

A REPORT ON RESPONDING TO THE NEEDS OF CANADIAN VICTIMS OF TERRORISM

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INTRODUCTION

The Canadian Resource Centre for Victims of Crime (CRCVC) is a national, non-government, non-profit advocacy group. Our mandate is two fold: we provide direct advocacy services to crime victims across the country, most of whom are victims of violence or families of homicide victims, and we lobby all levels of government for additional rights and services for victims.

Our involvement with terrorism victims began when we held a roundtable meeting with victims of serious crimes that remain unsolved.¹ We invited Mrs. Maureen Basnicki, whose husband Kenneth was in the World Trade Center when the buildings were attacked. Her husbands' killers committed suicide and therefore could never face a trial, thereby denying her and her family any justice. Mrs. Basnicki feels like her husband's murder is unsolved.

After that initial meeting, we began to assist Mrs. Basnicki in dealing with the various officials she was interacting with regarding the murder of her husband. From there we were introduced to families from the Air India Bombing and we assisted both groups in being able to testify before the Commons and Senate Committees studying the *Anti-Terrorism Act*.

The lack of recognition of Canadian victims of terrorism was no more evident than when they were denied their request to testify before the Standing Committee. They felt their voices were as important as others impacted by the legislation and they had a perspective that the committee must understand before it made its recommendations. It was only after lobbying by victims and victims groups that the committee changed its mind.

After hearing their heartbreaking testimony about the lack of services offered to them, it became clear to us that Canada had let these people down and we needed to do better in the future to assist victims of terrorism, whether the attack takes place on Canadian soil or elsewhere. The Committee members who heard their testimony also realized we needed to do better. After the families testified before the Commons Committee, the former Ministers of Justice and Public Safety faced questions from members about victim compensation, victim services and a strategy to deal with victims abroad.

BACKGROUND

Within the scope of this project, the CRCVC examined the needs of Canadian victims of terrorist attacks, regardless of whether an attack was to occur within or outside of Canada. There were three phases to this project. The first phase involved research examining disaster planning/preparedness and responses to past terrorism tragedies

¹ This project was funded by the Policy Centre for Victim Issues.

including: Air India Flight 182², PanAm Flight 103³, the Oklahoma City bombing⁴, the events of 9/11⁵ and the London tube bombings⁶. It has been well established by jurisdictions that have experienced terrorism first-hand that pre-incident preparedness (or lack thereof) can deeply impact post-incident response to victims. Thus, the manner in which first responders, service providers, and government (including the provision of forms of compensation) have responded to the incidents above was examined.

In addition to an examination of the “lessons learned” in the above mentioned and other tragedies, we were also able to participate in and audit training offered in both Canada and the United States that addresses services to victims of mass violence and terrorism.

The second phase involved the preparation for and hosting of a one-day symposium to address the needs of Canadian victims and survivors of terrorism. Attendees included victim services workers, emergency preparedness personnel, mental health specialists, Federal and provincial governments and victims and survivors of terrorist acts. Phase two also involved the preparation of materials and questions for interviews with victims and survivors of terrorist acts.

This report represents the final phase of the project, and it ties together the findings of our research, interviews, and symposium and makes recommendations to improve services for victims/survivors of terrorist attacks.

² The bombing of Air India Flight 182 on June 22, 1985, was Canada's worst case of mass murder – 329 passengers and crew were killed when the plane exploded off the coast of Ireland. Two baggage handlers at Tokyo's Narita Airport died in another connected bombing.

³ PanAm Flight 103 exploded over Lockerbie, Scotland at 7:03 p.m. on December 21, 1988. Casualties included 243 passengers, 16 crew members, and 11 people on the ground who were killed. The bomb was hidden in a Toshiba radio-cassette player in a brown Samsonite suitcase.

⁴ On the morning of April 19, 1995, Timothy McVeigh parked a rented Ryder truck with explosives in front of the Alfred P. Murrah Federal Building located in Oklahoma City, Oklahoma and, at 9:02am, a massive explosion occurred which sheared the entire north side of the building, killing 168 people.

⁵ The September 11, 2001 attacks were a series of coordinated terrorist attacks upon the United States of America. That morning, nineteen men affiliated with al-Qaeda hijacked four commercial passenger jet airliners. The attackers crashed two planes into the Twin Towers of the World Trade Center in New York City, resulting in the collapse of both towers within two hours. Hijackers of the third aircraft crashed that plane into the Pentagon in Arlington County, Virginia. Passengers on the fourth hijacked aircraft attempted to retake control of their plane from the hijackers, which crashed into a field in rural Somerset County, Pennsylvania. Approximately 3,000 people died in the attacks and a number of buildings were damaged or destroyed.

⁶ The 7 July 2005 London bombings were a series of coordinated suicide bombings that struck London's public transport system during the morning rush hour. At 8:50 a.m., three bombs exploded within 50 seconds of each other on three London Underground trains. A fourth bomb exploded on a bus at 9:47 a.m. (nearly an hour later) in Tavistock Square. The bombings led to a severe, day-long disruption of the city's transport and mobile telecommunications infrastructure. Fifty-six people were killed in the attacks, including the four bombers, and about 700 injured, of whom about 100 required overnight hospital treatment or more. The incident was the deadliest single act of terrorism in the United Kingdom since Lockerbie (the 1988 bombing of PanAm Flight 103 which killed 270), and the deadliest bombing in London since the Second World War.

PURPOSE OF THE PROJECT

It is our hope that our research and this report will initiate a dialogue between the Federal, provincial and municipal governments. The expertise to assist Canadian victims of terrorism already exists within the existing victim services across the country and in lessons learned from other jurisdictions such as Oklahoma City, New York, Washington and London.

It is not, however, our intention to tell the provinces and municipalities, front line responders, etc. how to do their jobs or organize their responses. Our goal is to identify some issues and challenges that other jurisdictions had to contend with, some of which may already be anticipated and others that may not, so that when plans are developed, victim/survivor needs can be incorporated. All of the recommendations are made to the Federal government in recognition of its unique role to work with all levels of government and provide some leadership to those governments to assist them in developing an appropriate response that incorporates the needs of victims of crime.

While prevention is essential, governments would be irresponsible if they did not prepare for a terrorist act, and a key part of that response must encompass more than the physical rescue of victims, and include the emotional recovery of those people as well. We must prepare our emergency and victim services to meet the needs of the injured and the mourning, because how we deal with them in the days and weeks to follow will impact them for a long time to come.

In the aftermath of 9/11, the Federal government passed the *Anti-Terrorism Act*. Critics were quick to note that it “did nothing for victims of crime.”⁷ Over \$9 billion has been spent on increasing Canada’s security since 9/11 or making emergency plans to respond to an attack, but we have found little discourse about how we would respond to the needs of those injured or the families of those murdered.

The Emergency Management Framework for Canada, released by the FPT Ministers Responsible for Emergency Management, made scarce reference to issues related to assisting victims. One reference was a goal to “minimize suffering” and another reference was made to “trauma counselling” but no details were discussed. The 2005-2010 strategy does not mention victims at all.

Given that the first response to a terrorist attack would be led by the municipalities in most cases, we were concerned to note that two reports developed by the Federation of Canadian Municipalities on the role of municipalities in emergency planning failed to even mention services for the victims of terrorist attacks.⁸

⁷ Kent Roach. September 11: Consequences for Canada. McGill-Queen's University Press, 2003.

⁸ Federation of Canadian Municipalities. 2004 Municipal Emergency Preparedness and Management Costs – Issues and Resource Requirements, 2004; Federation of Canadian Municipalities. Emergency: Municipalities Missing from Disaster Planning, 2005.

Several jurisdictions have warned that the lack of advance coordination can hamper a smooth delivery of services to victims and that funding for responding to victims of terrorist attacks must not outstrip funding for other victim services. Those same jurisdictions have identified that although victims of terrorism share many needs with victims of other kinds of violence and with victims of natural disasters, the nature of the crime may require a different method of service delivery, with special coordination, training and planning.

We believe the Federal government can play an important role in educating and assisting the various levels of government about the development of response plans that address this oversight.

We are encouraged that a consensus appears to be growing with respect to addressing the needs of crime victims. In a letter to the CRCVC in November 2005, former Public Safety Minister Anne McLellan wrote, "Governments of all levels need to not only be actively working to prevent terrorist acts, but also need to actively strategize on how to cope and offer support to victims should a terrorist event occur."⁹ The Air India Inquiry has spent considerable time listening to the experience of the families and on the response to them as victims of terrorism. Some municipalities have begun to incorporate victim issues in their response plans. We hope that this report will build on those initiatives.

CANADIAN EXPERIENCE WITH TERRORISM

On last day of testimony for the Commons Standing Sub-Committee's review of the *Anti-Terrorism Act*, MP Tom Wappel thanked the witnesses for reminding him and the rest of the committee that "we have already been victims of a terrorist attack. It isn't a question of, "not if, but when?" but "when again?" I think it's absolutely critical that we recognize that."¹⁰

The 1985 Air India bombing resulted in the murder of 280 Canadian citizens; two dozen Canadians were murdered in the 9/11 attacks, and more Canadians have been injured or killed in terrorist attacks around the world including:

- 1970 FLQ - Quebec Cabinet Minister murdered; several bombings prior to this murder/kidnapping resulting in the deaths of six people;
- 1996 bombing in Paris Metro by Armed Islamic Group (a Canadian woman and her husband were killed);
- 1996 attack by a gunman in Novyy Atagi, Chechnya (Canadian nurse was killed);
- 2002 Bali bombing in Kuta, Indonesia (3 Canadians were killed);
- 2002 Canadian woman shot by gunman claiming to be linked to Al Queda at LA Airport;
- 2005 Bali bombing in Jimbaran and Kuta, Indonesia (3 Canadians were injured);

⁹ Letter to CRCVC from the Honourable Anne McLellan, former Minister of Public Safety and Emergency Preparedness, November 15, 2005.

¹⁰ Subcommittee on Public Safety and National Security, November 16, 2005.

- 2005 terrorist attack in Egypt's Sinai Peninsula (two Canadian peacekeepers injured); and,
- 2005 two Canadians taken hostage in Baghdad by Swords of Righteousness Brigade.

Canadians were reminded once again of the ongoing threat of terrorism after 17 people were arrested and charged with terrorist related activities the summer of 2006. Arrests in the U.S. and England were further reminders to the world that we may never again be able to feel completely safe.

The Special Senate Committee that review the *Anti-Terrorism Act* heard from families who lost loved ones in the Air India bombing and 911. In its final report, the committee said,

“The need for the components in the fight against terrorism just discussed cannot be overemphasized, given the devastating impact terrorist acts have on victims of terrorism, their families, their countries and the international community. The mass deaths resulting from the Air India tragedy provided a horrific example of terrorism's long-lasting and far-reaching effects in the Canadian context. The bombing of the World Trade Centre in New York, and numerous additional acts of terrorism that have occurred around the world since then, have served to underscore the impact of terrorism. Such events were devastating not only in and of themselves, but also in terms of the impact they had on the family members and friends of those killed, and on society at large. Terrorist acts cause physical, emotional and psychological wounds to victims and their families that can take years to heal, if indeed they ever do. The Committee empathizes with the victims of terrorism and their families, recognizes the horrible effects that acts of terrorism have had on them, and urges governments to assist them by providing them with the help and support they require.”¹¹

PSYCHOLOGICAL IMPACT OF TERRORISM

Violence has a huge impact on the lives of victims and family members. In 1996, the Forty-Ninth World Health Assembly adopted Resolution WHA49.25 declaring violence a major and growing public health problem across the world.¹² This impact can manifest in unexpected ways, and is often amplified in the victims of terrorist incidents, for a number of factors specific to the fact that the death or injury occurred in conjunction with a terrorist act.

This unique impact is identified in the literature regarding the victims of both the Oklahoma bombing and 9/11. According to the United States Office for Victims of Crime, 9/11 showed that “the needs of victims of mass criminal events were unique

¹¹ Special Senate Committee on the *Anti-Terrorism Act*, “Fundamental Justice in Extraordinary Times: Main Report of the Special Senate Committee on the *Anti-Terrorism Act*” February 2007.

¹² World Health Organization. Report on Violence and Health, 2002.

compared with the needs of victims of other crimes.”¹³ Among the lessons learned from 9/11, officials suggest that mass criminal victimization requires specialized response strategies that address the complex toll on people.¹⁴ Victim services in Oklahoma were found to be unprepared for the scope and intensity of the traumatic reactions.¹⁵

During 9/11, “the impact of the crisis and scope of the victim needs were not anticipated, severely straining existing resources and jeopardizing effective compensation and victim assistance.”¹⁶ Other jurisdictions found that in responding to the terrorist event, existing resources were strained. Victim service workers, for example, had to balance responding to the needs of the victims of terrorism with the need to respond to other victims of crime.

Jurisdictions with direct experience with natural disasters may feel that they are ready to respond to victims of terrorism; that responding to victims of a terrorist event is not significantly different than responding to victims of natural disasters. But experience and research show that victims of mass criminal victimization react differently than victims of natural disasters largely because of the human factor – that someone did this on purpose to hurt innocent people. The impact from human made disasters may be more prolonged, recovery may take longer, may have the most profound psychological effects and the impact may last longer than natural disasters. “The psychological, behavioural and social impacts of a terrorist event have the potential to inflict the most persuasive, long-lasting and costly consequences to individual’s health.”¹⁷

A natural disaster differs somewhat from an act of terrorism in that people and communities affected usually have advance warning of the impending event, for example, a hurricane, flood, forest fire, tornado, etc. This advance warning allows people to prepare for the psychological impact of the disaster and the possibility of loss of life/livestock, homes, material possessions, etc. In the case of unexpected disasters or accidents such as earthquakes, explosions, hazardous material accident, transportation accident, famine, or epidemic that causes human suffering, victims and survivors may be more accepting of the outcome because although the event is a shock, it does not usually involve the horror, terror or violence inflicted against innocent persons that normally define an act of terrorism. The most significant difference is that no single person or group is culpable in the disasters listed above.

Victims of terrorism may not feel safe anymore, where as once the immediate crisis of a natural disaster is over, people can begin to rebuild. The intensity and length of media coverage is another factor that contributes to the prolonged impact felt by terrorism

¹³ Office for Victims of Crime. Responding to September 11 Victims: Lessons Learned From the States, 2005: p. ix.

¹⁴ Office for Victims of Crime. Responding to September 11 Victims: Lessons Learned From the States, 2005: p. x.

¹⁵ Office for Victims of Crime. Responding to Terrorism Victims: Oklahoma City and Beyond. U.S. Department of Justice, Office of Justice Programs, 2000: p. 8.

¹⁶ Office for Victims of Crime. Responding to September 11 Victims: Lessons Learned From the States, 2005: p. x.

¹⁷ Benedek, D.M. et al. “Emergency mental health management in bioterrorism events.” Emergency Medicine Clinics of North America, May 2002: Vol. 20, No. 2, p.393-407.

victims. This media interest may not subside for some time, may re-emerge when other attacks take place or when a trial takes place, and is repeated on significant dates, such as anniversaries. This repeated exposure, in both broadcast and print media, forces victims to relive the traumatic event.

