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## Victims of Terrorism

### Introduction

Special attention of victimology is paid to the victims of terrorism from the perspective of a sole definition or specification (Daigle 2012; Davis, Lurigio & Herman 2007). Direct victims, finding themselves at the place of a terrorist attack, meet the traditional concept of harmed persons. Discussions are kept in particular about indirect or secondary victims. The underlying issue is mainly compensation, so determining the range of harmed persons that will be able to claim guaranteed financial aid from the state.

In this article, we will focus on the psychological aspects of victimisation and aid to victims of terrorism. Do the victims of terrorism represent any specific group with a special progression of victimisation and harm experience? Where are the differences between the victims of terrorism and the victims of standard crimes, from the perspective of bearing the psychological impacts of victimisation? Do the victims of terrorism require certain specific forms of psychological intervention? The objective of this contribution is to find the answers with the use of a comparative analysis of relevant literature and case studies from the domestic environment. This study is based on a hypothesis that the difference in experiencing the harm, and in the approach to help victims of terrorism, is based on two moderating factors, the impact on society and multiple victimisation.

### Special features of victimisation as a consequence of terrorist attacks

Terrorist attacks have serious consequences for the *impacted persons*. Impacted persons are not only direct victims (harmed persons and surviving related). Terrorist attacks may also deeply impact persons confronted with the direct consequences of terrorism, as the social network of victims, witnesses of events, or rescuers and experts providing aid. The shock from a terrorist attack is processed not only by victims, but the entire society (Di Maggio & Galea 2007; Letschert, Staiger & Pemberton 2010). This social dimension of the impact represents a significant specific feature of victimisation as a consequence of terrorist attacks.

In 1986, Beverly Raphael published a general model of society's reaction to a horrible event of extensive dimension, a man-made disaster. There is also a mass trauma term used in victimology (Hobfoll et al. 2007). Raphael describes the reaction cycle, initiated by direct impacts and ending at the reconstruction of a "new" life. In its model, Raphael differentiates four phases of reactions to a disastrous event:

- *Acute phase, phase of shock, clash*

The phase of clash describes the experiences of harmed persons immediately after the dramatic event that caused destruction, death and losses. Victims and society are in shock, chaos is all over the place. Direct victims or persons harmed indirectly may generate different strong and emotional stress reactions that psychotraumatology considers a standard expression caused by an abnormal, horrible experience. Some victims have a strong need to describe what they experienced even repeatedly. Other victims are quiet. Excited emotions include a wide spectrum: anger, sadness, helplessness and self-blame. In this phase, the victims, witnesses and rescuers may express altruistic or even heroic behaviour when providing first aid.

- *Phase of “honeymoon” or solidarity*

Initiated shortly after the event and according to empirical evidence, it may last from three to six months. Aid for victims is initiated in full. Spontaneous assistance is offered by authorities, municipalities and professional networks of respective organisations. Presentation in media is susceptible and generous to the situation of victims, following the motto “we’re all in the same boat”. Different commemorative events and mourning ceremonies are held. Authorities and politicians promise active support for the formation of a “new” life for victims. Thus, they support hope and boost high expectations. Solidarity and the feeling of belonging dominates victims and society. Also, survivors feel support and compassion from society. However, the phase of solidarity and interest for victims cannot last forever.

- *Phase of disillusionment*

In this phase, the individual experience of the victims and the reaction of society diverge. The terrorist attack is not the focus of interest of society, while other topics are given attention by media and society returns to usual. Those who provide aid, may be seen as exhausted. A number of promises made have already been forgotten. But despite these, bureaucracy is finding its place, e.g. when handling requirements related to claims for financial aid. The feeling of solidarity is fading away what may lead to embitterment of a number of victims of terrorist attacks, as well as to their anger and the feeling of leaving them on their own. The contact with bitter reality may bring stress reactions and disorders back in both work and private life, or lead to a conflict with the world outside. Because of these facts, this phase is often designated as a “**second disaster**” or “**disaster after disaster**”. This stage, may last even a couple of years and specific needs of comprehensive victimological interventions arise for certain victims of terrorism, including legal and psychosocial aid.

