TERROR ATTACK AND ETHNIC VIOLENCE

“Does the day break
Because of the sound of guns?
No!
It breaks because of the cry of the bird...”
(Translated from the original Assamese poem “Khobdot” by Nirmal Prabha Bordoloi)

1.1 Violence

The term “violence” is used very frequently in our daily lives. Does this mean that we are currently living in a society filled with violence? Can we state that no part of the world is free from the threat of violence? Thus, it seems very easy to arrive at a conclusion that we all live in a violent time. Violence exist in different forms and this is the reason why we come across various terms linked with violence such as gender violence, domestic violence, terrorism, naxal violence, students violence, police atrocities, violence by criminals, political violence, caste violence, violence by the state and so many other terms. Thus, ‘violence’ is not a simple word with an easy exposition. It has the potential for bewildering assortment of interpretations and thus, it suffers from a surfeit of meanings.

Keeping in mind its multiple dimensions, the current research would like to operationally define violence as “the physical force used to inflict injury or cause damage to persons, property, structures or institutions and forcibly impair the freedom of a person, group or a community”. Violence is the use of force with an ulterior motive. The intent of use of violence in any form is to terrorize the target to get the desired response. Its purpose is to prevail over the victim. Violence could be perpetrated both overtly and covertly. Somebody may be physically hurt and damage may be caused to the body and this kind of act is detectable and thus, being overt in nature. Whereas, some injury may be internal and the damage may not be visible to naked eye, the destruction may be caused at mental level and the victim may suffer
the agony without being able to display it outwardly and thus the nature of this violent act being covert. Generally, it is found that the result of covert violence is more serious than that of overt violence. The victim may not be able to triumph over his/her trauma throughout life. Hence, it is essential to examine the covert aspect of victims sufferings which are generally overlooked. The current research is focusing on victims experience of surviving terror attack and ethnic violence. Both the type of violence are socio-political in nature where the nexus between social tensions and power politics becomes self-evident.

1.2 Terrorism

Terrorism is a global phenomenon which destabilizes national as well as international affairs. It affects both developed and developing countries. The term terrorism cannot be defined in one way. It has various definitions as the word is used interchangeably with insurgency, civil war, revolution, guerilla war, intimidation, extremism. The commonality among all these similar words loosely used interchangeably is “violence”. All these are violent activities aimed at creating terror among people, community, groups and involves damage of institutions, property. Broadly, terrorism could be understood as an organized form of violence aimed at creating panic or terror among the people and eventually demoralizing the state machinery with a view to achieve certain socio-political objectives. Terrorism has posed as an important challenge in 21st century.

There exists similarity in the objectives of terrorism but these objectives are not universal in nature. It varies from movement to movement. Ahuja, R. (2003) outlined the objectives of terrorism as follows:

- To cause the regime to react and over act.
TERROR ATTACK AND ETHNIC VIOLENCE

- To mobilize mass support
- To eliminate opponents
- To give publicity or glorify their cause and strength.

Since, terrorism is an global phenomenon, the causes of terrorism are country specific and thus no uniformity exist in terms of etiology as reported in a conference held in Nepal (2002).

1.3 Terrorism in India

The humanity today is in the virulent grip of a pandemic- the scourge of terrorism. Several groups- Islamist, LTTE, Irish, Maoist et.al. are engaged in this “War though terror’. A low cost option (popularly dubbed low- intensity conflict: LIC) for its inhuman perpetrators (Prakash,V.2009). India has been witnessing terrorism since independence and there seems to be no end to this. No corner of India seems to be beyond their reach. As per the Global Terrorism Index compiled by the World Market Research Centre in 2003-04, India ranks ninth position in terms of risk of facing terrorism (Silke,2003). In India, terrorism is the by-product of politics.