The rates of PTSD, depression, anxiety and traumatic bereavement are more prevalent in cases of trauma related to terrorist violence, and the symptoms can last longer.¹⁸ One study found that PTSD occurred in 18-50% of those directly exposed to terrorist attacks.¹⁹ Studies done after the London bombing found, "...generally, about a quarter of people who experience a traumatic event go on to develop post-traumatic stress disorder. It is a perfectly normal response to trauma and wholly treatable, as long as diagnosis is made and appropriate treatments are available."²⁰ These findings are consistent with the research that suggests victims of violent crime generally have greater risk of PTSD than victims of natural disasters.²¹

Although terrorism victims are at greater risk of ongoing mental health issues, most will not develop significant psychiatric disorders.²² It is therefore important to have in place the appropriate responses to victims to reduce the likelihood of the development of significant problems and also the tools and resources to identify those individuals who are at most risk.

Some of the reactions of victims of terrorism may be:²³

- shock/numbness
- intense emotions and grief, complicated grief;²⁴
- guilt, survivor guilt (individuals who were originally planning to be on the Air India flight have testified about this);
- anger/resentment;
- depression;
- isolation;
- panic;

¹⁸ Office for Victims of Crime. Mental Health Response to Mass Violence and Terrorism - Participant's Manual. U.S. Office for Victims of Crime Technical and Training Assistance Center, 2006. Boudreaux, E. et al. "Criminal victimization, posttraumatic stress disorder, and comorbid psychopathology among a community sample of women." Journal of Traumatic Stress, October 1998: Vol. 11, No. 4, p.673.

¹⁹ Gidron, Y. "Posttraumatic Stress Disorder after terrorist attacks." Journal of Nervous and Mental Disease, 2002: Vol. 190, No. 22, p. 118-121.

²⁰ Home Security Office. "Addressing Lessons from the emergency response to the 7 July 2005 London Bombings," September 22, 2006: p.10. Retrieved from <http://security.homeoffice.gov.uk/news-publications/publication-search/general/lessons-learned?view=Binary>.

²¹ Herman, Susan and Michelle Waul. Repairing the Harm: A new vision for crime victim compensation in America. National Center for Victims of Crime, July 2004.

²² Matthew J. Friedman. "Toward a Public Mental Health Approach for Survivors of Terrorism." Journal of Aggression, Maltreatment & Trauma, 2005: Vol. 10, No.1-2, p.527.

²³ Please see the Office for Victims of Crime "Handbook on Terrorism."

²⁴ Complicated grief is unresolved grief; prolonged sense of mourning. People may be overwhelmed by emotions brought on by grief and accepting the loss. The chances of complicated grief may be impacted by the suffering of the victim, degree of violence, relationship to victim (i.e. death of a child is the worst).

- inability to resume normal activities;
- delayed reaction;
- delay major decisions.

While the impacts of more traditional violent crime, such as a financially motivated murder, are similar to terrorism related crimes, there are some unique aspects of terrorism, such as:

- too many people with good intentions showing up at the scene;
- lack of services/confusion due to large number of injured victims and fatalities;
- community members may be less able to provide support because they are also experiencing trauma;
- problems and delays in identifying human remains;
- misidentification of loved ones (some of the testimony at the Air India suggested that more than one person/family attempted to claim one body and this was experienced in both 9/11 and Oklahoma);
- loved ones never found (the majority of victims of the Air India bombing were never found; over 1000 victims in 9/11 have not been found);
- the ongoing discovery of body parts, identification of victims who are found (i.e. must get DNA from family);
- may be several funerals in one day;
- re-traumatization through the intense media converge;
- media intensity may be reignited on anniversaries;
- media speculation (i.e. in Oklahoma, media speculated on how long someone might survive without food and water; families may feel they are betraying the victim if they give up hope; may remain hopeful longer than public or officials);
- repeatedly airing of the event;
- speculation of how much the victim suffered; how scared he/she might have been in their final moments;
- legal battles (i.e. over compensation/insurance money);
- continuing threat or fear of additional terrorist attacks leaves many feeling unsettled in the present and anxious about the future²⁵;
- there is no clear beginning and end to terrorism attacks (unlike natural disasters);²⁶
- terrorism attack may impact ability to return to daily life (i.e. mass destruction of property; transportation impacted; people cannot return to work, ongoing and extensive clean-up, etc.).

How we respond to victims of terrorism in the aftermath of an event can impact their recovery. The response must be sensitive to the unique needs that these victims have from the outset. Too many past traumas have shown that lack of coordination has led to more pain and intensified grief for those impacted. This must be addressed in the

²⁵ American Psychological Association. "Fostering Resilience in Response to Terrorism: A Fact Sheet for Psychologists Working With Adults," undated. Retrieved on 10 February 2007, retrieved from <http://www.apa.org/psychologists/pdfs/adults.pdf>

²⁶ Dr. James Young. CRCVC Symposium on Needs of Victims of Terrorism, April 2006.

planning for terrorist events, and in the training of those who will respond to victims. The risk of secondary trauma increases if the initial response is not appropriate.

At our 2006 symposium, Dr. James Young said, “Evidence from several well-designed studies indicates that many crime victims have long-term PTSD and other mental health problems. This suggests that they have gotten either insufficient or ineffective mental health treatment. The wisdom of attending to these long term mental health needs is clear.”²⁷ This statement illustrates the fact that planning for the needs of victims must extend beyond the initial crisis. The needs of those impacted evolve over time, and emergency planners need to be aware of that fact. Left untreated, unresolved issues surrounding bereavement leave victims at risk for further mental health complications, including a higher risk for suicide.²⁸

NEED FOR ADVANCE PLANNING

There has been one consistent theme resulting from this research, that all levels of government share the responsibility of advance planning to anticipate and meet the needs of victims of terrorism. It is both a message from other jurisdictions with recent experience in dealing with victims of terrorism, but also from the symposium the CRCVC hosted in April 2006.²⁹ All involved emphasized the need for coordination and advance planning to be able to respond to unique needs of victims. This must be done in advance, by incorporating services to victims in response plans. The U.S. Office for Victims of Crime found that,

“existing systems for emergency management or terrorism planning were based primarily on a public safety model of disaster response that focused on saving lives and ensuring citizens’ immediate safety. For the most part, these models were not developed to take into account the human impact of mass criminal incidents and did not recognize the social, psychological, and economic toll that might manifest itself in physical or emotional symptoms.”³⁰

Victims raised the issue that there must be an acknowledgement that the needs of victims carry on past the initial disaster, and continue for the long-term. Response plans should take this into account and provide for a mechanism to see these needs addressed. Victims also identified that the response by authorities and government, or their perception of a lack of response, can have significant impacts on long-term recovery.

²⁷ Dr. James Young. CRCVC Symposium on Needs of Victims of Terrorism, April 2006.

²⁸ Latham, Amy E., and Holly G. Prigerson. “Suicidality and Bereavement: Complicated Grief as Psychiatric Disorder Presenting Greatest Risk for Suicidality.” Suicide and Life-Threatening Behavior, Winter 2004: Vol. 34, No. 4.

²⁹ Please see report attached as Appendix C.

³⁰ Office for Victims of Crime. Responding to September 11 Victims: Lessons Learned From the States, 2005: p.ix.

Reports that examined the response to terrorist attacks support the views presented at the symposium, as the following illustrate:

“An important insight gained from the September 11 attack was that a plan must be in place before the incident occurs.”³¹

“...existing systems for emergency managements or terrorism planning...were not developed to take into account the human impact of mass criminal incidents and did not recognize the social, psychological and economic toll that might manifest itself in physical or emotional symptoms.”³²

“A lack of coordinated resources impeded smooth delivery of services to victims.”³³

“Consider emergency management not only from a prevention or intervention perspective, but also from a standpoint that takes into account the aftermath of the crisis.”³⁴

“An effective response to victims of terrorism is dependent upon prior planning and coordination.”³⁵

“Immediate, on the scene psychological consultations have a great potential to substantially reduce or eliminate long term psychological and physical symptoms.”³⁶

“When a mass fatality event occurs, the community should already have in place a crisis response plan to effectively respond to the needs of victims and families...Prior planning...will enhance a coordinated response...and help make it possible to meet the needs of victims and families.”³⁷

“While interagency CBRN³⁸ response planning efforts are underway at the local, regional, provincial and national levels in Canada, the focus is primarily on detection, containment and short-term consequence

³¹ David S. C. Chu. Response to the Terrorist Attack on the Pentagon: Pentagon Family Assistance Center After Action Report, March 2003: p.71

³² Office for Victims of Crime. Responding to September 11 Victims: Lessons Learned From the States, 2005: p.ix.

³³ Office for Victims of Crime. Responding to September 11 Victims: Lessons Learned From the States, 2005: p.x.

³⁴ Office for Victims of Crime. Responding to September 11 Victims: Lessons Learned From the States, 2005: p.x.

³⁵ Office for Victims of Crime. Responding to Terrorism Victims: Oklahoma City and Beyond. U.S. Department of Justice, Office of Justice Programs, 2000: p.50.

³⁶ City of Austin. Mental Health Crisis and Disaster Plan, August 2000: p.2. The term psychological consultation does not necessarily refer to counselling or treatment.

³⁷ Office for Victims of Crime. Responding to Terrorism Victims: Oklahoma City and Beyond. U.S. Department of Justice, Office of Justice Programs, 2000: p.13

³⁸ CBRN refers to chemical, biological, radiological, and nuclear.

management related to physical hazards. To date, the psychological, social, emotional and behavioural aspects of terrorism have not been fully integrated into preparedness and planning efforts. Moreover, an evidence-based risk assessment and management framework to assist emergency planners and first responders in preparing for and responding to the psychosocial dimensions of terrorism currently does not exist.”³⁹

“Speed, flexibility and openness are of the essence in the provision of effective humanitarian support.”⁴⁰

“In order that a Family Assistance Centre can be established rapidly it is essential that some advance planning is carried out.”⁴¹

In addition to the lack of planning for long-term needs, Dr. James Young indicated that services to victims, both locally and abroad, must be at the forefront of any emergency plan.⁴² For the most part, victims and their needs are not included in the advance plans for disaster response. This is true at the Federal, provincial and municipal level. This oversight must be addressed if we hope to provide services to the victims in a crisis. Victims, or those who provide services to victims, must be included as primary stakeholders at any level of planning for disasters such as terrorist attacks.

There does not need to be a mandate identifying the specific needs to be addressed in emergency planning. The agencies responsible for coordination of services in an emergency, generally the Department of Public Safety for domestic disasters, and the Department of Foreign Affairs for international incidents do need to craft frameworks that identify areas that should be addressed in emergency planning. Victims should be consulted on a broad range of need categories. These may include, but are not limited to:

- Crisis needs
- Short term needs
- Long term needs
- Information and communication needs
- Attention to cultural, religious, and ethnic considerations⁴³
- Legal rights and criminal trial issues (if applicable)⁴⁴

³⁹ Lemyre, Dr. Louise et al. “A psychosocial risk assessment and management framework to enhance response to CBRN terrorism threats and attacks.” Biosecurity and Bioterrorism, 2005:Vol. 2, No. 4.

⁴⁰ Home Security Office. “Addressing Lessons from the emergency response to the 7 July 2005 London Bombings”, September 22, 2006. Retrieved from <http://security.homeoffice.gov.uk/news-publications/publication-search/general/lessons-learned?view=Binary>.

⁴¹ Cabinet Office, UK Resilience. “Humanitarian Assistance in Emergencies: Guidance on Establishing Family Assistance Centres”, undated: p.11.

⁴² Dr. James Young. CRCVC Symposium on Responding to Victims and Survivors of Terrorism, April 2006.

⁴³ While this is impossible to predict given that any population of victims will not be identified until after an attack, there must be an awareness of these concerns at a minimum.

⁴⁴ These generally surround ensuring that victims able to participate, are kept informed, and ensuring that traditional victim’s rights are afforded to all victims.

FAMILY ASSISTANCE CENTRES⁴⁵

“The establishment of a family assistance center is necessary to facilitate the exchange of information and to address the families’ needs. Families and friends may spend long hours waiting anxiously for information about their loved ones. The family assistance center provides the families with accurate information in an appropriate manner and setting.”⁴⁶

A Family Assistance Centre (FAC) is “the place where victims’ families can receive information about the welfare of their loved ones. The FAC is the focal point for providing social assistance, food, grief counselling, clergy, access to telephones, email, faxes and child care to the families. The FAC is where most family members will first deal with the Medical Examiner and funeral directors.”⁴⁷ They have proven very effective in assisting families of those injured or killed.

The bombings of the Alfred P. Murrah buildings in Oklahoma City was the first terrorist attack of its kind in North America. Given the lack of experience with anything like it, the response by officials and government in the immediate aftermath was, in hindsight, impressive. Fortunately, Oklahoma City had a disaster plan in place to respond to a crisis. Officials had a Family Assistance Center operational by 3:30 PM the day of the bombing. After the attack on the Pentagon (184 people killed) and the London bombings (52 people killed; 700 injured), FACs were also set up.

The London Family Assistance Centre Provisional Guidance Document describes a FAC as

“a sophisticated facility where bereaved families and survivors can receive information and appropriate support from all the relevant agencies without immediate need for referral elsewhere. This support will take various forms and may require the provision of a wide range of services...The FAC will act as a ‘one-stop-shop’ for survivors, families and those affected by the disaster through which they can access support, care and services and advice. It will allow families and survivors to make informed choices according to their needs...enable the timely two-way flow of accurate information between families, survivors and essential responders. It provides comprehensive longer-term assistance for the duration of the response and any subsequent investigations.”⁴⁸

⁴⁵ Different jurisdictions may use different names, such as Compassion Center or Reception Centre. We have chosen Family Assistance Centre for simplicity’s sake, although this should not indicate a preference for any one name.

⁴⁶ Blakeney, Ray. “Providing Relief to Families After a Mass Fatality.” *OVC Bulletin*. Office for Victims of Crime, November 2002: p.7.

⁴⁷ Oklahoma City National Memorial Institute for the Prevention of Terrorism. *Oklahoma City – Seven Years Later: Lessons for Other Communities*, 2002.

⁴⁸ McClenahan, Muriel. *London Family Assistance Centre Provisional Guidance Document*. Home Office, February 2006. Retrieved from www.londonprepared.gov.uk/londonplans/emergencyplans/fac.pdf

It is important to establish the FAC as quickly as possible. There was a two-day delay after the London bombing.⁴⁹ After a review of London's response, "The importance of immediately establishing reception centres will be reinforced by new guidance being issues in September 2006..."⁵⁰

The location of the FAC is important. It should be, where possible, set up at a non-religious site such as a hotel (used in Washington), school, etc., and should be close, but not too close to the event. These criteria will obviously make it difficult for advanced planning, but those charged with setting up a FAC should have access to a list of such facilities for their city. The building should also be secure, have parking, be accessible, able to accommodate a number of people, allow for provision of food, etc.⁵¹

FACs should remain open 24 hours a day/7 days a week for as long as necessary. Oklahoma's FAC remained open for approximately 3 weeks; until the last body was identified. London's was open for two months, and Washington was open for a month.

