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. Unfortunately, studies investigating post disaster situation are very scarce and thus being the primary rationale of the current study. Plight of the victims needs to be brought into limelight and appropriate psychological interventions to reduce distress among the resident of the state needs to be introduced.

**Research Objectives:** The researcher framed the following research objectives:

- To explore the different types of psycho-social burden witnessed by the direct and secondary victims after the disaster occurred.
- To explore the anticipatory fear of future terror attacks and ethnic violence among the direct and secondary victims.
- To explore the type of coping mechanism adopted by the direct and secondary victims in order to handle the crisis.
- To explore the need for psycho-social care or support among the direct and secondary victims.

**Research Hypotheses:** In order to explore the research objectives the following research hypotheses were formulated:
• There will be no difference in the psycho-social burden among direct and secondary victims of terror attack and ethnic violence.

• There will be no difference in the level of anticipatory fear of future terror attack and ethnic violence.

• There will be no difference in the coping mechanism adopted by the direct and secondary victims of terror attack and ethnic violence.

• There will be no difference in the need for psycho-social care/support among the direct and secondary victims of terror attack and ethnic violence.

Researcher adopted exploratory and descriptive research strategy to conduct the study. The researcher adopted an 2x2 factorial design (Factor A: Categories of victims i.e. direct and secondary, Factor B: Type of man-made disaster i.e. terror attack and ethnic violence) to examine the more complex, real life situations which clearly indicates presence of quasi-independent variables which might influence the results of the study. Researcher investigated the experiences of the direct and secondary victims of terror attack and ethnic violence using quantitative and qualitative framework an mixed method analysis.

The total sample size selected for the current study is 200 victims from four districts of Lower Assam- Barpeta, Kamrup (Metro),Kokrajhar and Dhubri . Total direct victim selected were 100 (50 victims of terror attack and 50 victims of ethnic violence) and total secondary victim selected were 100 (50 victims of terror attack and 50 victims of ethnic violence). Keeping in mind the difficulty of accessibility, availability of the victims purposive and convenience sampling technique was used. The victims of the study were selected abiding by the ethical consideration of research (voluntary participation, informed consent, anonymity of respondent, confidentiality of data etc.)
Researcher used Terrorism Catastrophizing Scale (TCS) a self-report questionnaire developed by Samuel J. Sinclair and Alien LoCicero in 2007 to assess the extent to which people experience anticipatory fears, or “catastrophize” about future terrorism in the following three areas – rumination, magnification and helplessness. Same tool was used for victims of ethnic violence because of the similarity of the category of violence i.e. both terror attack and ethnic violence are collective violence and the effect on physical and psychological functioning in term of anticipatory fear are similar.

Three cards (Card 1, Card 5, Card 8) from the set of Thematic Apperception Test (TAT) developed by Uma Choudhry in 1974 purporting to elicit responses relevant to the context of violence were administered. The stories enabled researcher to understand the inner psycho-social needs of the victims of terror attack and ethnic violence. This helped researcher to understand the need for psycho-social care among the community.

A semi-structured interview schedule was developed by the researcher and was used in conducting the in-depth interview of the 200 victims of the current study.

Due to the nature of the sensitive population involved in the sample tools selected were administered with caution. First the researcher conducted the interview using the semi-structured interview schedule in order to establish a good rapport with the victims interviewed. This helped researcher to explore initially the psycho-social experiences in and descriptive manner. This was followed by the administration of the TCS scale in order to quantify the prevalence of anticipatory fear of future terror attack and ethnic violence among the victims. Lastly, the researcher administered only 3 set of TAT cards in order to find out the presence of various psycho-social needs in
order to validate the necessity of psycho-social care towards the victims.

Data collected was analysed quantitatively as well as qualitatively in light of the four hypotheses framed.

**Quantitative Analysis**: It included percentage representation of each of the psycho-social burden, coping mechanism, witnessed by the victims were computed. This was followed by testing the significant difference of the mean obtained of both the groups of victims (primary, secondary victims and victims of terror attack, ethnic violence) with the help of t test. As the study involved comparison of the significant differences among the multiple groups F test followed by an post-hoc test; i.e. Tukey’s HSD test was found appropriate to be computed by the investigator of the present study.

**Qualitative Analysis**: The transcript obtained from the interview schedule and stories obtained was analysed using Thematic Analysis (Braun & Clarke, 2006) and thematic map was used to represent the themes obtained from the data.

The results obtained in the present study are presented below as per the hypotheses formulated:
Hypothesis 1: There will be no difference in the psycho-social burden among direct and secondary victims of terror attack and ethnic violence.