According to Prof. Rama Ahuja four types of terrorism exist in India. They are as follows:

- Khalistan oriented terrorism in Punjab based on a dream of theocratic state.
- Militants terrorism in Kashmir based on their separate identity
- Naxalite terrorism in Bengal, Bihar, Madhya Pradesh, Orissa, Andhra Pradesh etc. based on class enemity
- ULFA terrorism in Assam based on identity crisis and the grievance situation.

(Purushothama,S,G. 2003,p.209)
All the four types of terrorism produces terror ; i.e. creating fear in the minds of the direct target. Terror has been increasing in intensity and frightfulness. The focus of the current research is to understand the impact of these terrorist related acts which creates trauma in the psyche of the people. The researcher will be using the word “terror attack” in the current study which can be defined as an act of violence produced by militant group (ULFA) against the unarmed by the armed in order to create terror/panic among general public and disharmony in the region.

1.4 Assam and terrorism

In the current research the researcher is exploring the fourth type of terrorism; i.e. ULFA terrorism in Assam which emerged from 1980 onwards. There were agitation to repatriate the foreigners and deleting their names from the electronic rolls. The then government failed to take any action and in February 1983 elections 5000 person lost their lives. Assam Gana Parishad (AGP) came to power in 1986 and it was felt that the state would develop. But, the differences in the factions soon led to the split of the AGP. The United Liberation Front of Assam (ULFA) and the United Minorities Front (UMF) emerged as two militant organizations. The All Bodo Students Union also demanded a separate state within the state of Assam leading to violence. The ULFA stepped up its campaign of murder, loot and kidnapping. Terrorist activities spread panic among Assamese and non-Assamese. Various army operations were carried out against ULFA from 1990-1991; e.g. operation Bajarang , operation blueprint , operation Rhino etc. During these operations few hundred ULFA men were killed and nearly 3000 suspected militants were arrested, 1208 weapons and around five crore rupees were seized, camps were destroyed. (Ahuja,R.2003 in the chapter titled “Terrorism”; pp.435-436)
Singh, G (2008) said that the ever-changing demographic composition of society has resulted in conflicts between immigrants and indigenous people, both tribal and non-tribal. One such conflict took the form of the Assam Agitation, which was spearheaded by the All Assam Students’ Union (AASU) and the All Assam Gana Sangram Parishad (AAGSP). Although the agitation came to an end with the signing of the Assam Accord, the state continues to suffer from ethnic violence and insurgency. Even though the Assam Accord mainly focused on detection, deletion, and deportation of illegal migrants, this no longer seems to be the critical issue, given that in recent years only Hindi- and Bengali-speaking people have been targeted by the so-called national workers of Assam. Still, ULFA exists in Assam and is creating terror in the minds of the general population. The insightful picture of Assam and the political scenario prevailing in the state is well portrayed in the book titled “India’s Fragile Borderlands: The Dynamics of Terrorism in North East India (Upadhyay, A.2009).

A report of the Internal Displacement Monitoring Centre of Norwegian Refugee Council, an international humanitarian group published in the daily The Telegraph on 28th April, 2015 states that altogether 3.46 lakh people in India internally displaced by violence or disasters during 2014-15 were from Assam, Nagaland and Jammu & Kashmir. It said Assam alone reported displacement of 3.15 lakh people followed by Jammu & Kashmir (30,000) and Nagaland (1,000). This clearly indicates the seriousness of the necessity of thorough investigation of the issue of terrorism and to curb it immediately which has been prevalent in the region since independence.

The present study is investigating the experiences of victims who have witnessed the horrendous 30th October, 2008 Assam serial blasts. The north eastern region of India
was struck by thirteen high intensity serial blasts in four districts of Assam- Guwahati, Kokrajhar, Barpeta and Bongaigaon in 75 minutes between 11 a.m. and 1.15 p.m. Initial figures put the toll at 67 killed and over 320 injured. The details of the blasts are provided below in Table 1.

