

## SUPPORT FOR CHILD VICTIMS IN CRISIS SITUATIONS\*\*\*

*Abstract: In this paper, we are going to deal with the concept of crisis in educational institutions, theoretically and practically, and analyze different forms of these crisis situations, with a focus on school shootings. Researchers have shown that the negative consequences of school shootings include diverse and long-term trauma symptoms (e.g. PTSD, depression) for students, school staff and families. The issue is particularly discussed in the paper is psychosocial support for children in crisis. On the example of the school shooting in Belgrade, we are going to present and analyze interventions and activities that have been suitabled after the massacre for children in this school and also for children all over the country. Previous models suggest that appropriate crisis interventions can minimize the duration and intensity of childrens' reactions. Most important to strengthen the network of support in the immediate environment of victims and survivors, and provide professional psychosocial support.*

*Key words: crisis, child, school shooting, psychosocial support, social support*

## 1. INTRODUCTION

Mass school shootings or mass murders are the most notorious form of violence and a more ubiquitous form of crisis events in schools. Although the US leads in terms of the number and frequency of such events, other countries are not exempt from them. The example of the Republic of Serbia shows that other, much smaller countries, territorially and demographically, are not spared from such events. Namely, on May 3rd, 2023, a 13-year-old student shot and killed ten students and a school guard at the Belgrade elementary school "Vladislav Ribnikar". The amount and consequences of these mass murder, both in terms of the number of victims and the age of the perpetrator, equal and/or exceed the scale of numerous similar events in the world (Pejuskovic, Lecic-Tosevski, 2023). So these two mass shootings shocked not only those directly affected by the event, but also the wider (regional) community.

The negative consequences related to school shootings include trauma symptoms such as Posttraumatic Stress Disorder (PTSD) or Posttraumatic Stress Symptoms (PTSS), major depression, anxiety, panic, social phobia, sleep problems, emotion dysregulation, poorer academic performance and classroom behaviors, increased school absences, relationship difficulties, decreased work satisfaction, and substance abuse (Alexander, 2021; Kronenberg et al., 2010; Thompson, Massat, 2005). Thus, the negative consequences for the psychosocial well-being of children, school staff and families can be varied and long-lasting. Therefore, when an entire school or community is affected by violence or disaster, teachers and school

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administrators play an important role in the immediate recovery by providing specific structured and semi-structured activities (Love, Cobb, 2012). Also, social support can be important in the recovery process. Social solidarity may strengthen victims' existing social networks and possibly expand those networks, thereby providing additional support that promotes well-being (Hawdon et al., 2012:4). According to the findings of studies conducted among victims of school shootings, one of the strongest predictors of recovery is the role of intimate networks (e.g. peers, parents). Thus, according to some authors (Turunen et al., 2014), it is important to first strengthen the support network in the immediate environment of the child, and then, if necessary, involve professional help later. When the intervention is based on the provision of professional psychosocial assistance, psychotherapy is one of the possibilities. More precisely, psychosocial interventions most common are based on cognitive-behavioral therapy, psycho-education, reconstruction of traumatic experiences and stress management skills (Fu, Underwood, 2015). In addition to this, it is necessary to keep in mind the importance of providing immediate acute help to students, teachers/staff, and families in the aftermath of the tragedy.

The purpose of this paper is to illustrate the context in which various crises affecting children occur. Next, we aim to describe the repertoire of different psychosocial interventions offered to children in crisis situations. Finally, using the example of a school shooting that occurred in Serbia last year, we aim to highlight interventions and activities that may be more or less suitable for children in a crisis and their recovery and their further development.