- *Phase of reconstruction (consolidation, new orientation)*

The experienced suffering finally wanes, becoming more acceptable for victims and their mental balance is renewed in a different way. This phase represents a desirable objective of recovery from the victims’ and society’s point of view. After a long process of overcoming any adverse consequences of a terrorist attack, repetitive inclusion of victims into a meaningful and valued life occurs. When and how much the reintegration phase is successful, depends on the mental and financial resources of individuals, as well as the progress of the previous phases. In general, this is a slow procedure, running already without any media or public interest.

The exception in this regard being the anniversaries of events, or news about judicial proceedings with caught terrorists.

Raphael's model generalizes the dynamics of the reaction of society on serious events of a large scale. It describes the social context that *affects* the survivors and tackles the consequences of a terrorist attack on individual victims *markedly*, albeit it does not uniformalise it. The model *does not eliminate the individuality* of coping strategies and posttraumatic procedures. Also, research on the consequences of a terrorist attack on the mental health of victims, point to high inter-individual differences (Di Maggio & Galea 2007). Therefore, even in case of mass traumas it is necessary to work with individual situations related to a specific victim.

From the perspective of an individual, the processes of victimization are divided into primary, caused by the offender, caused to the offender and then to a secondary victimization where victims face inappropriate, emotionally harming expressions in professional and non-professional environments.

Victimisation (of society) by a terrorist attack	Phases of victimisation (of individual) by a criminal act	Victimisation (of an individual) by a criminal act
<ul style="list-style-type: none"> <li>• Phase of shock</li> <li>• Phase of honeymoon/solidarity</li> <li>• Phase of disillusion</li> <li>• Phase of reintegration</li> </ul> Acc. to B. Raphael (1986, 1990)	<ul style="list-style-type: none"> <li>• Phase of primary victimisation</li> <li>• Phase of secondary victimisation</li> <li>• Phase of tertiary victimisation or freeing form the criminal act</li> </ul>	<ul style="list-style-type: none"> <li>• Phase of shock</li> <li>• Phase of crisis</li> <li>• Phase of reintegration or quasi-accommodation</li> </ul> Acc. to G. Gschwend (2004)
Perspective of affected society		Perspective of the individual victim

The dynamics of feeling the harm, or how the victim sees the criminal act, is explained by the psychosocial crisis model (see e.g. Čírtková 2014). A criminal act disturbs the balance within the fundamental dimensions of life quality. Harm caused by a criminal act may result in the **distortion of**:

- a) Relatively satisfactory social relationships,
- b) Relative financial certainty or predictability of financial sources,
- c) Imagined personal future and life perspective,
- d) Ability to work and achieve personal objectives,
- e) The illusion of a good world and the illusion of control (psychotraumatic consequences).

The outlined model of victimisation of an individual psychosocial crisis, may be related to terrorism victims as well. Specific individual needs of terrorism victims are derived from the scale of distortion of mentioned dimensions. These individual needs change over time and in case of terrorist attacks, their saturation is affected by the ongoing social reaction. Although the victims of terrorism do not meet standard models of secondary victimisation of the "blaming the victim" kind, they do not face different

myths as e.g. the victims of sexual violence. However, they experience different modifications of secondary victimisation, in particular in the phase of disillusion.

A specific illustration from the previous year is an open letter written by surviving relatives of the 12 victims of the 2016 terrorist attack at the Breitscheidplatz square Christmas market in Berlin. A year after, disappointed victims wrote an open letter to Chancellor Angela Merkel where they criticize the approach of German authorities and the head of government. This letter was also signed by the husband of a Czech woman, killed during the Christmas market attack.<sup>1</sup> The letter was motivated by the life situation of the victims, which became more onerous one year later. The merchant's life was spared by a distance of a fully extended hand by the assassin who destroyed all three stands. The merchant is still obliged to repay the loan he took to rent the market stands, regardless of the loss of profit. The state did not provide him any financial help, so he is broke.

