through freedom of information requests, submitted by VS, further revealed that waiting times to access psychological therapies for the treatment of PTSD can vary greatly depending on where the individual lives. Of the NHS mental health trusts in England that were able to provide us with this data (18 out of 42), the length of time between referral and the first appointment with a specialist, between June 2015 and August 2016, ranged from seven days to 109.26 days. Additionally, five trusts reported that they do not offer this treatment at all. As PTSD is relatively common among those who have experienced a traumatic event,^{xiv} such as a terrorist attack, these disparities are concerning. Studies examining the consequences of untreated PTSD are scarce. Nevertheless, the available evidence suggests that, where appropriate treatment is not provided to a sufferer of PTSD, they may continue to experience symptoms for up to ten years.⁴⁶

Accessing peer support groups, particularly locally, was similarly problematic for many of those affected by a terrorist attack despite it being something that they identified as crucial to their ability to cope with what they had experienced.

Survivor of the attack in Paris, 13 November 2015

“It was not easy to find a support group in the area where I live; I could not find a suitable group with people who have had similar experiences. Therefore, I travel once a month, for several hours, to participate in a group intended for victims of the Paris attack... I find comfort, support and advice in talking to other people who experienced the same event as I did. We can share our feelings and experiences, receive practical advice, and exchange information on how to better cope with what we are going through.”

xiii N. Lester (personal communication, 28 September 2016).

xiv According to NICE guidelines (see footnote i) around 25–30% of people who experience a traumatic event may develop PTSD.

Survivor of the attack in Sousse, Tunisia, 26 June 2015

“I don’t know of any group for survivors of terrorist attacks, no one informed me of any. I really want to find a survivor in a similar situation to me. At the moment there is no one that can really understand. There were times when I desperately wanted someone to understand what I was going through because I felt so alone.”

VS caseworkers also reported that an opportunity to meet other families and survivors locally would have been hugely beneficial to the individuals they were supporting.^{xv} It is concerning that survivors and bereaved family members have experienced difficulties with accessing the psychological therapies and peer support they need. These findings demonstrate the need to improve access to services that enable those affected by terrorism to share their personal experiences and cope with what they have been through.

Long waits for, and inappropriate barriers to receiving, financial compensation

VS’s survey with caseworkers found that 21.7% of survivors and bereaved family members suffered financial difficulties as a result of their experience. It was clear from survivors’ stories that, for some, this was due to challenges they faced claiming compensation from the CICA.

Survivor and bereaved family member, attack in Sousse, Tunisia, 26 June 2015

“One thing that should be improved is the CICA – to be more helpful and pay a contribution of money without endless disagreements. Also more financial support should be available. Even if you are paid part of a wage, this may not cover the bills etc.”

Survivor and bereaved family member, attack in Sousse, Tunisia, 26 June 2015

“I received 5,000 GBP from the CICA after I went through a great deal of discussion with them, since I am part of a group of bereaved family members and victims who took legal action against a travel operator. The CICA was not willing to help me until legal matters are finished, that may take 12 years... The amount I received from the CICA is to cover the funeral expenses. This amount will need to be paid back if we are awarded financial compensation from the travel operator.”

Limitations of the CICA-administered compensation schemes were also identified by two law firms: Slater and Gordon and Irwin Mitchell LLP.

Following the attack in Sousse, Tunisia, a number of families have initiated civil proceedings against a travel operator, partly on the basis that they were not sufficiently warned about the risks of travelling to Tunisia.⁴⁷ While it is possible to have CICA and civil claims running concurrently, we heard from Joanne Thorp, Litigation Executive at Slater and Gordon, that “the CICA will usually want to wait until the outcome of the civil claim before making any interim payments. Even if there is no civil claim then the CICA have discretion over whether to offer an interim payment and as such there is no guarantee that one will be made.”^{xvi}

Similarly, Demetrius Danas, Partner at Irwin Mitchell LLP, told us that in instances where there is no civil action for damages, or where the investigations into any potential civil action are at an early stage, an interim payment is likely to be provided within a few months of a claim being submitted. However, if the CICA is aware of a related civil action, interim payments (for example to cover funeral expenses) and final payments may be deferred until the outcome of the civil action is known. Danas also explained that, in some scenarios, a claimant’s eligibility for an award under a Victim of Overseas Terrorism Compensation Scheme (VOTCS) claim is different from a claimant’s eligibility under a civil action (ie for bereavement damages) and in those circumstances the CICA will not need to wait for the outcome of a civil action in order to make a decision.^{xvii}

Joanne Thorp also highlighted that “the awards for loss of the deceased’s income or where a survivor is unable to work are capped at the current rate of statutory sick pay. This means that even if an interim payment is made, it is unlikely to cover the full extent of the actual losses incurred.”^{xviii}