## 2. CRISIS IN EDUCATIONAL INSTITUTIONS

The function of the school as an educational institution is to create a climate that contributes to all students of the educational process in the school environment feeling socially, emotionally and physically safe, thus promoting the proper individual development and achievements of youth (National School Climate Council, 2007, see: Tadić, 2022). However, in the last few decades, schools around the world have been faced with the need to respond to an increasing number of sudden crisis events that threaten or may seriously threaten the safety of students and impair their physical and psychosocial well-being, as well as learning outcomes (Finelli, Zeanah, 2019; Schwarz, Kowalski, 1991). There are numerous definitions of crisis, starting from general ones and ending with crisis situations in schools. In most cases, a crisis event is an unpredictable event with potentially negative consequences that can cause significant damage to people who are directly or indirectly exposed to the crisis event (Pravilnik o Protokolu postupanja u ustanovi u odgovoru na nasilje, zlostavljanje i zanemarivanje, 2024). A crisis event is characterized by the number of victims (number of injured or murdered), material damage and psychological reactions of individuals and/or the community as a whole, as well as solidarity for the purpose of eliminating the consequences (Pravilnik o Protokolu postupanja u ustanovi u odgovoru na nasilje, zlostavljanje i zanemarivanje, 2024). From a psychological point of view, some basic characteristics of crises according to Raphael (1986) are rapid time sequences, an overwhelming of the usual coping responses of individuals and communities, severe disruption in the functioning of an individual or community, a feeling of helplessness and seeking help from others (MacNeil, Topping, 2007). Brock, Sandoval and Lewis (1996, see: MacNeil, Topping, 2007), offer a definition of school-based crisis, according to which a crisis is a sudden, unexpected event that has an „emergency quality“ and the potential to affect the entire school community. These crises can take different forms. Sokol et al. (2021) mention some forms of crisis such as natural disaster, student death, or mass violence event. MacNeil and Topping (2007) state that critical incidents, as they call crisis situations in and out of school, include shootings, stabbings, other forms of homicide, terrorist activity,

suicide, road traffic accidents, major fires and natural disasters. Certain acts also recognize different forms of crisis, such as: natural death of a child/student; attempted murder and murder of a child/student (in or outside the institution); student suicide attempt and suicide (in or outside the institution); natural death, suicide or murder of an employee in the institution; a traffic accident in which a child, that is, a student and/or an employee of the institution, was injured or killed; disappearance of a child/student; mass poisoning in the premises of the institution; a report about an explosive device planted in an institution or a terrorist attack and the like; hostage crisis; large-scale violence (mass fights, multiple murders, terrorist attacks); technical-technological hazards (explosion, spillage, evaporation of toxic substances and fire); natural disasters (floods, earthquakes, fires...); an epidemic that covered the territory/municipality where the institution is located (Pravilnik o Protokolu postupanja u ustanovi u odgovoru na nasilje, zlostavljanje i zanemarivanje, 2024).

The frequency and severity of some types of school-based crises have increased. Many schools are no longer havens of safety and security (King, 2020). In a representative sample of more than 2000 US children 2 through 17 years of age, nearly 14% were reported to have been exposed to a disaster in their lifetime, with more than 4% of disasters occurring in the past year (Schonfeld et al., 2015). Sokol and colleagues (2021: 241) state that, according to the report of the National Center for Education Statistics from 2019, in the USA eight percent of schools report that they experienced disruptions in the past years due to death threats, bomb threats, or chemical, biological, or radiological threats. Also, this authors state that in 2017, according to the report of the Centers for Disease Control and Prevention from 2018, suicide was the leading cause of death among middle school aged children, accounting for over 47,000 student deaths (Sokol et al., 2021). Disasters, thereby, affect the lives of millions of children every year, whether through natural disasters, such as earthquakes, hurricanes, tornadoes, fires, or floods; human-made disasters, such as industrial accidents, war, or terrorism; or as a result of pandemics or other naturally occurring disease outbreaks (Schonfeld et al., 2015). In addition to the above, school violence is a problem that is becoming more and more topical. It appears that schools have become embedded in and perpetuate a culture of violence (King, 2020), and that different school contexts are associated with different patterns of student problem behavior (Zubrick et al., 1997). This complex phenomenon of school-associated violence is defined in different ways (Garry, 2016), so it means "... aggressive behavior that intentionally hurts another person" (Atkinson & Hornby, 2002: 187), and "...systematic abuse of power in interpersonal relationships" (Rigby, 2008: 22), and includes various forms of violence and victimization. According to Olweus (1993), violence can be direct - open (hitting, pushing, kicking) or indirect - covert (ignoring, excluding, spreading rumors). Indirect violence is related to relational aggression (Dulmus, Theriot, Sowers, 2006). In addition to the mentioned forms of violence, there are also physical, psychological or emotional, social and digital violence (Garry, 2016; Pravilnik o Protokolu postupanja u ustanovi u odgovoru na nasilje, zlostavljanje i zanemarivanje, 2024). The frequency of violent behavior increases during elementary school, and decreases during secondary education (Alsaker & Gutzwiller-Helfenfinger, 2010; Goodstein, 2013; Hymel, Swearer, 2015). The most prevalent form of violent behavior among peers is teasing, followed by physical attacks, while school shootings are the most notorious form of violence (King, 2020). Mass school shootings or mass murders represent a traditional form of violent crime (Ilić, Starčević, 2023) and a more ubiquitous form of crisis events in schools. A universally accepted definition of school shooting does not exist and it's mostly adapted to research goals. For example, according to one of the definitions, school shooting means the following: "a gun is brandished, is fired, or a bullet hits school property for any reason, regardless of the number of victims