**Table 1: Details of the 30th October Blast**

<table>
<thead>
<tr>
<th>Town</th>
<th>No. of Blasts</th>
<th>Killed</th>
<th>Injured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guwahati</td>
<td>6</td>
<td>33</td>
<td>165</td>
</tr>
<tr>
<td>Kokrajhar</td>
<td>3</td>
<td>22</td>
<td>90</td>
</tr>
<tr>
<td>Barpeta</td>
<td>3</td>
<td>12</td>
<td>65</td>
</tr>
<tr>
<td>Bongaigaon</td>
<td>1</td>
<td>_</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>13</strong></td>
<td><strong>67</strong></td>
<td><strong>325</strong></td>
</tr>
</tbody>
</table>

Source: Prakash, V. (2009). Terrorism in India, Volume: 1

The respective figures rose to 75 and 342 on 31st October, 2008. The following data indicates the seriousness of the situation in the country.

![Fig:1 Location of 30th October, 2008 blasts in Assam](image)


The media had termed the blasts as the 'worst-ever' terrorist strike in Assam. Eight years after the tragic event, victims are still seething with anger as those behind the attack are still unpunished and the compensation promised by the central government is yet to reach them. Every year the state government organizes some program in the memory of the people who lost their lives in the blast. Local news channels will
broadcast various programs in the form of public debate, panel discussion, interviews inviting few family members of the affected family, eminent public figures, academicians, politicians to share their feelings, expectations, existing government policies made for rehabilitating victims of disaster are reviewed. Suggestions, recommendations are put forwarded. But, unfortunately, after the day neither the government nor the media channels attempt to reach the affected people of the blast and do the follow up. The victims sufferings, their grievances are overlooked. Financial compensation provided to these victims and their family members by the state government are yet to be received. The victims are all surviving a life filled with hatred, helplessness, uncertainty, anxiety, depression, insecurity.

Two years after the tragedy had struck Assam the daily local newspaper “The Assam Tribune” published on 30th October, 2010 made an attempt to peep into the lives of few victims of the blast residing in Guwahati who are yet to get over with the shocks of the fateful day. The daily reports that “Two years on, life remains hard for survivors”.

For decades, this ill fated state is passing through a chronic sequence of hatred, suspicion, violence and ethnic division. For several decades, Assam is passing through too much of tears and blood. This stunningly beautiful state and its people are struggling hard to come out from the curse of their own history. Secessionism, insurgency and terrorism are like the mythical Phoenix bird - self destructive but able to resurrect from its own ashes. Today, this once prosperous land is one of the most economically backward and problem-ridden states of India. The state has a poor economic growth, many areas are still left untouched from development. Maltreatment of consecutive governments has promoted many of the genuine
grievances of the Assamese people and helped the continuing conflicts and misconceptions to thrive. Over, the years political violence has virtually occupied the centre stage from its fringe. Needless to say violence has become a part of social transformation in Northeast. Thus, a comprehensive research and treatment initiative is needed to address the deteriorating conditions of the residents of Assam. There is a strong need for conducting psychological studies which aims to explore the experiences witnessed by victims after witnessing such an tragic event. Based on these experiences there is an urgent need of developing intervention strategies in order to help the victims in order to cope with life in a better way. This can be achieved by providing psycho-social support and mental health services for the victims of the terror act (man-made disaster).

Any acts of violence affects the victims to a larger extent. Victims are chosen selectively or at random. Variations in the objectives of terrorists affect the degree of threat posed to the victims. Further, the specific form of terrorist victimisation also varies widely. Since, the current research is exploring the victims experience, first it is essential to identify the different types of victims.

1.5 Categories of victims

Costin, A. outlined several categories of victims according to disaster studies:

- **Direct victims**: those physically present at, or in close proximity to, an event. Pynoos and Nader (1989) have speculated that traumatic memories persist in an active state because of intrusion and arousal associated with the traumatic experience among direct victims.

