

PSYCHOSOCIAL SUPPORT BY RESCUERS AND VOLUNTEERS IN THE CIRCUMSTANCES OF NATURAL DISASTERS

Original Scientific Article

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Abstract: The potential of natural disasters to cause direct and indirect damage to human health is great. Recognizing the hazards of natural disasters and effective disaster risk management at the national and local levels, as well as a focus on preventive action, are necessary. The efforts of rescue teams (professionals) and volunteers (nonprofessionals) who provide psychosocial assistance in the circumstances of natural disasters should be aimed at re-establishing a satisfactory and acceptable physical, mental, psychological, social and economic condition of the individuals and the community. However, severe events have consequences for the mental health of rescuers and volunteers. Preparing rescuers and volunteers is the initial support activity. Maintaining the psychological well-being of rescuers and volunteers is also achieved through self-care activities. According to the guidelines of the Reference Center for Psychosocial Support, in order to ensure continuous maintenance of the psychological well-being of rescuers and volunteers, the organization that hires them must carry out support activities prior, during and after the response to the accident. In this regard, the way of treatment of rescuers engaged in the protection and rescue system was analyzed.

Keywords: rescuers, volunteers, psychosocial support/assistance, natural disasters

INTRODUCTION

At the global level, the international community's interest in the psychological and social impact of natural disasters on people has increased. This is evidenced by frequent international conferences whose theme is support and increasing care for mental health, such as last the 2019 Amsterdam conference. The promotion of health resilience is defined as one of the priorities in the

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Sendai framework,² where health is one of the key elements. As final products, guidelines and manuals have been published regarding the provision of psychosocial assistance after major accidents and disasters, which are intended for both crisis management employees and volunteers (Bisson, & Tavako, 2008; TENTS, 2009; TENTS, 2011a; TENTS, 2011b; Meyer, 2013; Welton-Mitchell, 2013; Todorović et al., 2018).

The diverse approach to the provision of psychosocial assistance at national levels is being overcome by the formation of coordination networks. The Reference Center of the International Federation of Red Cross and Red Crescent Societies and the Reference Group of the Inter-agency Standing Committee on Mental Health and Psychosocial Support of the UN are leading international organizations that raise the standard of care for the population affected by a disaster in the field of mental health and organized provision of psychosocial assistance. The issue of psychosocial assistance to the population affected by a natural disaster is exclusively addressed at the global level in the existing scientific literature. Several scientists have published research results and conclusions (Seynaeve, 2001; Wessells & Van Ommeren, 2008; Alden, et al., 2009; Kramer, 2009; Birkmann et al., 2010; Knowles, 2013; Gagliato, Hijazi & Blaauw, 2017). In addition, the most representative examples of research summaries and conclusions are manuals or guidelines on mental health and psychosocial support in emergencies, which are not binding (IASC, 2007; IASC, 2008; IFRC, 2009; IASC & IASC RG MHPSS, 2010; Sphere Association, 2018).

PROFESSIONALS AND NONPROFESSIONALS AND PSYCHOLOGICAL ASSISTANCE IN NATURAL DISASTERS

By accepting the Sendai framework, Republika Srpska is determined to reduce disaster risks through its institutional action and to reduce losses and resources for the life and health of the population of Republika Srpska. The degree of functionality of the system for the provision of psychosocial assistance in the circumstances of natural disasters is reflected in the ability of rescuers and volunteers to provide the best possible psychosocial assistance and support to those who need help in the circumstances of natural disasters. Previously

2 The current document for global action The Sendai Framework for Disaster Risk Reduction 2015–2030 (UNISDR, 2015) was adopted on March, 2015, at the Third UN World Conference on Disaster Risk Reduction, which was held in Sendai (Japan). By adopting *the Sendai Framework for Disaster Risk Reduction 2015-2030*, the global framework for disaster risk prevention and reduction has been strengthened. An international response to challenges was determined and coordinated, and multilateral international treaties and resolutions were adopted. The consequences of the above are the initiatives that influence the change of national legislation. By referring to health, as many as 39 times, health is presented as one of the key elements of the *Sendai Framework*. Out of a total of seven global goals, four have direct links to health and focus on mortality reduction, population well-being, early warning and promoting health system resilience (Reifels, 2018). In Priority 4, mental health is defined as a responsibility at national/local levels with a clear goal – *To enhance recovery schemes to provide psychosocial support and mental health services for all people in need*.

published studies have mainly focused on the psychological impact of disasters on survivors. However, many recent studies have focused on rescuers. Rescuers are individuals who provide assistance to people in emergencies such as a disaster (Sifaki-Pistolla, Chatzea, Vlachaki, Melidoniotis, & Pistolla, 2017). These are professionals such as firefighters, police officers, military personnel/soldiers, and rescuers in the health system and nonprofessional volunteers who help victims affected by various disasters, provide acute medical care and transport them to facilities where they can receive more adequate care (Berger et al., 2012).

