

## **ESTSS Statement on the Tragic Terrorist Attacks in Europe during the COVID-19 Pandemic**

On 2 November 2020, Vienna came under a terrorist attack. Before that, a series of terrorist attacks took place in France. The European Society for Traumatic Stress Studies (ESTSS) would like to express its sympathy and solidarity with the Austrian and French people. The Austrian and French governments, key experts, and the populations of both countries have organized prompt responses to ensure safety and security in the aftermath of the attacks. The implementation of policies promoting information, support and solidarity have been impressive, and are effective in fostering resilience in the affected populations.

The aim of ESTSS is to promote strategies to counteract the consequences of any traumatic event - including mass trauma and man-made disasters - and to help prevent the onset of longer term consequences through early identification of risk and protective factors, and the promotion of effective and evidence-based psychosocial interventions and long-term clinical treatments. For this reason, the Society would like to propose the following recommendations to underscore the importance of a trauma-informed approach to shape the ongoing crisis response in the affected countries. The recommendations are in line with the TENTS guidelines on psychosocial support during disasters<sup>1</sup>, the ESTSS package of Recommendations on Mental Health and Psychosocial Care During Pandemics<sup>2</sup>, and the relevant guiding documents from IASC<sup>3</sup>:

1. Psychological support and watchful waiting should be adopted to support direct victims of the terrorist attacks. This approach should include trauma-informed monitoring to a) identify individuals most at risk of development of trauma-related symptoms or other adverse outcomes in the future, and b) implement appropriate referral systems for evidence-based intervention and treatment. Treatment costs should be covered by appropriate health authorities.
2. Dedicated support should be guaranteed to the most vulnerable groups, such as children, adolescents, elderly people, and marginalized groups (e.g. migrants). Research demonstrates that such populations are more vulnerable to longer term consequences of collective trauma, and should therefore be given comprehensive early support to sustain their adaptive coping strategies. Parents, teachers, care-givers, and health and social care professionals should be

---

<sup>1</sup> Bisson J.I., Tavakoly B., Witteveen A.B., Ajdukovic D., Jehel L., Johansen V., Nordanger D., Orenco Garcia F., Punamaki R., Schnyder U., Sezgin A.U., Wittmann L., Olf M. (2010). TENTS Guidelines: development of post-disaster psychosocial care guidelines through a Delphi process. *British Journal of Psychiatry*, 196, PP. 69-74.

<sup>2</sup> Javakhishvili, J.D., Ardino, V., Bragesjö, M., Kazlauskas, E., Schäfer, I. (2020). European Society for Traumatic Stress Studies (ESTSS) Recommendations on Mental Health and Psychosocial Care During Pandemics.

<sup>3</sup> Inter-agency Standing Committee (2011). Counter-terrorism measures and humanitarian action, Geneva; Inter-agency Standing Committee (2020). Operational Considerations for Multisectoral Mental Health and Psychosocial Support Programs During the COVID-19 Pandemic.

informed about responses to traumatic stressors in these groups to help individuals manage their response and boost their resilience. For example, the risk of post-traumatic trajectories in children is dependent on how effectively key adults cope with the situation and are able to promote a sense of safety in their children. With many schools adopting a distance-learning format because of COVID, children and adolescents miss out on the opportunity to be in a healing environment offering peer interaction and support. In case of need, age-appropriate e-health counseling services (e.g. special hot lines) should be accessible to school teachers, parents and children.

3. Due to the ongoing COVID-19 pandemic, it is important to assure accessibility of e-health services for people in need: e.g. survivors, their family members, family members of victims, and others. It is crucially important to address the special mental health needs of at-risk groups, such as people with a previous history of mental health problems whose condition might deteriorate due to exposure to the tragedy, as well as forcibly displaced people or other survivors of man-made violence who are susceptible to re-traumatization.
4. The terrorist attacks caused loss and grief within an already difficult time brought on by the COVID-19 pandemic. Given this situation, it is important to organize events for mourning rituals at individual, family and community levels. These should be compliant with pandemic-related physical-distancing policies.
5. The terrorist attacks may amplify feelings of uncertainty and insecurity already present in the general population due to COVID-19. For this reason, an appropriate information-dissemination strategy to promote safety and encourage calm is warranted. To facilitate the normalization of possible trauma-related reactions and symptoms within the general population, it is important to ensure a continuous flow of reliable information to reduce uncertainty and provide psychoeducation. This can be done via different communication channels, including the internet, TV and radio.
6. The aftermath of the terrorist attack may favor the onset of a “blame-game,” with people seeking to project their fears and internal conflicts onto others, thereby contributing to a fragmentation of society. To avoid this, it is important that public responses promote a sense of connectedness, safety, self- and community- empowerment, hope, and regaining of control.
7. Also recommended is a consideration of the potential impact of the COVID-19 pandemic and response on violent extremist recruitment and radicalization. The pandemic’s impact on such extremism is multifaceted and complex. The stress of social distancing and restrictions on day-to-day activities may be used to validate particular worldviews (the decadence of the West, the corruption of big government). Social restrictions may provide a captive audience ripe for radicalization, and the pandemic may provide a context for opportunistic attacks.

