Best Practice Guidelines:

Supporting Communities
Before, During and After
Collective Trauma Events

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DISCLAIMER

These guidelines are designed to support operational planning. They are not exhaustive, and are not designed to be used as standalone operational guidance. Users should incorporate the guidelines into operational plans and arrangements, and take into consideration existing legislation and principles.

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FOREWORD

Judy Slatyer

Chief Executive Officer
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We are living in increasingly uncertain times. Through our digitally connected world, we have borne witness to many traumatic and violent events, be they in a marketplace in Istanbul, a high rise in London, a pedestrian mall in the centre of our cities, or a farmhouse in rural Australia.

These events have significant local, national and international impacts. Lives are changed; those hurt or killed, those who just survived, those who bore witness, those who assisted, and yet others who watched from afar.

These events don't fit neatly into traditional parameters of emergency management arrangements. But they can have a major impact on communities: they challenge public norms, undermine perceptions of safety and provoke significant public grieving. They are also often highly political in nature and attract a lot of media attention.

While emergency management agencies are sometimes activated to respond, there is often a concern that *more* or *different* support may be needed. In answer to this concern Australian Red Cross decided to investigate current best practice.

This decision followed incidents such as the disappearance of Malaysia Airlines flight MH370 (2014), the Sydney Siege (2014), the accident/tragedy at Dreamworld theme park in Queensland (2016) and an attack on pedestrians in Bourke Street in Melbourne (2017). Red Cross staff and volunteers provided advice and support services to communities in the aftermath of each of these events. Since beginning this research we have responded to more such events, including an attack on pedestrians in Flinders Street in Melbourne (2017) and a mass shooting in Margaret River in Western Australia (2018).

Red Cross have now developed this set of psychosocial guidelines, based on current best practice. These guidelines look at how to respond to these events, which have become known in our sector as collective trauma events and are referred to as CTEs in the body of this report.

The aim of these guidelines is to not only inform our own work, but also to support a range of decision makers, practitioners, policymakers, and leaders striving to support their communities. They have been developed in conjunction with experts in emergency recovery, social work, psychology and sociology, and draw on existing literature from around the world.

The value of these guidelines lies in supporting operational planning strategies. They are not exhaustive and are not designed to be used as a standalone operational guide. These guidelines are deliberately broad, in order to assist all organisations to inform their preparedness, response and recovery to collective trauma events and complement the range of materials already available and in use.

While we would love to think our guide and suggestions won't be needed in the future, unfortunately that's unrealistic. I recommend these guidelines to you and hope that we can all continue to learn from the growing evidence base and experience, in our quest to improve the support available to people before, during and after such tragic events.

GLOSSARY

In this publication the following terms mean:

Collective trauma event (CTE)

A collective trauma event (CTE) is an event, irrespective of the hazard, which results in a blow to the basic tissues of social life that damages the bonds between people and impairs the prevailing sense of community. Such events may impact things we previously took for granted about public locations, routines and values.

Commonly occurring elements of CTEs include:
- Witnessed violence
- Horror
- Public grief
- A strong sense of injustice
- Intense media coverage
- A highly politicised aftermath
- Judicial or public enquiry processes
- Identification with victims or locations

Not all disasters are CTEs. To meet the definition above, CTEs must have an impact on the broader community and challenge people's typical understanding of the way the 'world works'.

LGBTIQ community

Lesbian, gay, bisexual, transgender, intersex and queer or questioning community.

People affected by collective trauma events

While the existing literature commonly refers to 'victims' and 'directly impacted individuals', more inclusive language has been used in these guidelines where possible, acknowledging the broad range of impacts on individuals and communities during and after a collective trauma event (CTE).

Psychological first aid (PFA)

Psychological first aid (PFA) is a humane, caring approach to helping people affected by an emergency, disaster or traumatic event to reduce initial distress and foster adaptive functioning. The approach is based on five principles for intervention following a mass trauma:
- Safety
- Calm
- Connection
- Self-efficacy
- Hope

SUMMARY OF BEST PRACTICE GUIDELINES: SUPPORTING COMMUNITIES BEFORE, DURING AND AFTER COLLECTIVE TRAUMA EVENTS (CTES)

BEFORE	DURING	AFTER
Coordination and capacity building		
The emergency management sector and community groups, organisations, networks and businesses should engage with each other before a collective trauma event		Community groups, networks, organisations, businesses and GPs should be engaged in the aftermath of a collective trauma event and supported to understand their role in recovery
Organisations should be supported to develop business continuity plans that include collective trauma events		
Communication		
Advice should be provided to key leaders about conveying messages that are inclusive, relevant, clear and targeted—these messages will need to manage expectations in the aftermath of a collective trauma event	Relevant communication channels should be used to promote psychological first aid messages	Longer term information and advice should be available and sustained through an open, centralised communication channel
Organisations should be supported to develop communications plans for a collective trauma event that promote the principles of psychological first aid	Relevant communication channels should be used to promote social cohesion messages	Relevant communication channels should be used to remind people that collective trauma events may have long-term impacts
Plan for a central point of communication prior to a collective trauma event	Communication should take into account the diverse needs of communities	Relevant communication channels should be used to advise affected people about continuing support services
	Take steps to promote the responsible use of social media during a collective trauma event	
	Communication should take into account the needs of the broader community in addition to those directly affected	
Planning and service delivery	**Support and service delivery**	
Community members should be trained in first aid in preparation for a collective trauma event	Key local stakeholders such as community groups, networks, organisations, businesses and primary health practitioners should be involved in coordinated efforts around service delivery	
Community members should be trained in psychological first aid in preparation for a collective trauma event	Activities and services that promote psychological first aid principles should be implemented during a collective trauma event	

Planning and service delivery (cont'd)	Support and service delivery (cont'd)	
Community members should be helped to prepare for a collective trauma event		
Plan for a range of services which may be needed after a collective trauma event	People affected by a collective trauma event should have access to a range of supports	Longer term support services should be available based on continuing or emerging needs
Plan for the people impacted by a collective trauma event to be geographically dispersed		
Plan for psychological first aid to be delivered in the hours after a collective trauma event	Psychological first aid should be implemented as part of the immediate response	
Plan for support for those who extend beyond the 'directly' affected		
Identify the diverse needs of the community	Services responding to a collective trauma event should take into account the diverse needs of the community, including those of children and young people	Support should be aimed at multiple levels, including individual, family and community
Identify groups that are likely to be targeted and harassed in the aftermath of a collective trauma event	Coordinated efforts should be made to monitor discrimination or harassment towards targeted groups during and after a collective trauma event	Discrimination or harassment affecting targeted populations should be addressed
Plan ahead for the needs of children and young people		
Identify how support services will link to investigation and coronial processes	Support services should link to investigation and coronial processes	Longer term support services should link with investigation and coronial processes
Plan for engaging those directly impacted in temporary memorial management		People directly affected should be consulted around memorial and commemoration events
Monitoring, evaluation & learning		
Feedback from previous collective trauma events should inform preparedness for future events		Reviews of support should include evaluating long-term recovery services
A set of key indicators to monitor the impacts of a collective trauma event should be developed and agreed on before a CTE	The impacts of collective trauma events should be monitored against a set of key indicators	The impacts of collective trauma events should be monitored against a set of key indicators
A set of key indicators to monitor and evaluate the response and recovery efforts should be developed and agreed on before a collective trauma event	Service provision in response to a collective trauma event should be monitored against a set of key indicators	Recovery services should be monitored against a set of key indicators

BEFORE A COLLECTIVE TRAUMA EVENT

Coordination and capacity building

The emergency management sector and community groups, organisations, networks and businesses should engage with each other before a collective trauma event

Currently, many preparedness and recovery plans do not consider organisations which are not part of the emergency management sector. This causes confusion during and after a collective trauma event (CTE) and compounds challenges in coordinating support in the aftermath of a CTE. Engaging with existing groups and supporting them to be prepared for a CTE enables the extensive capacity of community networks, institutions and businesses to be drawn on during and after a CTE. Working with local networks and leaders will help identify these groups.