Three typical responses of this group of people to danger are mentioned in the literature: the development of burnout syndrome, countertransference reactions, and indirect/secondary traumatization of rescuers and helpers (Vlačković, 2009). The burnout syndrome most often develops in those rescuers and helpers who strive for perfectionism, idealization of the work they do, complete devotion to work, excessive expectations. The self-image of these helpers and rescuers has been described as the “superman syndrome”. Poor work organization, lack of training for a job, lack of social support or supervision, and professional isolation also help the burnout syndrome to develop faster (Van der Veer, 1992). Countertransference reactions represent a phenomenon in which the helper’s feelings and thoughts are stimulated by the client’s experience that he communicates to the helper. The dramatic stories that the helper listens to can contribute to the awakening of various defense mechanisms (suppression, denial, projection) that can threaten the provision of psychological help to victims. The term indirect or secondary traumatization of rescuers and helpers is used to mean the traumas that these categories of people experience while working with traumatized people (Figley, 1995).

Due to the nature of their job, rescuers always encounter severely injured people or dead bodies and witness survivors’ emotional reactions (hopelessness, sadness, and anger), they experience disappointment when they fail to save a life and expose themselves to potential physical harm (Mao, Fung, Hu, & Loke Yuen, 2018). All of these stressors may increase the likelihood of negative psychological outcomes among rescuers, compared to the general population who are not exposed to a disaster (Van der Velden, Van Loon, Benight & Eckhardt, 2012; Walker, McKune, Ferguson, Pyne & Rattray, 2016). The negative psychological impact of a disaster on rescue workers includes acute distress disorder, anxiety and depression, post-traumatic stress disorder (PTSD), and addiction/substance use disorders (Pinto, Henriques, Jongenelen, Carvalho & Maia, 2015; Javidi, & Yadollahie, 2012). The severity of the helper’s traumatic experience, the level of his/her training, the impossibility of using different sources of psychosocial support and the current psychological and physical health of the helper favor the development of secondary traumatization of the helper (Vlačković, 2009: 76).

The engagement of nonprofessionals (volunteers) in the remediation of the psychological consequences of accidents is another common denomina-

tor that unites different forms of psychological assistance. The involvement of non-professionals in the provision of services in the field of mental health raises two key issues – the issue of the selection of nonprofessionals and the issue of their education. Regarding selection, Goodman (Goodman, 1972:953) talks about interpersonal sensitivity, understanding, openness, modesty, acceptance/warmth and therapeutic talent, as the basic criteria for the selection of nonprofessionals. Furthermore, the education of nonprofessionals is not based on psychotherapy, psychological or psychiatric treatment. According to the Red Cross of Serbia (2018), psychological education should be adapted to the needs of the vulnerable population and includes giving information to vulnerable people and groups about the nature of stress, post-traumatic stress and other reactions and familiarizing them with coping mechanisms, skills and resources. Volunteers should have knowledge and understanding of crisis response and skills to help people cope with their problems. Also, it is very important to encourage non-professionals to develop group solidarity, group identity and support of their own group, because this is the only way they can avoid the need to imitate professionals.

Through the action of specialized and volunteer forces, appropriate measures and activities are implemented, which contributes to the systematic and effective provision of psychosocial assistance in the circumstances of natural disasters during all three stages of disaster risk management (before, during and after a natural disaster). In this regard, it was analyzed to what extent rescuers and volunteers in Republika Srpska are trained to provide psychological first aid to people affected by natural disasters, given that there is no continuous education and training of rescuers and volunteers to provide psychological first aid.