Additionally, freedom of information requests by VS found that, on average, successful claims submitted to the CICA by survivors and family members bereaved through the terrorist attacks in Tunisia (2015), Paris (2015) and Brussels (2016) have taken between three and four months to finalise. However, it is possible for straightforward claims to the CICA, where the claimant accepts the award made, to take up to 18 months to settle,^{xix} as we heard from Joanne Thorp.^{xx} The potential delay in receiving financial assistance is concerning in light of the level of financial difficulties experienced by survivors and bereaved family members of terrorist attacks.

xvi J. Thorp (personal communication, 24 August, 2016).

xvii D. Danas (personal communication, 12 October, 2016).

xviii J. Thorp (personal communication, 24 August, 2016).

xix ‘Settle’ refers to the length of time, from submission of a successful application, to receipt of a decision from CICA on the award.

xx J. Thorp (personal communication, 24 August, 2016).

Media intrusion

Based on the qualitative interviews we conducted, coping with intrusion from the media is an issue we know survivors can find very difficult. While the media can play a positive role by communicating information, several survivors found the attention they received from journalists to be intense, intrusive and upsetting. One individual described how they were persistently and inappropriately pursued for information.

Survivor of the attack in Sousse, Tunisia, 26 June 2015

“I had couple of journalists go to my doctors, trying to talk to me. I had a journalist writing notes through my doctor, trying to come to my room to interview me. I was also asked by a doctor if I was happy to be in the background while he was interviewed – and I said no. They kept asking my doctors if they could talk to me, if I could be on camera, if they could film me in any way. Every time they asked my doctors to ask me for permission I said NO. Bear in mind this all happened when I was alone, heavily sedated and not really there, it was clearly not the appropriate time for them to approach me. There was no British representative speaking on my behalf to close these queries down. I had to make a decision myself in an incredibly vulnerable state physically and mentally.”

Even a year after the attack, this behaviour is reportedly ongoing.

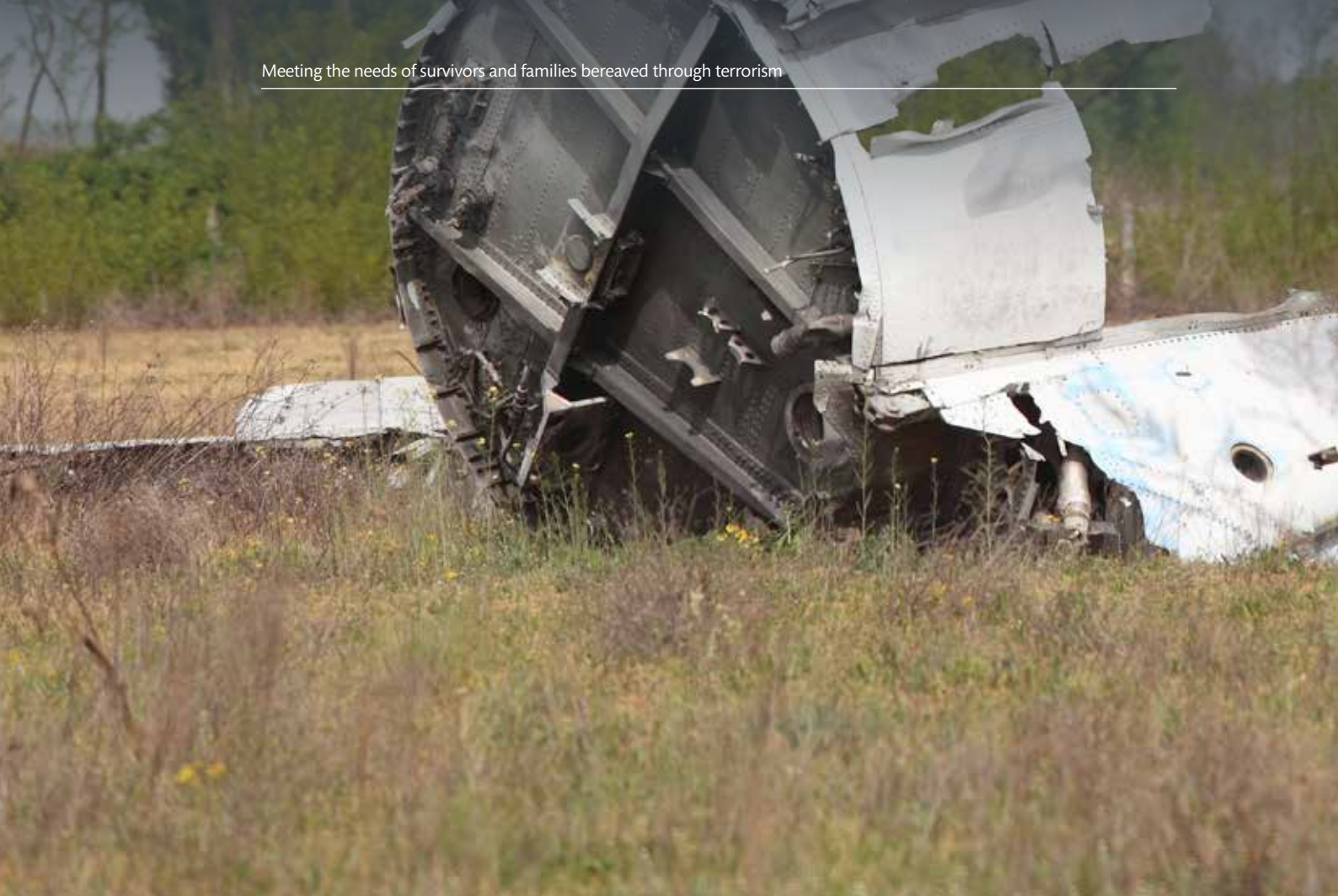
Survivor of the attack in Sousse, Tunisia, 26 June 2015