Organisations should be supported to develop business continuity plans that include collective trauma events

Business continuity plans may not provide for the psychological and social impacts of collective trauma events (CTEs). Additionally, some CTEs have impacted business premises in unexpected ways, for example restricting trade or building access despite no harm coming to either the building or staff. These impacts may not be accounted for in traditional business continuity plans.

CASE STUDY

Australia 2012

The murder of Melbourne woman Jill Meagher was followed by a significant outpouring of public grief. Ms Meagher was last seen on the CCTV of a bridal shop on a busy road, and the shopfront became the site of a spontaneous temporary memorial, impacting staff and trade.

LEARN MORE

Police dismantle shrines to Jill Meagher on Sydney Rd in Brunswick
The Herald Sun | 1 October 2012

Communication

Advice should be provided to leaders about conveying messages that are inclusive, relevant, clear and targeted—these messages will need to manage expectations in the aftermath of a collective trauma event

It is crucial that leaders understand that the statements they make in the hours and days after a collective trauma event (CTE) have long-term impacts and will form the basis of community support expectations. This advice should be provided before (i.e. in case of) a CTE. Experience shows that it is very difficult to broach this messaging with leaders after a CTE and that chaos and complexity make it difficult for some leaders to take advice during a CTE. Messaging from leaders should promote the five principles of psychological first aid (PFA): safety, calm, connectedness, self-efficacy and hope.

Norway 2011

In his 2011 address to those impacted by the attacks in Norway, Prime Minister Jens Stoltenberg was able to promote a sense of safety, calm, connectedness and hope. He acknowledged the impact of the event to those who were bereaved and to the broader community, and connected Norway to the international community. He was able to set a tone of acknowledgement and support to those affected without making specific promises which may not have been able to be acted on later.

LEARN MORE

Subtitled speech by Prime Minister Jens Stoltenberg to the victims of the 2011 Norway attacks
YouTube (especially from 3m 30s) | 24 July 2011

Organisations should be supported to develop communications plans for a collective trauma event that promote the principles of psychological first aid

Organisations can use psychological first aid (PFA) principles—also known as the principles for intervention following mass trauma— as a framework to ensure that people have the information they need before, during and after a collective trauma event. The principles are safety, calm, connectedness, self-efficacy and hope.

Plan for a central point of communication prior to a collective trauma event

Having access to credible, relevant, clear information is crucial during and after a collective trauma event (CTE). The chaotic nature of the immediate aftermath of a CTE means that coordination is often challenging and there are multiple sources of information which may conflict, adding to the distress of those impacted. When planning for a central point of communication is done before a CTE, including key messages, a coordinated approach to communication is easier to achieve during and after.

Planning and Service Delivery

Community members should be trained in first aid in preparation for a collective trauma event

In addition to the everyday benefits of having community members trained in first aid, experience and evidence suggests that people injured in a collective trauma event (CTE) are more likely to be helped in the first instance by people close by, rather than first responders. Even if ongoing certified first aid training is not available, any information about what individuals can do to help others is better than nothing.

CASE STUDY

United Kingdom 2016

In 2016, not-for-profit organisation Citizen Aid launched as a safety campaign to help members of the public to act in the immediate aftermath of a mass casualty event.

LEARN MORE

YOU can save lives! Empowering the public to save lives after serious injury
Citizen Aid (UK) | 2016

CASE STUDY

Australia 2017

In the aftermath of the Bourke Street tragedy, Australian Red Cross ran hazard preparedness sessions with one of its corporate partners, Charter Hall, in their CBD offices. The sessions helped participants to make plans for what they would do if there was an event that prevented them from being able to get home from work or get in contact with loved ones.

Community members should be trained in psychological first aid in preparation for a collective trauma event

Evidence indicates that if people receive support in the immediate aftermath of a distressing event, they may be less likely to develop a mental health problem than if no support was offered. Additionally, there are everyday benefits of having community members trained in psychological first aid (PFA). Even if ongoing structured PFA training is not available, any information about what individuals can do to help others is better than nothing.

Community members should be helped to prepare for a collective trauma event

There is potential to reduce the harm of collective trauma events (CTEs) on affected communities by providing support to prepare for the impacts of a CTE, including practical, psychological and social impacts. Community members should be provided with advice about practical things they can do to support themselves and others in the event of a CTE.

Plan for a range of services which may be needed after a collective trauma event

Services that may be needed after a collective trauma event (CTE) include:

- Phased mental health support
- Case management
- Financial support
- Support groups
- Community development activities
- Other welfare support

A wide range of services and support may be needed after a CTE. Undertaking needs assessments based on impacts before a CTE will help with the provision and coordination of targeted services.

Plan for the people impacted by a collective trauma event to be geographically dispersed

People impacted by a collective trauma event (CTE) may be geographically dispersed, meaning that planning for this needs to be undertaken from organisations involved at the site/s of the CTE and 'receiving communities', where affected people return or relocate to. Planning to identify contact information that will need to be collected in the immediate aftermath of a CTE will ensure those impacted can be followed up with, and receiving communities can be well informed.

Plan for psychological first aid to be delivered in the hours after a collective trauma event

Psychological first aid (PFA) is currently considered as best practice psychosocial support in the aftermath of a collective trauma event (CTE). It is thought to reduce the prevalence of mental health disorders and assist people to access further help where required. PFA should be considered one of the essential services delivered in the aftermath of a CTE.

Plan for support for those who extend beyond the 'directly' affected

One of the characteristics of a collective trauma event (CTE) is that it affects a wide population, extending far beyond those at the site/s at the time of the event. One way to reframe the traditionally used concepts of 'directly' and 'indirectly' affected may be to consider people to have 'sensory exposure' or 'informational exposure'. Those with informational exposure may have different needs to those with sensory exposure. These need to be acknowledged and planned for before a CTE.

CASE STUDY

Australia 2014 + 2017

After the incidents in Martin Place and Bourke Street, temporary memorials attracted a wide range of people, extending well beyond those who were bereaved or had been involved on the day of the events. For some people, attending the memorial was a way to connect with others who were impacted, for some it was to pay their respects and acknowledge the impacts, and for others it was a way to seek help.

Identify the diverse needs of the community

Collective trauma events (CTEs) will affect people in unpredictable and complex ways. There will be diverse needs within any impacted community. Taking a one-size-fits-all approach may exclude some groups. By working with community organisations, businesses, networks and educational institutions, the needs of the community, services and communications channels may be easier to identify.

Identify groups that are likely to be targeted and harassed in the aftermath of a collective trauma event

Some groups may be more likely to be targeted in the aftermath of a collective trauma event (CTE) if they share a characteristic with a perpetrator of violence (e.g. religion or ethnicity). These community members are not only affected by the CTE itself but may also face a backlash or threat of violence in the aftermath. In recent years, members of the Muslim community have been routinely harassed or experienced violence in the aftermath of CTEs, and the LGBTIQ community has been blamed by fringe religious groups for some disaster events. Identifying these groups and existing organisations and networks may help with planning.

CASE STUDY

Australia 2001

In the aftermath of the 9/11 attacks and Bali bombings, members of the Muslim community in Victoria was subject to unprovoked attacks and harassment. The Islamic Council of Victoria worked with community leaders, services providers, Victoria Police and the Department of Human Services to develop their capacity to deal with these incidents.