(including zero), time, day of the week, or reason” (Alexander, 2021). King (2020) states that mass school shootings were rare until the 1990s, and that since then their number has been rapidly increasing. School-associated violent deaths reached their peak during the 1992–1994 school years with 105 victims (King, 2020). Researchers have found that there were 84 episodes of mass shootings in the United States from 2000 to 2010, and that only three events accounted for more than half of the deaths in 215 incidents from 1990 to 2012 (Lowe, Gaela, 2017). School shootings in the US have prompted the passage of anti-violence laws mandating zero-tolerance policies in schools (Stein, 2003). School suspensions, however, have not provided an effective deterrent and reduction in the rate of shootings (Skiba et al., 2006).

In relation to the issue of the prevalence of bullying in schools, a study conducted in the USA by observing children from the third to sixth grades in the school playground revealed that 77 percent of the children bullied or encouraged the bullying of classmates who were disadvantaged because of age, size or peer support (Frey, Edstrom, Hirschstein, 2010). Espelage, Bosworth and Simon, (2000, see: Frey, Edstrom, Hirschstein, 2010) found that 80 percent of high school students admitted to bullying someone in the previous month. On the other hand, research conducted on a sample of primary and secondary school students in the territory of Serbia (Nešić, Jović, 2011) showed that only 6 percent of primary school students and 23 percent of secondary school students had never encountered some form of violent behavior. The problem in relation to different forms of bullying arises because employees often view ostracism, humiliating behavior and physical attacks among peers as normal or “growth experiences” for the victims (Frey, Edstrom, Hirschstein, 2010). Nevertheless, numerous studies have shown that bullying, in addition to negatively affecting academic achievements, has an impact on the development of maladaptive ways of dealing with emotional trauma and long-term mental health problems, as well as the frequency of student suicides and school shootings (Casebeer, 2012; Graham, Juvonen, 1998; Hymel, Swearer, 2015; Rigby, 2012). In the OECD report on student well-being for 2017 (OECD, 2017), bullying was highlighted as one of the four key factors for improving student well-being, while according to PISA 2018 reporting, bullying was marked as a global problem with serious consequences for student lives (Rappleye, Komatsu, 2020). Also, according to the 2018 UNESCO report on school violence and bullying (UNESCO, 2018), it is stated that educational achievement is lower for children who are bullied worldwide (Rappleye, Komatsu, 2020).

All of the above implies that in relation to the issue of school violence and safety, it is very important to focus on the school context. First of all, the school context is the milieu in which the complex social dynamics of violence and victimization at school take place, and secondly, schools, thanks to their position in society based on responsibility for education, but also for the upbringing and socialization of young people, have the power to shape the way which students experience safety at school, but also the impact on ensuring safety (Tadić, 2022). In other words, just as bullying affects all actors within the school community, the behaviors of given actors create conditions that encourage or deter bullying (Frey, Erdstrom, Hirschstein, 2010). Positive changes in individuals are fostered by supportive changes in relationships with others, and the power of teachers, peer groups, and parents needs to be harnessed in order to take the necessary interventions and thereby encourage constructive change or systemic anti-bullying programs that benefit everyone (Frey, Erdstrom, Hirschstein, 2010).