- **Secondary victims**: include the family members and close associates of direct victims and the first responders and other professionals who assist them. The
impact of exposure on secondary victims such as rescue and recovery workers and
other professionals working with victims has been addressed.(Alexander &
Wells,1991; Epstein, Fullerton & Ursano, 1998; North et.al., 2002).

- **Indirect Victims:** those individuals in a community who are impacted by the
  secondary effects of disaster. These indirect victims are the principal targets of
  terrorism. Reached largely through the media, they are the audience for the terror
  and recognizes little distinction between themselves and direct victims beyond the
  happenstance of time and place. Indirect exposure to trauma is recognized in the
diagnostic criteria for Post Traumatic Stress Disorder (American Psychiatric
Association, 1994) but the criteria provide little guidance about the mechanism
through which indirect exposure occurs , and little research has addressed the
issue.

The current research is investigating the experiences of direct and secondary victims
only. Here direct victims include adults who have been directly exposed to terror
attack or ethnic violence and have witnessed marked physical injury or have directly
witnessed terror attack and ethnic violence in close proximity. For instance,
shopkeepers who have seen, heard the explosion of the bomb. Secondary victims in
the current research involve adults who are the family members, relatives and close
associates of the direct victims and these people are currently engaged in providing
care and support to the direct victims.

There exists differential response pattern in victims of terror attack based on
individual vulnerability factors, proximity to event, single acts of terrorism, on-going
campaign, gender, age etc
1.6 Psychological Perspective of Terrorism

One of the significant goals of terrorism is coercion or intimidation of a society or government for ideological, social, religious, economic, political reasons. The intent of terrorist acts and threats is to disrupt and destroy directly, and to produce collateral consequences. After any such terrorist acts the physical damage becomes evident and the psychological consequences of terrorism is missed out. One thing that should be kept in mind that terrorism works out because of the psychological effects which can immobilize individuals and entire populations that feel vulnerable. This feeling of vulnerability is enhanced when the people feel excluded from the process and active participation.

There exists an increased probability of persons unknown visiting evils upon us without our being able to anticipate them. For instance a bomb might go off in the department store we are peaceably shopping in, sometimes while travelling in a public transport the bomb might blast off and these clearly indicates uncertainty of their immediate fate. Any individual irrespective of anything they may or may not choose not to do, can become the objects of terror.

The acts of terrorism violates fundamental human rights like the rights to liberty, personal security, life property, respect and so on. Terrorism has also increased concerns for personal safety; e.g. air travel or travel by train is encumbered through scanning and frisking procedures for travellers. Fear generated by terrorism and by the possibility of victimization in an ever-widening arena is raising the social costs of the problem, along with the economic costs. There may also be anonymity between victims and terrorists. All these actions produces terror and panic among the general public. The consequences of this violent act is tremendous on the victims life directly.
or indirectly and these experiences of surviving a terror attack is the focus of the current study.

Costin A in the chapter titled “Victims of terrorism” mentioned a large number of research has been conducted on the psychological effects of terrorism following the 9/11 attack in 2001. Literature related to Oklahoma City bombing in 1995 also exists along with a vast amount of research has been carried out in Northern Ireland during the course of the protracted conflict commonly referred to as the ‘Troubles’. Although these researches are specific to those incidents and conflicts, a lot of evidence can be generalized to other situations of terrorism (p. 234-235).

The majority of studies that have looked at the consequences of terrorist attacks upon psychological well-being have focused on post-traumatic stress disorder (PTSD). However, literature also shows that responses of victims aftermath a traumatic episode involves various symptoms including extreme stress, substance misuse, mood disorders. Epidemiological studies have found that a majority of people exposed to terrorist incidents do not develop mental health problems, using Diagnostic Statistical Manual (DSM) or International Classification of Disorders (ICD) criteria, although most would suffer psychological distress in the immediate aftermath (Costin,A. p 235)

DSM –V (2013) mentions that psychological distress following exposure to a traumatic or stressful event is quite variable. In some cases, symptoms can be well understood within an anxiety- or fear-based context. It is clear, however, that many individuals who have been exposed to a traumatic or stressful event exhibit a phenotype in which, rather than anxiety- or fear-based symptoms, the most prominent clinical characteristics are an hedonic and dysphonic symptoms, externalizing angry
and aggressive symptoms, or dissociative symptoms. Because of these variable expressions of clinical distress following exposure to catastrophic or aversive events, the aforementioned disorders have been grouped under a separate category: trauma and stressor related disorders.

