ANALYSIS OF CRISIS INTERVENTION OF HELPING PROFESSIONALS IN TIME OF WAR CONFLICT

[a]SOŇA ŠROBÁROVÁ, [b]JANKA BURSOVÁ

[a,b] Academy of the Armed Forces, MRŠtefánika, Demänová 393, Liptovský Mikuláš, 031 01, Slovakia Catholic University of Ružomberok, Institute of theology, Spišské Podhradie, Hrabovská cesta 1A, Ružomberok, 034 01 Slovakia
e-mail:[a]sona.srobarova@ku.sk, [b] janka.bursova@ku.sk

Abstract: In the current period of military conflict, helping professions of any kind are exposed to an excessive burden, even a crisis. In a military conflict, it is extremely important to have social support and psycho-social care available. Crisis intervention implemented for helping professionals such as firefighters, rescue services, psychologists, social workers and volunteers is implemented in areas of acute crisis situations and is also possible through telephone and online forms of assistance. The primary goal of the conducted research was to find out among the respondents - helping professionals, the use of crisis intervention services at the time of military conflict, to clarify what needs are priority for the respondents at this time, the type of psycho-social problems with which they turn to crisis intervention. The survey, which was methodologically oriented towards quantity, was carried out in the form of an anonymous questionnaire, which was only available in electronic form via a google form, and respondents were approached on primary internal networks. The questionnaire was filled out by 291 helping professionals - respondents. On the basis of the processed data, the crisis form of assistance appears to be a sought-after option, but the online and remote form of providing crisis intervention is a less sought-after option in solving psycho-social problems in times of military conflict. The recommendation is to support and promote the distance form of aid more, taking into account the fact that the number of the mentioned crisis situations remained unsolved by the respondents..

Keywords: war conflict, crisis aid, crisis intervention aid, psycho-social problems, professional helper

1 Introduction

In connection with the current military conflict in Ukraine, we encounter daily information about new war attacks, deaths, and measures taken. It is not easy to keep a cool head, as evidenced by many examples of irrational reactions and behavior of people. In times of war and with the associated mission of a professional helping professional, we struggle not only with information, but also try to control and manage fear, concerns and consequences, or the obligations that are imposed on professional help.

If we talk about a crisis situation, we must first define what we actually mean by this. According to the Constitutional Act No. 227/2002 Coll., a crisis situation is defined as a period during which the security of the state is immediately threatened or disturbed, and the constitutional authorities may declare war, declare a state of war or a state of emergency after meeting the conditions established in this constitutional act to resolve it, or emergency. Act No. 387/2002 Coll. on managing the state in crisis situations outside of wartime and martial law deals with it similarly – without martial law and war. On the basis of this law, special departments were created in individual ministries, which manage, among other things, the field of crisis management (by the way, the crisis staff of the Ministry of Agriculture also dealt with the crisis when gas supplies stopped, now also the Ministry of Foreign Affairs attempt to hijack a ship by pirates, etc.).

Vodáčková (2002) describes the disasters caused by two destructive forces, nature and man.
According to the WHO classification of disasters, it is possible to recognize the following types in abbreviated form:

1. Natural climatic disasters:

- earthquake and its consequences - landslides, fires, epidemics, famine,
- volcanic activity and its consequences - mud, volcanic lava, volcanic floods,
- movements of water or earth - floods, landslides, avalanches and their consequences,
- weather effects – excessive droughts and heat, frost, windstorms, hail, torrential rains and their consequences.

2. Disasters caused by human activity (socio-economic):

- war conflict and emergency situations of a military-political nature in peacetime (terrorism, nationalist conflicts, migration waves),
- civilizational disasters – accidents in the area of water structures, transport and industrial accidents, toxic waste and nuclear energy accidents and large fires.

Matoušek (2013) explains that all these influences bring and leave visible traces on the environment, nature, but most of all in the memory and soul of man. These shocking events have their own characteristics and consequences:

- they happen suddenly and it is impossible to prepare for them,
- they bring feelings of fear, helplessness, inability to confront and change circumstances and situations,
- disturbs the "feeling of invulnerability",
- feeling of helplessness, inability to control and change circumstances and situations,it causes a strong experience of a threat to one's own life - in connection with an injury or with some great material loss.