Plan for the needs of children and young people

Despite trauma and distress impacting children and young people (including very young children) differently to adults, most services and information surrounding collective trauma events (CTEs) target adults. Identifying services, training and information for addressing the needs of children and young people in the aftermath of a CTE will help with planning, including making information available to support parents, carers and teachers to talk about CTEs.

CASE STUDY

United Kingdom 2017

The number of children and young people seeking help from mental health services spiked after terrorist attacks in Manchester and London in 2017. Psychiatrists highlighted the need for services to plan ahead to manage traumatic impacts that could hit families and young people, and the importance of promoting messages aimed at children that such attacks should not alter their behaviour and that people should get on with their normal lives.

LEARN MORE

Rise in children seeking mental health support after terror attacks
The Guardian (UK) | 19 July 2017

Identify how support services will link to investigation and coronial processes

People impacted by collective trauma events (CTEs) may need support throughout investigation and coronial processes. There may be sensitive issues which arise in investigation processes months or years after a CTE. Identifying how support services will be linked to investigations ahead of time will ensure support needs are met proactively.

Plan for engaging those directly impacted in temporary memorial management

People who have been directly impacted by a collective trauma event (CTE) should be engaged in the management of temporary memorials, including supported access and being involved in planning closures and removals.

CASE STUDY

Australia 2018

Despite the well-intentioned action to develop a memorial to those who had been lost in the disappearance of flight MH370, there was a strong negative reaction from a number of family members who were still desperately awaiting an outcome to the search.
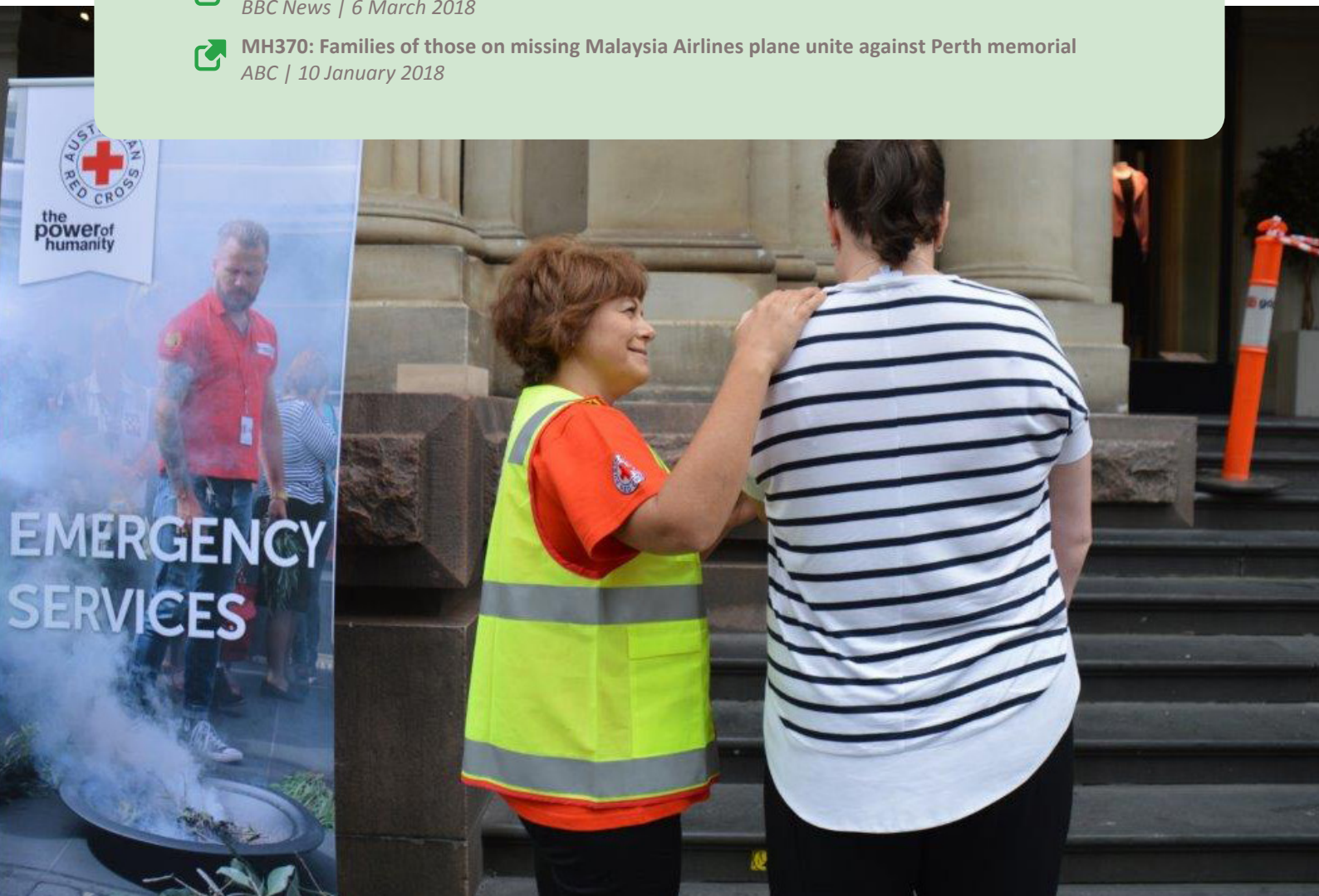
LEARN MORE

MH370 four years on: Why relatives say it's too soon for a memorial
BBC News | 6 March 2018

MH370: Families of those on missing Malaysia Airlines plane unite against Perth memorial
ABC | 10 January 2018

Monitoring, evaluation and learning

Feedback from previous collective trauma events should inform preparedness for future events

Lessons from previous collective trauma events (CTEs) may significantly help community groups, networks, organisations and businesses as they plan for their role in CTEs.

CASE STUDY

Australia 2014 + 2017

In the immediate aftermath of the Martin Place siege, Australian Red Cross was able to connect the NSW government to the learnings from the UK government about temporary memorial management following the 2005 London bombings. In 2017, the NSW government was then able to support the Victorian government with advice about the management of temporary memorials following the attacks in Bourke Street.

A set of key indicators to monitor the impacts of a collective trauma event should be developed and agreed on before a CTE

Unless indicators are agreed on beforehand, the coordination and collection of data to monitor impacts during and after a collective trauma event (CTE) may be difficult. Traditionally, impact monitoring has focused on tangible aspects such as infrastructure loss, despite evidence indicating the broad range of effects on health and wellbeing, economic activity, impacts to the environment, sense of safety, community connectedness and use of public spaces. Additionally, plans for monitoring should consider that the effects of CTEs will be long term, and will change over time. Clear planning regarding data collection and monitoring before a CTE will help with recovery planning.

A set of key indicators to monitor and evaluate response and recovery efforts should be developed and agreed on before a collective trauma event

Unless indicators are agreed on beforehand, the coordination and collection of data to monitor and evaluate response and recovery efforts during and after a collective trauma event (CTE) may be difficult. In addition to identifying indicators, planning should identify how data relating to indicators will be collected, and by whom.

Information about work already done to help communities to prepare for a collective trauma event should be captured

In addition to supporting planning for response and recovery by providing baseline information, collecting information about preparedness work before a collective trauma event (CTE) can help with evaluating the effectiveness of this work and assist with future planning.

DURING A COLLECTIVE TRAUMA EVENT

Communication

Relevant communication channels should be used to promote psychological first aid messages

The principles for intervention following mass trauma can be applied to communication in the early stages during and after a collective trauma event (CTE). Messages that promote a sense of safety, calm, connectedness, self-efficacy and hope should be used by key leaders and available communication channels.