Quarantelli (1985) presented two seemingly opposing views regarding the mental health consequences of cataclysmic events:

i) Acts of violence have differential rather than across the board effects on those exposed to them. Different perspectives, life experiences, personality characteristics might cause one individual to view the act as traumatic and develop significant distress, whereas other individual might have no reaction to the event.

ii) Terroristic acts are ‘traumatic’ life events, yielding very pervasive, deeply internalized and essentially negative psychological effects.

Both these views are apparently contradictory in nature and Quarantelli concedes that both these positions most likely ‘additional versus oppositional’. The question is not whether terrorism is traumatic, but whether exposure to terrorism produces the same observable, predictable responses in those exposed.

By definition, terrorism is intended to be traumatizing. Waugh (2001) in his chapter on ‘Managing Terrorism as an Environmental Hazard’ outlines several key components of terrorism:

- The use of threat or extraordinary violence
- Goal-directed, intentional behaviour to harm
- The intention to psychologically disorganize and horrified not only the immediate victims, but those around them.
The choice of victims for their symbolic value (even their innocence).

Thus, these elements clearly indicates that terroristic acts in any form are traumatic event. Literature clearly indicates that exposure rates to traumatic events far exceed prevalence rates for psychopathology, suggesting a differential response pattern across victims. Coping mechanism were also studied among the victims. Among the victims a lot of cognitive-emotional effects were also investigated. After an terror act, the distress symptoms among survivors tend to be broad and prolonged, achieving terrorists goal, i.e. to evoke a chronic sense of unease, uncertainty, anxiety in a large segment of the population.

Kastenbaum (2001) states, “Terrorism changes the way a society thinks about itself”. Hills (2002) states that the destruction created by terrorist acts is usually an end in itself; these acts have the features of criminal assaults and acts of war.

On an similar line epidemiologists Susser, Bresnahan and Link (2002) states that terrorism is a form of psychological warfare. Terrorists tend to have a deep and intense form of loyalty, commitment to the mission of their organization which also motivates them to commit otherwise unthinkable acts that may involve their own lives in the process. This fearlessness makes potential victims, who have a higher regard for life, extremely wary of the violent steps terrorists are prepared to take in the name of their cause (Moghadam, 2003; Schbley, 2003). This possibility of victimisation raises the social costs of this problem along with the economic costs. The circumstances under which individuals becomes victims of these terror acts varies as per the causes of terrorism. Every person can become a victim of terrorism. Sometimes anonymity exist between the perpetrator of the act and victims, e.g. letter bombings, car bombings or similar explosive devices placed purposively or randomly.
Sometimes even victims are chosen selectively or at random. Variation in the objectives of terrorists affect the degree of threat posed to the victims.

**1.7 Ethnicity**

Etymologically, the term ethnicity traces its origin from the word “ethnic” which relates to community of physical and mental traits posed by members of a group as a product of their common hereditary and cultural traditions.

According to Webster’s Dictionary (1978), it is a noun from the expression ethnic, and refers to certain qualities or affiliation based on hereditary as well as cultural considerations.

Winick’s (1964) Dictionary of Anthropology does not include an entry on ethnicity. It has an entry on ethnic, which refers to a group distinguishable by certain common cultural attributes such as language.