The persons affected by this event may be direct victims (primary), namely direct participants of the calamity, who were exposed to its effects to the maximum extent, in this case war. We consider persons such as relatives and friends of primary victims to be secondary victims. Another category is rescuers and helping workers - resuscitation and therapeutic staff and other experts who provided professional help or participated in this event in some way, this category also includes professional helping professionals and volunteers. Another group is the inhabitants of the place where this event took place.

All participants - direct and indirect victims and residents of the place where the war is taking place - it is necessary to pay increased attention to the risk groups affected by the events.

Every person, under certain life circumstances, can get into a crisis situation, when they are in a state of destabilization on a psychological and social level. External events such as natural and technological disasters, armed conflicts, kidnappings, and violence in cities are frequent triggers of the crisis. In addition to external circumstances, a crisis can also be associated with situations in which an individual's life, home, property or well-being are threatened (Sá, Werlang, Paranhos, 2008; Dudek et al., 2018).

The experienced crisis can also affect a person's health, when he starts to feel clinical symptoms and needs help from the outside. (Silva, Siegmund, Bredemeier, 2015; Rochovská et al., 2019).). In such situations, quick, targeted, professional and available help is important. The solution is the provision of crisis assistance, which in Slovakia is regulated by the Social Services Act 448/2008 Coll., which defines social assistance as "a social service provided to a natural person who is in a crisis social situation or in another difficult life situation that he cannot solve on his own and is ensured mainly by providing social counseling" (Act on Social Services 448/2008, § 53).

2 Crisis intervention techniques and humanitarian aid

Timely intervention in crisis intervention in the event of a mass disaster remains paramount. This is short-term psychosocial help after traumatic events, which is also associated with a synonym such as debriefing.
Included in this early intervention are terms that explain the meaning of:

- demobilization - which means a reduction in military alertness,

- debriefing – means to file a report,
- defising - in translation means to rid the situation of explosiveness.

In her publication, Vodáčková (2002) explains the terms defusing means to rid the situation of explosiveness. Another term is debriefing - which in translation means‾ file a report. The mentioned terms describe two stages of the crisis-intervention technique for coping with a traumatic event (mostly with a mass disaster situation). They are used for all types of victims. They can be used individually, but they are mostly used for working with a group. It is usually the task of the intervention commander to keep in mind the goal of defusing, which is to create an atmosphere of support and well-being and also to strengthen team feeling.

The reason for starting the mentioned methods in the eighties of the 20th century was the discovery that the victims of disasters are surprised by their own feelings, which they did not know until now. Those who survived these difficult situations were afraid of going crazy. Many of them felt fear and shame, and the reactions of those around them hurt and shamed them even more. Another reason for the creation of techniques was concern about the performance and mental well-being of rescuers. Many of them became victims of alcohol or drug addiction after several years of service. Therefore, it was necessary to introduce a method that would help individual groups of victims to cope with (mass) misfortune. It turned out that immediately after the event, or later.

The intervention, it is good to clean up the situation, rid it of explosiveness. Defusing is considered an essential part of the rescue workflow. Crisis intervention techniques are characterized by these terms applied during the resolution of complications brought about by these extremely unexpected events. Mitchell and Evely (in Baštecká 2005) recognize the following points of the crisis continuum of early crisis assistance:

- pre-crisis preparation,
- demobilization,
- stress management instruction,
- defusing
- debriefing of stress stemming from a crisis event,
- crisis intervention with individuals,
- family coping with the burden arising from an extraordinary event,
- consulting for organizations and the community,
- pastoral crisis intervention,
- follow-up – making follow-up care available.

Debriefing is most likely to be effective if it is included as one part of the entire crisis intervention complex, what it means material and humanitarian aid.

Baštecká (2005) says humanitarian intervention as a system of activities aimed at saving innocent lives and also at alleviating human shortages exacerbated by famine, earthquakes, floods and other impacts. This aid is implemented in conditions when a large number of people are at risk, namely in the event of a mass disaster and large-scale disasters, as well as when security and international peace are threatened.