“I have been approached consistently throughout the year through Facebook and people coming to my door for an interview. People (ie journalists) even emailed my company and phoned HR to find out how I’m doing.”

Others found the graphic live images that were taken and published to be offensive and inappropriate.

Survivor and bereaved family member, attack in Sousse, Tunisia, 26 June 2015

“The hotel manager was part of the Tunisian governing party, they allowed the media to access the hotel straight away. The last thing you need in a situation like this is to have the media there, constantly in your face. This is a major thing that needs to be tackled. These dreadful photos, taken in the first hours, were published and can still be found on the web. This is not how I would like my husband to be remembered. We need to work with the government on how to prevent it from happening. The British Government should make sure these photos and images are taken off the internet.”



International good practices in supporting survivors and families bereaved through terrorism

The Netherlands

Following the crash of Malaysia Airlines flight MH17 on 17 July 2014, VS Netherlands and Arc Psychotrauma Specialist Group set up the Information and Referral Centre (IRC) to provide long-term support (at least up to two years) and resources to those affected by the incident.⁴⁸ Set up at the request of the Ministry of Security and Justice, the online IRC acts as a focal point for the families and friends of those who died in the crash.⁴⁹ The IRC is designed to help anyone affected

by the crash cope with what they have experienced and specifically prepare next of kin for the emotional difficulties and practical issues they may be faced with, such as funeral arrangements and accessing compensation. Next of kin are offered a means to contact, and share their experiences, with others who have experienced bereavement. This restricted part of the website also allows immediate family members to ask questions directly to all the organisations involved (Victim Support Netherlands, central government, the Dutch Safety Board, and the Public Prosecution Service) and for these agencies to share relevant information with them.⁵⁰

Research has shown that many families bereaved through the MH17 crash highly valued receiving information in this way. A survey conducted for the concept evaluation report of the IRC by Impact found that around 94.0% of participants who had used the service either agreed or strongly agreed that it was important for information to be available from one central access point. Further, around 96.0% of participants either agreed or strongly agreed that it was important for information to first be made available on the IRC before it is publicly accessible.^{xxi}

In light of the difficulties faced by the survivors we spoke to in accessing the information they required, VS believes the IRC provides a useful example of how the provision of information in England and Wales might be enhanced. Specifically, we feel it would be greatly beneficial for those who have been affected by an act of terrorism to have access to all the information they might require in the short and long term, including from healthcare professionals, the police, victim support services, the FCO and travel companies, in a single online portal. As the example of the Netherlands demonstrates, many people affected by traumatic incidents find such a resource to be invaluable.

Massachusetts

Following the terrorist attack on the Boston Marathon on 15 April 2013, the Massachusetts Office for Victim Assistance (MOVA) was awarded funds by the Anti-terrorism Emergency Assistance Program (AEAP) to provide short- and long-term support to those affected.⁵¹ An interesting feature of the approach in Boston was the establishment of the Massachusetts Resiliency Center in July 2014, designed to provide all victims and witnesses of the attack with a central hub from which to access services. Support from the Center is free and open to anyone affected, including those with a history of mental illness who experienced problems that may have been triggered by the Boston attack, and victims living outside Massachusetts and the US.⁵²

xxi Impact is the Dutch national knowledge and advice centre for psychosocial care concerning critical incidents. Of the 127 respondents to the questionnaire, 94 had accessed the IRC.

