

# REVIVE

IMPROVING POST-COLLISION  
RESPONSE AND EMERGENCY  
CARE IN EUROPE



European Transport Safety Council



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FEVR Psychological Support Consult

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Fédération Européenne des **Victimes** de la Route  
European Federation of Road Traffic **Victims**

# FEVR

since  
1991



we live  
**VISION  
ZERO**



PREVENCIÓN  
DE ACCIDENTES  
DE TRÁFICO

**50**  
años  
1968-2018

# FEVR

FEVR was founded in July 1991 in Geneva  
by **Marcel Haegi**, a bereaved father.

President mandate 2004-2010: **Brigitte Chaudhry**

President mandate 2010-present: **Jeannot Mersch**



## Main aims:

- offer support and help to road crash victims by providing free **emotional, practical and legal** assistance mainly through member associations;
- to contribute to road safety by highlighting road danger and the causes of crashes in order to influence institutions and authorities to enforce road safety measures more effectively

Member of the **UN Road Safety Collaboration Forum**, **UNECE**, **ETSC Main Council member**, **Global Alliance** founding and board member and creator of **World Day of Remembrance for Road Traffic Victims**.

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# Member organizations

- |  |   |
|--|---|
| 1) Parents d'Enfants<br>Victimes de la Route -<br>PEVR, <i>Belgium</i>                         | des Victimes de la<br>Route – AVR,<br><i>Luxemburg</i>                          |
| 2) Rondpunt, <i>Belgium</i>  | 13) NAH Zorg, <i>Netherlands</i>  |
| 3) Esperanza, <i>France</i>  | 14) Vereniging<br>Verkeersslachtoffers –<br>VVS, <i>Netherlands</i>             |
| 4) Association Victimes et<br>Citoyens, <i>France</i>  | 15) Associação de<br>Cidadãos Auto-<br>Mobilizados (ACA-M),<br><i>Portugal</i>  |
| 5) Verkehrsunfall<br>Opferhilfe Deutschland<br>– VOD, <i>Germany</i>                           | 16) Centre of Consultancy<br>for the Road Victims –<br>CCVR, <i>Romania</i>     |
| 6) Ellenic Association for<br>Road Traffic Victims –<br>EFTHITA, <i>Greece</i>                 | 17) Safe Journey Institute,<br><i>Slovenia</i>                                  |
| 7) Associazione Italiana<br>Familiari e Vittime della<br>Strada onlus - AIFVS,<br><i>Italy</i> | 18) P(A)T – AP(A)T –<br>Prevención de<br>Accidentes de Tráfico,<br><i>Spain</i> |
| 8) Fondazione Luigi<br>Guccione Onlus, <i>Italy</i>  | 19) Suat Ayozy Traffic<br>Victims Association<br>SATMD, <i>Turkey</i>           |
| 9) Irish Road Victims<br>Association – IRVA,<br><i>Ireland</i>                                 | 20) RoadPeace, <i>UK</i>  |
| 10) Youth Association for<br>Social Awareness –<br>YASA, <i>Lebanon</i>                        | 21) CSODN, <i>Czech<br/>Republic</i>  |
| 11) Association Zeina<br>Hauch pour la<br>Prevention Routiere,<br><i>Lebanon</i>               | 22) CIBRD, <i>Poland</i>  |
| 12) Association nationale  | 23) MHF/MADD, <i>Sweden</i>   |