Ethnicity has been an area of study for social scientist since early 19th century. But, so far no comprehensive definition has been provided. Ethnicity, both as a subjective and an objective concept has thus, become central to an understanding of the fast changing power relationships towards a more just, egalitarian and humane world order (Sabbarwal, 1992).

The researcher in the current study is also exploring the psychological impact of witnessing ethnic conflict which is another socio-political problem which has its base since the beginning of human existence. From beginning of human beings, people have lived in groups in search for food and ensuring security. Groups have expanded into ethnic communities with separate identities, then into races and ultimately into nations. People stated distinguishing themselves based on colour of skins, and the
most patent distinction being made based on languages they speak. Sometimes faith and religion also becomes the basis of such grouping. As civilization progressed people became more attached to one community or another. Particular territories were curved out as the habitat of particular races or communities. The problem arose when sub-communities started developing among the universal empires which led to the occurrence of racial conflicts. Concept of nation, states, began to emerge in nineteenth century in Europe; e.g. Germany, Italy, Soviet Union, Yugoslavia.

India also witnessed several ethnic conflicts causing destruction of human life, community, properties after independence. States had been reorganized on linguistic and cultural line. However, there existed opinions which stated that such reorganizations would intensify provincial sentiments. Opposing such views, movements with much emotional backings broke down. This reorganization has had its impact on the psychology and behaviour on the Indians in general.

Bora, S (2006) in an essay titled “Ethnic Struggles in Assam: An Observation mentioned that the psychology and behaviour can be one of the factor that contributes to the demands for separate states after independence on ethnic basis. Waves of immigration from outside the sub-continental boundaries has added complexities to this problem. Over the centuries, this led to a continuous change in the racial composition of different regions prominently in the border areas of Punjab and in the north-eastern region of India.

1.8 Ethnicity and Assam

In the North-eastern region of India, after independence the state of Assam had been broken up into seven different states on cultural basis. Ethnic conflict in Assam can be
broadly characterized as a five cornered web of immigrant Bengalis, Hindus, Muslims, plantation workers, Marwaris and indigenous tribals. All these groups have been in conflict with the local Assamese which has a long history of growth and maturity. Since the beginning of Assam Movement (1979-85), Chaulkhowa Chapori and Silapathar massacre in 1983, in famous Nelli massacre of 1983 which witnessed the killing of more than 5,000 people mostly women and children belonging to a religious minority community marked the beginning of ethnic conflicts in Assam.

Singh, G (2008) said that the ever-changing demographic composition of society has resulted in conflicts between immigrants and indigenous people, both tribal and non-tribal. One such conflict took the form of the Assam Agitation, which was spearheaded by the All Assam Students’ Union (AASU) and the All Assam Gana Sangram Parishad (AAGSP). Although the agitation came to an end with the signing of the Assam Accord, the state continues to suffer from ethnic violence and insurgency. Even though the Assam Accord mainly focused on detection, deletion, and deportation of illegal migrants, this no longer seems to be the critical issue, given that in recent years only Hindi- and Bengali-speaking people have been targeted by the so-called national workers of Assam.

Bora, S. mentioned in Assam today there are demands for either separate states or for political autonomy by the various existing ethnic groups. Assam is a miniature of India where varied groups co-habit which are different from each other linguistically or culturally. Till recently, these groups had identified themselves with one identity under the common name of Assamese. But, now there exist disagreement to these commonness of being Assamese. There arose self-consciousness among these groups of being different and thus arises the need of demands for separate identities with a
desire to separate themselves from the larger group. (Essay titled “Ethnic Struggles in Assam: An Observation, p.459-460)

Three factors seem to be contributing to the growth of self-assertive movements in Assam by the various ethnic groups. The factors are as follows:

- Emergence of consciousness of being different linguistically or culturally or on both grounds from the group under whose identity it continued so long.
- The group feels segregated and discriminated.
- There exist desires for more shares in the power wielding machinery and receive more economic, educational and employment facilities.

