

Lessions learned

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The mass stabbing in Turku, Finland

Description of the event

The mass stabbing happened 18 August 2017 in Turku (200 000 habitants), two days after Barcelona terror attack. A young Moroccan man roared with a knife in the lively market place on Friday at 4 p.m., when people were coming from there jobs and going shopping or home. The perpetrator killed two women and injured seven other people before the police shot him in the leg. Everything happened in a very short time. The police shot the man three minutes after the alarm in the emergency response center. Some of the injured were very seriously wounded. All injured were treated in the Turku University Hospital.

The victims of the event were chosen in random. There were a lot of eyewitnesses in the event and what they saw was horrendous. There were also a lot of people who thought that they could have been the victim. Many outsiders also helped the victims and gave them first aid. This was the reason why very many were traumatised seriously in this event.

Psychological first aid

The city of Turku and the University Hospital in Turku opened a hotline for public and a crisis center mainly for family members of the injured and deceased. In the hotline the Finnish Red Cross volunteers and some social workers of there emergency services answered the phone calls. They also asked of those, who called, if they wanted to have a call back from a crisis worker. They wrote down the names and what they had experienced for those, who wanted a call back. There were about 200 calls to this hotline during the first week after the disaster, most during the first weekend.

The crisis center was located so that you had to go there with a guard. That was one reason why there were not many who visited the crisis center.

During the two weeks 140 Red Cross volunteers gave psychological first aid in hotline, crisis center and on the market place and streets of Turku. They had 2700 contacts, some rather heavy.

Management System and Early intervention

The Ministry of Social and Health Affairs gave a mandate to Vantaa Crisis Center to consult the local authorities of the need for crisis help and of there resources. The leader of Finnish Red Cross readiness group of psychologists took part in this consultation from the beginning. On Friday, when the event happened, the local crisis workers got guidance in phone. On Saturday two meetings took place. The first one was in the Hospital and the topic was the psychological help of

the family members of the injured. The medical doctors in the hospital had no understanding in crisis help and it was really difficult to get them to understand that we need the names of the family members of the injured to contact them for crisis help. After long discussions the crisis workers got some names to start the crisis work with them.

The second meeting was with the leaders of the crisis work in Turku city. The conclusion in this meeting was that they do not have enough own resources and that they need all the help what the Red Cross Psychologist team can give them. On Sunday 12 psychologist of the team started their work in Turku.

The crisis help for the family members of the deceased and injured was organized together with the Red Cross Psychologists and the local crisis team. The crisis work started in many families before the injured were taken home from the hospital. The injured did not get any proper crisis help in the hospital. When they came home, the crisis work with the family continued. Also some crisis sessions were organized in the working places of the deceased and injured.

A special task in the crisis work was to contact those who had phoned to the hotline and asked, if they wanted a phone call back from the crisis workers. Of these 200 who called to the hotline 110 asked for further contact. Before starting this work we had to decide, what we can offer them. We had the experience of another disaster in Finland with same characteristics and we knew that many of these people have very strong reactions. For this reason we planned a special kind of group sessions with sharing the experiences but also time for stabilization and working with sensorimotor symptoms. Those, who were interested in group meeting, took part in this kind of meetings. Altogether we organized six such group meetings for eyewitnesses, those who gave first aid and those, who thought they could be a victim of the disaster.

Fifty persons of these, who were called back, were organized an individual meeting of the crisis workers, usually a trauma therapist. Some had even two or three 1½ hours meetings and a follow-up call with the psychologist during the first two weeks after the event. 10% of them need long-term therapy, usually those, by whom the event activated earlier traumatic experiences. For most of them this help was enough. No one needed medication even when they had very strong reactions. EMDR and its applications were used in almost all sessions.

The perpetrator was living in a facility run by the Ministry of Interior that accommodates arriving refugees and asylum seekers in Turku. The perpetrator had got negative decision in his asylum application. Crisis help was given also to those refugees and asylum seekers who lived in this center in Turku and also in another center near Turku. Also the community of those from Morocco needed crisis help in Turku.

The schools in Turku got on Sunday guidelines how this event should be discussed in school classes during Monday. The teachers and students, who had taught the perpetrator and who had studied with him got extra help.

One task of the Red Cross psychologist was to keep the Red Cross volunteers in working condition. We organized during the first two weeks 17 debriefing sessions to these volunteers.

Turku city crisis team and its leader concentrated the first two weeks only in organizing crisis help for those in need for it. Their resource was completed by Red Cross Psychologist. During the two weeks 16 Red Cross psychologists took part in this crisis work, working altogether 62 whole days in Turku. The costs were paid by the City of Turku.

Long-term interventions

Some injured and some who contacted the hotline need long-term crisis help. Turku City is organizing this help by paying for two trauma therapist for six months. Because of the massive early intervention the need for long term interventions are not so great.

Evaluations and implications

The Turku city organized the crisis help very well. It made the decision of extra help needed immediately and the collaboration with Turku city crisis workers and the Red Cross psychologist functioned very well.

In this incidence the special challenge was the great amount of the attached people. In this case many of them contacted the hotline and we could organize that crisis help they needed to them. When help with proper expertise could be offered in some days after the traumatic experience, the recovery of the exposed happened quickly. We could use the help of many very experienced trauma psychologists in this work and we can see the result also of this work. But we do not know how many there are, who have not contacted the hotline and have serious symptoms. For them long term crisis help is needed.

The perpetrator was asylum seeker and this kind of event increase prejudices and hate among groups of people. A lot of work has to be done in this topic in Turku and in the whole Finland.