Plans and guidelines for providing psychosocial support to engaged rescue teams have not been created or developed for all three stages of disaster management. The assistance provision program and the treatment of engaged members of the rescue teams and volunteers is not at the recommended level in relation to the guidelines of the reference centers. In order to verify the aforementioned hypotheses, it was examined to what extent an appropriate psychosocial assistance program intended exclusively for rescuers during the disaster management stages is implemented among the members of the rescue teams, since they are not immune to psychosocial effects of a disaster.

METHODOLOGICAL FRAMEWORK

This paper presents part of the findings of a larger research project (Marčeta, 2021), which was carried out in order to determine the level of preparedness of the institutions in Republika Srpska in relation to the provision of psychosocial assistance (experience and achievements) in the circumstances of natural disasters. Here, the current functioning of the system for the provision of psy-

chosocial assistance to the population by rescue teams in the circumstances of natural disasters in Republika Srpska was examined.

Research sample

The sample of respondents in this research consisted of members of the protection and rescue forces from the cities of Banja Luka and Gradiška and the municipalities of Čelinac, Laktaši, and Kozarska Dubica, who were engaged during the floods in 2010 and 2014 in Republika Srpska. The research was conducted on a sample of 62 respondents, from August to October 2020. The deliberate sample consisted of rescuers who were engaged in the mentioned period as part of the civil protection units and teams formed by the authorities of local government units, the competent organizational unit of the Ministry of the Interior, including members of the professional and emergency services (firefighters and medical services) and Red Cross teams of Republika Srpska. Sociodemographic characteristics of this sample are presented below.

The ratio between male and female respondents in the sample is 1:2.1 in favor of the males, which represents a realistic picture of gender equality of employees in the surveyed work organizations of public institutions of Republika Srpska. Male respondents made up 67.74% (42 of them) of the total sample, while 32.26% (20 of them) were females.

Regarding the age of the respondents, it corresponds to a normal distribution. A largest number of respondents, 25 (40.32%), belong to 40–49 age group, while other age groups are evenly distributed: three respondents (4.84) belong to 19–29 age group, while 16 of them (25.81 %) to 30–39 age group. Thirteen respondents (20.97%) are 50–59 years old, while 5 of them (8.06%) make up the category of the oldest respondents aged 60–65.

The structure of respondents by their educational background can be presented as follows: the largest number of respondents, 30 of them (48.39%), have a university degree, while 21 respondents (33.87%) have secondary education. Five respondents (8.06%) have higher education, while three respondents (4.84%) are specialists. Two respondents (3.23%) have magister's degrees, while one respondent (1.61%) has a master's degree.

Data on the respondents who make up this sample based on work and employment in work organizations³ of public institutions of Republika Srpska indicate that 11 respondents (17.74%) are employed in the Ministry of the Inte-

3 It was planned to carry out the research on a sample of 66 respondents, who were engaged during the floods in 2010 and 2014 as part of the civil protection units and teams formed by the authorities of the local government units, the competent organizational unit of the Ministry of the Interior, members of professional and emergency services (firefighters and medical services), and units, teams and crews of the Red Cross of Republika Srpska, which was formed on the basis of a deliberate sample of 11 respondents from each work organization. The planned sample of 11 respondents from the Civil Protection Administration of Republika Srpska (RUCZ RS) was not reached, consid-

rior, Local Government Units, Fire Service, Emergency Service and Red Cross, while 7 of them (11.29%) are employed in the Civil Protection Administration.

Regarding the structure of respondents by the respondent's city/place of work,⁴ out of a total of 62 respondents in this sample, 16 of them (25.81%) are employed in Banja Luka, while 12 of them (19.35%) are, on the same basis, from Čelinac, Gradiška and Kozarska Dubica. Ten respondents (16.13%) are employed in Laktaši.

The largest number of respondents, 21 of them (33.87%), have 11 to 20 years of work experience, while 20 respondents (32.26%) have 21 to 30 years of work experience. Thirteen respondents (20.97%), on the basis of work experience, fall into the category of 6 to 10 years, while eight (12.90%) fall into the category of 31 to 40 years. In this sample, there are no respondents with less than five years of work experience, given that the intentional sample included people engaged during the floods of 2010 and 2014. Using the survey technique, research was conducted on a sample of respondents who were members of the protection and rescue forces.

In order to test the hypotheses, data were collected using a survey questionnaire on the described sample of members of the protection and rescue forces who were engaged during the floods in 2010 and 2014 in Republika Srpska. The study was conducted on a sample of 62 respondents between August and October, 2020.