Thematic Analysis of the interview schedule presented a list of psycho-social burden which the victims of the present study are witnessing as follows:

1. **Economical Burden** which has been expressed in various forms. This has been represented as the sub themes (Factors) of the present study:

   **Selling of personal properties** (Factor A): A total of 19% of the samples mentioned about selling of their personal properties; e.g. cows, goats, valuable items to sustain their livelihood.

   **Decreased earning** (Factor B): A total of 96.50% of the samples mentioned about decrease in their source of earning due to loss of their jobs, physical injury, feeling of insecurity to move out of houses.

   **Physical inability** to work (Factor C): A total of 28.50% victims reported injury in their bodies during the time of bomb blast, ethnic conflict

   **Victim the sole earner** (Factor D): A total of 64% victims mentioned that their sole bread earner of the family experienced injury and as a result they are not being able to resume their work. Due to lack of money they are not being able to afford quality medical treatment.

   **Lack of government support** (Factor E): A total of 98.50% victims informed during the interview about the insufficient government support received in the form of compensation, relief materials, unfulfilled promises of the state government in terms of providing jobs, security.
TERROR ATTACK AND ETHNIC VIOLENCE

Unemployment (Factor F): A total of 84% of victims mentioned that the government is not being able to provide any kind of employment facilities to the youth of the affected districts during the time of blast and ethnic conflicts. Unemployment has become one of the burning social problem of Assam.

Insufficient money for treatment (Factor G): A total of 93.50% victims reported lack of sufficient money for treating the victims who has been severely impaired in the blast and the ethnic conflict.

Inadequate facility in rehabilitation camps (Factor H): A total of 25.50% victims of the BTAD conflict staying in the relief camps informed about the poor facilities of water, hygiene, security, space, electricity etc.

2. Social Burden has been represented in various forms:

Change in social and recreational activities (Factor I): A total of 92.50% primary and secondary victims of both terror attack and ethnic violence revealed a change pattern in their social and recreational interests.

Change in gender role (Factor J): A total of 19% victims mentioned that due to loss of their loved ones in the family after the blast and conflict due to severe injuries forced them to change their life style. Many female victims who have lost their husband informed that their gender role (nature of work involved, initiative taken to lead the family, earning livelihood for the family members, playing the role of mother as well as father for their child etc) has changed.

Decreased sociability (Factor K): A total of 91% of the sample in the present study was found to be lacking social communication skills. Feeling of insecurity, anxiety, feeling of hopelessness still prevails among the minds of the victims although the
events of violence that has been investigated in the study occurred in 2008 (30\textsuperscript{th} October serial blast) and 2012 (20\textsuperscript{th} July BTAD conflict). This has resulted in lack of interest among the victims in socialising with people and also the skill of interpersonal relationship has been affected.

3. **Emotional burden** has been expressed by majority of the victims in the following manner:

**Learned helplessness** (Factor L): A total of 95\% victims reported a feeling of helplessness indicating a person’s belief that there is nothing he or she can do to change the likelihood of these threat inducing mass events. This leads to development of anticipatory fear of being vulnerable in near future of similar traumatic experience.

**Hopelessness** (Factor M): A total of 89\% victims mentioned developing a feeling of hopelessness as an outcome of the violent event experienced.

**Feeling scared** (Factor N): A total of 56.50\% victims mentioned that they still have some kind of fear associated with loud noise, overcrowded place. They feel scared and as a result their mobility gets affected.

**Persistence of emptiness** (Factor O): A total of 80.50\% victims mentioned about the persistent feeling of emptiness due to loss of a significant member in the family, loss of their valuable possessions.

**Depression** (Factor P): Depression indicates a mental state characterised by feeling of dejection, lack of hope and alienation lasting long after the traumatic event. But, the mention of depression is not indicative of DSM or ICD criteria. It has been found that a total of 56.50\% still feel sad, dejected, lonely, hopeless, helpless in the present study.
Shocked (Factor Q): A total of 62% still mentioned about experiencing feeling of shocked and startled response with regard to loud noise, crowd.

The presence of these psycho-social burden led to the development of various maladaptive responses displayed in the form of behaviour such as:

Guilt/Self-blame (Factor R): 85% victims indicated the presence of feeling of guilt for not being able to save their loved ones form the negative consequence of blast and ethnic violence. This has resulted in self-blaming behaviour of the victims.

Anger towards government (Factor S): 94.50% victims mentioned their anger, frustration towards the government for not being able to help these victims in terms of security and peace building in the society. Most of them revealed agitation toward the government for not being able to provide them standard living facilities in the relief camps, employment. Victims refereed also to the negligent attitude of state government in term of offering aid and assistance to improve the lives of the affected individuals and community.