The Polish owner of the shipping company, whose vehicle was used by the offender, is almost bankrupt. He received €10,000.00 from Germany. This sum has not even covered the repair of the destroyed vehicle. He lost his cousin, who was killed by the assassin to get to the vehicle. And now, as the surviving relative, he says that he does not want to lose the company too.

Specific needs of terrorist attack victims are formulated completely in the letter. It is clear from the letter, that victims are solving now serious existential problems where the psychosocial assistance is simply insufficient. If the primary needs, of physical, economic and social security are not solved, standard psychotherapeutic aid for the victims is insufficient. **Material compensation** has positive **psychological effects**. It is *not only a confirmation of the status of victims, but also respect for the victims*, so what is declared literally during the phase of solidarity. Financial compensation may also contribute to victims *regaining control over the changes in their lives* (e.g. coming back to work and thus also to the network of natural social contacts). Naturally, compensation also renews the illusion of justice and confidence in the state.

## Resilience and post-trauma in case of victims of terrorist attacks

Different long-term psychological problems are seen in victims, eyewitnesses and indirect victims. These are mainly sadness, anxiety, insomnia and problems with concentration, extreme changes in energy, intrusion, a higher tendency to become scared, hypervigilance and distorted spirituality. However, only around 20 % of victims need professional help (Resick 2003; Hobfoll et al. 2007; Kröger 2013).

A majority of people, hit by any misfortune, recover alone. No disorders are developed by them. Stress is seen by them, but it is a standard reaction to an abnormal situation. Immediately after the attack, victims need particular **information and practical assistance**. They also need emotional acceptance and respect, in their closest environment, as well as from outside authorities and offices.

The sadness, mental harm and losses, experienced by victims, are processed and overcome spontaneously in one way or another. This human ability to overcome

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<sup>1</sup> Source: [https://zpravy.idnes.cz/angela-merkelova-otevreny-dopis-terroristicky-utok-berlin-breitscheidplatz-anis-amri-islamsky-stat-irb-/zahranicni.aspx?c=A171204\\_111527\\_zahranicni\\_hm1](https://zpravy.idnes.cz/angela-merkelova-otevreny-dopis-terroristicky-utok-berlin-breitscheidplatz-anis-amri-islamsky-stat-irb-/zahranicni.aspx?c=A171204_111527_zahranicni_hm1)

essential adverse impacts and to recover after a dramatic event is called **resilience**. Despite the fact that resilience has been in the focus of researchers for some time (see e.g. Slezáková 2012; Resick 2003), no generally accepted definition is available. Expert debates are related in particular to the issue, on how much resilience is conditional on dispositions, or the personality of a victim, and how much is more of a dynamic procedure, affected by factors from the outside. Following the example from the domestic environment illustrates terrorism victims with good resilience.

### Case study of a terrorism victim

- Event description

A victim is looking for expert psychological assistance *one week* after the terrorist attack at the concert of well-known female singer in Manchester. The client describes the attack as she experienced it. Her custom to go as close to the podium as possible saved her life. She was at the concert with her friend, having a fantastic experience with twenty thousand other people. After the concert, friends remained at the podium to collect confetti. Then, an odd sound came. It was clear that this was not an ordinary noise. People moving outside started to run inside again. There was a panic all around, overwhelming both girls as well. They cried, not knowing what was happening. They did not know if they should run or stay. They did not know what would be better for their safety. For two minutes, they were scared and thought they would die. One of the girls collapsed, while a man from security helped take her out to the podium. Then the emergency exits were opened and the girls decided to leave the concert hall.

Later in the hotel, they turned on the BBC news and became aware of the attack. They called their families in the Czech Republic, who sent them money for a good breakfast. Through the night, they cried and could not sleep. In the morning they were informed that a sympathetic guy, who had been dancing in the arena before the concert, was dead. It hurt them significantly, to lose their new friend. On the plane flying back, the girls' seats were not next to each other. They asked the steward if they could sit together, but the lady from an adjacent seat refused to move from her place. They started to cry again and could not be appeased. After their arrival to the Czech Republic, the girls separated and went to their families.