While Victim/Survivor Navigators for the victims of the Boston bombing had been in place prior to the establishment of the Center, it brought them together in a single physical location. Navigators are responsible for helping those affected by the attack to access specialised support in their local area, including mental health services, trauma therapy and civil legal aid. They are also able to provide assistance with housing issues, finances (such as accessing compensation) employment and education.⁵³

Where these services do not exist locally, support is made available to the victim via webinars or video/teleconferencing to ensure that every individual has access to the same services and level of support regardless of where they live.⁵⁴ As well as providing an opportunity for peer support, the Center is therefore also an effective way to co-ordinate multidisciplinary victim support services delivered by a range of agencies. Alongside funding for the Center, MOVA also obtained a grant from the AEAP to set up services related to traumatic brain injury, behavioural health, counselling and hearing loss or damage. All of these can be accessed through the Center.⁵⁵

Through the creation of a marketing campaign, ASKMOVA, in 2015, MOVA has recognised that victims and witnesses affected by terrorist attacks require easy access to consistent, reliable and comprehensive information.⁵⁶ While this campaign has provided those affected with a single source of information on the range of services available since it was established in 2015, we believe it would have benefited victims to have access to such a resource immediately after the attack in 2013. Users of the website are able to search for available services according to where they live, the crime type and the nature of the support they believe they require, preventing them from having to locate this information themselves.

MOVA has also sought to raise public awareness of, and victims' confidence in, seeking support for 'invisible injuries', such as PTSD and hearing loss, suffered as a result of the Boston attack. It found that while there had been a considerable and reasonable focus by the police and other emergency responders on the direct victims (those with serious physical injuries), far less attention was paid to those suffering from 'invisible injuries'. Recognising this, MOVA has used the media to highlight the impact these injuries continue to have on the lives of those affected and the services available to support them.⁵⁷

We know that survivors can find it difficult to know who to turn to for support and that one of the main reasons for this is a lack of sufficient and easily accessible information. The way in which survivor/victim assistance has been approached by MOVA, we believe, illustrates how those who have been affected by terrorism can be supported and guided through the available services, as well as be provided with support, regardless of where they live.