RESEARCH FINDINGS

Below are presented research finding on a sample of members of the rescue teams from the cities of Banja Luka and Gradiška and the municipalities of Čelinac, Laktaši and Kozarska Dubica, who were engaged during the floods in 2010 and 2014 in Republika Srpska.

ering that in the RUCZ RS of the city of Banja Luka only one respondent responded to the survey out of the planned three, while the municipality of Laktaši does not have elements of the RUCZ RS.

4 It was planned to carry out the research on a sample of 66 respondents - members of the protection and rescue forces from the cities of Banja Luka and Gradiška and the municipalities of Čelinac, Laktaši and Kozarska Dubica, who were engaged during the floods in 2010 and 2014 in Republika Srpska. The group of respondents was formed on the basis of a deliberate sample, 18 respondents from the city of Banja Luka and 12 respondents from the city of Gradiška and the municipalities of Čelinac, Laktaši and Kozarska Dubica. The planned sample of 18 respondents from the city of Banja Luka was not reached, given that only one of the three respondents from the RUCZ RS Banja Luka responded to the survey, while the municipality of Laktaši does not have elements of RUCZ

Table 1: Question Q1 - Organizing entities and society and the implementation of measures and activities in the work organization through three stages of disaster risk management

Q1	In my work organization, in order to protect national security, the task of organizing of entities and society is undertaken through three stages of disaster risk management, and appropriate measures and activities are implemented before, during and after a natural disaster.	Number	%
	Completely yes	23	37,10
	Mostly yes	22	35,48
	Partially	13	20,97
	Mostly no	2	3,23
	Not at all	0	0,00
	I don't know	2	3,23
TOTAL		62	100

Table 2: Question Q2 – Ways of overcoming stress

Q2	In the course of my employment, I have been in stressful situations. I have overcome stress:	Number	%
	By myself (self-help)	18	29,03
	With the help of a work colleague/colleagues	11	17,74
	With the help of the family	3	4,84
	With the help of religion	0	0,00
	I have not been in stressful situations	4	6,45
	Something else	0	0,00
	Multiple responses	24	38,71
TOTAL		62	100

Overcoming stress with the help of religion was not noted as an individual response among the respondents. However, 24 respondents (38.71%) state this style of overcoming stress in combination with other ways of overcoming stress, for example, by myself (self-help and with the help of family).

Table 3: Question Q3 - Ways to overcome stress caused by performing daily tasks

Q3	Performance of my daily tasks (contact with people who have lost their loved ones, their homes and/or livelihood; or who have had traumatic and difficult experiences) affects me so that:	Number	%
	I have learned to live with it	31	50,00
	I try to look for emotional support from family, friends or relatives	3	4,84
	I find other activities to redirect my thoughts and distract my mind	8	12,90
	I try to find solace in religion	2	3,23
	I sleep longer than usual	1	1,61
	I constantly have physical and mental problems and I worry about my health	1	1,61
	Multiple answers	16	25,81
TOTAL		62	100

Sixteen respondents (25.81%) use different ways of overcoming stress caused by daily work (contact with people who have lost their loved ones, their homes and/or livelihood or who have had traumatic and difficult experiences). The stress caused by performing daily tasks was mostly overcome by learning to live with it and find other activities to redirect their thoughts and distract their mind – six respondents (37.50%).

Table 4: Question Q4 - Implementation of training related to overcoming stressful situations

Q4	In my work organization, training related to overcoming stressful situations is conducted in the following way:	Number	%
	Peer support based on the "older brother/sister" model	3	4,84
	Psychological education	22	35,48
	Peer support group meetings	1	1,61
	Training is not conducted	35	56,45
	No answer	1	1,61
TOTAL		62	100

Table 5: Question Q5 - Frequency of conducting training related to overcoming stressful situations

Q5	In my work organization, training related to overcoming stressful situations is conducted:	Number	%
	Several times a month	2	3,23
	Once a month	1	1,61
	Quarterly (once every quarter of a year)	2	3,23
	Twice a year	10	16,13
	Once a year	12	19,35
	Training is not conducted	35	56,45
TOTAL		62	100