At home, the situation remained terrible. The client was not looking forward to her bed, nor to her dog. She could not sleep and was thinking all the time "what if they left among the first ones", "what if they were dead". She saw again how the children were running there, looking for their parents while the parents were looking for their children. Two days after, it became worse. The crying could not be stopped, therefore the family looked for expert psychological aid and booked an appointment immediately after the weekend. Meanwhile, both girls agreed to spend the entire weekend together. They spoke about it, *cried together, while on Sunday they were able to look on the photographs in the media from the place of the attack. They helped in the garden, spoke about it.* That helped them both significantly.

After the weekend, the appointment with the psychologist was held. There, they went through topics *not discussed during the supportive discussions with their parents*. A number of victims have the need to discuss certain circumstances, feelings and ideas with a stranger during a meeting that is held within a safe frame of (expert) intervention. An important part of such a meeting is also the normalisation of experiences, limitation

of fear (the topic of participation at a memorial concert of the female singer, dedicated to the victims of the attack) and the boost of the client's own sources to overcome such trauma. The needs of the victim were thus saturated by a single *timely* intervention.

- Analysis and interpretation of victimisation by a terrorist attack

#### *About the risk of formation of long-term consequences in the form of PTSD*

The mentioned case illustrated an authentic experience from significantly traumatizing events, with the ability to generate posttraumatic stress disorder (PTSD). Victims were physically present at the place of the terrorist attack with number of dead bodies. They experienced an event of catastrophic extent, what is an *objective criterion for PTSD formation*. They also authentically described feelings of mental shock, horror and fear about their own life, representing a subjective criterion of potential PTSD formation. Besides this, there can be inner monologues of the victim with this narration: "We had no idea if we should run or stay, we did not know what's better for our safety. For two minutes, we were afraid for our lives extremely, we thought that we're going to die."

Among the risk factors considered for potential long-term impacts of terrorist attacks are, inter alia, female gender, young age at the time of trauma, as well as the trauma seriousness (Bering 2005; Butollo & Hagel 2003; Resick 2003). Despite the fact that objective and subjective conditions for the PTSD are present, as well as other risk factors, the risk of postponed long-term serious consequences may be considered as minimal. Thus, the case demonstrates exemplary that PTSD formation in terrorism victims is not a rule. The situation of victims also describes the relationships between risk factors and so-called sources according to the COR theory, described below.

#### *About resilience factors*

The reason for the good prediction in the analysed case is the presence of sources and protective factors. At the dispositional level of personality, resilience factors include, in particular, personal stability (well-being), self-confidence, proper intelligence and education, clear life perspectives. Researchers confirm the key role of the factor of "social support in the closest environment" repeatedly. All mentioned beneficial circumstances may be considered present in the analysed case.

#### *Interpretation of reactions of the victims of the terrorist attack*

From the moment the victims left the hotel, we can see a sequence of natural reactions and activities supporting effective processing of the traumatic event. This includes the search for information about what happened, contacting family and getting support from their families. Furthermore, there is also the emotional ventilation, intensive discussions about the feelings of horror and at the end, the confrontation with the event by checking a video documentary presented by media. In principle, the above-mentioned procedures are identical with the methods used in professional crisis intervention. The victims used proper coping strategies for trauma integration spontaneously by themselves.

#### *Professional crisis intervention*

The admission or acceptance of a situation by the victim, not only by close persons, but also by experts, forms an important aspect of resilience. The victim feels

the intensive dramatic event he/she experienced, requires help, solace, support and a safe area to explain the “story” as the victim perceived it (the so-called “tell your story” method). Recognition of the victim status, however, does not mean that the harmed person should be seen as a powerless person that must be felt sorry for. The fact that the person became a victim does not mean that the critical incident erased his or her personal identity. However, the victim must find their way again. They look for a response to the question if they should change something in their life. These topics relate to a “new orientation,” to the question of “how to proceed” tend to be the focus in crisis intervention. Their basis is to minimize the probability of disorders being formed from a posttraumatic spectrum, and to mobilize the inner incentives of the victim (Butollo & Hagl 2003; Gschwend 2004; Kröger 2013).