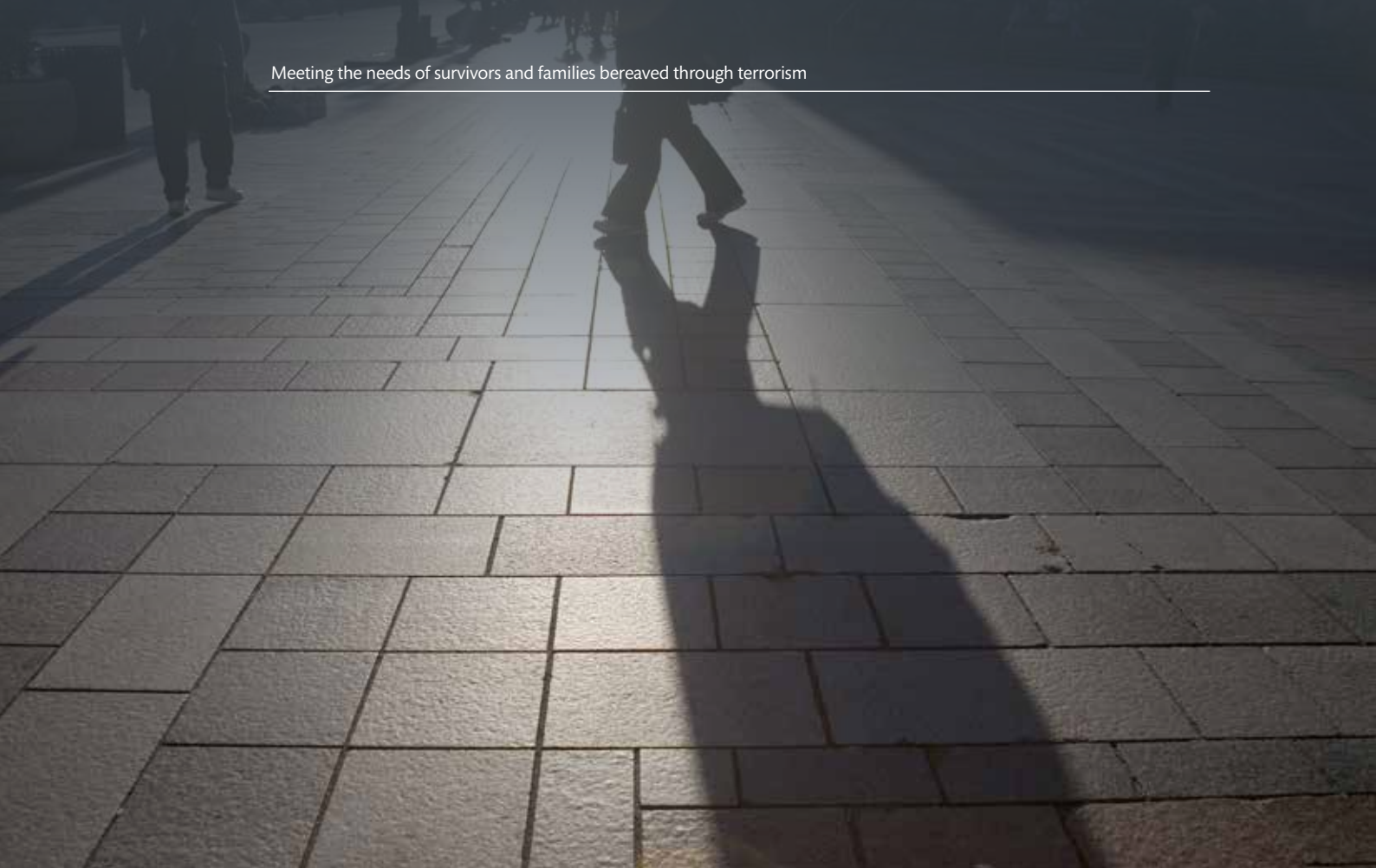
Paris

Following the attacks in Paris in 2015, Victim Support Europe (VSE), which is based in Brussels, joined with organisations in 27 countries in Europe and beyond to help co-ordinate the provision of support to foreign victims. Working closely with the French national victim support organisation (INAVEM), VSE provided details of the foreign victims to the relevant national victim support organisation which then initiated contacts to offer support.

VSE worked closely with INAVEM to help develop information materials for victims and to have those available in both French and English. As new information became available, for example on compensation schemes, this was passed to national organisations which informed victims in their own language. VSE also supported bilateral contacts where, for example, a national organisation was assisting a victim but needed direct help from national authorities.

This co-ordination approach has subsequently been used following the attacks in both Brussels on 22 March 2016 and Nice on 14 July 2016.^{xxii}

xxii L. Altan (personal communication, 27 October 2016).



Conclusion and recommendations

The impact of terrorist attacks on survivors and bereaved families is undoubtedly significant. Though there are positive aspects of the current system of support, there is also evidence to suggest that the needs of some are not being fully recognised.

Our research found indications that the use of the term ‘witness’, in the context of terrorism, can make it difficult for survivors to access support services despite the substantial psychological harm they may have suffered. Though they may consider themselves to be a survivor (or a victim), failure to acknowledge them as such puts at risk their ability to easily access the support they require to cope following an attack. Further, as the EU Victims’ Directive recognises, “victims of terrorism can be under significant public scrutiny and often need social recognition and respectful treatment by society”. Therefore, failure to recognise the harm they have suffered may also cause them to feel frustrated and ultimately inhibit their recovery.^{xxiii}

VS recommends that those who are ordinarily classified as direct ‘witnesses’ should be considered and treated as survivors by all of the agencies involved in assisting them, in accordance with obligations under EU law and international norms, and be able to access adequate support services.

xxiii L. Altan (personal communication, 27 October, 2016)

We believe that by adopting a single, inclusive definition of a terrorist victim we can ensure that everyone directly affected is able to access the support they need to move on from the incident and acknowledge the psychological as well as the physical harm caused.

The findings presented in this report also point towards a potential imbalance in the provision of support to families bereaved through terrorism and survivors who have been psychologically or less seriously physically injured by an incident abroad. In addition to the assistance offered by an FLO, bereaved families are provided with a clearly defined route to accessing support through the National Homicide Service, run by VS. The way the pathway is designed limits the onus placed on families to seek out information and support for themselves. In contrast, a survivor who has not suffered critical injuries is likely to have limited contact with the police which means, on return to England and Wales, the responsibility for accessing support services seems to lie primarily with the individual.

VS recommends that the Government establishes a pathway of support for both survivors and bereaved families that is mapped out and agreed by all agencies involved in assisting them. To look at co-designing this, a multidisciplinary working group should be convened immediately and should take into account the views of survivors.

Bringing the relevant agencies together to discuss and develop an agreed response and responsibilities, and including the recommendations of those who have personal experience, will ensure that agencies are better prepared to provide clear and comprehensive support to victims of future incidents. This will also enable the Government to clearly set out exactly what assistance a survivor can expect, and from whom, right from the point at which a terrorist attack occurs and into the following months and years. We believe that this will help people to navigate the current provision and receive the necessary support at the right time.

As part of this pathway, further improvements should be made to address the apparent gap in provision for survivors of terrorist attacks abroad.

VS recommends that a seamless referral mechanism to victim services for survivors who have been physically and/or psychologically injured by an act of terrorism abroad should be established.

We believe this will help to ensure that survivors of any future terrorist attacks do not slip through the net, for example if they have no interaction with the police, and receive timely and suitable support.