FACs should emphasize practical services. These are normal people experiencing abnormal events. They should not be given mental health labels. Psychological counselling may not be appropriate for most people, although those services should be available in case people ask. "Immediate access to specialist counselling has been shown not to be effective in mitigating long term effects; it can be harmful to provide this too soon. Trauma counselling should be assessed on an individual basis and should not be considered until at least six weeks after an event."⁵² Services should, as much as possible, empower people and allow them to make informed decisions.⁵³

Early intervention should focus on:⁵⁴

⁴⁹ Home Security Office. "Addressing Lessons from the emergency response to the 7 July 2005 London Bombings," September 22, 2006: p.6. Retrieved from <http://security.homeoffice.gov.uk/news-publications/publication-search/general/lessons-learned?view=Binary>.

⁵⁰ Home Security Office. "Addressing Lessons from the emergency response to the 7 July 2005 London Bombings," September 22, 2006: p.5. Retrieved from <http://security.homeoffice.gov.uk/news-publications/publication-search/general/lessons-learned?view=Binary>.

⁵¹ Other considerations will be disabled access, private rooms, etc. The Office for Victims of Crime recommends private rooms for administrative offices, general assembly room, reflection room, death notification room, counselling room, medical area and reception/registration area (Blakeney, Ray. "Providing Relief to Families After a Mass Fatality," OVC Bulletin. Office for Victims of Crime, November 2002: p.8-9).

⁵² Home Security Office. "Addressing Lessons from the emergency response to the 7 July 2005 London Bombings," September 22, 2006: p.10. Retrieved from <http://security.homeoffice.gov.uk/news-publications/publication-search/general/lessons-learned?view=Binary>. There is no unanimous consensus on how long individuals should wait for counselling but most agree it is somewhere around 3-6 weeks.

⁵³ Some families in Oklahoma regretted taking the advice of officials not to view the remains of their loved ones. (Cummock, M. Victoria. "The necessity of denial in grieving murder: Observations of the victims' families following the bombing in Oklahoma City." PTSD Quarterly. National Centre for Post-Traumatic Stress Disorder, 1995. Kight, Masha. Forever Changed - Remembering Oklahoma City. Prometheus Books, 1998.

⁵⁴ ISTSS. "Behavioural Health Interventions Following Mass Violence." Traumatic StressPoints, Winter 2004: pp 8-9.

- basic needs;
- psychological first aid⁵⁵
- needs assessment/triage;
- monitoring rescue and recovery;
- outreach and information dissemination;
- consultation and training;
- information;

FAC's may have an intake process to keep track of who is attending as well as a call centre for people calling for information. During the intake process, families are checked in, family information may be taken, information about services can be explained, etc. Someone should escort the family member(s) to a reception area and provide a tour of the FAC, explaining how things work (i.e. briefings).

Common services include:

- information about the dead or missing; identification process;
- facilitation of reunions with families where possible;
- cell phones to contact family members;
- emotional support;
- access to religious support;
- child care;⁵⁶
- lodging;
- food;
- transportation;
- death notification;⁵⁷
- collection of DNA;
- security to prevent media from entering;⁵⁸
- protection from media;
- information on what to realistically expect in the days and weeks to follow regarding compensation, benefits as well as emotional and physical reactions. People should be reminded that what they are feeling is normal given the circumstances;
- information about benefits/compensation process;
- financial/legal assistance;
- information about community based services (once FAC closes) and referrals;

⁵⁵ The term psychological first aid does not refer to the provision of treatment or therapy. It refers to the brief and basic assistance that can be provided by mental health professionals, or other volunteers who have been trained to address the needs of terrorism victims. Aimed at reducing distress, this psychological first aid may include the provision of information, support, listening, reconnection with loved ones, direction to resources; ISTSS. "Behavioural Health Interventions Following Mass Violence." Traumatic StressPoints, Winter 2004: pp 8-9.

⁵⁶ Washington had a children's center where they had over 140 children as young as 2 months. The first week was the busiest. Among the resources were art therapists, child psychologist, social workers, etc.

⁵⁷ Families may have specific questions about where their loved one was when the incident took place (i.e. where in the building), if he/she suffered, what condition the body is in, etc.

⁵⁸ Identification of people willing and interested in speaking to the media may be useful.

Some FACs included Memorial tables, which allow people the opportunity to bring photos of their loved ones in for others to see. FACs may also be a place for officials to make available supplies that have been donated by the community.

In Washington, two daily briefings were given everyday for the first couple of weeks and then one a day. Families had opportunities to ask questions of officials and briefing notes were made available. Speakers were brought in on specific topics (i.e. coroner to discuss identification, military officials to talk about rescue efforts, FBI to discuss the criminal investigation, etc.).⁵⁹

Victims should be permitted to make their own decisions. For example, if they want to visit the site (if safe to do so) view the remains or photographs (and this is possible), they should not be discouraged although they should be properly informed so they can make an informed decision.⁶⁰ Staff at the FAC should be able to provide the victims with the information to make these decisions, but should avoid influencing the decisions. Some of the families in Oklahoma regretted taking advice not to view the remains of their loved one.

FACs should involve several agencies and groups that may be able to help, such as Red Cross, victim services, counsellors. The nature of the event should determine who is involved with the FAC, but the focus is on assisting victims to deal with the immediate aftermath of an incident, not the provision of therapy. The agencies involved can address a number of potential needs, as can be illustrated by the list of organizations that the London FAC liaised with:

- Casualty Bureau;
- Police Family Liaison Officers;
- Coroner's Service;
- Social Services;
- Victim Support Services;
- Foreign and Commonwealth Office and officials from overseas governments;
- Interpreters as needed; specialists in other forms of communication;
- Faith communities;
- Benefits Agency;
- National Health Service;
- Legal advisors/insurance companies;
- Transport companies.

⁵⁹ Because most of those killed in the Pentagon were military, casualty affair liaison officers were appointed to the families to provide ongoing support and assistance to families (i.e. benefits, information, etc.).

⁶⁰ Disaster Action. "When Disaster Strikes – The Immediate Aftermath for Relatives and Friends: When you know what has happened to your relative or friend," 2002. Retrieved from http://www.disasteraction.org.uk/support/da_guide01.pdf.

In Washington, some families wanted to see a display of the Pentagon and know where their loved one was when the attack took place. In both Oklahoma and Washington, visits were arranged to the sites. Originally, these visits were discouraged but it became evident how important it was to the families, arrangements were made for tours.⁶¹ “As in other tragic incidents involving loss of life, it is important for many family members to go to the actual location where their loved one died; it is a significant part of their grieving process.”⁶² Some families wanted remnants from the sites. Families wanted to meet some of the rescuers.

The Washington FAC had over 2500 individual family members during the first week and over 7500 within the first 3 weeks. Of the 184 people killed, 170 of their families attend the FAC at least once. The FAC received an average of 170 calls per day. Oklahoma had over 1200 people at one time. These experiences show that the FACs are necessary and meet a significant need.

Staffing of the FAC is important as there will be many officials, trained professionals, and well-intentioned volunteers offering their help. Obvious sources of staffing may be existing victim services,⁶³ social workers, Red Cross, etc. Once again, pre-planning is essential so officials are not scrambling to try and find appropriate resource people in the immediate aftermath of an incident. Plans must not only establish who should be considered when staffing the FACs, but should provide insight as to what roles different professions can assume. In Oklahoma, funeral directors were used to greet families coming to the FAC. While it was understandable that the skills of funeral directors be utilized, some families found it upsetting.⁶⁴

If guidelines are drafted that suggest the resources that should be included in the FAC, and advance coordination is implemented to ensure there has been training, officials will have less to worry about while in the crisis. Getting the FAC operational is essential, and there may not be a lot of time for guidance in the set-up timeframe or for training. There will likely be a need for some level of training on issues related to the layout of FAC, what services are available, procedures/protocols, etc. Roles and responsibilities should be made clear, and issues of confidentiality and privacy should be reviewed. Emphasis should be placed on practical assistance, letting the victim make informed decisions, etc.

⁶¹ David S. C. Chu. Response to the Terrorist Attack on the Pentagon: Pentagon Family Assistance Center After Action Report, March 2003: p.46.

⁶² David S. C. Chu. Response to the Terrorist Attack on the Pentagon: Pentagon Family Assistance Center After Action Report, March 2003: p.46. This need has also been identified for families in more “traditional” types of homicide, i.e. Deborah Spungen. Homicide: The Hidden Victims. Sage Publications Ltd, 1998: p.132.

⁶³ Victim services work on a daily basis with people who suffer extreme trauma, including family members of homicide victims, car accidents and suicides. They also work with direct victims who have been injured by criminal victimization. Police based victim services may be particularly effective given their role on the front end of the system, dealing with people in trauma shortly after a crime. Victim service workers are also familiar with compensation related issues, practices of the coroner, criminal justice system, etc.

⁶⁴ Office for Victims of Crime. Responding to Terrorism Victims: Oklahoma City and Beyond. U.S. Department of Justice, Office of Justice Programs, 2000: p. 6.

Despite the successes of the FACs mentioned above, there have been lessons learned. Many of these problems could have been avoided with adequate pre-planning and coordination. In Oklahoma, two FACs were set up – one by the Medical Examiner’s Office and the other by the Red Cross. This led to redundancy and confusion. Also in Oklahoma, families were required to return to the FAC for death notification. Once a family returned home and then received a call to return, they knew why. In hindsight, it may have been better to go to the family for notification. Families did report a preference for being notified at home.⁶⁵

After the London Bombing, the Home Office identified the following issues:⁶⁶

- Government response was slow. It took two days for the FAC to be operational.
- Organizations did not work together;
- The name Family Assistance Centre was perceived to exclude survivors from the attacks;
- The FAC was not sufficiently promoted;
- Concerns were raised over the time it took to identify victims and lack of information about the process and why it took so long;
- More could have been done to spread best practices among employers about how to treat staff after a disaster, particularly those suffering from PTSD;
- Some people had problems accessing appropriate specialist counselling for psychological effects;
- Amount of compensation; delays in receiving payments; process to apply.

In the case of a Canadian terrorist attack, the management and set-up of the FAC will most likely be a municipal responsibility, although some of the resources made available to victims may come from provincial or Federal governments. While the Federal government may not be directly responsible, it can assist by providing municipalities a “best practices” document to guide the development of plans for FACs.

If a similar incident to the Air India bombing is to occur (i.e. attack on international soil involving a large number of Canadians), the Department of Foreign Affairs (DFAIT) would have to cooperate with the host jurisdiction, i.e. Cork, Ireland in the case of Air India. DFAIT could, in cooperation with the host jurisdiction, provide some funding and direction for the FAC. DFAIT should also provide staff and other resources. One would expect the duration of the FAC to be much shorter than seen in Oklahoma or Washington simply because people would be travelling there and leaving shortly thereafter. The focus of services to those people would be once they return to Canada, but the staff at the FAC would lay the groundwork for connecting those victims to the services in their home communities.

⁶⁵ Office for Victims of Crime. Responding to Terrorism Victims: Oklahoma City and Beyond. U.S. Department of Justice, Office of Justice Programs, 2000: p. 6.

⁶⁶ Home Security Office. “Addressing Lessons from the emergency response to the 7 July 2005 London Bombings”, September 22, 2006. Retrieved from <http://security.homeoffice.gov.uk/news-publications/publication-search/general/lessons-learned?view=Binary>.

BEYOND THE IMMEDIATE RESPONSE

FACs and service providers will need to adjust as victims' lives stabilize and their needs change. After the first few days, the focus of the FACs may turn to dealing with families whose loved ones have been killed. Injured victims are in the hospitals (or at home) and there is less need for assistance provided by FAC. Victim services will have to adjust as victims and families have to deal with a other issues such as custody battles, financial issues, funerals (sometimes several on the same day), safety issues, how to manage ongoing discovery of body parts, etc. "The decision to close (an FAC) should be based on whether or not the FAC has achieved the objectives and purpose agreed at the outset. The possibility of a phased closure or moving the location in due course to smaller premises should be considered. The nature and circumstances of an individual incident should be determined whether these are appropriate measures."⁶⁷

In London, Oklahoma City and Washington, the FACs transformed into something different after a month or so. The Pentagon FAC became the Family Assistance Resource and Referral Office. Services offered included information about remains/identification, referrals (legal, housing, financial aid, etc.), preparation of a resource guide, etc. This was known as Phase 2 and ran to November 1. Phase 3 focused on a secure website with resources and links, updated information and information about a memorial.

In May 1995 (a month after the bombing), Oklahoma's Compassion Center became Project Heartland, which was a mental health program designed to intervene beyond the immediate needs of victims.⁶⁸ It was the first community mental health response to a large scale terrorist event in the U.S.⁶⁹ They found that traditional crisis counselling techniques were not sufficient and had to develop new approaches.⁷⁰ It started out with 5 staff but grew to 65. The project was extended several times and was available to victims during the trials.⁷¹ Between 1995 and 1998, the project provided support, counselling, advocacy, support groups to almost 9000 clients and made over 185,000 contacts.⁷²

The London FAC was renamed the 7th July Assistance Centre in September 2005, partly in response to the problems regarding the name "Family Assistance Centre."⁷³ The

⁶⁷ Cabinet Office, UK Resilience. "Humanitarian Assistance in Emergencies: Guidance on Establishing Family Assistance Centres," undated: p.17.

⁶⁸ Call, John A., and Betty Pfefferbaum. "Lessons From the First Two Years of Project Heartland, Oklahoma's Mental Health Response to the 1995 Bombing." Psychiatric Services, July 1999. Retrieved from <http://psychservices.psychiatryonline.org/cgi/content/full/50/7/953>.

⁶⁹ Office for Victims of Crime. Responding to Terrorism Victims: Oklahoma City and Beyond. U.S. Department of Justice, Office of Justice Programs, 2000: p. 8.

⁷⁰ Office for Victims of Crime. Responding to Terrorism Victims: Oklahoma City and Beyond. U.S. Department of Justice, Office of Justice Programs, 2000: p. 9.

⁷¹ Office for Victims of Crime. Responding to Terrorism Victims: Oklahoma City and Beyond. U.S. Department of Justice, Office of Justice Programs, 2000: p. 9.

⁷² Office for Victims of Crime. Responding to Terrorism Victims: Oklahoma City and Beyond. U.S. Department of Justice, Office of Justice Programs, 2000: p. 9.

⁷³ Home Security Office. "Addressing Lessons from the emergency response to the 7 July 2005 London Bombings," September 22, 2006: p. 6. Retrieved from <http://security.homeoffice.gov.uk/news-publications/publication-search/general/lessons-learned?view=Binary>.