Table 6: Question Q6 - Training in providing psychological first aid

Q6	In my work organization, training is conducted in providing psychological first aid to the affected population, in which I am being trained how to:	Number	%
	Assess the state of mental health of the victim	0	0,00
	Provide the victims with the necessary information	0	0,00
	Establish communication with the victim	3	4,84
	Provide first aid	3	4,84
	Convince the victim to act according to my instructions for the purpose of rescue	0	0,00
	Assess the victim's physical injuries	0	0,00
	Recognize the individual needs of the victim	0	0,00
	Help calm down the victim's stress reactions	0	0,00
	Get necessary information from the victim in order to rescue	0	0,00
	Training is not conducted	28	45,16
	Multiple answers	28	45,16
TOTAL		62	100

Twenty-eight respondents (45.16%) believe that, in their work organization, multiple training is conducted in providing psychological first aid to the affected population (they list two to all nine methods of providing psychological first aid).

Table 7: Question Q7 - Frequency of conducting psychological first aid training

Q7	In my work organization, training in providing psychological first aid to the affected population is conducted:	Number	%
	Several times a month	3	4,84
	Once a month	1	1,61
	Quarterly (once every quarter of a year)	0	0,00
	Twice a year	13	20,97
	Once a year	16	25,81
	Training is not conducted	29	46,77
TOTAL		62	100

Table 8: Question Q8 - Outcomes of the training in providing psychological first aid

Q8	Through the training in providing psychological first aid to the affected population, I am prepared for the situations in which:	Number	%
	The victim is in a state of shock	2	3,23
	The victim refuses to communicate	1	1,61
	The victim cannot meet fundamental needs	2	3,23
	The victim behaves aggressively	1	1,61
	The victim receives assistance	1	1,61
	Training is not conducted	29	46,77
	Multiple answers	26	41,94
TOTAL		62	100

Twenty-six (41.94%) respondents, as their answers, combined two to five different situations for which they were prepared through the training in providing psychological first aid to the affected population. Only five respondents (19.23%) of these 26 gave an answer that corresponded to the guidelines of the European Network for Traumatic Stress (TENTS). In accordance with the TENTS guidelines, it is recommended to train and prepare helpers to act according to the responses of the victims to the trauma and how they deal with it.⁵

Table 9: Question Q 9 - Acquired skills in providing psychological first aid

Q9	Through the training of providing psychological first aid to the affected population, I have acquired the following skills:	Number	%
	Recognizing physical signs of the victim's distress (does not respond to questions or commands, disorientation, hyperventilation)	0	0,00
	Assessing the level of victim resistance (assessing whether help is needed or encouraging self-help is sufficient)	0	0,00
	Establishing a good psychological atmosphere in which communication with the victim takes place smoothly	1	1,61
	Establishing non-verbal communication with the victim	0	0,00
	Gathering information about the needs of the victim	0	0,00
	Providing practical help	1	1,61
	Recognizing the victim's emotional signs of distress (uncontrollable crying, physical/verbal aggression, shock)	1	1,61
	Emotional calming of the victim with the grounding technique	1	1,61
	Recognizing the need for the referral of the victim to specialist services	0	0,00
	Teaching the victims the ways to cope with difficulties (psycho-education)	1	1,61
	Assessment of danger to self and others	0	0,00
	I had no training	29	46,77
	Multiple answers	28	45,16
TOTAL		62	100

Twenty-eight (45.16%) respondents, as their answer to this question, combined three to nine different skills they have acquired in providing psychological first aid. The analyzed data indicate that none of the respondents possess all the skills⁶ recommended by the TENTS guidelines.

⁵ In accordance with the TENTS guidelines, which are not binding in nature, psychosocial assistance to emergency services personnel/rescuers and spontaneous volunteers in the general assistance model foresees the planning of procedures that will help prevent burnout and traumatization. These procedures include: 1) regular shifts (so that people do not work longer than necessary); 2) technical debriefing after the end of the shift; 3) support systems. Support systems include regular supervision, consultation with colleagues and external advisors, and techniques for building a collective spirit aimed at unity and support in the team (Bisson & Tavako, 2008).