Relevant communication channels should be used to promote social cohesion messages

During and in the initial stages after a collective trauma event (CTE) there is a risk of communities becoming divided, which may exacerbate issues and prolong recovery. Messaging from key leaders and other communication channels should be used to promote connectedness and social cohesion in the immediate aftermath of CTEs, to minimise unhelpful community divisions.
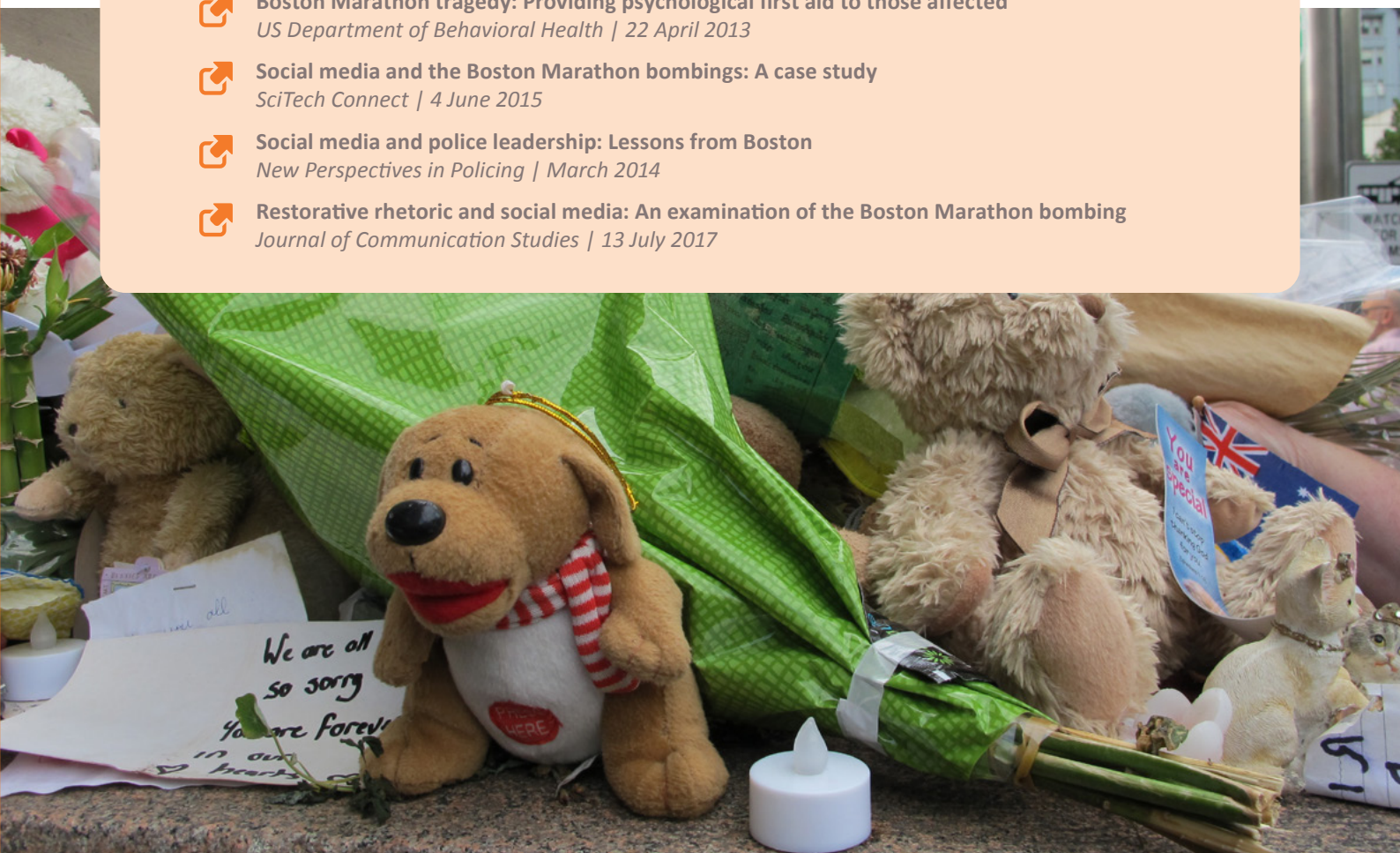
CASE STUDY

USA 2015

In the aftermath of the Boston Marathon bombing, the Boston Police Department used their social media channels to provide information about how to remain calm and safe. They used these channels to inform, correct information, answer questions and listen to the public conversation.

LEARN MORE

Boston Marathon tragedy: Providing psychological first aid to those affected
US Department of Behavioral Health | 22 April 2013

Social media and the Boston Marathon bombings: A case study
SciTech Connect | 4 June 2015

Social media and police leadership: Lessons from Boston
New Perspectives in Policing | March 2014

Restorative rhetoric and social media: An examination of the Boston Marathon bombing
Journal of Communication Studies | 13 July 2017

United Kingdom 2015

The WeStandTogether campaign was founded by police in the UK in 2015 in response to increasing tensions in some communities following terrorist attacks in Denmark and France. The campaign brings people together to promote cohesion among all community groups, especially those fearful of future attacks or hate campaigns. Following the 2017 terror attack at Manchester Arena the hashtag #WeStandTogether became prominent and has since been adopted as the slogan for the local news organisation's peace campaign.

LEARN MORE

UK Police launch #WeStandTogether campaign to bring communities together
True Vision (UK National Police Chiefs' Council) | 2018

Campaign launched by Chief Constable Sir Peter Fahy to fight hatred and intolerance becomes a charity
Manchester Evening News | 27 November 2017

Communication should take into account the diverse needs of communities

There is growing evidence that communication during an emergency is as crucial as any other service. While there are challenges to ensuring that the diverse communication needs of communities are met, it is important that this is prioritised. Working with businesses, community organisations, educational institutions and networks will help to meet the diverse needs of communities. These groups may be able to use existing formal and informal communication channels and networks that address their own diverse needs.

Take steps to promote the responsible use of social media during a collective trauma event

Further unnecessary distress can result from graphic images and footage of collective trauma events (CTEs). These images may be widely circulated through social media and news outlets (and accessible to children, who may be particularly affected). In addition to authorities discouraging the public from sharing graphic or distressing images or footage, community members should be encouraged to limit their exposure to media coverage that aggravates distress or despair.

United Kingdom 2017

In Birmingham, emergency service representatives used press conferences to urge members of the public not to share graphic and harrowing images of a crash site in which six people died. They stressed that sharing images was unwelcome to the families affected, as well as unhelpful to their investigations.

LEARN MORE

Ambulance crews speak out over sharing of graphic images of Birmingham horror crash which killed six
Birmingham Live | 21 December 2017

'Do NOT share harrowing images of crash victims' warn officers investigating tragedy just week before Christmas
Birmingham Live | 17 December 2017

Communication should take into account the needs of the broader community in addition to those directly affected

Collective trauma events (CTEs) have widespread impacts that extend beyond those 'directly' affected. A broad audience will have communication and information needs during most CTEs, extending well beyond the geographic location of the event/s. Even in situations where there is no internet access for those directly impacted, publishing up-to-date information on websites and social media will help to address the information needs of the broader community.

Support and service delivery

Key local stakeholders such as community groups, networks, organisations, businesses and primary health practitioners should be involved in coordinated efforts around service delivery

Local stakeholders are essential components of recovery. Additionally, groups who form in relation to collective trauma events (CTEs) should be included. By including all such stakeholders in coordinated efforts, including early briefings and planning sessions, they may then be able to offer important services, and provide information and advice to meet the diverse needs of communities affected.