Assistance Centre was still providing services in September 2006 and offered practical advice, emotional support, arranged group meetings between survivors and family members, therapy, etc.⁷⁴ The London Bombings Screen and Treat Mental Health Programme was established seven weeks after the bombings to provide support for adults and children suffering from trauma related mental health problems.⁷⁵

Emergency response plans rightly only focus on the immediate aftermath and other jurisdictions have recognized the need to adapt FACs and other services to meet the ongoing needs of victims. This need has been identified in our own research and has been raised by virtually all victims we interviewed, as well as professionals who work with victims of terrorism. There has also been recognition that the needs are ongoing. Some of the families whose loved ones were killed in 9/11 still require support and assistance. Those providing services after 9/11 and Oklahoma were still helping victims five, six and seven years later. Anniversaries, memorials and criminal proceedings may be very difficult for victims. The Air India case went to trial 20 years later.

All levels of government must recognize that the needs of victims will extend beyond the immediate crisis and short-term, and will evolve over that time. Compensation and the need for long-term counselling resources were the most often cited long term needs in our interviews and research, but there are also needs for information about what happened to loved ones, legal assistance, advocacy, and care for children.⁷⁶

At the CRCVC's symposium in April 2006, Dr. James Young said, "Most efforts to date have focused on immediate or short-term interventions such as CISD or crisis response teams – not providing mental health care for long-term mental health problems."⁷⁷ Many of the Air India families testified at the Air Inquiry that after they returned home or at various times over the last 20 years, they needed some counselling but may not have had the necessary resources. While officials testified that part of the responsibility of Foreign Affairs was to direct victims to services once they returned,⁷⁸ the families consistently said this was not offered to them.

Much more work and research is necessary to identify those individuals who might require ongoing support and assistance, what that assistance might necessitate and how those needs will be met. Victim services will likely be required to play a significant role with victims long after the immediate aftermath, which has implications for resources.

⁷⁴ Home Security Office. "Addressing Lessons from the emergency response to the 7 July 2005 London Bombings," September 22, 2006: p. 6. Retrieved from <http://security.homeoffice.gov.uk/news-publications/publication-search/general/lessons-learned?view=Binary>.

⁷⁵ Home Security Office. "Addressing Lessons from the emergency response to the 7 July 2005 London Bombings," September 22, 2006: p. 10. Retrieved from <http://security.homeoffice.gov.uk/news-publications/publication-search/general/lessons-learned?view=Binary>.

⁷⁶ It is our experience that there is a general lack of attention paid for the long term needs of all victims of crime, not just terrorism victims.

⁷⁷ Dr. James Young. CRCVC Symposium on Responding to Victims and Survivors of Terrorism, April 2006.

⁷⁸ Pages 1305-6 of the transcripts from the Air India Inquiry.

COMPENSATION/FINANCIAL ASSISTANCE

Compensation for victims of violent crime remains a challenging issue for governments. In the aftermath of a terrorist attack that may take many lives and leave even more victims injured, compensation issues can become even more complicated. To some extent, at least in the U.S. and probably beyond, these issues have become more complicated because of the U.S. government's unprecedented response to the 9/11 attacks and the creation of a special 9/11 fund.

The September 11th Victim Compensation Fund was a congressional afterthought that resulted from concerns about the ongoing stability of the airlines because of concern about possible bankruptcy if the victims and families decided to sue.⁷⁹ The fund was created through the *Air Transportation and System Stabilization Act* and allowed victims to apply to the Federal government for funding if they waived their right to sue the airlines.⁸⁰ The fund was intended to act as an incentive for people to take the award in lieu of suing by offering a quick resolution and certainty (compared to the timelines and uncertainty of a lawsuit).⁸¹

Congress passed the law quickly and gave little guidance to the fund's Special Master to decide who got how much. The fund paid out in excess of \$7 billion. Awards in cases of death ranged from \$250,000 to 7 million.⁸² The average award for a family who lost a loved one was \$2 million and the average award for someone injured was over \$400,000.

The amount of compensation aside, the fund was extremely successful in terms of reaching victims and families. Despite the complexity of the application process, it was seen as relatively efficient, proactive and the hearings/meetings were of assistance to people who wanted to talk about their loss.⁸³ Ninety-seven percent of victims and families gave up their right to sue.⁸⁴

The fund was based on the decedent's income; therefore some victims received larger settlements than others which created a situation where families who were less financially secure, and may have benefited from a larger settlement, received smaller settlements than those who were more financially secure. The program's Special Master, Kenneth Feinberg, concluded the formula was defective and felt that everyone should have received the same amount.⁸⁵ He said the fund created an "economic hierarchy tied to the victim's economic success," and it fuelled resentment and paranoia.⁸⁶

⁷⁹ Feinberg, K. What is Life Worth?. PublicAffairs, 2005: p. 16.

⁸⁰ Herman, Susan and Michelle Waul. Repairing the Harm: A new vision for crime victim compensation in America. National Center for Victims of Crime, July 2004.

⁸¹ If someone did accept the award, he/she forfeited their right to sue.

⁸² It is important to note that even the families that got the least amount received more than they would have if their loved one had been the victim of a "traditional" homicide.

⁸³ Feinberg, K. What is Life Worth?. PublicAffairs, 2005: p. 166.

⁸⁴ Feinberg, K. What is Life Worth?. PublicAffairs, 2005: p. 161.

⁸⁵ Feinberg, K. What is Life Worth?. PublicAffairs, 2005: p. 178.

⁸⁶ Feinberg, K. What is Life Worth?. PublicAffairs, 2005: p. 183.

Victims of other terrorist attacks, like Oklahoma City or the first World Trade Center bombing, wondered why no such fund was created to assist them. Victims of other kinds of crimes, such as murder or serious assaults, wondered why their compensation was relatively small in comparison. Gordon Campbell of Safe Horizons said, “The important question...is whether victims of terrorism are more or less deserving of government compensation than victims of other crimes. Our philosophy is a victim is a victim.”⁸⁷

The 9/11 fund differed significantly from state compensation programs. For example, the 9/11 plan had no caps and was supported by taxpayers (compared to most state compensation plans that are funded by offenders). State funds are narrowly applied (i.e. people with criminal records may be denied) but the 9/11 fund had few limits. The 9/11 fund was based on economic and non-economic loss (i.e. pain and suffering) whereas only a few states allow non-economic loss and in only very narrow circumstances and for small amounts.

The controversy was not confined to the U.S. Some families of Canadians still living in Canada were disappointed that the Canadian government did not match the U.S. move regarding taxes for 9/11 victims.⁸⁸ In the aftermath of the London bombings, victims expressed concern and outrage with the size of the compensation being offered in comparison to the awards made to the families and victims of 9/11. Although Great Britain has one of the most generous compensation programs in the world, it (like all other programs) paled in comparison to the 9/11 fund. Some victim groups described the level of compensation as a “pittance.”⁸⁹

Some groups called for a new fund to be set up just for the bombing victims but British Home Secretary Charles Clarke rejected the idea. He said “Whether you are stabbed outside a pub or maimed by an explosion on a Tube train, it’s not actually the way in which you are injured that is the key thing – provided it’s a criminal act – but the extent of the injuries.”⁹⁰ London families had to apply to the Criminal Injuries Compensation Authority just as all other victims of violent crimes although a special pamphlet was created for victims of the London bombing which answered many questions about how decisions were made, award levels, etc. As of March 2006, CICA made 106 payments totalling more than £1 million.

The Greater London Authority created the London Bombings Charitable Relief Fund (LBCRF) to answer some of the criticism. Individuals and companies, predominantly in the United Kingdom, donated over £12 million. The monies collected were distributed to those most seriously injured by the bombings, those who were affected by the bombings

⁸⁷ Herman, Susan and Michelle Waul. Repairing the Harm: A new vision for crime victim compensation in America. National Center for Victims of Crime, July 2004.

⁸⁸ In addition to the 9/11 fund, victims did not have to pay taxes for 2000 and 2001. The Canadian government did not give the same benefit to Canadian victims.

⁸⁹ BBC News. “London victims compensation row,” August 3, 2005.

⁹⁰ Agence France Presse, “Clarke rejects fund for victims of London attacks,” November 7, 2005. Although the British government did not set up a special fund for the bombing victims, they did undertake a review of their current scheme.

but narrowly missed qualifying for the compensation program, and two grants to the 7th July Assistance Centre.⁹¹ The LBCRF formally closed in October of 2006.

Victims of the bombing of Air India Flight 182 and PanAm Flight 103, who were not offered any State compensation. The victims of PanAm Flight 103 sought compensation on their own, through lawsuits. There was a compensation plan negotiated with the Libyan government that would give each family affected \$10 million, but the offer was contingent on the United States and the United Nations removing sanctions against Libya, and the U.S. removing Libya from their list of state sponsors of terrorism. Payment of these funds is not yet completed, but is ongoing. The families were also successful in suing the airline, winning a verdict of willful misconduct. The payout following this suit was over \$500 million.

Many of the Air India bombing families testified at the Air India Inquiry about the lack of compensation from the Canadian government; that the only compensation came from Air India, which some families felt was inadequate. The settlement was negotiated with Air India, its holding company and their insurers. Victims' families received \$10,000 to \$20,000 for children under 13, who accounted for about 80 of the 329 deaths on the Air India flight. Families of non-earning adults received \$75,000, while a complicated formula set the compensation for adults who were earning incomes.⁹²

If similar attacks were to take place today, it is not clear that there would be any government compensation for the families. The limited compensation that the families did receive was in fact higher than what they might receive through provincial compensation plans if an attack were to occur on Canadian soil today.

In Canada, compensation for victims of violent crimes is a provincial issue. The Canadian government does not provide compensation to victims, neither directly, nor through support of the provincial plans.⁹³ The Federal government also does not provide compensation to those Canadians who are victimised abroad, even where there is no compensation plan in that jurisdiction.⁹⁴

Provincial compensation schemes vary quite widely from province to province.⁹⁵ The provincial plans only recognize those injured in the province (including international visitors), so in the case of Air India Flight 182, the provinces would not provide

⁹¹ London Bombing Charitable Relief Fund. "How the fund was spent," undated. Retrieved from <http://www.lbcf.org.uk/spent.jsp>.

⁹² Matas, Robert. "Air-India bombing: A 20-year push for justice." *Globe and Mail*, 15 March 2005. Retrieved from <http://www.theglobeandmail.com/servlet/story/RTGAM.20050315.wair-india0315/BNSStory/specialAirIndia/>.

⁹³ In 1993, the Federal government withdrew from its cost sharing agreement with the provinces for compensation.

⁹⁴ The Federal government does provide assistance all costs associated with returning Canadian offenders to Canada to serve their sentence. For example, under the *International Transfer of Offenders Act*, Canada paid all the costs associated with the return of convicted murderer Albert Walker from London so he could serve his life sentence in Canada.

⁹⁵ Newfoundland and the three territories do not provide any compensation.

compensation under their provincial schemes.⁹⁶ Several U.S. states do compensate their citizens if they are victimized in a jurisdiction that does not provide compensation and the U.S. Federal government also provides compensation to Americans victimized by terrorism abroad.⁹⁷

Canada's provincial compensation plans are not equipped to deal with a terrorist attack that would affect Canadians. For example, in Ontario, the maximum award that can be paid for one incident is \$150,000. Therefore, if there was an attack in Toronto or Ottawa that killed 500 Canadians, the victims and their families would have to share \$150,000.⁹⁸ Other provinces also have limits for one incident including Saskatchewan (\$25,000)⁹⁹ and PEI (\$15,000).¹⁰⁰ Although Alberta does not have a per incident cap, the maximum amount to be shared by a family for one murder victim is \$12,500.¹⁰¹ In Nova Scotia, the maximum award for any victim of a violent crime is \$2000 and can only be used for counselling.

After 9/11, the Ontario Government created the Ontario Emergency Victim Assistance Program for Victims of September 11th Terrorist Attack which included a \$3 million fund to assist the families of Ontario residents who were killed.¹⁰² The fund covered costs associated with travel to the New York to inquire about a missing person, visit an injured family member, to return the remains/effects of a family member or attend a memorial or funeral, funeral expenses (maximum \$6000), counselling (maximum \$7000), legal advice related to estate settlement, insurance, compensation or access to U.S. relief funds (maximum \$1000). It is not clear how much of the Ontario fund was used given the scope of the 9/11 fund.

Given that there may not be a 9/11 fund the next time, especially if an attack occurs within Canada's borders, the Federal government could work with the provinces to develop a strategy to provide adequate financial compensation to victims of a terrorist attack. In a letter to the CRCVC, former Public Safety Minister Anne McLellan said the government would be open to considering, in collaboration with the jurisdiction(s) involved, the need for victim compensation arising from a specific terrorist incident.¹⁰³

⁹⁶ This problem can also be seen in the delivery of services to Canadians victimized abroad who return to Canada. Normally, victim services is a provincial issue but those government services are targeted towards investigating and prosecuting crimes committed in Canada and there remains little help for someone not in the system trying to access services or even find out what is available as was the case here. It was not until the trial that the families received adequate services from BC victim services.

⁹⁷ International Terrorism Victim Expense Reimbursement Program. To be eligible to receive reimbursement, an individual victim must be either (1) a national of the United States or (2) an officer or employee of the U.S. Government. In addition, the individual victim must have suffered "direct" physical or emotional injury or death as a result of an act of international terrorism.

⁹⁸ Letter to CRCVC from Patricia Fiorini, Ontario Criminal Injuries Compensation Board, March 22, 2006

⁹⁹ Letter to CRCVC from Katrine McKenzie, Director, Saskatchewan Victim Services, March 22, 2006.

¹⁰⁰ Letter to CRCVC from Susan Maynard, Provincial manager, PEI Victim Services, March 31, 2006.

¹⁰¹ Letter to CRCVC from Dennis Willner, Manager, Alberta Victim Financial Benefits Program, April 11, 2006.

¹⁰² The Ontario fund closed in June 2005.

¹⁰³ Letter to the CRCVC from the Honourable Anne McLellan, former Minister of Public Safety and Emergency Preparedness, July 29, 2004.

There is another source of potential funding that some Canadian victims of terrorism have indicated an interest in – the terrorists and their supporters. Bill S-218, An Act to amend the State Immunity Act and the Criminal Code (civil remedies for victims of terrorism) was introduced by Senator Tkachuk.¹⁰⁴ The bill amends the *State Immunity Act* to prevent foreign states that engage in terrorist activity from claiming immunity from the jurisdiction of Canadian courts. It also amends the *Criminal Code* to provide victims who suffer loss or damage as a result of terrorist activity contrary to that Act with a civil remedy against the person who engaged in the terrorist activity.

Research has shown that some victims prefer restitution from the offender over compensation from the government.¹⁰⁵

MEDIA

Media response has been identified as both a positive tool and an ongoing concern for victims of terrorism. The media plays an important role as an information source but the media's intensity, especially after a terrorism attack, can have a negative impact on victims and families. Pre-planning may minimize the negative impact to those affected by the tragedy.

In recent terrorist attacks occurring around the world, there have been unprecedented levels of media coverage of the events, including graphic live images of explosions, death and human suffering. These images are often replayed, posted and printed again and again in the immediate aftermath of the event and into the long-term. People who have been directly injured or lost loved ones are subjected to non-stop television, print and other media accounts of the horror and suffering they lived through or that claimed the life of their loved ones.