⁶ According to the recommendations, the basic skills that rescuers must possess are the assessment of danger to themselves and others. Then communication skills through which information is gathered about the needs of the victim in order to provide practical help. Possessing skills such as

Table 10: Question Q 10 - Relationship between training and challenge

Q10	The training in my work organization corresponds to the challenges I faced during the floods in 2010 and 2014.	Number	%
	Completely yes	6	9,68
	Mostly yes	28	45,16
	Partially	18	29,03
	Mostly no	3	4,84
	Not at all	6	9,68
	I wasn't engaged	0	0,00
	No answer	1	1,61
TOTAL		62	100

Table 11: Question Q 11 – Introducing new topics into the training process

Q11	After the floods in 2010 and 2014, the topics that had not been implemented until then were introduced into the training process.	Number	%
	Yes	14	22,58
	Partially	23	37,10
	No	6	9,68
	I don't know	18	29,03
	No answer	1	1,61
TOTAL		62	100

Table 12: Question Q12 - Compliance of the training program with the guidelines of the reference centers

Q12	To what extent the training programs are in line with the guidelines of the reference centers:	Number	%
	Completely	8	12,90
	Partially	23	37,10
	They are not in line	8	12,90
	I don't know	22	35,48
	No answer	1	1,61
TOTAL		62	100

recognizing physical and emotional signs of the victim's distress, assessing the victim's resistance level and recognizing the need to refer the victim to specialist services helps in preventive action and early detection of more serious psychological disorders.

Table 13: Question Q 13 - The need for training of rescuers and volunteers in providing psychological first aid to the affected population

Q13	In my opinion, in my work organization, there is a need to train rescuers and volunteers in providing psychological first aid to the affected population.	Number	%
	Yes	38	61,29
	Partially	9	14,52
	No	9	14,52
	I don't know	5	8,06
	No answer	1	1,61
TOTAL		62	100

CONCLUSION

Our study determined that work organizations implement measures and activities before, during and after a natural disaster and organize entities and society in three stages of disaster risk management. The prevailing view is that the planned and implemented training corresponds to the challenges they faced during the floods. Thus, a third of the members of the rescue forces believe that they have appropriate training which is partially in line with the reference centers. However, our study demonstrates that work organizations do not implement an appropriate program for psychosocial assistance intended exclusively for rescuers during all stages of natural disaster management and that no training is conducted in relation to overcoming stressful situations.

In addition, there is no systematic approach in work organizations regarding the education of helpers with clearly defined outcomes and goals, that is, the skills that trainees should acquire. The employees do not possess abilities and skills prescribed by the reference center, since there is no continuous education and training of rescuers and volunteers for providing psychological first aid. The findings of this study indicate that the need to establish a program of education and training of rescuers and volunteers in providing psychological first aid prevails among the respondents.

The findings of this study should be indicators in finding practical solutions in natural disaster management in all three key stages, by including the activities related to the provision of psychosocial assistance in the planning and implementation of preparedness measures, immediate response measures and quick response and recovery measures. The social justification of this research is reflected in the assessment of the preparedness of the rescue teams to respond to the needs of the vulnerable population in an organized and functional manner within the framework of the psychosocial support system. Therefore, it is important that helpers become aware of their own emotional reactions and learn to use them when providing psychological assistance.