The focus of humanitarian aid is the needs of the victims, no person must be discriminated against. The method of assistance must correspond to basic human rights, which are also enshrined in the Charter of the United Nations. Material aid is humanitarian if its method is humanitarian and it is provided to all who need it. One of the forms of humanitarian aid in non-governmental non-profit organizations, either independently or in cooperation with the state administration, is the provision of spiritual, psychological, material and financial assistance. Nowadays, all the principles of humanitarian aid are being questioned. The only thing that remains unquestioned for now is the idea of human needs and mercy.

Psychosocial assistance provided by professional helping professionals consists of actions carried out by the organization towards requirements whose origin is psychological (affecting the feelings, behavior, thinking and coping resources of the individual) or social (concerning above all the support necessary for the person to cope with the generated load). The action of a helping person who makes an effort to help the psychological and social needs of victims describes the concrete definition of psychosocial assistance.

The given program and crisis strategies for helping persons threatened by military conflict and related trauma for the disabled require:

- space for rest and pause,
- safe environment,
- prevention of stigmatization,
- space for expressing unwanted emotions,
- support of self-help groups,
- recording and perception of circumstances from the time before the disaster, which can worsen the process of coping with the trauma,
- to allow victims to regain self-esteem and a sense of control over their own lives and to provide an opportunity to reassess life goals.

The most important goal of psychosocial assistance is to integrate people into the community so that they are as independent as possible.

Pavluvčínová (2011, p. 298-299) explains that "an important prerequisite for helping is the creation of a network of psychosocial help. By psychosocial network we mean the connection of various entities that help people solve difficult life situations. Help is more effective the smaller the territory on which the team operates and the more diverse is. This increases its flexibility, which is a valuable characteristic of the team in relation to various major events."

3 Data and methodology

In order for crisis intervention for helping professionals to be helpful, it is necessary to ask for it and look for it. The primary goal of the research carried out in 2022 in November/December was to find out the respondents' use of face-to-face and remote form of crisis intervention services during their assistance on the border with Ukraine during the conflict; the type of social problems with which they turn to crisis intervention and also knowledge of the types of crisis assistance. We carried out a quantitative survey in the form of an anonymous questionnaire, which was only available in electronic form via a google form, and respondents were approached via their sending organization. The questionnaire was filled out by 291 respondents - helping professionals. The answers we received from the respondents through an electronic questionnaire, we gradually evaluated descriptively as well as using the SPSS program. Out of the total number of 291 respondents, 88% are men and 12% are women, which in numbers means 251 men and 41 women. We divided the age scale into five groups according to the age of the respondents. The largest group consisted of respondents aged 29-56. The respondents come from voluntary organizations in the number of 194, which is 56%, and helping professionals such as firefighters, psychologists, crisis interventionists, social workers, soldiers 44%, i.e. 97 respondents. Based on the research objective, we processed five research questions: The largest group consisted of respondents aged 29-56. The respondents come from voluntary organizations in the number of 194, which is 56%, and helping professionals such as firefighters, psychologists, crisis interventionists, social workers, soldiers 44%, i.e. 97 respondents. Based on the research objective, we processed five research questions: The largest group consisted of respondents aged 29-56. The respondents come from voluntary organizations in the number of 194, which is 56%, and helping professionals such as firefighters, psychologists, crisis interventionists, social workers, soldiers 44%, i.e. 97 respondents. Based on the research objective, we processed five research questions:

VO1: Is there a statistical difference among the respondents between the perception of social problems in men and women at the time of the military conflict when helping people fleeing the war conflict in Ukraine?

VO2: Is there a difference between the needs of men and women at the time of military conflict?

VO3: Did the helping respondents use the program at the time of helping refugees at the border as part of a remote form of crisis intervention?

VO4: Did the respondents use the help of crisis intervention during the war conflict to help refugees?

With questions VO1-VO4, we investigated respondents' use of face-to-face and remote form of crisis intervention services; types of social problems during wartime conflict and the use of crisis intervention services in wartime conflict.

VO1: Is there a difference among the respondents between the perception of social problems in men and women at the time of the military conflict when helping people fleeing the war conflict in Ukraine?

We asked the respondents in the form of a closed question about their most pressing problem at the time of border assistance for persons fleeing the war on the borders of Slovakia and Ukraine. We categorized the answers into thirteen groups.