Following the July 2005 tube bombings, attempts were made to gain access victims in their hospital beds by media outlets trying to get a story.¹⁰⁶ Websites set up to assist survivors and those who lost loved ones, were invaded by media, trying to post messages and collect comments for their papers.¹⁰⁷

The DART Center for Journalism & Trauma reports that following 9/11, polls of Americans indicated that distress and news viewing were related, especially among people who experienced loss. The polls suggested that viewing images of a tragedy on live television appeared to strengthen the relationship between media exposure and the symptoms of PTSD and distress. This was especially true for the direct victims of a

¹⁰⁴ A similar bill was introduced by the Honourable Stockwell Day, Minister of Public Safety, when he was in opposition.

¹⁰⁵ Davis, Robert C. et al. *Victims of Crime*. 2nd edition. Sage Publications, 1997: p.213.

¹⁰⁶ Zimonjic, Peter. "The road to recovery lies within." London Daily Telegraph, July 17, 2005. Retrieved on 20 April 2006, retrieved from <http://www.telegraph.co.uk/news/main.jhtml?xml=/news/2005/07/17/nbomb517.xml>.

¹⁰⁷ Email from Peter Zimonjic, Canadian survivor of London tube bombings, February 2006. This issue was also discussed on Mr. Zimonjic's personal blog @ Londonrecovers.com

tragedy.¹⁰⁸ It is not obvious, however, if the repeated exposure to media interferes with the normal recovery process or if those people who are already most distressed are the one who expose themselves to the most media.¹⁰⁹

Protecting children from the effects of a tragedy can be especially difficult, as their care may not be the primary concern of a victim who was injured in an attack, or who is looking for a missing loved one. Control over exposure will not always be possible. Teens should not be shielded from the facts, but watching too much coverage of these events can put them in an emotionally overloaded, anxious state.¹¹⁰ This is difficult to control, especially during a crisis, when the crisis in itself is news. More research is necessary to better understand the link between media exposure and PTSD symptoms.¹¹¹

The media can play a positive role in a crisis, assisting both those directly affected, and the public at large. The media not only acts as a provider of information about the event itself, but can also relay critical information regarding how victims are to respond, where to find supports and services, and how the public at large can assist in recovery efforts with the donation of funds and goods.¹¹² It is important to plan for the manner in which information is disseminated to the news media, including television, radio, print, and the Internet.

Given that the most distressed people watch the most media¹¹³, more research should be done to reach those people with messages and information that may assist them. Since most people will not or cannot access professional assistance, the media can be an important tool to inform people about normal reactions to terrorist attacks, PTSD, what to watch for in themselves, family and children, coping tools, etc.

COMMUNICATIONS

The establishment of reliable communication networks is essential to the search and rescue operations that occur in the crisis period immediately following a terrorist attack, and to ensuring that appropriate protocols are followed and accurate information is relayed to all involved in rescue efforts. There were numerous failures of such networks cited in the press and in the official inquiries following the Oklahoma bombing, 9/11, and the London bombings. These failures refer not only to a breakdown of a chain of

¹⁰⁸ Dart Center for Journalism & Trauma. "Effects of Coverage on the Public," December 2005. Retrieved on 20 April 2006, retrieved from: http://www.dartcenter.org/research/fact_sheets/fact_sheet2.html.

¹⁰⁹ Friedman, Matthew J. "Toward a Public Mental Health Approach for Survivors of Terrorism." Journal of Aggression, Maltreatment & Trauma, 2005: Vol. 10, No.1, p.534.

¹¹⁰ Canadian Traumatic Stress Network. "South East Asia Earthquake and Tsunami," undated. Retrieved on 20 April 2006, retrieved from: <http://www.ctsn-rctest.ca/tsunami.pdf>.

¹¹¹ Dart Center for Journalism & Trauma. "Children and Media Coverage of Tragedy," March 2006.

Retrieved on 20 April 2006, retrieved from: http://www.dartcenter.org/research/fact_sheets/fact_sheet3.html.

¹¹² Manzi, C. et al. Critical Information Flows in the Alfred P. Murrah Building Bombing: A Case Study. Chemical and Biological Arms. Control Institute. Washington, DC, 2002: pp. 27.

¹¹³ Matthew J. Friedman. "Toward a Public Mental Health Approach for Survivors of Terrorism." Journal of Aggression, Maltreatment & Trauma, 2005: Vol. 10, No.1, p.534.

communication, but also to the inability of communications infrastructures to handle the traffic demands of official communications and the needs of victims and their families.

To overcome the difficulties cited above, pre-planning is necessary to address the issues. In all likelihood, there will be a number of agencies responding to any crisis resulting from a terrorist attack. From the outset, a clear communication path will minimize confusion and misinformation. The development of a chain of command matrix is one example where communication breakdowns can be avoided. Such a matrix would specify who is responsible for decision-making and dissemination on any number of issues and concerns affected by the crisis. Such a document could specify who is responsible for making and conveying decisions, but also the redundancy planning in place if there are infrastructure breakdowns.

To address the second type of communication failure, the Federal government should take the lead on the development of a secure and reliable instrument that will allow emergency responders and officials to communicate with each other and within their ranks to ensure the timely deployment of critical information, and that proper procedures are being followed. Such an instrument may make use of existing networks, for example cellular, but would have to have safeguards in place that would ensure that the network would be reserved for emergency use. The plans would then have to provide for alternative means of enabling communication between victims and members of the general public (i.e. toll-free phones, websites, recorded information phone lines). Establishment of such a protocol would serve victims in two ways; it would ensure that responders are able to communicate with one another and concentrate on recovery efforts without resources being directed to communication failures, and would allow them a means of communicating with loved ones and officials if their default communication channels (i.e. personal telephone and cellphone) are unavailable.

ASSISTANCE PROVIDED TO CANADIANS VICTIMIZED ABROAD

The families who testified at the Air India Inquiry spoke with one voice about the lack of meaningful assistance and response of their government to their needs. They were unanimous in their assertion that they received little or no help from the Canadian government in the immediate aftermath of the bombing or in the days, weeks, months and years that followed. In fact, many of them said that the first time real assistance was given to them was by the British Columbia Crown victim services unit during the trial.

It appears that little progress has been made in developing a thoughtful and effective response to Canadians victimized abroad, whether they are victims of terrorism or other types of violent crime. Foreign Affairs does not even have a pamphlet for Canadians about what to do if you are a victim of a crime in a foreign country.¹¹⁴ Other jurisdictions, like the U.S. and Britain, have developed these kinds of pamphlets.

The United States Department of State, Bureau of Consular Affairs, Office of Overseas Citizens Services have specialized victim services. The U.S. Bureau of Consular Affairs

¹¹⁴ DFAIT does provide a handbook for Canadians imprisoned abroad.

has a specific section on its website for Americans victimized abroad, and they initiated a program to improve and expand assistance to crime victims.

The U.S. Office for Victims of Crime created the *Terrorism and International Victims Unit* (TIVU) to assist Americans victimized abroad and their families in the U.S. The TIVU provides a variety of services to victims of crime including assistance in accessing services, which may include traveling to trials and briefings; obtaining information on the criminal justice process; acting as a liaison to foreign embassies and consulates in the U.S. to provide information on victim assistance resources when foreign citizens are victimized in the U.S.

Foreign Affairs has created a 24/7 1-800 line for Canadians in need of assistance to call, but our own research suggests that one or more of the 9/11 families who used this line were not given any meaningful assistance or information. The following is an excerpt from an email from a woman whose husband was killed in the World Trade Center:

“...I thought maybe the consulate would help me...or maybe they would (have) more access to information. So I tried the number I had (for the consulate office in New York) and was greeted with an answering machine. I was talking to a friend of mine who checked online and found a phone number in Ottawa that is supposed to be attended 24 hours a day. I called that number and did get in touch with someone. I told her my situation and that I was trying to get in touch with the consulate in NYC. She wasn't sure what to do and said that she would call back. She did call back about an hour later with a phone number, which was the number of the answering machine. When I told her that she asked what I needed to get in touch with them for. I explained that I could use some help trying to locate my husband. She said that they probably were trying to do that. I said okay and that was the end of the call. I did not feel very reassured. The next morning my parents arrived in New York City. On the local news channel they were talking about a location at the New York City Hospital where you could go to file a missing persons report with the NYPD if you suspected a loved one was missing in the WTC. I did not feel I could leave my hotel room until my parents were there in case Dave called or showed up. I left them in the room and I walked over to the missing person's location....The next time I remember the consulate calling was on the Thursday. They said they would file a missing persons report. I said that I had already done that, but they took down Dave's information..I think that the Consulate counted me about a week later to arrange some things for DNA samples to help with the identification process...I am very disappointed that the consulate was not more helpful in trying to help one of its citizens who was a victim of crime. I realize that the situation was shocking but I think that there was more that they could of done to help.”

Maureen Basnicki told the Air India Inquiry that Foreign Affairs was of little assistance to her and it was not until the provincial government tracked her down that she began to receive some assistance.¹¹⁵ She was not given a contact person from Foreign Affairs,

¹¹⁵ Pages 1265-1274 of the transcripts from the Air India Inquiry.

despite testimony that it was practice to do so. In our research, we found other Canadian victims of terrorism who say they received little or no assistance from the Canadian government either.¹¹⁶

Testimony provided at the Air India Inquiry suggests that those on the ground in Cork, Ireland tried their best, but their best did not include any knowledge or training to deal with victims murdered in a terrorist act.¹¹⁷ Even the officials who testified said they felt awkward. They said they did not know what to do for the families or what to say.¹¹⁸ Training is necessary to provide officials the confidence to properly deal with people in crisis. U.S. Consular staff undergo five days of training on victim issues.

The Consular Affairs Training Manual has a very brief chapter on “death” and training provided on death notification, which lasts about one and a half hours, appears to be focused on administrative issues and is silent on dealing with the emotional issues/trauma that families of homicide will experience. It is our understanding the training on this chapter is provided by current and/or former Consular Bureau employees. It does not appear that anyone with any expertise in trauma or bereavement issues is part of the training.

PRIVACY ISSUES

Several jurisdictions noted problems that arose from the inability of officials to share information about victims that may have impeded service delivery. “Limitations on the initial collection and subsequent sharing of data between the police and humanitarian support agencies hampered the connections of survivors to support services like the Assistance Centre...there were delays in information reaching survivors about the support services available.”¹¹⁹

The Red Cross also identified this concern following 9/11, relaying a hesitancy by front line workers to share information that they had collected from victims with any other agency.¹²⁰ Although well intentioned, this reluctance limited information sharing to police, fire, and other first responders, as well as community agencies. This added to the confusion, created duplication of work, and frustrated the victims who had to give their information repeatedly.¹²¹

¹¹⁶ It is our experience in working with other Canadians who have been victimized abroad that the lack of an appropriate response is not limited to victims of terrorism.

¹¹⁷ One family member testified that an official said to him that the victims “did not die with pain.” While well-intentioned, the fact that a grieving man remembers this statement 21 years later is an indication of the negative impact it had (p.530 of the transcripts from the Air India Inquiry).

¹¹⁸ Pages 393-4, 1130 of the transcripts from the Air India Inquiry.

¹¹⁹ Home Security Office. “Addressing Lessons from the emergency response to the 7 July 2005 London Bombings”, September 22, 2006: p.9. Retrieved from <http://security.homeoffice.gov.uk/news-publications/publication-search/general/lessons-learned?view=Binary>.

¹²⁰ Janis Watson. Canadian Red Cross. CRCVC Symposium on Responding to Victims and Survivors of Terrorism, April 2006.

¹²¹ Office for Victims of Crime. Responding to September 11 Victims: Lessons Learned From the States, 2005: p. x.

This issue was identified by some of the families who lost a loved one in 9/11.¹²² The Ontario Office for Victims of Crime (OVC), an office under the Attorney General, was unable to access information about survivors living in Ontario from the Federal government. Finally, contact was made through the media but there was frustration over the delay to access services provided by the Ontario OVC.

The Federal government needs to ensure that there are provisions in place that would allow for the collection and dissemination of personal information in a crisis. This change would likely have to be implemented in all legislation that deals with the sharing of personal information.

INSURANCE ISSUES

According to the Insurance Bureau of Canada (IBC), the potential damages from a terrorist act, coupled with the inability to predict when an act may occur have forced insurance companies to cease coverage for terrorist acts on any home insurance coverage, and offer limited, if any coverage to commercial businesses.¹²³ The IBC website notes that the insurance industry in Canada is working with the Federal government to find solutions to this lack of coverage, but does point to the fact that this has not yet occurred.¹²⁴ While this issue was not a concern for the victims that we interviewed, it will be a concern if there is a future terrorist attack in Canada. It is our belief that most people would assume that damages to their home, or items covered by their homeowner's insurance would be covered in that event of a terrorist act.

The Federal Government in the United States has enacted the Terrorism Risk Insurance Act (TRIA), which is a cost sharing agreement between U.S.-based insurers and the Federal government for claims that result from terrorism.¹²⁵ The regulations for the Act state that the amount of the cost sharing provided will be determined by the insurance company loss resulting from Terrorist related claims.¹²⁶ This legislation enables coverage for individuals and commercial entities, while offering insurance providers relief for absorbing the full loss of such unexpected events. The Canadian government should examine the provisions of this legislation in light of their discussions with the IBC.

¹²² Tracy Clark and Maureen Basnicki. CRCVC Symposium on Responding to Victims and Survivors of Terrorism, April 2006.

¹²³ Insurance Bureau of Canada. "Terrorism and the Insurance Industry," 2007. Retrieved on 30 January 2007, retrieved from <http://www.ibc.ca/en/Terrorism/>.

¹²⁴ Insurance Bureau of Canada. "Terrorism and the Insurance Industry," 2007. Retrieved on 30 January 2007, retrieved from <http://www.ibc.ca/en/Terrorism/>.

¹²⁵ United States Department of the Treasury. "Terrorism Risk Insurance Program," 2006. Retrieved on 31 January 2007, retrieved from <http://www.treasury.gov/offices/domestic-finance/financial-institution/terrorism-insurance/>.

¹²⁶ United States Department of the Treasury. "31 CFR Part 50, Departmental Offices; Terrorism Risk Insurance Program; Interim Final Rule and Proposed Rule," 2003. Retrieved on 31 January 2007, retrieved from <http://www.treasury.gov/offices/domestic-finance/financial-institution/terrorism-insurance/pdf/interimfinalrule28feb03.pdf>.

DISSEMINATION OF FINDINGS

The bulk of the research, coordination and report writing have been completed by CRCVC staff and students. Input and participation from victims and stakeholders was solicited through existing contacts with the associated parties, making use of the CRCVC's web presence, the National Justice Network newsletter (published monthly by the CRCVC) and Victim Assistance Online's Canadian service provider network updates.

The sustainability plan includes making the final report available through our web site and also promoting it through our monthly newsletter and via Victim Assistance Online. We will deliver it electronically to a number of stakeholders, including Air India Flight 182 Victim's Families Association, the Canadian Coalition Against Terror, provincial compensation program officers, the Canadian Centre for Emergency Preparedness, various government and independent victim services programs, Canadian Association of Chiefs of Police, Canadian Police College, Canadian Police Association, etc. Steve Sullivan will also continue discussions with Public Safety Emergency Preparedness Canada, Health Canada and Foreign Affairs Canada¹²⁷ to ensure that issues facing survivors of terrorism remain on the political agenda.