Constant worry (Factor T) : 93.50% victims mention about the constant worry towards the security of their own life as well as their loved ones and future anxiety.

Rumination (Factor U) : A total of 95% victims mentioned about the presence of preoccupying thoughts with regard to the day of blast, injuries, loss of loved ones.

Hyper vigilance (Factor V): A total of 93% victims reported engaging in hyper-vigilant behaviours.

Irritability (Factor W): A total of 92.50% victims revealed their irritability behaviour towards self, family members, society as a result of the stress that they are
TERROR ATTACK AND ETHNIC VIOLENCE

experiencing in their lives.

T test results indicated that in terms of type of violence (terror attack and ethnic violence) a non-significant difference was obtained. But a significant difference was obtained in terms of economical and emotional burden among direct and secondary victims of terror attack and ethnic violence. No significant difference was obtained for social burden.

F test was also computed to test the significant difference across the four groups of victims and the result revealed clearly a significant difference across the four group of victims in terms of psycho-social burden.

Since, the F test result was found to be significant the researcher attempted to compute a multiple comparison using Tukey’s HSD test (post-hoc test) across the various groups of victims individually with each of the factors representing psycho-social burden. It was found that across all the factors indicating prevalence of psycho-social burden significant difference was found. Hence, it can be stated that hypothesis 1 can not be accepted. This means there exist a significant difference in terms of psycho-social burden among the direct and secondary victims of terror attack and ethnic violence.
Hypothesis 2: There will be no difference in the level of anticipatory fear of future terror attack and ethnic violence.

To test hypothesis 2, TCS was used and analysis of the scores obtained indicated that none of the victims scored low anticipatory fear of future terror attack and ethnic violence. 20.5% of the participants scored in the range of moderate score and 79.5% obtained high score in terms of fear of anticipatory future terror attack and ethnic violence. Participants reported feeling of anxiety, stress, sadness and seems to modify their life routine in order to reduce perceived threat.

The three subscales of TCS sales (Rumination, Magnification and Helplessness) were analysed. Results obtained that among the three subscales a significant difference was obtained among the direct and secondary victims. In terms of total TCS Scores a significant difference between direct and secondary victims is obtained. Therefore, we can infer that the hypothesis has not been accepted which indicates that anticipatory fear of future terror attack and ethnic violence among direct and secondary victims of terror attack and ethnic violence.
Hypothesis 3: There will be no difference in the coping mechanism adopted by direct and secondary victims of terror attack and ethnic violence.

In order to cope up with the crisis situation after the 30th October, 2008 serial blast and 20th July, 2012 ethnic violence the victims have been found to adopt various coping mechanisms as follows:

A. **Attributing to God:** A total of 149 victims which represents 74.5% of the sample (N= 200 victims) mentioned attributing the cause of the conflict to God.

B. **Attributing to fate/Karma:** A total of 152 victims adopted attributing cause of the disaster to his/her fate or Karma. This represents 76% of the total sample (N=200 victims)

C. **Learned Helplessness:** Total of 142 victims adopted learned helplessness attitude towards the situation and its consequences. This represents 71% of the total sample (N=200 victims)

D. **Moral support from family:** 88 victims mentioned about receiving support from family members. This represents 44% of the total sample (N=200 victims)

E. **Love, care, concern:** 91 victims expressed receiving love, care, concern from near and dear ones which is helping them to reduce distress from their lives. This represents 45.5% of total sample.

F. **Optimistic attitude:** Total of 71 victims informed that they are able to develop positive attitude towards life as the days go by. This is all because of the social support received by them especially from family members and near and dear ones. This constitutes 35.5% of total sample adopting optimism.
TERROR ATTACK AND ETHNIC VIOLENCE

as a way to cope with stress in life.

G. Folk healing practices: Total of 60 victims mentioned adopting indigenous healing practices of their community as a coping strategy to overcome stress from their lives. This represents 30% of the total sample.

H. Holy thread and Mantras: 154 victims adopted in this practice as the participants of the study were found to have faith in God/Allah. 77% of the total sample adopted this practice.

I. Religious rituals performed: 167 victims mentioned about practicing rituals to overcome stress, forget the person whom they lost in the blast. This constitutes 83.5% of the total sample.

J. Performing daily prayer/namaaz: Total of 185 victims mentioned practicing religious rituals like performing daily prayer in namghar at their own house and the Muslim victims who were interviewed they mentioned about visiting mosque for offering namaaj. This constitutes 92.5% of the total sample.