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### Pilar 1

Gestión de la  
seguridad vial

### Pilar 2

Vías de tránsito  
y movilidad más  
seguras

### Pilar 3

Vehículos más  
seguros

### Pilar 4

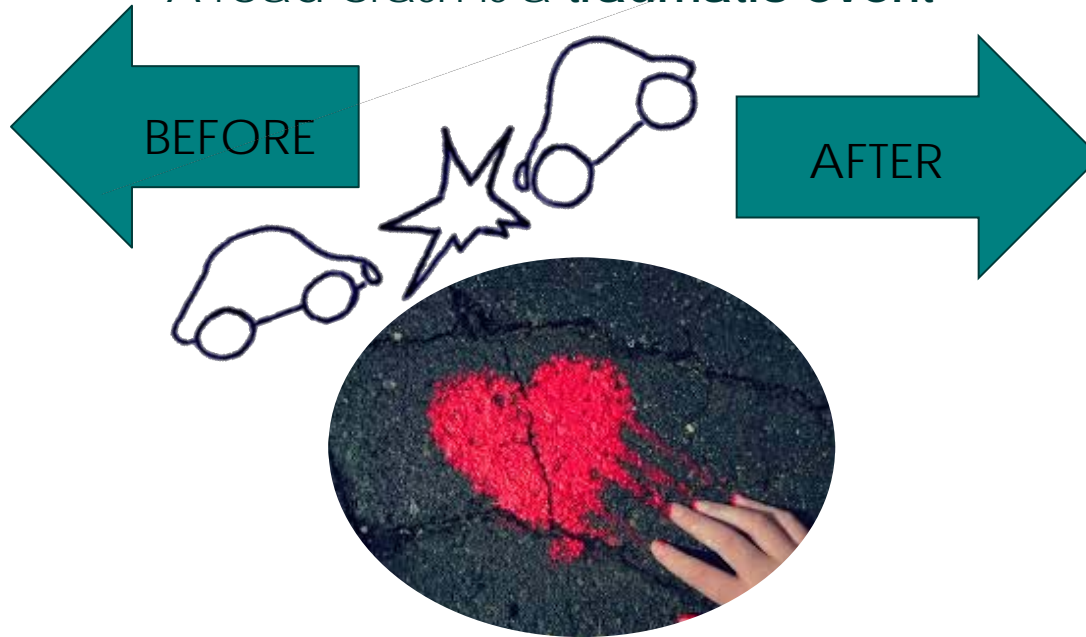
Usuarios de vías  
de tránsito más  
seguro

### Pilar 5

Respuesta tras  
los accidentes



A road crash is a **traumatic event**



Emotional wounds are not visible, but needs care

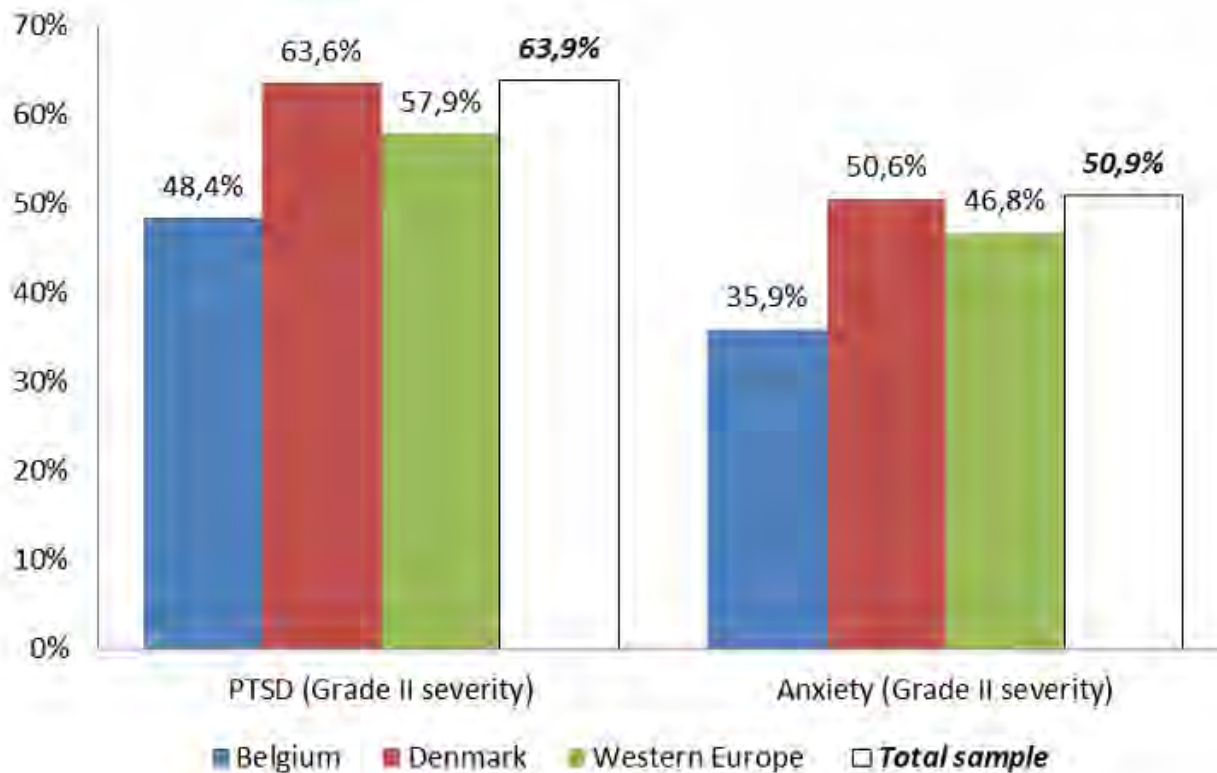
Road crash victims often need **psychological attention**