Crisis events, and especially those that can be labeled as violent deaths in and outside of school (for example, attempted murder, murder, suicide, etc.), significantly affect both school and wider communities and disrupt their functioning. Namely, when it comes to intense and unexpected crisis events, such an event does not affect only the immediate victims, i.e. the educational institution where the event took place (J. Vlajković, M. Vlajković, 2014). For ex-

ample, it can be assumed that mass shootings have a huge psychological impact on victims and members of the communities in which they occurred, and that the consequences of their media coverage extend beyond the affected (school) community, from the national to the global level (Lowe, Galea, 2017). Specifically, in the educational institution where the incident took place, the primary victims of the incident are classmates, best friends, class teachers and teachers who taught the victims, family members, as well as witnesses (J. Vlajković, M. Vlajković, 2014). Secondary victims are relatives, other school employees, rescue services, but also the wider community. It is undeniable that crises go beyond the scope of normal experience and that they affect children the most as the most vulnerable category. Unlike adults, children have less previous experience and limited resources to deal with a crisis event. The intensity of their reactions and response to the crisis is enhanced, and the sense of control and self-efficacy is reduced (MacNeil, Topping, 2007). Thus, the negative consequences for children's well-being can be varied and long-lasting. Mass shootings are associated with a number of negative psychological consequences for survivors and members of affected communities, such as PTSD or PTSS, major depression, anxiety, drug use, panic, social phobia and others (Lowe, Galea, 2017). Similar psychological outcomes have been reported following natural disasters (Makwana, 2019). Also, research has shown that the psychological effects of trauma can negatively affect academic performance (Schwartz, Gorman, 2003; Sitler, 2009; Sokol et al., 2021). Dyregov and others (1999, see: MacNeil, Topping, 2007) found 20 percent of students experiencing a classmate's accidental death remained highly distressed nine months later, with marked evidence of gender differences.

Best practice models suggest that appropriate crisis intervention can minimize the duration and intensity of observed reactions. Crisis interventions in schools aim to provide immediate support to reduce initial trauma damage, promote positive coping strategies to prevent long-term damage, and include different measures in relation to the form of the crisis event (Richards, 2001; Sokol et al., 2021). For instance, key components of a crisis intervention response following a school shooting include (Crepeau-Hobson et al., 2012): reuniting students with loved ones and ensuring a sense of control and safety; providing opportunities for students and staff to tell their stories while normalizing their reactions and feelings (ventilation and validation); predicting future problems and reactions and helping individuals prepare (Sokol et al., 2021). Research has shown that primary and secondary intervention efforts, and according to Caplan's classification of crisis intervention levels (Caplan, 1964), made significant progress in preparing for school disruptions such as natural disasters and preventing school violence (Sokol et al., 2021), and that they have shown effectiveness in preventing suicide, depression, etc. (MacNeil, Topping, 2007) However, Sokol et al. (2021) state that there is a lack of efforts on tertiary prevention in order to eliminate the consequences of crisis events and promote support and optimal development of students after the crisis. Also, these authors point out that innovations in crisis interventions in schools have slowed down in the last decade, and that only 23% of crisis intervention studies published between 1989–2019 occurred between 2009–2019 (Sokol et al., 2021). Reasons can be found in various difficulties when it comes to researching crises, such as the unpredictable nature of crisis events, ethical constraints, difficulties in measuring socio-emotional recovery in the short and long term, and pointing out the need for research to those actively dealing with crises (MacNeil, Topping, 2007).