Within the crisis intervention in the respective case, *brutality and exceeding of limits* proved to be the important moment of perception of the event. Adding victim’s statement: “All the time, I was thinking that it’s a different level – to assassinate children. Who could do something like that? I had it in front of my eyes all the time, seeing crying kids running around, looking for their parents and the parents looking for their children. On Thursday, it was the worst, I was crying all the time, so my father called to help to me.”

In the case of a healthy progress of acute traumatic reaction, the described emotional ventilation leads to a gradual appeasement of expressive or even uncontrolled expressions. Intrusions fade away slowly. However, other issues become emphasized, such as fright from similar situations, and the tendency to avoid them. Crisis interventions focus on these topics (limiting fear, pre-set context of experience). At the time of consulting, the singer Ariana Grande spoke of organising a concert to venerate the victims of the terrorist attack. To discuss the pros and cons of participation at this memorial was an important part of the victims’ needs.

### Summary

The victims of terrorist attacks tend to be divided into three groups from the perspective of the need for subsequent psychosocial crisis intervention (Bering et al. 2003; Gschwend 2012):

- especially vulnerable victims,
- victims with a moderate risk of serious consequences and
- victims with very good resilience, i.e. no signs of vulnerability.

According to the applied screening methods, it is possible to assign the victims from this analysed case in real time, one week after the terrorist attack into a category of victims with moderate risk. However, the progress of the one-off intervention, shifts the assessment more towards the category of victims with very good resilience. It is estimated that the needs of victims without any signs of increased vulnerability may be covered by one-off or short-term intervention, including the psychoeducation and instruction for self-aid (Bering et al. 2003; Gschwend 2012; Kröger 2013).

### General principles of victim support

Aid to victims represents another area of knowledge that is continually developing and producing a new “evidence base” (Davis, Lurigio & Herman 2007; Daigle 2012;

Kröger 2013). Certain groups of victims catch more attention from society and scientists, so specific targeted concepts are also formed this way, e.g. for the victims of rape, domestic violence, stalking or terrorism (Calhoun & Atkeson 1994; McCaig & Laconsay 2015; Gallas, Klein & Dressing 2010). Moreover, each victim brings an individual life story with them, establishing the necessity for an *individual approach*. Despite the outlined variety, it is appropriate to note the three selected principles that are the core pillars of aid for the victims of crimes.

- **Principle of victim empowerment**

New approaches in victimological intervention put emphasis on the **victim's activity** when overcoming the consequences of crimes in the form of renewal of their own resources, i.e. self-recovery abilities of the victim. Even if the traumatized victim looks like a broken person immediately after the act, it is appropriate to support their return to daily business as soon as possible, in particular to *decide for themselves by themselves*.

Supporting the own (other, new) sources of the victim to overcome the psychosocial crisis, represents an effective strategy, having positive effects for self-perception and own concept of efficiency. From the practice, as well as from the research, it is clear that the feelings of helplessness and loss of control support the creation of depressive conditions. New research on resilience has brought the knowledge of the fact that a victim's feelings of own efficiency and control support the overcoming of adverse events in a significant way (Simoni 2009).

The empowerment principle is reflected also in law in the form of the different steps leading to more active involvement of the victim in criminal proceedings, see e.g. **the declaration of a victim about the impact of a crime on their life** (sec. 22 of act No. 45/2013 Coll. on Victims of Criminal Offences).

- **Principle of complex aid (complex victimological intervention)**

Consequences of victimisation may be characterized as a psychosocial crisis in general. From the victim's point of view, more or less, the criminal act deteriorates and for short or long time even damages the quality of their life in the mental, social, professional and material-existential area. Different **specific needs of the victim** are related to this. There are even further needs of the victim based on their involvement in criminal proceedings, e.g. **the need of legal information, the need of legal aid and sometimes even the need of protection or securing safety against the offender**. The scale of potential needs of crime victims boosts the principle of complex aid. In accordance with this principle, effective aid to victims must include a variety of services covering the legal, psychological, social and practical needs of victims.