PTSD	60.7%	63.9%	<i>n.s.</i>
Anxiety disorder	38.1%	50.9%	<i>p &lt; .001</i>
Major depression	38,1%	69,1%	<i>p &lt; .001</i>

Table 8. Proportion of respondents reaching the diagnostic threshold for Post-Traumatic Stress Disorder (PTSD), Anxiety disorder and Major depression one month after the crash.

### My life after the crash study.





# SO LET'S TRY TO PREVENT IT



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# FIRST AID PSYCHOLOGY



Helps to avoid post-traumatic stress disorder and other possible aftermaths.

## WHAT IS IT?

To contain and normalize the reactions that can have the person and detect possible pathological reactions.

Many reactions are attempts to recover homeostasis and are normal responses to extraordinary situations.

## OBJECTIVES:

- To provide **support** and **rescue** to restore their **emotional stability**.
- To **contain** the **first reactions**.
- To transmit **security and reassurance** (explaining the possible reactions of the body and mind).
- To **validate** the possible reactions of the **acute stress response**.
- To detect possible **pathological reactions**.



When we face a traumatic event it may arise reactions that makes us think we are going mad. These are **normal manifestations in front of a not normal fact**, they are forms of homeostatic response to an impact.

*"The pathological reactions are considered to be the normal way of responding to traumatic events". Bonanno, 2014*

Therefore it is important from the beginning, a **professional intervention to help normalize these reactions and provide all the necessary information to reduce the sense confusion and disorientation** and to assure follow-up if needed



## ESCENES

- To go along **with** the **emergency medical services** at the place of the crash.
- To **deliver the bad news** (home – hospital).
- To accompanying the family in the **recognition of the corpse**.
- To be next to the family in **decision-making of high stress**.



A victim of road crash can be faced with the loss of a loved one, a part or the use of a part of the body, a way of life or other things upon which their well-being depends.



Suddenly there is a **strong earthquake in the deepest believes**. Many things are broken and **one's identity is questioned**. Who am I if I am no mother? (for example) or if I cannot do sport anymore.

The plans and expectations regarding the person or the skill losed, disappears. And one faces the emptiness.

One of the **objectives of pisco therapeutic work** is to help realize that despite a road crash is an avoidable fact, we **must assume that the one that affects us could not be avoided**. Another goal is that no matter how the person died, but accept that died.

It is important to **distinguish grief and trauma**.





## FOLLOW-UP PSYCHOLOGICAL CARE

Grief is a **natural process of adaptation to the loss**, affecting all areas of life (physical, emotional, cognitive, and even spiritual).

It is a process, so it is implicit time.

In any loss we will need some time to learn to live without the loved one or to adapt to the new situation without what we have lost (either the loss of health, a skill or capacity, etc.).

But it is not only time, **it is a dynamic and active process in which it is necessary to step through a series of stages**



# TRAUMATIC GRIEF



We talk about traumatic grief, when the pain for the death of a loved one is overwhelmed by the traumatic stress of their circumstances.

The bereaved person is doubly affected: first, by the loss of the loved one, second, by having survived a situation that was tragic and unexpected (such as a crash etc.).

In these situations, the symptoms of grief and those of post-traumatic response overlap, making it difficult, if not impossible, to process the situation psychologically.



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$$26.000 + 150.000 \times 5 = 880.000$$



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## EXAMPLE OF GOOD PRACTICES

In October 2017, a collaboration agreement was signed between the Department of Health and the Department of the Interior of the Generalitat de Catalunya:

- It guarantees the **face-to-face and specialized attention of emergency psychologists** to those affected and family members in the event of a **road crash with fatal victims** and in which there are **serious injured under 12 years**.

- In 2012 was established the Information and Assistance Service for Traffic Victims (**SIAVT**) that offers **psychological, legal, medical and assistance** information to all victims.



servei català de

# Trànsit

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Human being is resilient: has the **capacity to face traumatic experiences and to extract a benefit, understood as vital learning.**

We know that the human being is able to resist and recover from the adversities of life, but **society must offer all the guarantees to make it possible.**



There is life before the loss and another one which is different, but which can also be full of meaning, after the loss.

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