### 3. PSYCHOSOCIAL SUPPORT FOR CHILDREN/INTERVENTIONS IN DURING CRISIS

Disasters can impact children's psychological well-being, emotional adjustment, health, and developmental path both in the short and long term (Schonfeld et al., 2015). Due to their limited experience, skills, and resources, children are especially susceptible to the impacts of disasters and other traumatic events, as they may struggle to independently address their developmental, socio-emotional, mental, and behavioral health requirements (Chrisman, Dougherty, 2014). Crises disturb the normal routines and activities that constitute a child's daily life, hindering their ability to explore and express themselves in a safe and comfortable environment. In crisis situations, both formal and informal learning structures may be damaged or disrupted, significantly impeding children's access to cognitive stimulation and the development of critical thinking skills (Ager, Akesson, Boothby, 2010). Encountering traumatic events such as natural disasters, accidents, or violence can lead to the development of acute stress disorder and post-traumatic stress disorder (PTSD) (Murtonen et al., 2011). Each child experiences suffering and grief in different ways, even children from the same family facing the same crisis may react differently. The timing and extent of such exposure should be decided based on the child's preferences and needs.

Psychosocial support (PSS) encompasses a wide range of interventions aimed at preventing, treating, or enhancing well-being, as highlighted in the Global Education Monitoring Report (2019) (Bridges, Walls, 2018). Most common interventions based on cognitive and behavioral therapies, psychoeducation, reconstruction of trauma experiences, and stress management skills (Fu, Underwood, 2015). In the literature, strict universal protocols used in every crisis situation were not found; instead, various authors and organizations have developed their own versions. However, most of them are based on some general theoretical principles and models that we mention here. Hobfoll et colleagues (2007) propose five empirically validated components for crisis management. Their recommended approach to crisis management following mass traumatization involves fostering a sense of safety, calmness, self- and community efficacy, connectedness, and hope. Strategies to promote a psychological sense of safety encompass interventions at individual, organizational, and community levels, with interventions adopting a social system perspective. Techniques for promoting calmness range from cognitive-behavioral therapy (CBT) and targeted treatments like therapeutic grounding, breathing exercises, and deep muscle relaxation, to indirect approaches such as community-level psychoeducation (Hobfoll et al., 2007).

Ultimately, a combination of psychological and non-psychological interventions, addressing aspects such as care, shelter, family bonds, justice, and reconciliation, may prove most beneficial for the child in the long term (Jones, 2008). For children to receive adequate support, it is necessary for a broader system to be involved in their care, including parents, peers, schools, pediatricians, and the wider local community (Lee et al., 2019). Therefore, it is important that the psychosocial support children receive is specifically tailored to their developmental stage and capacities to cope with difficulties. It has highlighted the importance of beginning with the child's perspective and has advocated for thorough consideration of culture, context, and the unique interpretations of events as the foundation for both assessing the issue and formulating a response (Jones, 2008). A prevailing stereotype in the media suggests that the majority of children exposed to frightening events will inevitably be "traumatized" and that this trauma will result in long-term debilitating consequences. This stereotype is often accompanied by a treatment model advocating early "clinical intervention" typically in the form of trauma

counseling, which includes expressive therapies and debriefing, with the aim of preventing long-term psychological issues (Pynoos, Nader, 1993).

When children are provided with the chance to openly express their primary concerns, they frequently focus more on present issues rather than past traumatic experiences (Jones, 2008). Therefore, it is necessary to ensure a sense of security in the present moment. When feasible, it's advisable to engage the families of traumatized children and adolescents in the treatment of trauma-related symptoms. Although teachers in schools are often not informed on how to provide PSS, they are receptive to learning these skills, and basic PSS training builds sensitivity and deeper understanding of their students' emotions (Schenzle, Schulz, 2024). Brief school-based trauma and grief-focused psychotherapy is effective in reducing PTSD symptoms (Goenjian et al., 2005).