ESTSS recommends considering the broader impact of the pandemic in formulating policies dedicated to anti-terrorism (e.g. thought should be given to how government responses are perceived, to potential unintended consequences of these responses, and to broader socio-economic issues). ESTSS fully supports efforts to combat any escalation of violence. This can be done by promoting a sense of community and of strength to meet the emotional challenges posed by the current situation.

The timing of the terrorist attacks amid the ongoing global COVID-19 crisis makes it even more important to address the possible adverse effects on mental health. The rising COVID-19 infection and death rates - along with the serious consequences of restrictive measures (e.g., quarantine, physical distancing, lockdown, lack of socialization) - already represented a substantial mental health burden for the populations of affected countries.

Joint research in the 10 ESTSS member countries reveal the same discouraging picture of negative psychological effects of the pandemic across Europe, in line with other COVID-19 impact studies carried out since the beginning of 2020<sup>4</sup>. Research indicates that the pandemic increases risks for adjustment disorder, anxiety, depression, post-traumatic stress disorders and other common mental health problems<sup>5</sup>. In addition, there is an emerging body of evidence showing that the risks for domestic violence are increased as well<sup>6</sup>.

The terrorist attacks may exacerbate the already complex system of stressors that affect our societies due to the COVID-19 pandemic. They can be thought to further jeopardize our sense of safety and security, and thereby to pose a further challenge to stable society.

The described above makes it all the more important to address the public mental health consequences of these tragic attacks, since a supportive and caring culture that strengthens societal resilience is the most powerful antidote to violence.

---

<sup>4</sup> Lotzin, A., Aakvaag, H., Acqarini, E., Ajdukovic, D., Ardino, A., Böttche, M., Bondjers, K., Bragesjö, M., Dragan, M., Grajewski, P., Figueiredo-Braga, M., Gelezelyte, O., Javakishvili, J.D., Kazlauskas, E., Knefel, M., Lueger-Schuster, B., Makhashvili, N., Mooren, T., Sales, L., Stevanovic, A., Schäfer, I. (2020). Stressors, coping and symptoms of adjustment disorder in the course of COVID-19 pandemic – unpublished research data.

<sup>5</sup> Bäuerle, A., Teufel, M., Musche, V., Weismüller, B., Kohler, H., Hetkamp, M., Dörrie, N., Schweda, A., Skoda, M. (2020). Increased generalized anxiety, depression and distress during the COVID-19 pandemic: A cross-sectional study in Germany. *Journal of Public Health*, fdaa106; Ahmed, Z., Oli Ahmed, O., Aibao, Zh., Hanbina, S., Siyuc, L., Ahmad, A. (2020). Epidemic of COVID-19 in China and associated Psychological Problems. *Asian Journal of Psychiatry* 51, 102092; Lima, C., Carvalho, I., Lima, A., Nunes, J., Saraiva, S., de Souza, R., Lima da Silva, C., Neto, M. (2020). The Emotional Impact of Coronavirus 2019-Ncov (New Coronavirus Disease), *Psychiatry Research*; Czeisler, M., Lane, R., Petrosky, E., Wiley, J., Christensen, A., Njai, R., Weaver, M., Robbins, R., Facer-Childs, E., Barger, L., Czeisler, C., Howard, M., Rajaratnam, Sh. (2020). Mental health, substance use, and suicidal ideation during the COVID-19 pandemic - USA, June 24–30, 2020. *Morbidity and Mortality Weekly Report*, 69(32), 1049–1057, etc.

<sup>6</sup> Peterman, A., O'Donnel, M. (2020). COVID-19 and Violence against Women and Children. A second Research Round up. In: *Global Developments*. <https://www.cgdev.org/publication/covid-19-and-violence-against-women-and-children-second-research-round>.