Activities and services that promote psychological first aid principles should be implemented during a collective trauma event

Activities that promote the principles of safety, calm, connectedness, self-efficacy and hope include those which help affected people connect to their loved ones, or help promote messages about actions individuals can take to help themselves and others.

CASE STUDY

Australia 2009

During the Victorian Black Saturday bushfires, Australian Red Cross received 22,000 registrations from people evacuating and helped to connect many of them with 21,000 calls from people looking for their loved ones. Subsequent longitudinal research by the University of Melbourne demonstrated that a risk factor for developing mental health conditions after the fires included not knowing about the welfare of loved ones for 12 hours, highlighting the importance of services that promote reunification.

LEARN MORE

Separation and reunification in disasters: The importance of understanding the psychosocial consequences
Planning for community-based disaster resilience worldwide | 2016

Separation during disasters may have a lasting impact, even when there's a happy ending
International Society for Traumatic Stress Studies | 12 January 2016

People affected by a collective trauma event should have access to a range of supports

As needed supports should include:

- Phased mental health support
- Case management
- Financial support
- Support groups
- Community development activities
- Other welfare support

Collective trauma events (CTEs) have a wide range of impacts that affect individuals and communities differently. Undertaking ongoing needs assessments from the earliest stages will help with recovery planning.

Psychological first aid should be implemented as part of the immediate response

Psychological first aid (PFA) is currently considered as best practice psychosocial support in the aftermath of a collective trauma event (CTE). It is based on five principles of promoting a sense of safety, calm, connectedness, self-efficacy and hope. PFA is thought to reduce the prevalence of mental health disorders and assist people to access further help if required. It should be considered one of the essential services delivered in the aftermath of a CTE.

CASE STUDY

Australia 2017

From the first hours after a car was deliberately driven onto a footpath and the busy, pedestrianised Bourke Street Mall, support was requested from Australian Red Cross and the Victorian Council of Churches to provide psychological first aid (PFA) in the Mall, where a spontaneous temporary memorial formed. These organisations continued to provide support until the memorial was removed, days after the event. In addition to providing PFA to community members, volunteers also provided feedback to the planning committee about emergent community issues.

LEARN MORE

Psychological first aid: An Australian guide to supporting people affected by disaster
Australian Red Cross and the Australian Psychological Society | 2013

Services responding to a collective trauma event should take into account the diverse needs of the community, including those of children and young people

Working with local businesses, community organisations and networks while responding to a collective trauma event (CTE) will help responding organisations to better meet the diverse needs of communities. Local groups may be able to help, advise and draw on existing formal and informal communication channels and networks.

Coordinated efforts should be made to monitor discrimination or harassment towards targeted groups during and after a collective trauma event

Collective trauma events (CTEs) often generate intense feelings of anger, which may be targeted towards people who share a characteristic with a perpetrator of violence (e.g. religion, ethnicity). For example, there was a documented rise in harassment and violence against members of the Muslim community following the 9/11 attacks, and in some instances LGBTIQ groups have been blamed by fringe religious groups and commentators for causing disasters. Coordinated efforts to monitor discrimination and violence against groups that may be targeted is an important element for short and longer term CTE responses.

CASE STUDY

United Kingdom 2015

An independent, non-government organisation working with central government, MAMA (Measuring Anti-Muslim Attacks) provides a nationally coordinated service enabling incidents of anti-Muslim abuse to be reported, recorded and analysed. MAMA's 2015 annual report highlights how hate incidents against Muslims in the UK have risen significantly after terrorist attacks.

LEARN MORE

Tell MAMA (Measuring Anti-Muslim Attacks) annual report 2015
MAMA | 2015

Support services should link to investigation and coronial processes

People impacted by collective trauma events (CTEs) may need support throughout investigation and coronial processes. There may be sensitive issues which arise in an investigation process months or years after a CTE, which increase the need for support to those impacted. Support services and investigation processes should inform and complement each other to ensure those impacted receive appropriate support.

CASE STUDY

Australia 2002

Individuals and families directly affected by the Bali bombings were supported through the investigation process by the Coroner's Office Counselling Service, Australian Federal Police, Centrelink and the Department of Human Services. These four agencies met regularly to ensure that support was as integrated and seamless as possible, and in addition sought to ensure that investigative updates were supportive of families while also meeting investigative needs.

Monitoring, evaluation and learning

The impacts of collective trauma events should be monitored against a set of key indicators

Traditionally, impact monitoring has focused on tangible aspects such as infrastructure loss, despite evidence indicating the broad range of effects on health and wellbeing, economic activity, the environment, people's sense of safety, community connectedness and use of public spaces. Ensuring data collection and monitoring of the initial and ongoing impacts of collective trauma events (CTEs) will help with recovery planning.

Service provision in response to a collective trauma event should be monitored against a set of key indicators

In order to improve service provision in response to a collective trauma event (CTE), a coordinated and continuous approach to collecting, reviewing and responding to data on service provision should be undertaken. This will help with immediate adjustments and long-term improvements.

AFTER A COLLECTIVE TRAUMA EVENT

Coordination and capacity building

Community groups, networks, organisations, businesses and primary health practitioners should be engaged in the aftermath of a collective trauma event and supported to understand their role in recovery

These groups are essential components of recovery. Supporting them to understand the holistic impact of collective trauma events (CTEs), and the role they can play, could help with recovery.

CASE STUDY

Australia 2017

Following the 2017 Bourke Street tragedy, Australian Red Cross provided psychoeducation sessions to a number of businesses whose staff witnessed or were directly impacted by the events. Participants reported that because the sessions were practically focused on common reactions to CTEs, and how colleagues and managers could support team members, they felt more confident in being able to take action to support their colleagues.

Communication

Longer term information and advice should be available and sustained through an open, centralised communication channel

Having access to credible, relevant, clear information is crucial after a collective trauma event (CTE). The chaotic nature of the immediate aftermath of a CTE often means that coordination is challenging and there are multiple points of information which may conflict, adding to the distress of those impacted. While the best communication channel will differ in different communities, an open, centralised approach helps those affected to find the information they need, including when new needs for information and support may emerge. For example, around the first anniversary of the 2017 Manchester attack, many people contacted a dedicated Manchester Attack Support website to ask for support for the first time.

CASE STUDY

Netherlands 2014

Following the MH17 air disaster, an online information and consultation site was set up by Victim Support Netherlands and Impact (a partner in the Arq Psychotrauma Expert Group) in close collaboration with the Dutch government. As well as open sections maintained by an editorial board, the site included a private section for the bereaved, allowing information to be shared before it was given to the media and for the bereaved to communicate with one another via a managed forum.

LEARN MORE

'MH17 Online Information and Consultation Centre as a means of social support following disaster'
Presentation to the European Society for Traumatic Stress Studies | 11 June 2015

Relevant communication channels should be used to remind people that collective trauma events may have long-term impacts

The impacts of collective trauma events (CTEs) may be long-lasting and challenging. Key messages should include information about the long-term impacts of CTEs and how to find help if needed.

Relevant communication channels should be used to advise affected people about continuing support services

People affected by a collective trauma event (CTE) may not seek help for months or years. Information about supports should be promoted, sustained and updated through relevant communication channels. Care should be taken to address the risk of communication failure and a sense of 'being forgotten' if initial support sites or webpages change, update or revert 'back to business' while still being advertised as offering support.