K. Writing of articles in magazines, books: 9% of the total sample mentioned about using writing as a medium of expressing their sadness, stress ; i.e. total of 18 victims only mentioned about writing articles in magazines, books, writing poem in memory of the lost person. They said that this gives them a way of relieving their stress by remembering the memory of the person whom they lost in the blast or ethnic conflict.

T test results indicated a significant difference in the coping mechanism adopted among direct and secondary victims of terror attack and ethnic violence.

F test was also computed to test the significant difference across the four groups of victims and the result revealed clearly a significant difference across the four group of
victims in terms of coping mechanism adopted.

Since, the F test result was found to be significant the researcher attempted to compute a multiple comparison using Tukey’s HSD test (post-hoc test) across the various groups of victims individually with each of the factors representing coping mechanism. It was found that across all the coping mechanism adopted by the sample of the present study a significant difference is obtained. Hence, it can be stated that hypothesis two cannot be accepted. This means there exist a significant difference in terms of coping mechanism adopted by the direct and secondary victims of terror attack and ethnic violence.
Hypothesis 4: There will be no difference in the need for psycho-social care among the direct and secondary victims of terror attack and ethnic violence.

To test the hypothesis, TAT stories of the participants were analysed thematically. Thus, subjectively the experiences of the victims were analysed to infer the hidden need and wishes of the participants. This analysis helped to find that the victims have various psychological needs which indicates clearly the necessity of implementing psycho-social care among the 200 participants of the study as follows:

**Nurturance:** It refers to giving sympathy and gratifying the needs of a helpless individual that is weak, disabled, tired, inexperienced, defeated, humiliates, lonely dejected, sick mentally, confused. Such individual will try to assist an object in danger.

**Affiliation:** It refers to drawing near and enjoyable cooperate or reciprocate with an allied object, Such individual will like to please and win affection of a cathceted and always adhere and remain loyal to a friend.

**Aggression:** Refers to overcome opposition forcefully, to fight, to take revenge, to attack, to kill or injure an object.

**Harm avoidance:** to avoid pain, physical injuries, illness and death. Such individual would try to escape from a dangerous situation as a precautionary measures.

**Abasement:** It means to submit passively to external force, to accept injury, blame, criticism, punishment, surrender, become resigned to fate. It means admitting to inferiority, error, wrong doing and in a way mutilating self.

**Succorance:** It means to have one’s needs gratified by the sympathetic aid of an
allied. It indicates need to be nursed, supported, sustained, surrounded, protected, loved, advised, consoled, to remain close to a devoted protector.

t-test results indicated a significant difference between direct and Secondary victims in terms of need for Aggression, Harmavoidance and Succorance. Whereas, need for nurturance, abasement and succorance was found to be non-significant between the direct and secondary victims.

F test results also indicated a highly significant difference among the various needs of the victims of the present study with regard to nurturance, aggression, harmavoidance, succorance and abasement. But, need for affiliation was found to be non-significant among the direct and secondary victims.

Tukey’s HSD test indicated significant differences in between the four groups of victims of the present study. Differences was found in between the a) need for nurturance b) need for affiliation c) need for harmavoidance d) need for succorance e) need for abasement. In terms of aggression a non-significant difference was obtained. Thus, it can be inferred that hypothesis 4 cannot be accepted.

Hence, it can be inferred that the victims (N=200) of the present study are still experiencing psycho-social burden. Among the four categories of the victims (direct and secondary victims of terror attack and ethnic violence) significant differences is obtained which indicates the persistence of psycho-social impact on the lives of the survivors which adds misery to their lives even after . Although the investigation of the coping mechanisms indicated that majority of the victims has been able to cope adaptively with the loss and damage incurred and are quite resilient to overcome the distress. This has reduced the vulnerability of the victims from developing severe pathological reactions to the situation.
Although, adaptive coping mechanisms are adopted by the direct and secondary victims the researcher found that anticipatory fear of future terror attack and ethnic violence prevailed among them. This 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.

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 easily. Hence, there is an urgent need of implementing long term psycho-social care or support to victims of such tragic incident. For this support of government at policy making would be beneficial for the development of the society.

Based on the results of the current study, few suggestions has been made by the researcher:

- Emphasis on active role of Assam Disaster Management Authority (ADMA)
- Providing Training to volunteers
- Introducing Trauma counselling
- Promoting Research in the area of disaster mental health in north eastern states of India
- Offering help at an self-help level using the model developed by Dave, S,A.et.al. (2002).
- Short & long term psychological interventions needs to be implemented