Table 1: Area of problems related to border assistance at the time of the outbreak of war in Ukraine

Variables	Men			Women			Total		
	M	N	SD	M	N	SD	M	N	SD
An increase in fear for oneself	0.21	29	0.62	0.21	244	0.58	0.21	273	0.59
An increase in the feeling of unhappiness	0.34	29	0.72	0.40	244	0.74	0.40	273	0.74
Increased feeling of loneliness	0.34	29	0.77	0.55	244	0.84	0.53	273	0.84
Greater sadness	0.59	29	0.87	0.77	244	0.93	0.75	273	0.93
An increase in hopelessness	0.21	29	0.49	0.39	244	0.73	0.37	273	0.71
Loss of certainty	1.28	29	0.96	1.31	244	0.91	1.31	273	0.91
Fear of the future	0.93	29	0.88	0.84	244	0.94	0.85	273	0.94
Increase in aggression	0.48	29	0.87	0.55	244	0.86	0.55	273	0.86
Increased feeling of isolation	0.59	29	0.91	0.93	244	0.97	0.89	273	0.97
An increase in fear for your family	0.28	29	0.65	0.35	244	0.70	0.34	273	0.70
Greater fear for loved ones	0.69	29	0.89	0.68	244	0.88	0.68	273	0.88
Change in eating habits (more or less food)	1.21	29	0.98	1.45	244	0.88	1.42	273	0.89
Change in sleep mode	1.14	29	0.92	1.11	244	0.95	1.11	273	0.94

Table 2: The area of most pressing problems for the respondents at the time of the military conflict.

Variables		N	Mean Rank	U	mr
Deterioration of health	Men	29	134.64	3469.5	0.766
	Women	244	137.28		
Increase in aggression	Men	29	132.12	3396.5	0.640
	Women	244	137.58		
An increase in fear for oneself	Men	29	120.93	3072.0	0.151
	Women	244	138.91		
Greater sadness	Men	29	125.14	3194.0	0.328
	Women	244	138.41		
An increase in hopelessness	Men	29	126.05	3220.5	0.289
	Women	244	138.30		
n increase in fear for your family	Men	29	135.55	3496.0	0.903

	Women	244	137.17		
Fear for livelihood	Men	29	144.21	3329.0	0.562
	Women	244	136.14		
Increased feeling of loneliness	Men	29	130.50	3349.5	0.560
	Women	244	137.77		
Increased feeling of isolation	Men	29	114.60	2888.5	0.068
	Women	244	139.66		
An increase in the feeling of unhappiness	Men	29	131.07	3366.0	0.551
	Women	244	137.70		
Loss of certainty	Men	29	137.57	3521.5	0.963
	Women	244	136.93		
Fear for a family member	Men	29	121.79	3097.0	0.171
	Women	244	138.81		
Fear of financial security	Men	29	138.55	3493.0	0.901
	Women	244	136.82		
Greater fear of the death of a loved one	Men	2	139.71	3459.5	0.825
	Women	244	136.68		
Change in eating habits (more or less food)	Men	29	125.88	3215.5	0.333
	Women	244	138.32		
Change in sleep mode	Men	29	131.91	3390.5	0.641
	Women	244	137.60		

There is no statistically significant difference between men and women in these variables.

A higher M score represents a greater measure of the variable. Out of 291 respondents, up to 273 respondents stated the most pressing problems that afflict them at the time of border assistance in Ukraine. Respondents could choose more than one answer. According to Table 1, it can be concluded that the most agree with the statements about the increase in fear for oneself, which was stated by 29 men (11%) and 244 women (89%). An increase in the feeling of danger was also reported by 29 men (11%) and 244 women (89%).

Table 3: How important are psychological and social needs

Gender		N	Mean Rank	U	mr
How important are physiological needs to you when helping people during a war conflict? – breathing, sleep, nutrition...	Women	29	100.45	2478.0	0.001
	Men	244	141.34		
How important are psychological needs to you at the time of helping people during a war conflict? – love, happiness, knowledge....	Women	29	104.78	2603.5	0.000
	Men	244	140.83		
How important are social needs to you at the time of helping people during a war conflict? – feeling of safety and security, communication....	Women	29	133.14	3322.0	0.854
	Men	244	135.77		

VO2: Is there a difference between the needs of men and women in helping refugees during wartime?