Support and service delivery

Longer term support services should be available based on continuing or emerging needs

Longer term services should include:
- Phased pathways for mental health support
- Case management
- Financial help
- Support groups
- Community development activities
- Other welfare support

CASE STUDY

United Kingdom 2004 - 2017

Following the Asian tsunami (2004), the British Red Cross along with multiagency support (and specialist advice by Disaster Action) established a family/peer support network for UK bereaved and survivors. This included a website, online discussion forum, regional support groups and large-scale collective family support meetings. Informed by this approach, and subsequent examples of collective bereaved family gatherings such as after the 2011 Norway attacks, a coordinated support program for bereaved and survivors from the 2017 Manchester attack was launched, funded by the We Love Manchester Emergency Fund.

LEARN MORE

£3m to bereaved families and for support groups
We Love Manchester Charity Fund | 2018

Review of the experiences of United Kingdom nationals affected by the Indian Ocean Tsunami
UK National Audit Office | 1 November 2006

Disaster Action website
Disaster Action (UK)

Support should be aimed at multiple levels, including individual, family and community

Collective trauma events (CTEs) have profound impacts for individuals, families and communities. A range of supports that targets multiple levels may be helpful after a CTE.

Discrimination or harassment affecting targeted populations should be addressed

Collective trauma events (CTEs) often generate intense and sustained feelings of anger, which may fester and be targeted towards people who share a characteristic with a perpetrator of violence (e.g. religion, ethnicity). For example, a growth in anti-Muslim views has been reported in the UK and linked to retaliatory attacks against Muslims. In some instances, LGBTIQ groups have been blamed by fringe religious groups and commentators for causing disasters. Coordinated efforts to monitor discrimination and violence against groups of people that may be targeted is an important element of the long-term impacts of CTEs.

CASE STUDY

United Kingdom 2006

In 2006, the UK parliament passed new legislation against inciting hatred against a person on the grounds of their religion. This was done in response to the increase in discrimination and incidents impacting the Muslim community following 9/11 and the 7/7 London bombings. Research has shown that religious hate crimes, mostly against Muslims, rose sixfold in London following the 7/7 bombings.

LEARN MORE

Hate crimes soar after bombings
BBC News | 4 August 2005

The impact of 7 July 2005 London bomb attacks on Muslim communities in the EU
European Union Agency for Fundamental Rights | November 2005

The State of Hate 2018: An overview of our latest report by Nick Lowles, Chief Executive
The State of Hate (UK), 2018

'Surging threat' of right-wing groups fuelled online
Sky News (UK), 2 March 2018

Longer term support services should link with investigation and coronial processes

People impacted by collective trauma events (CTEs) may need support throughout investigation processes which, due to the nature of CTEs, might be prolonged or delayed. This can add to the significant emotional impact and sensitivity associated with them. An appreciation that time may complicate distress rather than diminish it should inform support planning and provision.

CASE STUDY

United Kingdom 2010-2016

In addition to support for witnesses and family members attending court for the 7/7 inquest (2010–11) and second Hillsborough inquest (2014–16), the internet was used to keep the public informed of details and events, including transcripts of proceedings and evidence produced during hearings. In recognition of the significance and impact of the proceedings on the wider community of those affected within and beyond Liverpool, a local news provider, the Liverpool Echo, used a dedicated webpage and real-time updates throughout the hearings, which helped keep people informed and connected.

LEARN MORE

Hillsborough Inquests website
Hillsborough Inquests | 2018

Hillsborough Inquests
Liverpool Echo | 29 July 2018

Coroner's inquests into the London bombings of 7 July 2005
UK National Archives | 16 February 2012

People directly affected by a collective trauma event should be consulted around memorial and commemoration events

It is important to include those impacted by collective trauma events (CTEs), including those who are bereaved or injured and those who helped, in the development, planning and management of memorials. Local communities in which permanent memorials are planned should also be consulted. There have been several incidents where well intentioned but poorly planned permanent memorials have caused significant distress to people directly affected by a CTE.

Monitoring, Evaluation and Learning

Reviews of support should include evaluating long-term recovery services

Recovery efforts are routinely excluded from formal review processes, making it difficult to improve supports and learn from previous events. This can lead to a difficulty in seamless transitions between response and recovery, and a lack of recommendations to improve recovery efforts. In order to improve recovery efforts following collective trauma events (CTEs), long-term recovery services should be included in reviews.

The impacts of collective trauma events should be monitored against a set of key indicators

It is important to monitor the impacts of collective trauma events (CTEs) to inform support planning for affected communities. Traditionally, monitoring has focused on tangible aspects such as infrastructure loss, despite evidence indicating the broad range of effects in health and wellbeing, economic activity, impacts to the environment, sense of safety, community connectedness and use of public spaces. The impacts of CTEs will change over time, and likely be long term. Ensuring data collection and monitoring of the impacts of CTEs helps to improve recovery efforts and ensure recovery supports meet the needs of those affected.

Recovery services should be monitored against a set of key indicators

In order to improve services in the aftermath of a collective trauma event (CTE), a coordinated approach to collecting data on service provision should be undertaken. This will help with immediate and long-term improvements.

People directly affected by a collective trauma event should be involved in evaluating the quality and efficacy of response or recovery support services

It is important when reviewing any support service that service users are involved in the evaluation.

METHODS & METHODOLOGY

This report used a mixed-methods approach to gauge the views, experiences and lessons of a broad range of experts in various countries.

A literature review was conducted which enabled us to identify key themes and propose 48 statements regarding best practice before, during and after a collective trauma event (CTE). It can be found here: redcross.org.au/get-help/emergencies/resources-about-disasters/help-for-agencies/CTE-literature-review

These statements helped inform the design of a questionnaire. The survey was designed online using Survey Monkey, and was open and widely distributed between 28 February 2018 and 23 March 2018.

Survey participants remained anonymous. Only those who wished to receive the guidelines, once developed, or be further contacted gave their contact details.

Characteristics of respondents

In nearly four weeks of data collection, 298 respondents took the survey across 24 countries. Out of these, 196 fully completed the 48 questions, representing a 66% response rate. The analysis that follows incorporates only fully complete survey responses.

The 196 full responses were from 14 different countries. Figure 1 groups these countries into four areas, by percentage.

Figure 1 : Percentage of 196 full responses by geographic area

Asia and Middle East **5%**

North America **9%**

Europe **18%**

68% Australia & New Zealand

Most respondents identified as women (62%; Figure 2) and nearly 50% of all respondents had more than eight years' experience in the emergency services sector (Figure 3). The large majority of respondents (89%) had been exposed to CTEs in their careers. More than 75% of respondents held operational or managerial lead roles (Figure 5).

Overall, the survey captured the collective experiences and feedback from a wide range of professional backgrounds. Figures 2 to 6 further detail the respondents' characteristics.