The CRCVC will also submit an article summarizing our findings, for publication in "Emergency Management Canada", a quarterly magazine published by the Canadian Centre for Emergency Preparedness (CCEP), and submit a proposal for a presentation at the 2007 World Conference on Disaster Management, hosted by the CCEP.

In addition to the dissemination planning described above, representatives from the CRCVC attended the 2006 NOVA conference and presented our preliminary findings to the large number of stakeholders attending. Delegates at this conference included victim assistance workers and disaster relief agencies. The preliminary findings were also presented at the 2006 CAVA conference. Delegates at this conference included victims, victim service workers and representatives from various Federal and Provincial government departments. The CRCVC has also sought and been granted intervenor status at the Air India Inquiry, and will relay the pertinent information and recommendations to the inquiry.

¹²⁷ The CRCVC met with the Minister of Foreign Affairs in November 2006 to discuss issues related to Canadians victimized abroad and we have proposed the creation of an international victim assistance unit.

RECOMMENDATIONS:

1. The Federal Government should work with municipalities to incorporate model FACs into their emergency planning – the creation and management of FACs will be under the jurisdiction of municipal governments. Unfortunately, it is our conclusion that most major municipalities have not contemplated the need for FACs or made them part of response plans. The CRCVC was unsuccessful in obtaining detailed emergency plans from most large municipalities in Canada, despite attempts to access these documents. We therefore had to rely on the information that was made publicly available on city websites, and the cities of Edmonton and Ottawa were the only cities that had provisions for FACs in those plans.¹²⁸ In addition, neither of the two major reports on emergency planning done by the Federation of Canadian Municipalities even mentions victims or FACs.

The City of Ottawa’s detailed plan, available on their website, refers to “reception centres...to receive disaster victims, to provide emergency information about emergency help...temporary care for unattended children...offer immediate emotional and physical support.”¹²⁹ Although we believe this could be expanded upon based on the experiences of other jurisdictions and their FACs, we applaud the City of Ottawa’s leadership and the level of detail that they do provide.

2. The Federal Government should develop a best practices/model FAC and work with the FCM to make it available to all municipal governments¹³⁰ – we recognize the limited role the Federal government can play in creating and managing FACs, but we encourage both the Federal and provincial governments to make resources and staff available to the municipalities (i.e. provincial resources to assist victims with compensation program, Federal resources available for briefings on investigation or ongoing threat if applicable).

3. The Federal Government should create a plan to establish FAC type like centers in cases of Canadians victimized abroad – the Federal government may, in some circumstances, have more of a role in cases like the Air India bombing, where the majority of victims are Canadian but on foreign soil. For example, if Air India took place today, Canadian officials could work with their counterparts to set up a FAC where the main function would be the timely two-way flow of accurate information between families and responders, such as the process for identifying bodies, why there was a delay, what families could expect, etc. Families could be given daily briefings about the bombing, even if not much information was known at the time to ensure the most

¹²⁸ Ottawa’s preparation is in part due to its experience with the OC Transpo shooting.

¹²⁹ City of Ottawa Office of Emergency Management. “Emergency Plan: Specific Emergency Functions.” Chapter 3, December 2004: Retrieved on 14 August 2006, retrieved from http://www.ottawa.ca/city_services/emergencyserv/chapter3_en.html.

¹³⁰ McClenahan, Muriel. London Family Assistance Centre Provisional Guidance Document. Home Office, February 2006 is an excellent document regarding basics of setting up an FAC.

accurate information was being provided. Work could be started with families regarding the transportation of remains, the return to Canada, etc.¹³¹

London has acknowledged there may be a future need for such a venture “The concept of a Family Assistance Centre has been developed to deal with an emergency occurring in the United Kingdom. However, there is no reason why – if it is appropriate and the circumstances are suitable – one cannot mobilise in the UK – when there are a significant number of UK casualties following an overseas incident.”¹³²

4. The Federal government should begin discussions with the provinces to develop training programs for provincial victim services and/or utilize NOVA/Office for Victims of Crime training programs.

5. The Federal government should train consular officers and staff to respond to victims of crime, victims of terrorism, and people in trauma – this training needs to take into account the needs of those who have suffered traumatic or violent victimization, or those who are in crisis. Their needs are unique, and the victims must be approached differently than those who present with issues relating to illness, lost documents, visa problems or who suffered loss or harm from a natural disasters. Consular training must identify these issues, and should include a discussion of the effects of mass trauma, and how to address the needs of the victims. Efforts must be made to ensure that the tools are in place to assist with victims of crime, victims of terrorism, and people in trauma. We recommend that Foreign Affairs work the Public Health Agency, Department of Justice and Department of Public Safety to develop the training. Training should be provided by professionals with expertise in the trauma and bereavement issues.

6. The Federal government should create an international victim unit within Foreign Affairs – a unit or office in Canada within DFAIT could help co-ordinate services to victims abroad, develop protocols and training, help victims get connected to services when they return to Canada, etc.

7. The Federal government should develop information pamphlets for victims of crime/terrorism on what to expect, common emotions, frequently asked questions, etc. – these pamphlets can contain general information about what Foreign Affairs will endeavour to provide, so that victims can understand immediately what assistance they

¹³¹ Obviously, the Air India Flight 182 involved a large number of Canadians and the only reason officials from Cork were involved is because that was where the plane exploded. The response of the Canadian government, with the obvious cooperation with Cork officials, might be more involved than a situation like 9/11 where the attack was on American soil and most of those killed were Americans. In that kind of situation, it would not be appropriate for the Canadian government to take an active role in providing services or setting up a FAC. However, given that many of the families of the Canadians who were killed lived in or about the Toronto area, a smaller FAC type operation could have been arranged where the Federal government could have worked with its provincial counterparts in victim serving agencies to address the needs of those families in the Toronto and other areas.

¹³² Cabinet Office, UK Resilience, “Humanitarian Assistance in Emergencies: Guidance on Establishing Family Assistance Centres”, undated, p.11.

will receive, as well as what issues/challenges victims may face.¹³³ They can then be updated during a crisis to provided specific information to the victims. There should also be a crisis line devoted to provision of information for victims who cannot reach consular staff or access the Internet.

8. The Federal government should create a compensation fund to assist Canadians victimized abroad where no other compensation exists or where current compensation scheme cannot address the needs of victims of terrorism – this should be done in consultation with the provinces to allow for cross reference in existing compensation legislation. The fund would likely fall under the Policy Centre for Victim Issues in the Canadian Department of Justice, allowing them to use Federal funds to serve victims of terrorism and mass violence.

9. The Federal government should begin discussions with the provinces regarding compensation to victims of terrorism to co-ordinate efforts and ensure adequate compensation for victims in the aftermath of a terrorist attack.

10. The Federal government should develop rapid deployment teams of trained professionals who can assist families in the immediate aftermath of a terrorist attack – the Public Health Agency is doing work in this area and we recommend Foreign Affairs consult with that office.

11. The Federal government should, in co-operation with BC, develop a guide for delivering victim services in cases of mass criminal victimization based on the model used by BC Victim Services during the Air India trial – the guide should address the unique issues relating to the criminal trial in cases of terrorism, which include, but are not limited to: complexities of allowing/enabling many victims to participate; keeping victims informed and ensuring that traditional victim’s rights are afforded to all victims.

12. The Federal government should initiate research into the effect that exposure to graphic images of tragic events has on adults, teens, and young children and how the media may be utilized to reach victims in distress.

13. The Federal Government should establish a framework for the design of emergency communications within a disaster – such a framework would identify means to convey messages quickly and accurately among large groups of responders. It could identify how to specify who is responsible for making and conveying decisions, provide guidance on who should be included in the communication of information, and identify the best practices for ensuring uninterrupted communications for both officials and the public.

14. The Federal government should develop research into the long-term consequences of terrorism.

¹³³ See “Disaster Action series, When Disaster Strikes” at www.disasteraction.org.uk as an example

15. The Federal-Provincial-Territorial Ministers Responsible for Emergency Preparedness should incorporate responses to victims into its emergency planning for 2005-2010.

16. The Federal government should hold a national conference on responding to victims of terrorism and mass criminal victimization (to include Department of Justice, Foreign Affairs, Public Safety and Health).

17. Federal and Provincial governments should begin discussions to ensure privacy of victims, while respected, does not impede delivery of essential services/assistance.

18. The Federal government should begin discussions with the Canadian Bar Association to develop program to make legal advice available to victims in aftermath of a disaster.

19. The Federal Departments of Justice, Public Safety, Health and Foreign Affairs should better coordinate their efforts and research to ensure there is no duplication and better coordination.

APPENDIX A – The “Ten Commandments” of Psychological Response¹³⁴

- 1) First, never lose sight of the fact that, either as a primary or secondary goal, the terrorist act is designed to engender psychological instability. More specifically, the goal of the terrorist act is to induce a state of psychological uncertainty, personal vulnerability, and fear, i.e., terror. Death and destruction are merely means to an end. Terrorism is psychological warfare!
- 2) Establish crisis intervention hot-lines and walk-in crisis intervention facilities in every community directly or indirectly affected. Remember, once the terrorist act has been perpetrated, it is the resultant state of mind held by the target population and its leadership which functionally serves to augment, or to mitigate, the actual severity of the terrorist action. Psychological support and the restoration of a sense of community is imperative.
- 3) Provide pre-incident psychological resiliency training, as well as on-going psychological support during and after the terrorist attack to emergency response personnel. Include families in all aspects of these important processes. Remember that the psychological state of mind of emergency responders and military personnel will have direct effects upon their ability to perform their necessary functions and upon the physical and mental health of the targeted population as well.
- 4) Collaborate with mass media services to provide ongoing information to all involved and affected populations. Credible information is anxiolytic, and contradicts the sense of chaos. Information combats destructive rumors. Don't forget the children. Go to their schools and provide reassurance. Provide age-appropriate reading, mass media, and community activities to help children cope with the situation. Information is power!
- 5) Take whatever steps seem requisite to re-establish a sense of physical safety for the public. Widely publicize these efforts to the degree security considerations will allow. Special considerations should be made for children, the elderly, and the infirm.
- 6) Enlist the support of local political, educational, medical, economic, and religious leaders to facilitate communications, calm fears, provide personal crisis intervention (if adequately trained to do so), and instill hope.
- 7) Re-establish normal communication, transportation, school, and work schedules as soon as possible. The longer and greater the disruption, the greater the perceived risk and lack of safety on the part of the public.
- 8) Understand and utilize the power of symbols as a means of re-establishing community cohesion. Flags, bumper stickers, signs, and billboards can all be effective.

¹³⁴ Everly, George and Jeffrey T. Mitchell, “American Under Attack: The 10 Commandments of Responding to Mass Terrorist Attacks, in *International Journal of Emergency Mental Health*, p. 133-135.

9) Initiate rituals to honor the survivors, honor the rescuers, and honor the dead. Provide opportunities for others, not directly affected, to assist those directly affected, e.g., donations of blood, food, clothing, money, etc. Communicate to all the notion that an effective way to honor the dead is to carry on and succeed in life. To do otherwise is to allow the terrorists to be victorious.

10) Do no harm! Although well-intended, early psychological support may be counterproductive if: a) it interferes with tactical assessment and rescue efforts, b) applied in such a way as to interfere with natural recovery mechanisms (Everly, 1999), or c) it intensifies the manifest level of experienced traumatization (Dyregrov, 1999).

APPENDIX B – Report on Preliminary Findings

Preliminary Findings - “A Report on Responding to the Needs of Canadian Victims of Terrorism”

May 12, 2006

Canadian Resource Centre for Victims of Crime

Introduction

The Canadian Resource Centre for Victims of Crime (CRCVC) has been engaged in the research phase of this project examining disaster planning/preparedness and responses to past terrorism tragedies including, Air India Flight 182¹³⁵, PanAm Flight 103¹³⁶, the Oklahoma City bombing¹³⁷, the events of 9/11¹³⁸ and the London tube bombings¹³⁹. It has been well established by communities and governments who have experienced terrorism first-hand that pre-incident preparedness (or lack thereof) can deeply impact post-incident response to victims. Thus, the manner in which first responders, service providers, and government (including the provision of forms of compensation) have responded to the incidents above has been examined. The preliminary report will discuss some of our most significant findings to date with respect to these incidents that have occurred abroad, yet deeply impacted numerous Canadians.

¹³⁵ The bombing of Air India Flight 182 on June 22, 1985, was Canada's worst case of mass murder – 329 passengers and crew were killed when the plane exploded off the coast of Ireland. Two baggage handlers at Tokyo's Narita Airport died in another connected bombing.

¹³⁶ PanAm Flight 103 exploded over Lockerbie, Scotland at 7:03 p.m. on December 21, 1988. Casualties included 243 passengers, 16 crew members, and 11 people on the ground who were killed. The bomb was hidden in a Toshiba radio-cassette player in a brown Samsonite suitcase.

¹³⁷ On the morning of April 19, 1995, Timothy McVeigh parked a rented Ryder truck with explosives in front of the Alfred P. Murrah Federal Building located in Oklahoma City, Oklahoma and, at 9:02am, a massive explosion occurred which sheared the entire north side of the building, killing 168 people.

¹³⁸ The September 11, 2001 attacks were a series of coordinated terrorist attacks upon the United States of America. That morning, nineteen men affiliated with al-Qaeda hijacked four commercial passenger jet airliners. The attackers crashed two planes into the Twin Towers of the World Trade Center in New York City, resulting in the collapse of both towers within two hours. Hijackers of the third aircraft crashed that plane into the Pentagon in Arlington County, Virginia. Passengers on the fourth hijacked aircraft attempted to retake control of their plane from the hijackers, which crashed into a field in rural Somerset County, Pennsylvania. Approximately 3,000 people died in the attacks and a number of buildings were damaged or destroyed.

¹³⁹ The 7 July 2005 London bombings were a series of coordinated suicide bombings that struck London's public transport system during the morning rush hour. At 8:50 a.m., three bombs exploded within 50 seconds of each other on three London Underground trains. A fourth bomb exploded on a bus at 9:47 a.m. (nearly an hour later) in Tavistock Square. The bombings led to a severe, day-long disruption of the city's transport and mobile telecommunications infrastructure. Fifty-six people were killed in the attacks, including the four bombers, and about 700 injured, of whom about 100 required overnight hospital treatment or more. The incident was the deadliest single act of terrorism in the United Kingdom since Lockerbie (the 1988 bombing of PanAm Flight 103 which killed 270), and the deadliest bombing in London since the Second World War.

Our President also had the opportunity to attend a U.S. Office for Victims of Crime (OVC) training session in Houston, Texas with regard to “Mental Health Response to Mass Violence and Terrorism.” We will report on the highlights of this important three-day training session.