- **Real time principle**

Victimisation trauma is the procedure that starts with the criminal act, but it does not end with it. The needs of victims develop over time depending on specific circumstances afterwards. From the research and prices, it is clear that if a certain service (e.g. long-term psychotherapy) is provided at an inappropriate time (e.g. too early after the act when the victim is trying to solve employment, economic and legal



issues or their safety or the safety of their children), it does not bring any benefit. Conversely, it may even complicate the situation of the victim. Therefore, in helping victims, the so-called real time principle applies, with the objective to avoid such mistakes.

In accordance with the real time principle, it is appropriate to solve **actual, priority problems and the needs of victims** at a respective moment. In practice, this means to ask the victim further what they are missing now, what problems they are facing, what needs to be handled, as it is not possible to meet all the needs within one consultation.

From the perspective of providing aid to victims, it is possible to differentiate the *acute phase* in frame, occurring immediately after the crime. There, the securing of safety and new organisation of a usual day often dominate. Assistance when handling practical issues may be very different from securing the cleaning of the flat, which has become the place of crime, through the assistance with transportation to offices, by instructions to get rid of reporters bothering the victim at the place of residence.

The advisor may be startled sometimes by the specific questions of the victim. The provision of assistance in the *preparation phase and the formation of a solution* follows the provision of aid in the acute phase, what often coincides with the investigation and the resolving of the case within the criminal proceedings. At this time, the importance of legal information and legal aid increases in general. In parallel needs in the area of psychological and social help, which may be related to the experiences of secondary victimisation, persist.

### **Principles of specific aid to victims of terrorism**

Stevan E. Hobfoll comes with the innovate theory on experiences and impacts of stress, e.g. from victimisation (see e.g. Hobfoll 1989; Hobfoll et al. 2004). This researcher shifts the focus of attention: instead of risk factors, he concentrates on the issue of source. To overcome stress and trauma, for him the availability of different types of sources is decisive. His statements are proven also empirically. Telephone polls provided evidence, after the terrorist attacks on September 11, 2001, that the loss of sources was the decisive reason for the formation of and reference to posttraumatic and depressive symptoms in the case of respondents two years after the event, regardless of risk factors such as female gender, previous traumatised or direct exposition to the terrorist attack (Hobfoll et al. 2006).

Similar conclusions were observed with the other studies, therefore, it is not surprising that expert conclusions on providing aid to the victims of terrorist attacks, are now based on the conservation of resources theory (COR). This theory is based on the observation that victims missing any psychosocial support (e.g. family support) at the time after the crime, and if they must face additional stressful or critical events in their life, then show more serious consequences of the original traumatised in principle (Hobfoll & Buchwald 2004). Conversely, victims with good sources, tend to overcome the crime more easily. Hobfoll's COR theory differentiates between four groups of mutually conditional sources:

- External sources, reflected in the social status of victim (e.g. clothes, fortune),
- Sources based on real life conditions (age, marital status, workplace),

- Sources related to personality (work and social competence, personality dispositions),
- Energy sources, opening the access to additional sources (time, money and knowledge).

Thus, the theory of sources inspires both the development of screening instruments for the differentiation of victims of terrorist attacks according to their needs, as well as the sole concepts of efficient aid and support. An international committee of experts prepared five fundamental principles of psychosocial support after the terrorist attacks (Kröger 2013; Hobfoll et al. 2007), which are characterized as follows:

1. To support the feeling of safety (e.g. turn the attention to safety and overcoming the consequences of events, to limit the consumption of news in media),
2. To calm down and reduce the burden (e.g. to provide swift information about family relatives directly to the addresses, to use media for education),
3. To support the feeling of control and efficiency (e.g. to involve harmed persons in the decision-making process and respective activities),
4. To support social contacts and relationships (e.g. to make the groups of harmed persons easier, to stimulate communication with the closest persons),
5. To strengthen the feelings of confidence and hope (e.g. to organize legal aid, demonstrations of solidarity by politicians).