When it comes to school shootings, researchers suggest a special package of measures and interventions. During the initial to intermediate phases of mass trauma recovery, the objective is to identify the most vulnerable individuals and offer information and psychoeducation to enhance survivors' feelings of safety, reduce hyperarousal, and foster a sense of belonging and community effectiveness (Hobfoll et al., 2007). In the later stages of recovery, the guidelines recommend that care shifts towards incorporating more therapeutic elements, specifically tailored to meet the unique needs of surviving children and their families. When psychotherapy is employed, Trauma-Focused Cognitive Behavioral Therapy and Eye Movement Desensitization and Reprocessing (EMDR) are given priority (Diehle et al., 2015). According to most authors (e.g. Turunen et al., 2014), it's important to strengthen the support network within the child's immediate environment first, and then, as needed, involve professional assistance later on. One of the strongest predictors of recovery is the role of intimate networks show findings from studies conducted among survivors of school shootings (Grills-Taquechel, Littleton, Axsom, 2011). This aligns with attachment theory, which suggests that the attachment system formed early in life becomes activated during times of threat and distress. Traumatized individuals seek comfort and safety from their close social relationships (Mikulincer, Shaver, 2010). On the other hand, the role of professionals lies in strengthening these "natural" support networks, providing psychoeducation, and working to identify and prevent more severe trauma-related disorders in children at increased risk (Hobfoll et al., 2007).

Immediate support is essential to be provided to the families of the victims, teachers, and students in the aftermath of the tragedy. The acute help for the trauma-affected students and staff consisted of various psychoeducational group discussions and collective sessions (Turunen et al., 2014). Building a coherent and shared narrative about trauma is important, as it is suggested to facilitate recovery from trauma in ongoing phases (Crossley, 2000; Freer, Whitt-Woosley, Sprang, 2010). The study that monitored the effectiveness of interventions following a shooting at a school in Finland (Seguin et al., 2013) showed that while post immediate and short-term interventions seemed sufficient, there was a lack of long-term collective vision regarding community support and the availability of mental health services. Long-term community responses are frequently disregarded. On the other hand, solidarity provided by the community consistently promotes wellbeing and this relationship between solidarity and wellbeing is not context specific (Hawdon et al., 2012).

#### 4. SCHOOL SHOOTING IN ELEMENTARY SCHOOL IN SERBIA

On May 3rd, 2023, a mass school shooting occurred at an elementary school "Vladislav Ribnikar" in Belgrade, where a thirteen-year-old student shot and killed 9 children and a school guard, and badly injured six students. This marked the first instance of such a school

crisis in Serbia, catching society and institutions unprepared for response to such an event. It is important to note that the following day, another mass murder occurred in two villages near Belgrade (vicinity of the Mladenovac), where a young man killed 9 other young individuals. However, for the purposes of this study, we will only consider the psychosocial interventions received by those affected following the initial massacre. Exactly 7 days later, on May 10th, students were returned to school. In the meantime, volunteers from helping professions began to visit the school, offering initial psychological assistance to anyone who sought it: students, parents, and school staff, and they were making triage of psychological problems. Some measures were taken in the schools themselves, such as metal detectors and armed guards. Two weeks later, a team was established at the school and its surroundings (e.g. including a children's theater nearby) to professionally provide counseling support to students who returned to school, operating until the end of the school year. In the initial days, various techniques were used with clients, such as: active listening, normalization and validation of feelings, empathizing, breathing exercises, giving information, etc. In the first days following the tragedy, various guidelines on how to talk to children about the shooting emerged on social media, in the media, and on the websites of official institutions and professional societies, intended for children in general.<sup>1</sup> In brochures of this type, parents were provided with instructions on how to initiate conversations with their child, how to respond to their various emotions, and how to monitor their child's reactions in the following period. Additionally, they had access to various helpline numbers for counseling, and often specific activities were offered that could be practiced with the child, such as cartoons, books, and so on. In such events, it is stated that increasing the level of awareness, understanding the situation, and solidarity are crucial (Pejuskovic, Lecic-Tosevski, 2023).