It is not only the nature of how someone has been affected by an act of terrorism that may determine the support they receive, but the simple factor of what information they have access to. Though it may seem self-evident, providing

information alone is not enough. It must be easily accessible, consistent across agencies and delivery organisations, and reliable. As we have seen, failure to provide survivors and bereaved families with this information can cause them to feel unsupported and distressed.

VS recommends that the Government puts in place plans to set up a single online information and support portal for survivors, their families and those bereaved through terrorism.

This portal would need to be accessible in the immediate days following an attack that occurred either in the UK or abroad (where it involves British nationals and/or residents) and for as long as those affected require it (which may be a number of years). This portal should provide a single and co-ordinated access point to all the relevant information provided by those who have a role and responsibility to assist anyone affected by terrorism, including healthcare professionals, the police, victim support services, the FCO and travel companies. Information for tourists, where an act of terrorism occurs in the UK, should also be provided by the appropriate embassy.

The portal should offer information that survivors, their families and those who have been bereaved may require in the short and long term, including on their entitlements, the available sources of support (including in the country where the attack occurred), criminal proceedings, compensation, handling the media and practical issues, as well as resources to help them cope with emotional trauma. We would also recommend that it offers an online forum, accessible only to survivors, those involved in supporting them and bereaved family members, which allows people to search for local support services.

Though it is clear that IAPT services continue to meet, and in some instances exceed, the waiting time standard set by the Government in 2014, we know that for a small number of survivors this wait can feel too long and interim support is needed.

VS recommends that NHS England and NHS Wales should ensure that those who have been directly affected by an act of terrorism are not adversely affected by long waiting times to receive psychological therapies. An effort should be made to provide them with emotional support to help them cope in the interim, in line with NICE guidelines.

More specifically, our research also showed that a small number of NHS mental health trusts do not currently offer treatment for PTSD and, where it is offered, the waiting time to start treatment can vary greatly depending on where people live.

VS recommends that NHS England should ensure consistent and equal access to treatment of PTSD to guarantee that no one is adversely affected by where they live, either with regard to waiting times or the availability of services.

This would ensure that anyone affected by terrorism who experiences PTSD is able to access the specialist support they need.

Additionally, as the accounts of survivors and professionals we spoke to suggest, the length of time it can take for the CICA to make a final award, particularly where the claimant is involved in a related civil action for damages, warrants specific attention. This is particularly important given the potential implications for the victim if payment is significantly delayed.

VS recommends that a taskforce should be convened, led by the Ministry of Justice, to look at whether there are any negative implications, including in these instances, for claimants. We recommend that this group also has a remit to review the length of time between the date of an application and the claimant receiving an award, with a view to reducing it.

This will enable better understanding of the effects of the current system and identify where improvements might have a positive impact on victims of terrorism.

Finally, it is clear that some of those who have been affected by terrorism find the attention they receive from the media to be intrusive and upsetting. We believe that further action should be taken to help ensure they are not contacted persistently against their wishes as this causes unnecessary distress.

VS recommends that, as part of consular assistance, FCO staff should advocate on behalf of UK casualties with hospital management at the earliest opportunity to make sure their wishes are known regarding media access. In addition, this information should be passed by FCO staff to the relevant victim services in the UK, so that further intrusion can be prevented.

In light of the ongoing threat from terrorism, both to the UK and British nationals abroad, it is clear there is a pressing need to continue to review and improve the current procedures and support in place. Failure to address the weaknesses that, in many cases, survivors themselves have identified, leaves an unacceptable risk that, in the event of a future terrorist attack, people will not receive the support they need, and should be entitled to, to help them cope and recover from the consequences.

References

- ¹ Europol (2016). *EU Terrorism Situation & Trend Report (Te-Sat)*. The Hague: Europol.
- ² Institute for Economics and Peace (2015). *Global Terrorism Index 2015: Measuring and understanding the impact of terrorism*. Retrieved from: economicsandpeace.org/wp-content/uploads/2015/11/2015-Global-Terrorism-Index-Report.pdf
- ³ Home Office (2014). Threat-level from international terrorism increased. Retrieved from: www.gov.uk/government/news/threat-level-from-international-terrorism-increased
- ⁴ European Commission (2016). Standard Eurobarometer 85: UK Factsheet. Retrieved from: ec.europa.eu/COMMFrontOffice/publicopinion/index.cfm/ResultDoc/download/DocumentKy/74304
- ⁵ Terrorism Act 2000. Retrieved from: www.legislation.gov.uk/ukpga/2000/11/section/1
- ⁶ Terrorism Act 2000 (as note 5).
- ⁷ Home Office, 2014 (as note 3).
- ⁸ Institute for Economics and Peace, 2015 (as note 2).
- ⁹ Europol, 2016 (as note 1).
- ¹⁰ Institute for Economics and Peace, 2015 (as note 2).
- ¹¹ HM Government (2011). *Humanitarian Assistance in Emergencies: Non-statutory guidance on establishing Humanitarian Assistance Centres*. London: Cabinet Office.
- ¹² Foreign and Commonwealth Office (2016). *Support for British nationals abroad: A guide*. London: Foreign and Commonwealth Office.
- ¹³ Foreign and Commonwealth Office, 2016 (as note 12).
- ¹⁴ HM Government, 2011 (as note 11).
- ¹⁵ Foreign and Commonwealth Office, 2016 (as note 12).
- ¹⁶ Foreign and Commonwealth Office, 2016 (as note 12).
- ¹⁷ Foreign and Commonwealth Office (2010). *Exceptional Assistance Measures for victims of terrorist incidents overseas*. London: Foreign and Commonwealth Office.
- ¹⁸ Foreign and Commonwealth Office (2011). *Guide for bereaved families*. London: Foreign and Commonwealth Office.
- ¹⁹ Department for Culture, Media and Sport (2011). *A detailed guide to roles and responsibilities in humanitarian assistance*. London: Department for Culture, Media and Sport.
- ²⁰ Ministry of Justice (2015). *Code of Practice for Victims of Crime*. London: Ministry of Justice.