In a simple way, the above-mentioned principles may be summarized as an understandable simple instruction: *Provide the feeling of safety. Teach relaxing methods. Support the activity and the ability to decide. Form a social connection. Set up hope.*

The outlined principles apply for an imminent as well as for a mid-term crisis intervention after the terrorist attacks, based on the following premises:

- No person is unaffected or everyone is affected.
- Disasters put people together and connect them, however, it decreases their effectivity.
- A majority of people do not feel the need to look for mental health services, even if standing face to face with misfortune.
- Personal losses in combination with community losses increase stress.

From the expert point of view, the aid and care for victims of terrorism is divided into basic intervention, provided independently of risk factors, and onto the targeted intervention, reflecting specific needs of respective victims (Bering, Schedlich et al. 2003; RAN Issue Paper 2018).

Basic intervention (not dependent on risk factors of the victim)	Targeted intervention (dependent on the risk profile of respective victim)
<ol style="list-style-type: none"> <li>1. Acute care</li> <li>2. Psychoeducation</li> <li>3. Risk screening of long-term consequences</li> <li>4. One-off consulting</li> <li>5. Manual for self-aid</li> </ol>	<ol style="list-style-type: none"> <li>1. Following psychosocial care</li> <li>2. Specifying diagnosis of problems</li> <li>3. Trauma treatment</li> <li>4. Consulting for family relatives</li> </ol>

Based on the comparison of approaches to crisis intervention for victims of crime and terrorism, we may conclude that both groups of victims show the same key principle needs, generated by victimisation, and therefore the *general* principles of support and intervention are identical. Despite this, certain specifics of victimisation do exist in the case of victims of terrorism that may be derived in particular from the fact that the terrorist attack hits society as a whole. In fact, it is directed against a respective society and its value in the first line.

Thus, the victims represent or substitute the object of hate, which the terrorists attack. The risk to become the victim of a terrorist attack is unacceptable in this sense, as it is impossible to avoid it (Müller-Piepenkötter 2017). As the victims of terrorism suffered harm in substitution for the state, their **expectations for fair treatment by the state** are higher.

Another empirically supported difference is related to a higher probability of creation of postponed psychological consequences in the case of victims of terrorism in the medium term since the event. The reason may be seen as a specific phase of victimisation of victims of terrorism, designated as the “**second disaster**”, replacing the solidarity phase in a society hit by a terrorist attack.

April Naturale, working as an expert in the Centre for effective responses to disasters of a large scale (in the “Disaster Behavioural Health” section), mentioned already the issue of mid-term support for the victims of terrorism in the phase of disillusion at the Victim Support Europe conference in Lisbon 2015. After all, the open letter of victims of the terrorist attack at the Christmas market in Berlin in 2016 points to this fact of a “second disaster” related in particular to the loss of sources in terms of the COR theory.

It is necessary to mention that the Directive (EU) 2017/541 of March 15, 2017 on combating terrorism, emphasized in particular *emotional and psychological support* to victims of terrorism, but it leaves compensation (financial remedy) up to the legislation of member countries, usually based in the act on victims of criminal acts.

Crisis intervention differs from the technical and organisational point of view after terrorist attacks. With regard to the fact of the larger number of persons hit by a terrorist attack, there are also higher claims for both, to target the needs of certain groups of victims, as well as to observe the principles of an individual approach.

## Conclusion

Here we will come back to the issues formulated in the introduction, while offering the responses derived from a comparative analysis of the bibliography and the case study of victims of terrorist attacks.

During the analysis of the issue if victims of terrorism represent specific groups with a special progress of victimisation and experiencing of harm, it depends on the point of view and on the level of generality that we accept. In summary, it may be stated that besides the needs that are shared with other crime victims, victims of terrorism also have their specifics. Terrorist attacks have a serious short-term and sometimes even long-term impact on victims, as they harm the individual as well as entire communities. Therefore, overcoming trauma is often more complicated and requires participation of the entire society – not just in the form of so-called memorial

ceremonies. Individual dynamics of feeling the harm on a terrorism victim is (in spite of the victims of standard crimes) significantly affected by moderating factors. These include the mass extent of victimisation, media presence in the tragic event in the life of society at the time after an attack, and the reaction of society on such an event.