Lastly, this preliminary report will highlight a well-established model for crisis response. Our Executive Director attended a U.S. National Organization for Victim Assistance (NOVA) Basic Crisis Response Training held by local victim services in Windsor, Ontario from April 3-7, 2006. There were many important lessons learned from this training experience, which could be utilized and implemented in the event of an act of terrorism on Canadian soil.

Preparedness and Disaster Management

The evolution of organizational behaviour tells us that we learn from what occurred before, during and after events. Experience is key in telling us what to do, and what not to do. Preparedness for future disasters, such as terrorist events, must therefore draw from past events. In seeking to plan and organize for these rare events, policy makers and managers must remember that preparedness is defined differently by all, especially those with differing interests, and between policymakers and practitioners. This differentiation is also evident with those not involved in the development or implementation of the plans, the potential victims. They too must be considered in the planning and execution of disaster management plans.

Alan Kirschenbaum identifies four stages of disaster management: preparedness, mitigation, response and recovery.¹⁴⁰ Preparedness is the key to the other three, and should encompass them. All four are equally important, and need to be incorporated. Kirschenbaum goes on to state that disaster management agencies have to use existing structures/organizations to succeed, and these include the communities in which the potential victims live.¹⁴¹ They should not be shut out of any the four components.

Following this model, disaster planning should start with defining preparedness, remembering that preparedness is NOT prevention, and keep the potential victims in the forefront of that definition. Definitions of preparedness cannot be universal, as there are factors that will influence it across regions, including the physical construction of the community/city/region and socio-cultural factors influencing its residents. The advance preparation will also need to address three areas that are often overlooked in such plans: victims, and how to effectively serve them through and beyond any crisis; the contribution of NGOs and volunteers; and clearing defining the roles for all parties in a disaster, including the overlapping roles that arise, especially for first responders. Numerous disasters have shown that all three of these components are not addressed. Mitigation of the plan and response to a disaster are more likely to actively address these concerns if they are identified at the outset. Victims (potential and actual) will perceive

¹⁴⁰ Alan Kirschenbaum (2004), *Chaos Organization and Disaster Management*, New York: Marcel Dekker, Inc., pp.42

¹⁴¹ *Ibid*, pp.101

themselves to be at less risk if all of the preparedness (and thus execution) is focused on the organization of the operation.

There are many networks and relationships that can be drawn on by victims, both in official and unofficial capacities. These may include, but are not limited to:

- Family
- Friends
- Neighbours
- Community Groups/Community Centres
- Neighbourhood Watch
- Faith community

Disaster management should incorporate these groups into the preparedness, mitigation, response and recovery, as they may assist with the dissemination of information, assistance to victims in need, and reducing the burden on first responders.

OFFICE FOR VICTIMS OF CRIME
Mental Health Response to Mass Violence and Terrorism
March 21-23, 2006
Houston, Texas

The Office for Victims of Crime (OVC) was established by the 1984 Victims of Crime Act (VOCA) to oversee diverse programs that benefit victims of crime. OVC provides substantial funding to state victim assistance and compensation programs—the lifeline services that help victims to heal. The agency supports trainings designed to educate criminal justice and allied professionals regarding the rights and needs of crime victims. OVC also sponsors an annual event in April to commemorate National Crime Victims Rights Week (NCVRW). OVC is one of five bureaus and four offices with grant-making authority within the Office of Justice Programs, U.S. Department of Justice.

The Office for Victims of Crime Training and Technical Assistance Center (OVC TTAC) was established by OVC to support victim services across the country. The center assists victim service providers, advocates, and allied professionals in learning new skills and adopting best practices to enhance their continued success in providing quality victim services.

If there was one lesson to take from the Mental Health Response to Mass Violence and Terrorism training, it was the need to get victim services imbedded in emergency management planning before an incident happens. The instructors repeated this message over and over again.¹⁴²

The training had 7 major components:

¹⁴² This message was consistent with the symposium “Responding to Victims & Survivors of Terrorism” held by the CRCVC in Ottawa on April 27, 2006.

1. **Criminal Mass Victimization** – victims of criminal mass victimization react differently than victims of natural disasters largely because of the human factor – that someone did this on purpose to hurt innocent people. There are higher rates of PTSD, depression, anxiety and traumatic bereavement can last longer. Media intensity can also be a factor. Criminal victimization also strikes without warning where often people have some advance warning of natural disasters;

2. **Organizational Response and Mental Health Roles** – the number of agencies and governments that can respond can be complicated. Federal, state and local governments plus volunteer and community groups all have a role to play. The first responders are local and then it works its way up to state and Federal, but these processes need to be in place before an incident happens. The role of mental health/victim services need to be integrated along with these levels of government and agencies and needs to be part of the planning/committees;

3. **Adult Responses to Mass Violence and Terrorism** – topics covered included the “Population Exposure Model¹⁴³,” survivor risk and resiliency factors¹⁴⁴, models/phases of psychological response, physical/behavioural/emotion/cognitive reactions, and traumatic grief.¹⁴⁵

4. **Community Crisis Response and Mental Health Interventions** – the basic goal of any intervention in the immediate aftermath of an incident is to help the victim cope, not to treat the victim. Some of the key concepts include recognizing people are having normal reactions to abnormal situations; avoid mental health terms and labels; respect differences in coping, do no harm, assistance must be practical and flexible, etc. On scene, the focus must be on protection (from trauma, media, danger), directing people to safe places, medical care, etc. and connecting people to family, information and comfort, etc. This is not the time for mental health practitioners to treat patients but do psychological first aid.¹⁴⁶ The importance of proper death notification procedures were discussed as well as the need for people to be properly trained. Long term interventions, such as counselling, therapy groups and crime victim assistance were also discussed. Key events with potential mental health implications include death notification, ending rescue/recovery, applying for death certificates, criminal justice proceedings, returning to impacted area and funerals/memorials.

5. **Children’s and Adolescents’ Reactions And Interventions** – the different reactions children have to death/terrorism depending on their age were reviewed. Children often have problems processing the event (fear) and coping with the loss (sadness). Children

¹⁴³ The Population Exposure Model illustrates the different categories of people who can be affected by an incident, beginning with victim/witnesses/survivors, family/coworkers/responders, neighbours/family groups/businesses/school/community.

¹⁴⁴ People react differently and their reaction can be shaped by previous experiences, gender, educational level. An important fact can be how they are treated in the immediate aftermath of an incident.

¹⁴⁵ Grief can be more severe, exaggerated and complicated when deaths are unexpected. Violent deaths can lead to greater intensity of grief, the degree of violence/suffering of the victim is an issue, etc.

¹⁴⁶ provide comfort, listen/validation, address physical needs, provide information about what will happen next, reinforce coping skills, etc. Therapy may be necessary later on but not right away.

often feel a lot of guilt and reactions may involve sleeping problems, anger, withdrawal, aggression, repetitious play. A child's ability to grieve can be impacted by caregiver's own grief, i.e. if mom goes off and cries alone, the child may do this as well; if dad will not talk about the loss or his feelings, the child may not feel comfortable talking about their own feelings. Physical activity is especially important, even in the immediate aftermath of an incident.

6. Cultural and Ethnic Groups: Consideration and Interventions – the purpose of this component was to stress the importance of being aware and sensitive to people's different cultural or ethnic traditions and experiences. This can also include rural populations. The potential harm that "outsiders" can do was discussed although these people mean well.

7. Stress Prevention, Management and Intervention – this component focused on worker stress, compassion fatigue and the importance of self-care. The over-identification with or feeling overwhelmed by victims' and families' grief and trauma can be damaging. Prolonged empathetic engagement or trauma overload may result in vicarious traumatization. A balanced life, physical activity, nutritious eating and a sense of humour were stressed.

NATIONAL ORGANIZATION FOR VICTIM ASSISTANCE

Basic Crisis Response Team Training Institute¹⁴⁷

Windsor, Ontario

April 3-7, 2006

Heidi Illingworth attended this 40-hour NOVA training and certification program, provided by Victim Services of Windsor/Essex County, at the beginning of April. Although it was not an official component of this project, the training was an opportunity to learn about a well-established American model for response to crime and crisis within communities. It is important to note that NOVA Crisis Responses Teams are only deployed when called upon by local authorities.

NOVA model for response to crime and crisis

The National Organization for Victim Assistance (NOVA) is a national, non-government advocacy agency based in Alexandria, Virginia (formerly Washington, DC). Founded in 1975, NOVA is a private, non-profit organization of victim and witness assistance programs and practitioners, criminal justice agencies and professionals, mental health professionals, researchers, former victims and survivors, and others committed to the recognition and implementation of victim rights and services. NOVA is the oldest

¹⁴⁷ In order to be eligible to participate on NOVA's CRT, one must complete our 40-hour Basic Crisis Response Team Training Institute. Once completing the Basic Institute, the person is eligible to work on NOVA's CRT, however, an application form must be completed.

national group of its kind in the worldwide victims' movement. Their mission is to promote rights and services for victims of crime and crisis everywhere.

NOVA's Crisis Response Team

The fields of victim advocacy and mental health have long been familiar with individual crisis intervention and individual trauma. As described by Kai Erickson (*In the Wake of A Flood*, 1979), an individual trauma is a "blow to the psyche that breaks through one's defenses so suddenly and with such force that one cannot respond effectively." What is newer to both fields is community crisis intervention and collective trauma. Erickson differentiates a collective trauma as a "blow to the tissues of social life that damages the bonds attaching people together."

In the early 1980's NOVA began the process of evaluating the impact of collective trauma on communities. As with individuals, NOVA quickly learned that whole communities suffer trauma in the aftermath of disasters or especially gruesome crimes. The community may experience a sort of paralysis immediately following the incident. Almost everyone is in shock, yet each individual is soon likely to react with a different set of emotions, which may include sadness, anger, fear, helplessness or euphoria. The result of those evaluations was the development of a skeletal plan for a crisis response team (CRT). The goal of the CRT would be to address the needs of the community as a whole, not just the individual.

On August 20, 1986, the first NOVA CRT was deployed to Edmond, Oklahoma where a postal worker killed 14 coworkers and himself. Using the skeletal plan devised years before, NOVA responded within twenty-four hours with a team of seven experienced crisis interveners. It was that response that was the genesis of NOVA's existing National Crisis Response Team, which has responded to over 100 communities since 1986.

A lot has been learned since the deployment of the Edmond team. Often caregivers in the community where disaster strikes, though wanting to help in the crisis, may themselves be affected by a sense of shock. They may also be unsure of what to do, since few are trained in using their helping skills in catastrophic situations. Organizing a plan of action may be difficult in the confusion of the moment.

For these reasons, it often helps to have outsiders come for a short period of time to offer information and suggestions on how to mobilize a program of responding to the community's distress. That is the mission of the CRT – to serve as consultants to the leaders and caregivers of a community in severe distress.

A CRT consists of service professionals from all over the country, typically including mental health specialists, victim advocates, public safety professionals, and members of the clergy, among others. The team for each disaster is formed in consideration of that particular community's demographics. All team members are volunteers with only their travel and lodging expenses covered by the local community or from donations to NOVA. NOVA will send a crisis response team to any community in crisis within twenty-four hours of a request.

There are three primary tasks the team performs:

- 1) Helping local decision-makers identify all the groups at risk of experiencing trauma
- 2) Training the local caregivers who are to reach out to those groups after the CRT has departed
- 3) Leading one or more group crisis intervention sessions (also known as "debriefings") to show how those private sessions can help victims start to cope with their distress.

Purpose of NOVA's CRT

- To help groups of affected people to cope with their immediate emotional reactions when a crisis strikes their community, and
- To help affected people plan for longer-term emotional support.

The value of NOVA's CRT

- Experts agree that early psychological intervention is valued after a disaster and that those who respond and provide such interventions should receive specialized training.
- NOVA's extensive training allows practitioners to better understand what trauma victims are going through, how to help them more effectively and how to adapt to unusual circumstance not previously anticipated.
- The primary goal of crisis intervention is to help victims and survivors regain a sense of control over their lives.

NOVA's Model

- A. First response: Physical rescue.
- B. Second response: Crisis intervention.
- C. Third response: Post-trauma counselling.

Highlights of CRCVC research conducted to date:

Lessons from the Oklahoma City Bombing

The bombing of the Alfred P. Murrah Federal building in Oklahoma was significant to the American people, in that it involved many casualties, and was perpetrated on American soil. It was also unique in that there were virtually no plans or models in place for responding to such an event. Much can be learned from this tragedy.

Research into the response to the Oklahoma bombing has highlighted several areas that need to be addressed in planning for responding to the needs of terrorism victims in the event of future attacks. These include:

- The need to acknowledge and address the both the physical and emotional harm suffered by the victims;
- The mental health needs of the victims do evolve, and depend on the manner in which they are affected. Mental health response needs to be integrated with other responders so that victim needs can be met in a timely manner;
- The financial cost and loss associated with the crime;
- The media coverage and the effect that it has on the direct victims, and the secondary victimization it may cause to those more distantly connected;
- The delays that occur if and when the criminal justice system becomes involved;
- The need to have personnel capable of providing the expertise needed to deal with the issues and needs unique to terrorism victims;
- The impact on first responders and service providers;
- The need for advance training, response planning and communicating these plans in advance and during the crisis, to all agencies that respond to the crisis, and serve those affected by it;
- Inter-agency cooperation is imperative, so roles must be identified in advance;
- How communication of information, both in the short and long-term, must be integrated into any planning (includes communication networks);
- The need that victims have for finding answers, and how inquiries are a vehicle for seeking and presenting these answers (or identifying questions that may not be answerable); and
- The role that Memorials can play and how they are established.

Compensation

The 9/11 fund - The fund was a congressional afterthought that resulted largely from airlines lobbying for the Federal government to do something to prevent them from going bankrupt due to the potential civil suits from victims and families.¹⁴⁸ The fund did not prevent people from suing but was intended to act as an incentive for people to take the award in lieu of suing.¹⁴⁹

¹⁴⁸ Kenneth Feinberg, *What is Life Worth?* page 16.

¹⁴⁹ If someone did accept the award, he/she forfeited their right to sue.

Congress gave little guidance when it created the fund. While no amount of money can ever compensate for the loss of a loved one, it was left to the fund's Special Master to decide who got what. The fund was based on income. Awards in cases of death ranged from \$250,000 to 7 million.¹⁵⁰ The average award was \$2 million.

The fund was successful in reaching people, although it was controversial. The fund was efficient, proactive and the hearings/meetings were of assistance to people who wanted to talk about their loss.¹⁵¹ Very few families rejected the fund and chose to sue.

In the end, some families got more than others. There was a perception held by some recipients of the fund that certain families in need got less than others who may not have been as needy. Victims of other terrorist attacks, like the first World Trade Center bombing, wondered why no such fund was created to assist them. "The fund exacerbated the raw wounds of 9/11 by creating an economic hierarchy tied to the victim's economic success."¹⁵² It fueled resentment and paranoia, in some cases.