REFERENCES

- Allden, K., Jones, L., Weissbecker, I., Wessells, M., Bolton, P., Betancourt, T., Hijazi, Z., Galappatti, A., Yamout, R., Patel, P. & Sumathipala, A. (2009). Mental Health and Psychosocial Support in Crisis and Conflict: Report of the Mental Health Working Group. *Prehospital and Disaster Medicine*, 24(2), 217–227.
- Amsterdam Conference Declaration. (2019). *Amsterdam Conference*. Retrieved 29. 2. 2020. from Government of the Netherland: <https://www.government.nl/ministries/ministry-of-foreign-affairs/documents/diplomatic-statements/2019/10/08/amsterdam-conference-declaration>
- Berger, W., Coutinho, E. S., Figueira, I., Marques-Portella, C., Luz, M. P., Neylan, T. C., Marmar, C. R., & Mendlowicz, M. V. (2012). Rescuers at risk: a systematic review and meta-regression analysis of the worldwide current prevalence and correlates of PTSD in rescue workers. *Social psychiatry and psychiatric epidemiology*, 47(6), 1001–1011.
- Birkmann, J. & Buckle, P. & Jaeger, J. & Pelling, M., Setiadi, N., Garschagen, M., Fernando, N. & Kropp, J. (2010). Extreme events and disasters: A window of opportunity for change? Analysis of organizational, institutional and political changes, formal and informal responses after mega-disasters. *Natural Hazards: Journal of the International Society for the Prevention and Mitigation of Natural Hazards*, 55(3), 637–655. doi: 10.1007/s11069-008-9319-2
- Bisson, J., & Tavako, B. (2008). *The TENTS Guidelines for psychosocial care following disasters and major incidents*. United Kingdom: Cardiff University, Wales. Retrieved 29.2.2020. from European Society for Traumatic Stress Studies: <https://www.estss.org/uploads/2011/04/TENTS-Full-guidelines.pdf>
- Figley, C. R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (1–20). New York: Brunner/Mazel.
- Gagliato, M., Hijazi, Z., & Blaauw, M. (2017). *MHPSS Emergency Toolkit*. Retrieved 2.3.2020. from The Mental Health & Psychosocial Support Network: https://app.mhpss.net/images/2019_MHPSS_toolkit.pdf
- Goodman, G. (1972). Systematic selection of psychotherapeutic talent: group assessment of interpersonal traits. In S.E. Golann and C. Eisdorfer (Eds.), *Handbook Of Community Mental Health* (939–956). New York: Appleton-Century- Crofts.
- IASC & IASC RG MHPSS (2010). *Mental Health and Psychosocial Support in Emergency Settings: What should Protection Programme Managers Know?* Switzerland, Geneva: IASC. Retrieved 2.3.2020. from United Nations – OCHA Services – The Inter-Agency Standing Committee: https://interagencystandingcommittee.org/system/files/legacy_files/MHPSS%20Protection%20Actors.pdf
- IASC (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Switzerland, Geneva: IASC. Retrieved 2.3.2020. from United Nations – OCHA Services – The Inter-Agency Standing Committee: [JOURNAL OF SECURITY AND CRIMINAL SCIENCES • Vol. 4, No. 2 \(2022\)](https://interagency-</p>
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standingcommittee.org/system/files/iasc_guidelines_on_mental_health_and_psychosocial_support_in_emergency_settings.pdf

IASC (2008). *Mental Health and Psychosocial Support in Emergency Settings - Checklist for Field Use*. Switzerland, Geneva: IASC. Retrieved 2.3.2020. from United Nations – OCHA Services – The Inter-Agency Standing Committee: https://inter-agencystandingcommittee.org/system/files/legacy_files/Checklist%20for%20field%20use%20IASC%20MHPSS.pdf

IFRC, Reference Centre for Psychosocial Support. (2009). *Psychosocial interventions: A handbook*. Copenhagen: International Federation Reference Centre for Psychosocial Support.

Javidi, H., & Yadollahie, M. (2012). Post-traumatic Stress Disorder. *The International Journal of Occupational and Environmental Medicine*, 3(1), 2–9.

Knowles, S. G. (2013). *The disaster experts: Mastering risk in modern America*. Philadelphia: University of Pennsylvania Press.

Kramer, W. M. (2009). *Disaster planning and control*. Tulsa: Penn Well.

Mao, X., Fung, W. M. O., Hu, X., & Loke Yuen, J. T. A. (2018). Psychological impacts of disaster on rescue workers: A review of the literature. *International Journal of Disaster Risk Reduction*, 27, 602–617. <https://doi.org/10.1016/j.ijdrr.2017.10.020>

Meyer, S. (2013). *UNHCR's Mental Health And Psychosocial Support: For Persons Of Concern*. Switzerland, Geneva: UNHCR. Retrieved 20.3.2020. from The UN Refugee Agency – UNHCR: <https://www.unhcr.org/research/evalreports/51bec3359/unhcrs-mental-health-psychosocial-support-persons-concern.html>

Pinto, R. J., Henriques, S. P., Jongenelen, I., Carvalho, C. & Maia, Â. C. (2015). The strongest correlates of PTSD for firefighters: number, recency, frequency, or perceived threat of traumatic events? *Journal of Traumatic Stress*, 28(5), 434–440. doi: 10.1002/jts.22035.