We were interested in how the respondents perceive the needs at the time of military conflict and which are more prioritized for them. Also, whether a significant share in the individual needs of men and women is demonstrated.

Table 4: Significant results in individual needs

Gender	Men			Women			Total		
	M	N	SD	M	N	SD	M	N	SD
How important are physiological needs to you when helping people during a war conflict? – breathing, sleep, nutrition...	4.10	29	1.05	4.63	244	0.77	4.58	273	0.82
How important are psychological needs to you at the time of helping people during a war conflict? – love, happiness, knowledge....	4.34	29	0.90	4.74	244	0.73	4.70	273	0.76
How important are social needs to you at the time of helping people during a war conflict? – feeling of safety and security, communication....	3.21	28	1.60	3.15	242	1.90	3.16	270	1.87

For the majority of respondents, 29 men and 244 women, physiological and psychological needs are more important than social ones.

The essential value is the modality of the average or M, on the basis of which we can compare the measure of a specific variable that individual groups had.

We can already state that there is a difference, eg the values of M in the second variable between men and women differ by approx. 0.4 points. Which on a scale of 1-5 is quite a big difference. We evaluated this research question based on the inference table and the Mann-Whitney U test of differences. This test determines whether the difference between the groups is statistically significant or negligible. The essential indicator is the Mean Rank or the average of the ordinal numbers, the decisive value is the p value, on the basis of which we know that the difference is not significant. Based on this test, a statistically significant difference between men and women was found in the first and second variables. In both variables, women had significantly higher average values.

VO3: Did the respondents use the helping program at the time of helping people during the war conflict as part of the remote form of crisis intervention?
We were interested in whether the respondents used crisis help lines or other remote crisis intervention assistance.

Chart 1: Knowledge about the distance form of crisis intervention
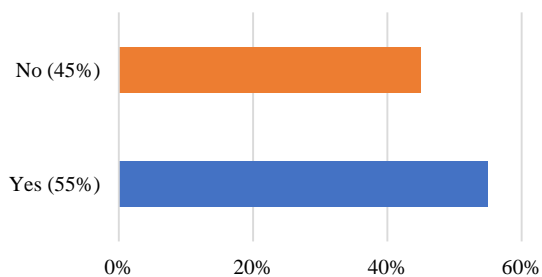

Only 55% of all interviewees did not use the remote form of crisis assistance at the time of helping persons during the war conflict, on the contrary, 45% of the interviewees did use it. Out of 291 respondents, 160 respondents did not use it, while 131 respondents used distance form crisis intervention programs.

VO4: Did the respondents use the help of crisis intervention during the war conflict to help refugees?

We asked question VO4 in order to find out whether the respondents know specific forms of self-help. Respondents could choose one of the options in the semi-structured question or add a free answer.

Chart 2: Knowledge of helplines
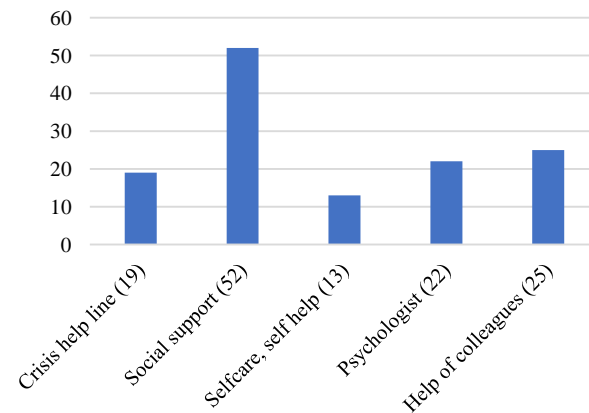
From the data shown in graph 2, we can see that most respondents use social support from loved ones as part of their self-help coping with the crisis namely 131 respondents, 52 use the help of colleagues, 25 respondents use a military psychologist, 22 respondents use the crisis helpline and 19 use self-help.

4 Conclusion

Just as crisis intervention has its justification in the civilian sector, we must not forget its importance in the military environment as well. Those helping as an integration rescue team are often participants in traumatic, demanding, life-threatening situations that can result in various psychological disorders. Based on these features of the military environment, it is essential to emphasize the psychological preparedness of the assisting units and especially the preparedness of the commanding units.