- ²¹ HM Government, 2011 (as note 11).
- ²² Cabinet Office (2011). Chapter 5 (Emergency Planning) Revision to *Emergency Preparedness*. London: Cabinet Office.
- ²³ Cabinet Office (2013). *The role of Local Resiliency Forums: A reference document*. London: Cabinet Office
- ²⁴ HM Government, 2011 (as note 11).
- ²⁵ Foreign & Commonwealth Office and Cabinet Office (2015). New taskforce to provide long-term support to all those affected by Tunisia attack. Retrieved from: www.gov.uk/government/news/new-taskforce-to-provide-long-term-support-to-all-those-affected-by-tunisia-attack
- ²⁶ Department of Health (2016). *Terrorism attacks: mental health check and treatment*. Retrieved from: www.gov.uk/government/publications/terrorism-attacks-mental-health-check-and-treatment
- ²⁷ Department of Health (2016). Screen and Treat programme. Participant information sheet and frequently asked questions. Retrieved from: www.gov.uk/government/uploads/system/uploads/attachment_data/file/517923/Participant_sheet_FAQ.pdf
- ²⁸ British Red Cross (n.d.) Relief fund for UK victims of terrorism abroad. Retrieved from: www.redcross.org.uk/What-we-do/Emergency-response/Relief-fund-for-UK-victims-of-terrorism-abroad
- ²⁹ Ministry of Justice (2012). *The Criminal Injuries Compensation Scheme 2012*. London: Ministry of Justice.
- ³⁰ HM Government (2016) Get financial support as a victim of crime. Retrieved from: www.gov.uk/financial-support-victim-of-crime
- ³¹ Hyslop, L. (17 April 2012). Compensation for victims of terrorist attacks abroad. *The Telegraph*. Retrieved from: www.telegraph.co.uk/finance/personalfinance/expat-money/9209542/Compensation-for-victims-of-terrorist-attacks-abroad.html
- ³² Ministry of Justice (2012). *The Victims of Overseas Terrorism Compensation Scheme 2012*. London: Ministry of Justice.
- ³³ DiGrande, L., Neria, Y., Brackbill, R. M., Pulliam, P. & Galea, S. (2011). Long-term posttraumatic stress symptoms among 3,271 civilian survivors of the September 11, 2001, terrorist attacks on the World Trade Center. *American Journal of Epidemiology*, 173, 271–281.

