5.1 Conclusion of the study

The present investigation is an attempt to explore and describe the psycho-social impact of terror attack and ethnic violence on the victims. The study attempted to understand the experiences of surviving an violent act in the form of terror attack and ethnic violence. The focus of the present study is the 30th October, 2008 Assam serial blast and ethnic conflict that took place on 20th July, 2012 between the Bodos and non-Bodos population of BTAD (Bodoland Territorial Autonomous District) area. Both the acts of collective violence selected by the researcher witnessed huge loss of human life, property causing unrest among the state.

Based on the analysis of the data collected it can be concluded that there is prevalence of psycho-social burden among both the categories of victims selected; i.e. direct victims = 100 and secondary victims = 100. The various psycho-social burden that the victims revealed are the typical responses experienced aftermath any disaster leading to crisis. Among the four categories of the victims (direct and secondary victims of terror attack and ethnic violence) significant differences has been found. In response to these psycho-burden the victims adopted adaptive coping mechanism to cope up with the loss and damage incurred and are quite resilient to overcome the distress. Thus, in the present investigation among the 200 victims severe pathological reactions to the situation was not found. This indicates a positive approach towards life among the victims of the present study.

The victims through the TAT stories indicated their inner needs which requires utmost attention in order to help them overcome the anticipatory fear and psycho-social burden experienced by them. As the researcher found out that the victims did not receive any kind of psychological assistance immediately after the crisis occurred.
This could be one reason behind their experience of psycho-social burden still after eight years and five years of the terror attack and ethnic conflict respectively. Psycho-social support immediately after the traumatic events could have helped them to restore normalcy in their lives. From the present study the researcher feels that “Long term Psycho-social care services for the victims needs to be provided”.

This could cater to the psycho-social needs of the survivors even after several years of the incidents. It would enable victims of such disastrous incidents to lead a sound mental health. The role of mental health professionals in such situation is profound and very challenging. This would help to make the individuals and the communities more resilient. Psycho-social care would also foster the involvement of the community in the recovery process. The mental health needs of a disaster affected population irrespective of whether it is a natural or man-made catastrophe needs to be kept as an important agenda and should be dealt with seriousness by the mental health professionals. Relief, rehabilitation and reconstruction need to take place as rapidly as possible, and with the greatest degree of transparency and community involvement.

5.2 Suggestions from Researcher

Based on the research finding of the present study, the researcher would like to make few suggestions which could be implemented at community level as a response immediate after such disasters in near future.

Training volunteers: Mental health experts of the region can provide training to para-professional and non professional volunteers in conducting brief individual and group interventions especially psychological first aid (PFA).
**Introducing Trauma counselling:** Trauma Counsellors need to provide psychological counselling to the victim and their family members once the victims are able to receive counselling and thereafter. Thus, Despite these healthy way of coping with life the victims mentioned prevailing anticipatory fear of future terror attack and ethnic violence which is maladaptive to a sound mental health. Victims irrespective of its types mentioned that they still engage in rumination and magnification. Feeling of helplessness is prevalent among the victims as they feel lack of control over such acts of violence there is an utmost need to train counsellors in the area of trauma counselling or open courses aimed at providing training in Trauma Counselling, Grief Counselling.

**Role of Assam Disaster Management Authority (ADMA):** Assam Disaster Management Authority should also focus on providing psycho-social care and mental health services to the victims of disaster apart from providing relief. This would ensure mental wellness and reduce psychological distress of the affected population.

**Promoting Research:** There is a need to conduct more empirical studies in the area of disaster mental health in north eastern states of India for the development of psycho-social support model which could be contextualised in the region keeping in mind the challenges of lack of trained professionals in mental health, inadequate knowledge among community with regard to mental health, very few educational institutions offering course in psychology at graduate and post graduate level.

**Short & long term psychological interventions:** At the various stages of the disaster victims needs to be provided short term and long term psychological interventions emphasising on the following factors:
Talking: Victims (direct and secondary) need to make sense of the disaster, in the context of their lives and culture. Narrating a story about what happened is a way of creating meaning for the events.

Communication of information: Uncertainty increases victims level of stress. Thus, victims need to be provided with accurate and full information at the earliest using direct forms of communication and general public announcement. It is essential to have a single source of information which victims can rely upon; e.g. posted, regular, reliable schedule of information sharing by relied officials.

Empowerment: The feeling of “victim” to “survivor” are central to preventing emotional difficulties. This feeling of survivor need to be reminded in order to develop a feeling of empowerment to discourage passivity and a culture of dependency. Victims need to be encouraged to join work, perform their daily activities and regain normalization in their lives.

Social Support: Restoring or creating social support networks is essential in dealing with the extreme stresses created by disasters. Isolation of the survivors needs to be combated by encouraging cohesion among family members, self-help groups.

Build on community strength, traditions and resources: A sense of community, a sense of social identity and a network of social support are essential underpinnings of mental health. Interventions and advocacy aiming to restore community morale, traditional economic activities, pre-existing welfare, personal services, engaging in recreational activities are useful. Integration of folk healing practices could also be helpful in mitigating effects of disasters among individuals.
5.3 Limitations of the study

The researcher identified few limitations of the present study which are mentioned below:

- The study was limited to few districts of Lower Assam and thus the results may not be representative of the entire population.

- The researcher conducted interviews with the victims in the local language. In terms of translating the transcript into English researcher biasness might have influenced the results of the study.

- The sample size was limited to 200 victims (100 direct and 100 secondary) which could be one reason for the results not being the accurate representation of the entire population.