There may also be residual resentment from other victims or victim service providers. For example, there were no caps for compensation in the 9/11 fund. The money came from taxpayers compared to most state compensation plans, which are funded by VOCA or offenders. State funds are narrowly applied (i.e. people with criminal records may be denied) but the 9/11 fund had few limits. The 9/11 fund was based on economic and non-economic loss whereas only 3 states allow non-economic loss and in only very narrow circumstances and for small amounts. Gordon Campbell of Safe Horizons said, "The important question...is whether victims of terrorism are more or less deserving of government compensation than victims of other crimes. Our philosophy is a victim is a victim."¹⁵³

The fund's Special Master Kenneth Feingold recommended against a similar fund if another attack were to occur.¹⁵⁴ He says everyone should get the same amount.¹⁵⁵

Oklahoma City – A similar "special fund" approach was used following the Oklahoma bombing of the Alfred P. Murrah Federal Building in 1995. Congress, in 1996, gave OVC the authority to access the Victims of Crime Act emergency reserve fund of \$50 million to assist victims of terrorism and mass violence. The survivors of the Oklahoma City bombing were each given \$100,000 by the Federal government.

London tube bombings - The debate over compensation was also evident after the London bombings when victims expressed concern over the amount of compensation available to them compared to those available to the families of 9/11. In Britain, the

¹⁵⁰ It is important to note that even the families that got the least amount received more than they would have if their loved one had been the victim of a "traditional" homicide.

¹⁵¹ Kenneth Feinberg, *What is Life Worth?* page 166.

¹⁵² Kenneth Feinberg, *What is Life Worth?* page 183.

¹⁵³ Herman, Susan and Michelle Waul. [Repairing the Harm: A new vision for crime victim compensation in America](#). National Center for Victims of Crime, July 2004

¹⁵⁴ Kenneth Feinberg, *What is Life Worth?* page 178.

¹⁵⁵ Kenneth Feinberg, *What is Life Worth?* page 183.

victims of the bombing went through the normal compensation process, which is one of the most generous in the world. They received £1,000 – £250,000 for pain and suffering as a result of death, injuries, and/or trauma from the bombings, and up to £250,000 for lost wages. The maximum total payment per claim is £500,000. Victims were also able to apply for additional compensation from the London Bombings Relief Charitable Fund (LBRCF), which dispersed private donations it received to victims, to a maximum of to £120,000 per applicant.

Air India & Lockerbie – The compensation provided to victims following Oklahoma City, 9/11 and London tube bombings is in stark contrast to the compensation available to the victims of the bombing of Air India Flight 182 and PanAm Flight 103, who were not offered any State compensation. The victims of PanAm Flight 103 sought compensation on their own, through lawsuits. There was a compensation plan negotiated with the Libyan government that would give each family affected \$10 million, but the offer was contingent on the United States and the United Nations removing sanctions against Libya, and the U.S. removing Libya from their list of state sponsors of terrorism. Payment of these funds is not yet completed, but is ongoing. The families were also successful in suing the airline, winning a verdict of willful misconduct. The payout following this suit was over \$500 million.

Air India - Families received no form of compensation from any level of Canadian government. In a negotiated settlement, Air India, its holding company and their insurers, paid in U.S. funds most of the settlements according to the Warsaw Convention limitations at the time. Thus, victims' families received \$10,000 to \$20,000 for children under 13, who accounted for about 80 of the 329 deaths on the Air India flight. Families of non-earning adults received \$75,000, while a complicated formula set the compensation for adults who were earning incomes.¹⁵⁶

Challenges of terrorist attacks:

- Misidentification of bodies;
- No identification of bodies (1000 9/11 victims never identified to this day; some families have trouble giving up hope without a body; no body deeply impacts the funeral/grieving process);
- Media speculation can be difficult (i.e. in Oklahoma, media speculated on how long someone might survive without food and water);
- Survivor guilt (i.e. people who missed flights or were late for work, parents left without adult children, children whose parents perished, etc.);
- Speculation of how much the victim suffered; how scared he/she might have been in their final moments;
- Legal battles between families (i.e. over compensation/insurance money); and
- False reports victim found alive/deceased.

Best practices:

- Family Assistance Centres/Compassion Centers;

¹⁵⁶ <http://www.theglobeandmail.com/servlet/story/RTGAM.20050315.wair-india0315/BNStory/specialAirIndia/>

- Toll free hotlines;
- Pre-planning/coordination;
- Streamline compensation process;
- Death notifications;
- Ongoing information briefings;
- Memorial tables at family assistance centres;
- Secure websites;
- Cell phones to allow people to connect with their kin networks for support;
- Activities for children; and
- Recognition of ongoing needs of victims.

Concerns:

- Positive and negative convergence of many groups (media, panicked relatives, mental health professionals wanting to do therapy, volunteers both with and without credentials, mentally ill persons, etc.) showing up at the scene;
- Role of religion;
- Failure to pre-coordinate services; and
- Injury/death of first-responders who may rush onto a scene.

APPENDIX C – Secondary Report on Findings

Secondary Findings - “A Report on Responding to the Needs of Canadian Victims of Terrorism”

July 31, 2006

Canadian Resource Centre for Victims of Crime

Introduction

The Canadian Resource Centre for Victims of Crime (CRCVC) has been engaged in the preparation for and hosting of the one-day symposium phase of this project examining disaster planning/preparedness and responses to past terrorism tragedies including, Air India Flight 182¹⁵⁷, PanAm Flight 103¹⁵⁸, the Oklahoma City bombing¹⁵⁹, the events of 9/11¹⁶⁰ and the London tube bombings¹⁶¹. This report will convey the messages presented by participants of the symposium, and highlight challenges, concerns and common themes raised during the symposium.

Responding to Victims and Survivors of Terrorism

In conjunction with Canadian Victim Awareness Week (April 23- 29, 2006), the CRCVC hosted a one-day symposium to address the needs of Canadian victims and survivors of terrorism. Attendees included victim services workers, emergency preparedness personnel, mental health specialists, Federal and provincial governments and victims and survivors of terrorist acts. Keynote presentations were provided by Dr. James Young,

¹⁵⁷ The bombing of Air India Flight 182 on June 22, 1985, was Canada's worst case of mass murder – 329 passengers and crew were killed when the plane exploded off the coast of Ireland. Two baggage handlers at Tokyo's Narita Airport died in another connected bombing.

¹⁵⁸ PanAm Flight 103 exploded over Lockerbie, Scotland at 7:03 p.m. on December 21, 1988. Casualties included 243 passengers, 16 crew members, and 11 people on the ground who were killed. The bomb was hidden in a Toshiba radio-cassette player in a brown Samsonite suitcase.

¹⁵⁹ On the morning of April 19, 1995, Timothy McVeigh parked a rented Ryder truck with explosives in front of the Alfred P. Murrah Federal Building located in Oklahoma City, Oklahoma and, at 9:02am, a massive explosion occurred which sheared the entire north side of the building, killing 168 people.

¹⁶⁰ The September 11, 2001 attacks were a series of coordinated terrorist attacks upon the United States of America. That morning, nineteen men affiliated with al-Qaeda hijacked four commercial passenger jet airliners. The attackers crashed two planes into the Twin Towers of the World Trade Center in New York City, resulting in the collapse of both towers within two hours. Hijackers of the third aircraft crashed that plane into the Pentagon in Arlington County, Virginia. Passengers on the fourth hijacked aircraft attempted to retake control of their plane from the hijackers, which crashed into a field in rural Somerset County, Pennsylvania. Approximately 3,000 people died in the attacks and a number of buildings were damaged or destroyed.

¹⁶¹ The 7 July 2005 London bombings were a series of coordinated suicide bombings that struck London's public transport system during the morning rush hour. At 8:50 a.m., three bombs exploded within 50 seconds of each other on three London Underground trains. A fourth bomb exploded on a bus at 9:47 a.m. (nearly an hour later) in Tavistock Square. The bombings led to a severe, day-long disruption of the city's transport and mobile telecommunications infrastructure. Fifty-six people were killed in the attacks, including the four bombers, and about 700 injured, of whom about 100 required overnight hospital treatment or more. The incident was the deadliest single act of terrorism in the United Kingdom since Lockerbie (the 1988 bombing of PanAm Flight 103 which killed 270), and the deadliest bombing in London since the Second World War.

special advisor to the Deputy Minister of Public Safety Emergency Preparedness Canada, and by victims – including Air India family members and a 9/11 widow.

The first presentation, by Dr. James Young, highlighted the need for cooperation amongst Federal and provincial agencies when dealing with situations that may result in mass casualty, as terrorist attacks often do. In the event of a terrorist attack on Canadian soil, or one affecting Canadian citizens, there will be both provincial and Federal responsibilities, and working together is the only way to address local, national and international interests and needs.

Dr. Young described his involvement in several recent domestic and international events involving great loss of life, and possible and actual terrorist involvement. These included the crash of Swiss Air flight 111, the September 11th attacks on the World Trade Centre, the nightclub bombings in Bali, and the tsunami of December 2004. In his reflections on these events and his role in them, he stressed the need to identify the strengths and weaknesses of the recovery effort and address them quickly.

He spoke of the challenges that are faced in large scale disasters, identifying several reoccurring issues that need to be addressed in any similar disaster. The first of these was the availability of local expertise, and investigative tools. Preparedness planning needs to address the fact that these are not always assured in remote locations, and include steps for their speedy provision. Media was also raised as a concern, with Dr. Young stressing the need to have a consistent message from all those involved with a recovery effort, ensuring that the public has confidence in the message, and that confusion is minimized where possible.

Cultural, language and terrain issues were also addressed, with Dr. Young stressing the need to liaise with local authorities to ensure that these concerns are attended to. Confirmation of casualties and recovery of bodies can also have cultural and legal, medical and religious implications. In many instances of terrorism related disasters the recovery of intact bodies is not possible, and this fact must be attended to with sensitivity to these concerns.

The final challenge that Dr. Young spoke of was services to the victims and their families – both locally and abroad. He cautioned that special attention must be paid to the needs of the families, and that all involved in service delivery to the families realize that the emergency continues for long after the event.

Dr. Young's presentation was followed by a panel addressing the short term needs of victims of terrorism. Members of this panel included emergency response personnel, the Red Cross, the mental health community, and victim services. Janis Watson of the Red Cross opened the panel, and spoke of the primary need to provide food and shelter for those impacted or displaced by a terrorist event, but also of the need to provide support to families as they deal with the uncertainty and grief when a member of their family is found to be missing or deceased.

Deputy Chief Sue O’Sullivan of the Ottawa Police Service stressed the need for local preparedness, given that local authorities are the first responders. She also prioritized the need to integrate victim services/needs into emergency planning. These concerns must be part of the planning and a key component of them. Victims and their needs cannot be an afterthought. She further expressed that a relationship must be established between police, other responding agencies and victims early in the process. This relationship will facilitate both the exchange of information and support to the victims.

Garry Spence of the Ottawa Fire Service reiterated the need for a coordinated effort, and stressed that the physical safety of victims and responders must be the primary concern in a recovery effort. Once this is assured, psychological needs of victims must be attended to, as well as their need for information, and provision of long term solutions and interventions.

The psychological impact felt by victims was addressed by Dr. Wayne Corneil. The short term effects of an attack on victims can generally be described as fear reactions – fear that another attack will occur, and fear of what has happened to loved ones. A therapy-based response by mental health providers or therapists may not be the best response for victims at this time. Information and the support of kin networks and the community are significant in assisting victims in the short-term aftermath. The need for therapy on an individual or group basis will become apparent over time, generally long after the immediate crisis.

The final panelist, Tracy Clark, spoke of her experiences working with Ontario’s Office for Victims of Crime (OVC) in days following September 11th. The OVC realized very quickly that they were not able to effectively assist in NYC, and that they should and would try to assist from their offices in Canada. They were unprepared to address short-term needs, but were able to assist in the long term.

The second keynote presentation was shared by two Canadian terror victims, Dr. Haran Radhakrishna, who lost his family in the bombing of Air India flight 182, and Maureen Basnicki, whose husband Kenneth was killed in the World Trade Centre. Each spoke of their own experience with terrorism, and imparted some insight into the unique needs of terror victims in Canada.

Dr. Radhakrishna spoke of the shock felt by the victims of the Air India bombing, shock not only for the loss of loved ones, but also that it was a terrorist attack targeting Canadians. He reflected on the pain that he and other victims have felt, now and then, as they were not provided with any assistance at any time, and that those who are responsible for the bombing are still free. He addressed the long term needs which remain unaddressed: coping with family breakdown, financial loss, health problems, fighting for justice, lack of acknowledgement or support from any level of government.

Maureen Basnicki spoke of the lasting impacts of her husband’s death on September 11th, and her unique situation, being a victim of September 11th who does not live in the United States. This fact has led to isolation from other victims and the services they have

been afforded, and a lack of support from all levels of government in Canada. She spoke of the struggles to deal with not only the psychological impact of losing her husband to terrorism, but also the lack of assistance she has received from her government. She also highlighted some issues that are unique to victims of terrorism: the ongoing identification of body parts, the intense media coverage, fear of future attacks, compensation, lack of prosecution, and the fact they are unlikely to be afforded the same rights that a victim of a crime other than terrorism will be offered (for example, attendance at trial, victim impact statement, attendance at parole hearings).

The second keynote presentation was followed by a panel addressing the long-term needs of those victimized by terrorism. Anita Gupta, who lost a sister in the Air India bombing spoke of the needs of child victims of terrorism. As a child when the tragedy occurred, the biggest hurdles that she faced were understanding the trauma and its associated grief, and having access to age appropriate information on the trauma, grief and coping.

Dr. Radhakrishna followed, restating the needs that he had previously identified, and adding that the eliminating neglect felt by victims, in particular the Air India victims, and cultural sensitivity to all victims must be incorporated into the services they are offered.

Dr. Radhakrishna was followed by Ruth Campbell, Chair of Ontario's Office for Victims of Crime. She re-iterated that children are often forgotten in any crime, so addressing their needs must be a component of any short and long term plans. She went on to state that we must also look at compensation, as most plans don't address terror victims, and we should look at how information, support and advocacy can be provided while ensuring that the victims are never left to feel as though they have been forgotten.

The final panelist, Dr. Marty MacKay, spoke to the psychological needs of victims, and how these needs should be attended to regardless of when the assistance is sought, and for how ever long it is needed. She believes that the victims should not be charged for these services, they should be provided for them. The underlying concern for many victims is not the cause of their illness, but their desire to get well. We must provide the care that can assist them in doing so.

Brief summary of findings from symposium

A wealth of information pertaining to the needs and services for victims of terrorist attacks was presented and discussed throughout the day-long symposium. Of those items raised by presenters and participants, there were several common themes or concerns. All involved emphasized the need for coordination and advance planning to be able to respond to unique needs of victims. Specifically, this must be done in advance, by incorporating services to victims in response plans. Victims raised the issue that there must be an acknowledgement that the needs of victims carry on past the initial disaster, and continue for the long-term. Response plans should take this into account and provide for a mechanism to see these needs addressed. Victims also identified that the response by authorities and government, or their perception of a lack of response, can have significant impacts on long term recovery. This too needs to be attended to in response planning and execution. Finally, media response was identified as both a tool and a

concern, and planning for interaction with media can maximize its potential as an information source, while minimizing the negative impact to those affected by the tragedy.

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