For children, the message conveyed through various social activities and the narrative presented is exceptionally important. During the initial period, a large number of people gathered outside the school, bringing flowers and sending messages of support. School shootings became the main topic in public spaces and numerous professionals offered their services. Many researchers observe an increase in social solidarity following tragic critical incidents, such as heinous crimes, natural disasters, or other mass tragedies (for review: Hawdon et al., 2012). However, despite the authors suggesting the necessity of maintaining a coherent narrative to prevent long-term consequences of trauma (Schav, 2000), in Serbia, there have been several instances of a bipolar division within society on important issues: is the chosen date for children's return to school appropriate; have students been provided with adequate support; should the school building be demolished; how should the memorial center look, etc (BBC, 2023). Some researchers contend that the initial surge of social support commonly seen after critical incidents diminishes over time, often due to many potential support providers also being victims of the community-wide trauma. Consequently, survivors of traumatic critical incidents often feel let down by the lack of expected support (e.g., Kaniasty, Norms, Murrell, 1990). Based on all this, we can assume that such divisions and sending conflicting messages to students, both from this school and in general, only hinder the recovery from trauma for children who require a sense of safety, nurturing and stability from adults in order to develop adequately and overcome crises (Brussoni et al., 2012). Following the Jokela school shootings in Finland, some residents expressed feelings of partial responsibility for the tragedy, and the increased levels of solidarity observed immediately after the event could have fueled this col-

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<sup>1</sup> <https://drive.google.com/file/d/144pE-fiWWv2ZHM6BQKz733NdZvTSiFtW/view?usp=sharing>  
[https://drive.google.com/file/d/12vgSRiqgX7NXXaibQf1OO8FdQkJPnxxX/view?usp=drive\\_link](https://drive.google.com/file/d/12vgSRiqgX7NXXaibQf1OO8FdQkJPnxxX/view?usp=drive_link)



lective sense of guilt (Hawdon et al., 2012). For children, especially, responsibility is a crucial part of their moral worlds, and it develops in the social environment over the years (Walker, 2004), so it is important for children to learn how to take it on. Despite the importance of taking responsibility emphasized by the authors, no one has officially done so after this event in Serbia. The only action taken in this regard was the resignation of the then - Minister of Science, Technological Development and Innovation of the Republic of Serbia (Politika, 2023).

## 5. CONCLUSION

From an early age until the adolescent age, children rely on school and adults as a transitional object in solving the socio-emotional, cognitive and behavioral, and other developmental demands, which are necessary for later adequate social and emotional functioning in life. In order to fulfill these developmental tasks and promote psychosocial adjustment, development and achievement, the primary function of the school is to provide children with an environment in which they will feel socially, emotionally and physically safe. Any sudden event, even a crisis, can threaten this function of the school - disrupting formal and informal learning structures and hindering children's ability to explore and express themselves in a safe and enjoyable environment. In this case, trauma-based crisis interventions are activated, which can vary depending on the form of the crisis event and are aimed at providing immediate support in order to reduce initial trauma damage, promote positive coping strategies to prevent long-term damage, etc.

On the example of this crisis like the school shooting we can see how detrimental impact has on victims' mental well-being by encouraging maladaptive coping mechanisms or triggering distressing reactions. Social support can alleviate feelings of insecurity, helplessness, and meaninglessness commonly experienced by those affected by trauma. Increased solidarity, temporary resolution of community conflicts, and a sense of altruism have been identified as "therapeutic elements" that expedite recovery. A supportive social environment reduces the likelihood of various mental health issues following traumatic events. As we can see, some aspects that would help children understand and recover are being addressed, such as interventions implemented in the school, as well as instructions for working with children in the whole country. On the other hand, any of the social activities that would facilitate children's recovery were often inadequate from adults, primarily hostile discussions and social divisions, as well as the absence of a more systematic long-term support plan.

In addition to above, we should keep in mind that schools have a primary role in prevention and interventions in case of such or similar traumatic events. Although school shootings are events that can hardly be predicted, the school and society generally through various activities can prevent or strengthen the response to potential traumatic events (e.g. building a culture of safety and a sense of security through certain school activities, creating a network of trust, developing social skills and strengthening peer relationships and prosocial behavior, etc.). Also, apart from directing attention to preventive activities, when a critical event does occur, the action of the school and/or other responsible systems in the direction of ascertaining and assuming responsibility is necessary. Overall, there is room for intensification and development of research in the field of crises in which children are affected- both for the improvement of prevention and trauma-based interventions, and for their subsequent evaluation. We should not forget that in order for children to receive sufficient support, it is essential to involve a wider network in their care, which includes parents, peers, schools, and the broader local community.

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