- ³⁴ Paz-Garcia-Vera, M., Sanz, J. & Gutierrez, S. (2016). A systematic review of the literature on post-traumatic stress disorder in victims of terrorist attacks. *Psychological Reports*, 119, 328–359.
- ³⁵ Whalley, M.G. & Brewin, C.R. (2007). Mental health following terrorist attacks. *British Journal of Psychiatry*, 190, 94–96.
- ³⁶ Casey, L. (2011). *Review into the needs of families bereaved by homicide*. London: Ministry of Justice.
- ³⁷ Montgomery, D., Sheridan, M, B. & Bernstein, L. (16 April 2013). Many Boston marathon bomb victims cope with legs injuries. *Washington Post*. Retrieved from: www.washingtonpost.com/world/national-security/many-boston-marathon-bomb-victims-cope-with-leg-injuries/2013/04/16/ea6e07d6-a6c0-11e2-a8e2-5b98cb59187f_story.html
- ³⁸ Bowlby-West, L. (1983). The impact of death on the family system. *Journal of Family Therapy*, 5, 279–294.
- ³⁹ Gabriel, R., Ferrando, L., Cortón, E. S., Mingote, C., García-Camba, E., Liria, A. F., & Galea, S. (2007). *Psychopathological consequences after a terrorist attack: an epidemiological study among victims, the general population, and police officers*. *European Psychiatry*, 22(6), 339–346.
- ⁴⁰ Massachusetts Office for Victim Assistance (2014). *Antiterrorism and Emergency Assistance Program project proposal*. Unpublished manuscript.
- ⁴¹ Ministerio del Interior (2014). *Act on The Recognition and Comprehensive Protection of Victims of Terrorism*. Spain. Retrieved from: www.interior.gob.es/documents/642317/1201295/Ley_de_reconocimiento_y_proteccion_victimas_terrorismo_126141529_eng.pdf/2400ad06-0479-42b7-a4eaea7a7296f6c4
- ⁴² APAV (2010). *Manual PAX: Supporting victims of terrorism*. Retrieved from: www.apav.pt/pdf/Manual_PAX_EN.pdf
- ⁴³ National Policing Improvement Agency (2008). *Family Liaison Officer Guidance 2008*. Retrieved from: library.college.police.uk/docs/acpo/FLO-guidance-2008.pdf
- ⁴⁴ NHS England (2014). *Achieving Better Access to Mental Health Services by 2020*. London: Department of Health. Retrieved from: www.gov.uk/government/uploads/system/uploads/attachment_data/file/361648/mental-health-access.pdf
- ⁴⁵ NHS England (2016). More people than ever receiving psychological therapies and recovering. Retrieved from: www.england.nhs.uk/2016/07/psychological-therapies/
- ⁴⁶ Priebe, S., Matanov, A., Jankovi-Gavrilovi, J., McCrone, P., Ljubotina, D., Knežević, G. and... Schützwohl, M. (2009). Consequences of Untreated Post-traumatic Stress Disorder Following War in Former Yugoslavia: Morbidity, Subjective Quality of Life, and Care Costs. *Croatian Medical Journal*, 50, 465–475.

- ⁴⁷ Irwin Mitchell Solicitors (10 September 2015). Victims of Tunisia Terror Attack Commence Legal Action. Retrieved from: www.irwinmitchell.com/newsandmedia/2015/september/victims-of-tunisia-terror-attack-commence-legal-action-jq-213667
- ⁴⁸ Slachtofferhulp Nederland (n.d.) IRC Plane crash Ukraine. Retrieved from: www.slachtofferhulp.nl/en/Corporate/Calamiteiten/IVC-Planecrash-Ukraine/
- ⁴⁹ Letter to the President of the House of Representatives from Minister of Security and Justice Ard van der Steur, Minister of Foreign Affairs Bert Koenders, Minister of Defence Jeanine Hennis-Plasschaert and Minister for the Environment Wilma Mansfeld regarding the MH17 air disaster, 30 June 2015 (n.d.) Retrieved from: www.google.co.uk/url?url=https://www.government.nl/binaries/government/documents/parliamentary-documents/2015/06/30/letter-to-the-house-of-representatives-regarding-the-mh17-air-disaster/
- ⁵⁰ Slachtofferhulp Nederland (as note 48).
- ⁵¹ Massachusetts Office for Victim Assistance (n.d.) Victim Advocacy and Assistance: Boston Marathon. Retrieved from: www.mass.gov/mova/advocacy-assistance/boston-marathon/
- ⁵² Massachusetts Resiliency Center (2015). About the Center. Retrieved from: www.maresiliencycenter.org/about.php
- ⁵³ Massachusetts Resiliency Center (2015). What we do: Navigation services. Retrieved from: www.maresiliencycenter.org/whatwedo.php
- ⁵⁴ Massachusetts Resiliency Center (2015). FAQs. Retrieved from: www.maresiliencycenter.org/about.php
- ⁵⁵ Massachusetts Office for Victim Assistance, n.d. (as note 51).
- ⁵⁶ Massachusetts Office for Victim Assistance (14 April 2015). AG Maura Healey Joins Massachusetts Office for Victim Assistance to Launch “Boston Marathon Bombing Services Campaign” at the State House. Retrieved from: www.mass.gov/mova/news-and-updates/press-releases/ag-healey-and-mova-launch-askmova-campaign.html
- ⁵⁷ Massachusetts Office for Victim Assistance (n.d.) *Antiterrorism and Emergency Assistance Program project proposal*. Unpublished manuscript.

**Survivor of the attack in Paris,
13 November 2015**

“It was not easy to find a support group in the area where I live; I could not find a suitable group with people who have had similar experiences. Therefore, I travel once a month, for several hours, to participate in a group intended for victims of the Paris attack... I find comfort, support and advice in talking to other people who experienced the same event as I did. We can share our feelings and experiences, receive practical advice, and exchange information on how to better cope with what we are going through.”

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