Figure 2: Gender
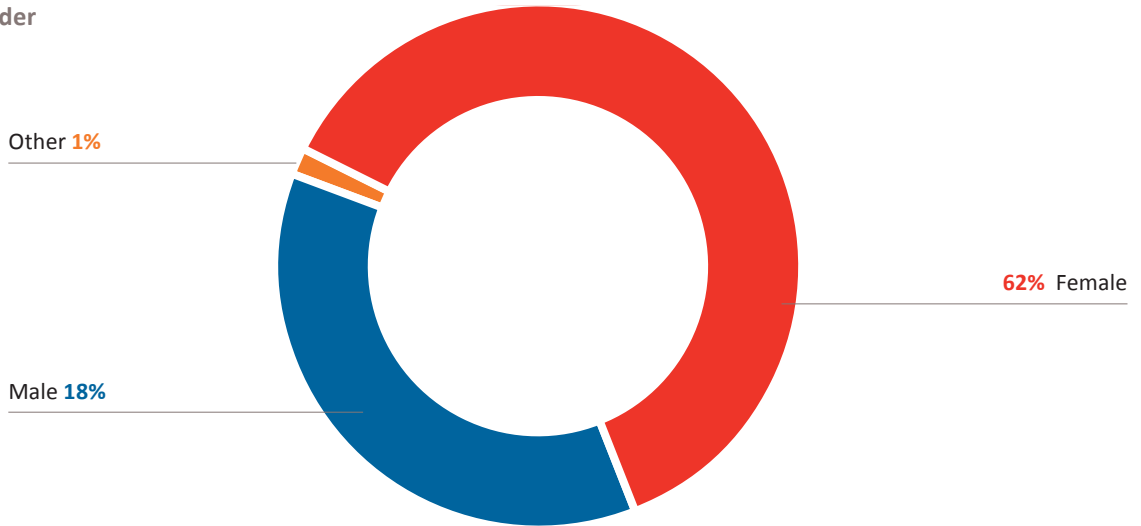
Other **1%**

Male **18%**

62% Female

Figure 3: CTEs exposed to

0 **11%**

1 to 3 **51%**

39% More than 3

Figure 4: Experience (years)

3-5 years **23%**

3-5 years **21%**

6-8 years **9%**

46% More than 8 years

Figure 5: Type of role

31% Manager/Lead

Policy Advisor 13%

10% Researcher

46% Operational
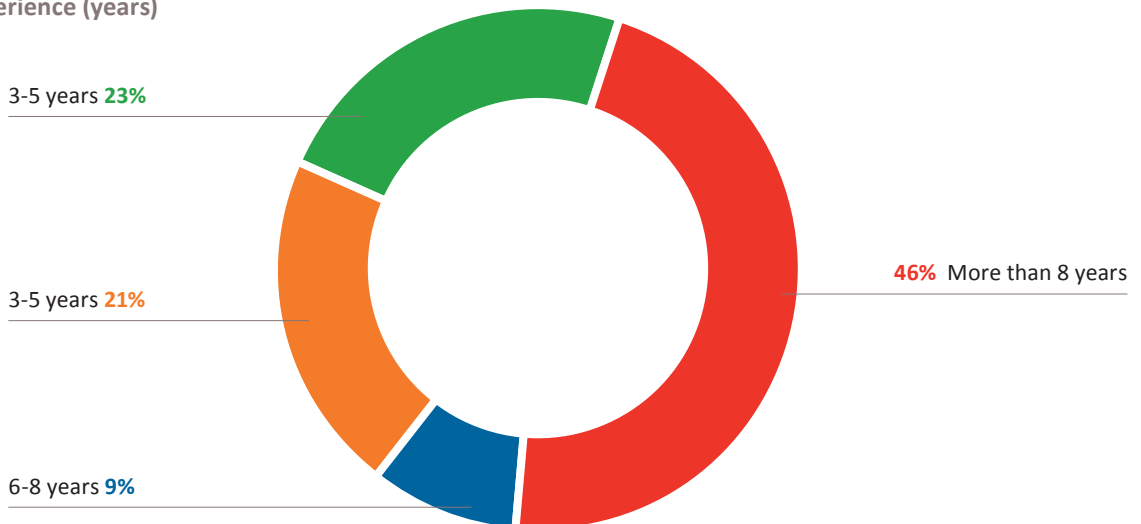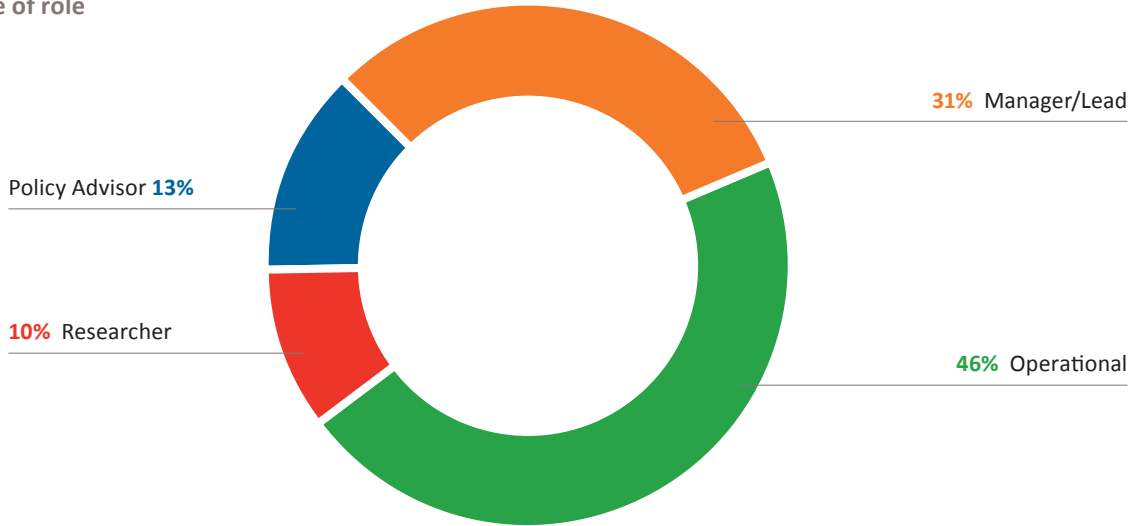
Figure 6a: Type of organisation