From the comparison of victims of other crimes, the differences are based in particular on the mechanisms of secondary victimisation. The victims of e.g. sexual criminality or domestic violence are confronted with different myths and train of thought designated as "*blaming the victim*". Conversely, in the case of victims of terrorism, this is more of a phase defined as the "*second disaster*" or as the "*disaster after disaster*", where public and authorities' interest in the victims, falls into a routine, while the victims face bureaucracy and carelessness in efforts to renew the lost sources.

What are the differences in getting over the psychological consequences of victimisation between the victims of terrorism on one side and the victims of standard crimes on the other side based on? Naturally, both groups of victims have much in common such as basal knowledge of psychotraumatology as the sources: trauma is modelled as a process developing in time, whose development is affected and moderated by different risks and protective factors that work **before, during and after a critical event**.

Research and practical experiences show that a significant psychological effect includes the fact that "victims of terrorist attacks are victimised as a symbol of the state and society".<sup>1</sup> This political or social dimension (victims were attacked as representatives or symbols of that state or society) generates the specifics of victimisation: to be acknowledged as a *victim of terrorism* means in fact to respect specific needs of this group (e.g. joint decision-making in funeral ceremonies, support in case of contact with media, etc.). However, from the perspective of the victim, the need for compensation to cover the renewal of original sources, could be considered as important.

Victims of crimes are able to understand that enforcement of damage compensation and harm from an individual offender may be a long-term process, however victims of terrorism have often higher expectations, supported also by the phase of solidarity. They are then disappointed that the state leaves them alone when taking compensation into account. Limitation of sources then deteriorates the mental health of victims and slows down the process of overcoming the trauma.

Do the victims of terrorism require specific forms of psychological intervention? The element of multiple victims of terrorist attacks leads to the necessity of differentiation of such harmed person, from the perspective of a targeted intervention on certain groups. The general criterion for differentiation is the vulnerability of the victim, determined by screening instruments mapping the presence of risk and protective factors. On this basis, we divide them into categories of vulnerable victims, victims with a moderate risk, and victims with the prerequisites of good resilience. Based on this, the result is that the provided aid is more demanding from the perspective of organisation and securing of professionally prepared aid providers.

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<sup>1</sup> How can the EU and the Member States better help victims of terrorism?  
<http://www.europarl.europa.eu/supporting-analyses>

Certain specifics of victims after a terrorist attack (mass attacks victims) have been derived from research. These include the postponed occurrence of different mental problems. Late formation of impacts on mental stability leads to the fact that a number of victims do not connect their actual problems with the original event. Projects of specific aid to victims of terrorism reflect this fact, forming the programs of crisis intervention from a mid-term horizon, usually two years after the event.

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## RESUMÉ

Článek se zabývá psychologickými aspekty viktimizace a pomoci obětem terorismu. Fakt, že oběti byly viktimizovány jako zástupci či symbol neviděného státu anebo společnosti generuje specifika viktimizace. Autorka odpovídá na otázku, v čem spočívají rozdíly ve vyrovnávání se s psychickými následky viktimizace mezi oběťmi terorismu na straně jedné a oběťmi typických kriminálních činů na straně druhé. Shrnuje specifické přístupy k psychologické intervenci pro oběti terorismu. Vyrovnávání se s dopady teroristického útoku ilustruje na případové studii.

**Klíčová slova:** oběti terorismu, resilience, poruchy posttraumatického spektra, krizová intervence.

## SUMMARY

This article is focused on the psychological aspects of victimization and aid to the victims of terrorism. The fact that victims were victimized as representatives or symbols of the state or society, generates the specifics of victimization. The author solves the question of the basis for differences in handling the mental consequences of victimization between victims of terrorism and victims of standard crimes. It summarizes specific approaches to psychological intervention for the victims of terrorism. Handling the impacts of a terrorist attack is illustrated as a case study.

**Keywords:** victims of terrorism, resilience, disorders of posttraumatic spectrum, crisis intervention.