Seynaeve, G. J. R (2001). European Policy Paper: Psychosocial support in situations of mass emergency. European Policy Paper concerning different aspects of psychological support and social accompaniment for people involved in major accidents and disasters. Retrieved 9.4.2020. from Stadt Wien: <https://www.wien.gv.at/menschen/sicherheit/krisenmanagement/pdf/mass-emergency.pdf>

Sifaki-Pistolla, D., Chatzea, V. E., Vlachaki, S.A. Melidoniotis, E. & Pistolla G. (2017). Who is going to rescue the rescuers? Post-traumatic stress disorder among rescue workers operating in Greece during the European refugee crisis. *Social Psychiatry and Psychiatric Epidemiology*, 52, 45–54. <https://doi.org/10.1007/s00127-016-1302-8>

Sphere Association. (2018). *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response* (4th edition). Switzerland, Geneva: Sphere Association. Retrieved 9.4.2020. from [spherestandards.org](https://spherestandards.org/wp-content/uploads/Sphere-Handbook-2018-EN.pdf): <https://spherestandards.org/wp-content/uploads/Sphere-Handbook-2018-EN.pdf>

TENTS. (2009). (The European Network for Traumatic Stress). *Интервенције после великих несрећа и катастрофа*. Amsterdam: Academic Medical Center Uni-

- versity of Amsterdam. Retrieved 29.2.2020. from European Society for Traumatic Stress Studies: <https://www.estss.org/uploads/2011/04/serbian-booklet.pdf>
- TENTS. (2011a). (The European Network for Traumatic Stress). *Модел љуужања љсихосоцијалне љомоћи љосле великих несређа и каљасљрофа*. Retrieved 29.2.2020. from European Society for Traumatic Stress Studies: https://www.estss.org/uploads/2011/04/78Translation_Serbian_-_model_of_care_FINAL.pdf
- TENTS. (2011b). (The European Network for Traumatic Stress). *Смернице за љуужање љсихосоцијалне љомоћи љосле великих несређа и каљасљрофа*. Retrieved 29.2.2020. from European Society for Traumatic Stress Studies: <https://www.estss.org/uploads/2011/04/serbian-full-guidelines.pdf>
- The United Nations Office for Disaster Risk Reduction, UNISDR. (2015). *Sendai Framework for Disaster Risk Reduction 2015-2030*. Switzerland, Geneva: UNISDR. Retrieved 9.4.2020. from preventionweb.net – managed by the UN Office for Disaster Risk Reduction (UNDRR): https://www.preventionweb.net/files/43291_sendaiframeworkfordrren.pdf
- Van der Veer, G. (1992). *Counseling and therapy with refugees: Psychological problems of victims of war, torture and repression*. Chichester: John Wiley.
- Van der Velden, P. G., Van Loon, P., Benight, C. C., & Eckhardt, T. (2012). Mental health problems among search and rescue workers deployed in the Haiti earthquake 2010: a pre-post comparison, *Psychiatry Research*, 198 (1), 100–105. doi: 10.1016/j.psychres.2012.02.017.
- Walker, A., McKune, A., Ferguson, S., Pyne, D. B. & Rattray, B. (2016). Chronic occupational exposures can influence the rate of PTSD and depressive disorders in first responders and military personnel. *Extreme Physiology & Medicine*, 5 (8), 1– 12. doi:10.1186/s13728-016-0049-x
- Welton-Mitchell, C. E. (2013). *UNHCR's Mental Health And Psychosocial Support: For Staff*. Switzerland, Geneva: UNHCR. Retrieved 20.3.2020. from The UN Refugee Agency – UNHCR: <https://www.unhcr.org/research/evalreports/51f67bdc9/unhcrs-mental-health-psychosocial-support-staff.html>
- Wessells, M. G., & Van Ommeren, M. (2008). Developing inter-agency guidelines on mental health and psychosocial support in emergency settings. *Intervention: International Journal of Mental Health, Psychosocial Work & Counselling in Areas of Armed Conflict*, 6(3–4), 199–218.
- Марчета, Ж. (2021). Психосоцијална помоћ у околностима природних катастрофа. Мастер рад. Бања Лука: Универзитет у Бањој Луци, Факултет безђједно-сних наука.
- Тодоровић, Н., Врачевић, М., Риц Рихтер, Л., Богдановић, Н., Милићевић Калашкић, А., Милорадовић, С., Јанковић, Б. (Ур.). (2018). Психосоцијална подршка у несређама. Приручник за професионалце и волонтере Црвеног крста Србије. Београд: Црвени крст Србије.