School 1%

Media 1%

Military 2%

Private company or contractor 2%

Other 4%

Health service 5%

Federal government 6%

Local government 7%

Research unit/Academic centre 11%

19% NGO

16% Police/Fire/SES-Ambulance

15% State government

12% Community organisation

Figure 6b: Type of organisation summary

Other 18%

Police and Health services 23%

Governments 28%

32% Community organisations

ISSUES RAISED

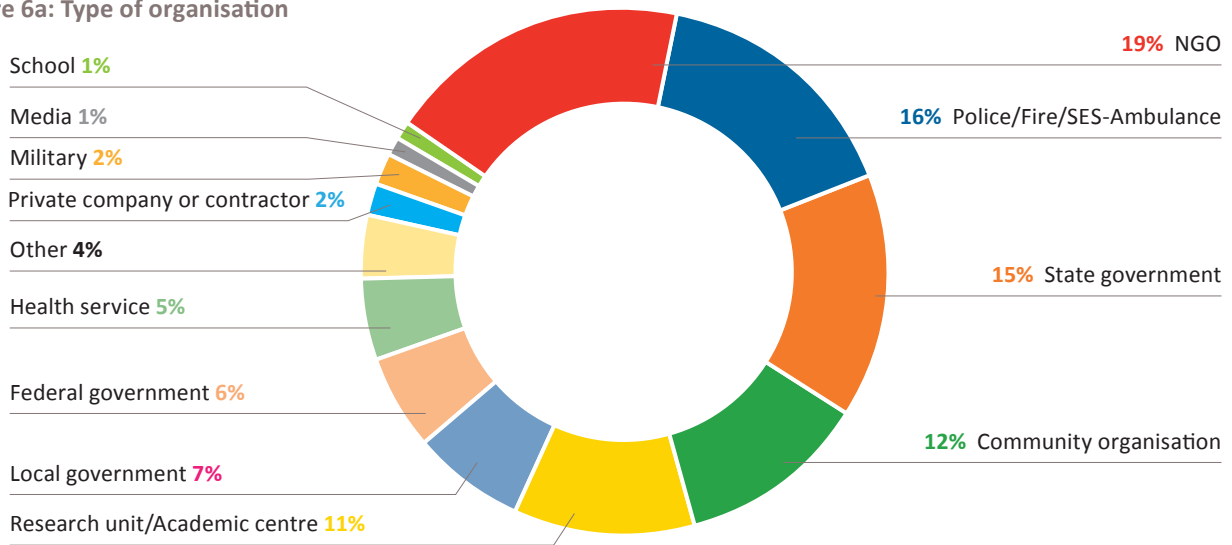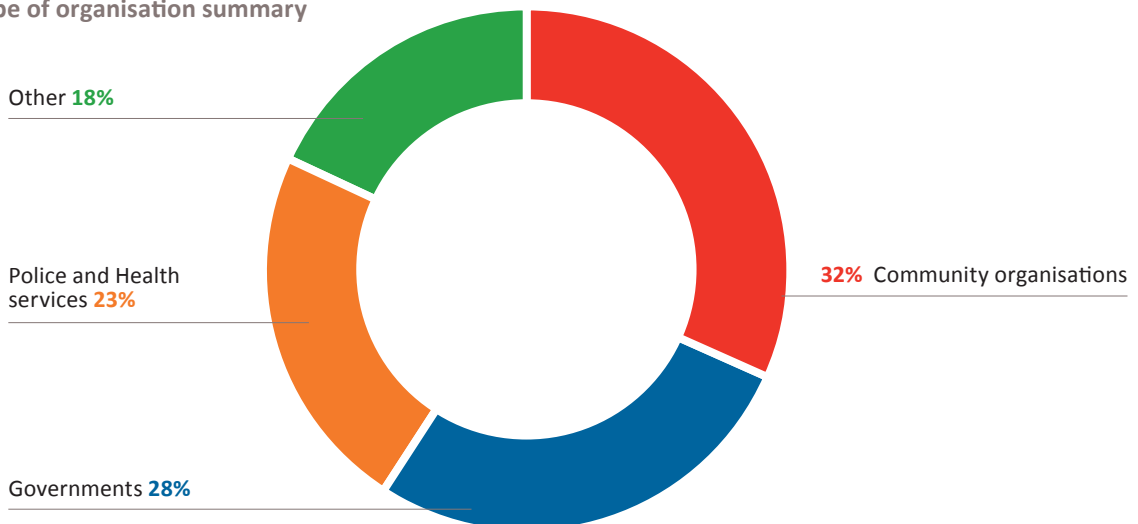Participants' qualitative comments in the survey highlighted a number of themes and concerns that recurred over a number of sections of the survey and these are briefly discussed here. These were related to:

- psychological first aid (PFA)
- perceived fragility of community members
- prioritising community members as key to decision-making and planning
- encouraging a broad interpretation of 'education and training'
- concerns about limited capacity for meeting the diverse needs of the community.

Psychological first aid

These guidelines refer many times to psychological first aid (PFA). However, despite substantial literature on this topic and the overwhelming majority of participants agreeing that PFA is important and relevant, a small number of comments made it clear that what PFA is and how it was developed was not fully understood by some.

PFA is an evidence-informed approach to helping people in the aftermath of a disaster or distressing event. It aims to reduce initial distress and encourage adaptive functioning in people exposed to trauma. PFA is about providing basic, human support; delivering practical information; and showing empathy, concern, respect and confidence in the abilities of the individual.

PFA is based on the work of American psychologist Stevan Hobfoll and others, who used a consensus process to develop five principles for intervention following mass trauma:

- Safety
- Calm
- Connectedness
- Self-efficacy
- Hope

While there is some concern that there is an absence of direct empirical evidence for the effectiveness of PFA, there is agreement that:

- there is indirect evidence to support the delivery of services based on the principles of PFA
- there is a risk of doing harm if no support is offered in the aftermath of a disaster
- no competing alternatives are recommended.

PFA is currently considered as best practice support in the immediate aftermath of a disaster, and is promoted by the following organisations (among others):

- World Health Organization
- International Federation of Red Cross and Red Crescent Societies
- The Sphere Project
- Phoenix Australia
- Australian Psychological Society
- US National Centre for PTSD

LEARN MORE

Systematic review of psychological first aid
Jonathan Bisson & Catrin Lewis, 2009

Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence
Psychiatry, 2007

IASC guidelines on mental health and psychosocial support in emergency settings: Checklist for field use
World Health Organization, 2008

Psychosocial support in emergencies
International Federation of Red Cross and Red Crescent Societies (IFRC)

Leaflet – Psychological first aid
International Federation of Red Cross and Red Crescent Societies (IFRC)

Psychological first aid: Field operations guide (2nd edition)
US National Centre for PTSD, 2006

Perceived fragility of community members

Community-led recovery is widely acknowledged as good practice in disaster recovery policy. Despite this, there were a number of comments made by participants to indicate that one of the perceived barriers to greater community participation in planning or activities around collective trauma events (CTEs) was a fear from emergency managers of 'retraumatising' community members by asking them to be involved in things relating to their traumatic experience.

> *… vulnerable groups themselves are the best judge of whether participation in research is perceived as harmful or beneficial. Too often decisions, particularly concerning trauma-related protocols, are influenced by presumed rather than empirically documented vulnerability. It is often assumed that research on vulnerable populations might be unethical because it 'may rip open old wounds'. – Dyregrov 2004*

There are strong parallels with these concerns and research ethics relating to people impacted by trauma. While there has long been a perception that people impacted by trauma may be too vulnerable to participate in research about their experiences, growing evidence indicates that, provided the research is sensitive and respectful:

- most people will not experience distress by participating in research about their traumatic experience
- for the small percentage of people who do experience distress, it is generally short lived, and not a deterrent to continuing to participate, or recommending that others in similar situations participate
- many people who participate in research about trauma consider their experience to be interesting, beneficial and valuable.

Provided that the approach to involving community members to lead or provide input into planning and activities relating to CTEs is respectful, there is no evidence that this will cause harm.

LEARN MORE

See the bibliography for extended literature on this topic.

Prioritising community members as key to decision-making and planning

While representing a minority perspective from participants, there were a number of comments that alluded to the 'superiority' of emergency managers above community members in relation to CTEs. It wasn't clear whether such comments indicated well-intentioned paternalism or underestimated the capacity of community members to help themselves and others.

We caution against adopting, promoting or reinforcing organisational cultures or practices that foster a belief that community members are not capable and important players in the case of a CTE. This approach does not promote resilience or community-led responses.

Encouraging a broad interpretation of 'education and training'

Australian Red Cross acknowledges that the terms 'education' and 'training' caused some confusion in the survey. We encourage emergency services practitioners and policymakers to take a broad approach to the concept of education, so that it doesn't become a barrier to informing community members about positive actions they can take. For example, some of the most common concerns that respondents identified regarding community members being trained in first aid or psychological first aid (PFA) were about certification and upkeep; survey respondents saw this as a barrier to supporting this practice.

Concerns about limited capacity for meeting the diverse needs of the community

One of the concerns expressed by some participants across a number of the practice statements was a lack of capacity for meeting the diverse needs of the community, and that meeting the needs of one group could only be done at the expense of another.

All communities have people with different needs. It is important that everyone has access to information and support before, during and after a CTE.

FURTHER INVESTIGATION

When undertaking the literature review, gaps in the research were identified that call for further investigation:

- Place and collective trauma: collective trauma events (CTEs) often occur in a public space. After the event, the site can take on new meaning and significance.

- Reopening sites: Following a CTE, it can be difficult to know when and how to reopen a site, and whether it can be returned to its former use. Despite a large number of examples (e.g. Columbine High School, Port Arthur site and café, Dreamworld, World Trade Center) there is little practical guidance for those managing these events.

- Guidance regarding working with the media before, during and after CTEs.

- Guidance regarding activities that support strong connections between people, places and organisations before, during and after CTEs.

- New CTEs as triggers for people impacted by past CTEs, and the implications of this for communication, services and support.

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