Management plays the most important role in crisis situations. He must be aware that he is responsible for the physical and psychological condition of the helpers. This responsibility also brings with it the knowledge of certain methods and procedures of the commander, in the event that the rescue and assisting team is confronted with a traumatic event. After extreme situations, professional helpers tend to undergo stress reactions. Stress reactions after traumatic events are different. Mostly they can appear immediately or they will show up after a certain time. If the commander of a military unit has sufficient knowledge about possible help and support after a traumatic event, he can limit stress reactions by his actions. As part of psychological support in military conditions, we divide three levels of support. The first level, which is based on the mutual support of the members of the unit, is considered the most effective help immediately after a traumatic event. The second and third levels of intervention include more formal assistance, which is carried out by professionals in the field of psychological support. The appropriate use of support levels depends on specific situations. The commander must be able to judge for himself, what level is most effective for its members after a traumatic event. However, it is not a rule that psychological support levels are the only intervention in crisis situations.

Other methods are also used in the military environment. One of them is the debriefing method, otherwise known as a group session. In this case, it is not a classic meeting, it is more about confiding, sharing your thoughts, feelings, fears with your colleagues. Debriefing allows the helper to regain his balance, confidence in his own strength and himself after a traumatic

event. otherwise known. In this case, it is not a classic meeting, it is more about confiding, sharing your thoughts, feelings, fears with your colleagues. Debriefing allows the helper to regain his balance, confidence in his own strength and himself after a traumatic event. otherwise known as a group session. In this case, it is not a classic meeting, it is more about confiding, sharing your thoughts, feelings, fears with your colleagues. Debriefing allows the helper to regain his balance, confidence in his own strength and himself after a traumatic event.

Psychological crisis intervention also has its place within the helping professions. As we have already mentioned, each of the professions helping professionals has the opportunity to seek help within their department due to the nature of their profession, in which they are often exposed to various demanding influences.

Providing psychological crisis intervention is an integral part of all helping professions. However, when analyzing the current state of crisis intervention in the various helping components of the Slovak Republic, we encountered one shortcoming. Within the Slovak Republic, there is no comprehensive document, directive, or regulation that would regulate a uniform procedure for its provision. The management body itself is responsible for providing psychological crisis intervention within its department. Due to the absence of a document that would regulate the procedure for providing crisis intervention to the helping components, it is justified to reflect on this fact.

The goal of crisis interventions is to use specific methods to positively influence the readiness of those helping, but also their entire grouping, such as units in crisis situations, with the aim of restoring their psychological readiness to perform tasks and preventing long-term consequences for their psychological health. At the same time, the tasks of crisis interventions are to act in the direction of restoring cohesion, psychological readiness and psychological health in units that are victims or rescuers in crisis situations. The intervention creates conditions for the regeneration of the psychological and physical strength of groups and individuals, focuses on improving the quality of communication, and tries to reduce psychological tension, worries and fear. The tasks of the intervention are also aimed at assessing whether individuals and groups are psychologically prepared for further action in a critical situation, or whether they need to be replaced.

Based on all the acquired information, we came to the conclusion that the creation and subsequent introduction of the directive is necessary for the effective implementation of psychological crisis intervention.

Workers at all levels of crisis assistance, whether they provide assistance regulated by law or a psychosocial intervention team, as well as professional soldiers participating in rescue work or victim support, experience considerable pressure. This attention should be directed in two directions:

▪ they should undergo professional training in all areas,
▪ they should participate in psycho-relaxation sessions that mental health workers can use to help themselves and others."

The members of the psychosocial intervention team were able to provide help correctly and professionally, their permanent education is important so that they can effectively help the victims, also the relatives of the victims, the residents of the place where the emergency occurred, and also themselves. They should pay special attention to risk groups of the population. This requires systematic and professional training. Professional soldiers at all levels of crisis assistance are witnesses of human tragedies, whether physical consequences, death of loved ones or anonymous people, damage to property and other losses in a person's life. Even those who help themselves can show physical or mental consequences of work overload over time due to the necessity of facing human suffering. They experience their feelings of physical exhaustion and are irritable. They experience

deep sadness from the event, and feel drawn into these issues. As a result, work performance is reduced, they have trouble concentrating and make decisions more difficult. It is therefore essential that they learn to prevent stress and, with the help of experts, learn to manage it.

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