In the local daily The Assam Tribune published on 9th September, 2012 HN Das, retired Chief Secretary, Assam mentioned that ethnic problem in Assam seems to be inscrutable due to the existence of a large number of tribes, sub-tribes, linguistic and other groups. The problems are also varied and no “fit all” solutions are available.

The present study does not intend to investigate the socio-political dimension of the issue of ethnicity. Rather, the researcher in the present study is trying to explore the victims experience of surviving ethnic conflict with a special reference to the Bodoland Territorial Autonomous District (BTAD) conflict that started on 20th July, 2012 in Kokrajhar, Dhubri and Chirang and ended on 15th September, 2012. The conflict was between the Bodo tribe and the Bengali speaking Muslim settlers which ran over two months killing more than 100 people, displacing over five lakhs as helpless. 11 people have been reported missing. The displaced peoples are seeking shelter in 270 relief camps after being displaced from almost 400 villages. All this is nothing new for the people residing in Kokrajhar and communities residing in BTAD.
region as violence is almost a regular feature due to ethnic clash in the place and nearby districts like Dhubri, Bongaigaon, Barpeta. In the year, 2012-13 Kokrajhar, Dhubri have witnessed several ethnic violence causing severe loss of human life and property.

1.9 Psychological Perspective of Ethnicity

Ethnic conflict are probably the most common form of collective violence which took more lives than any other form of violence in the 20th century. By world standards, an ethnic riot in which 100 people are killed is a very serious disorder. It also produces refugees, likely requirement of curfews and all manners of inconvenience, indignity and outrage. Psychologically, the conflict is stimulated mainly by the fear of losing privileges.

Psychological manifestation in ethnic behaviour occurs in a social context focusing on the subjective nature of ethnicity. Ethnic feeling arise out of individuals innate identification with one group and amount of adherence varies from person to person. The innate dispositions do not cause ethnic conflict but only determines the likelihood of its escalation, depending on how many members or how intensely they are drawn to the conflict by their innate predilections.

The three broad categories of psychological predispositions towards ethnic group are:

a) **Attitudes**- learned behaviour either through one’s own experiences or through the observation of others behavioural pattern. Ethnic attitude (inter-group attitude) is an attitude which a person has towards some or all members of an ethnic group. Attitudes have important implications in understanding ethnicity. It includes attitudes of individuals towards the group of which they themselves
are members. People are recognized on the basis of caste, colour, creed, race etc. into two groups – ‘us’ and ‘them’ (Baron & Byrne, 1987). This ‘us’ has in-group bias and ‘them’ has the out-group bias. Ethnic attitude may be distinguished based on cognitive, affective and co-native components. The cognitive components are the perceptions, beliefs and expectations that the individual holds with regard to various ethnic groups for example, Hindus or Muslims or Bodos or Assamese. The affective components of an ethnic attitude include both a general friendliness or unfriendliness towards the object of the attitude and specific feelings that give attitude its affective colouring. On the negative side they include feelings like contempt, fear, envy, distance or alienation. The co-native components of an attitude include beliefs about ‘what should be done’ with regard to the group in question and action orientation of the individual towards specific members of the group.

b) **Prejudice**: a negative feeling or attitude towards the out-group and an inaccurate belief as well. Prejudiced attitude departs from ideal norm of rationality, justice and human heartedness. Gordon Allport (1954) rightly defined prejudice as” thinking ill of others without sufficient warrant”. It may be felt or expressed towards a group as a whole or towards an individual. In psychological literature certain norms have been associated with prejudicial behaviour. The essential characteristic of an attitude that makes it prejudiced is that the attitude departs in some way from three ideal norms, viz. the norm of rationality, norm of justice and norm of human heartedness.

c) **Stereotyping**: The cognitive part of prejudice is stereotyping. Over-generalization of the feelings against an ethnic group that goes beyond existing evidence leading to solidification of negative attitude and beliefs. The
process of stereotyping results in inaccurate or hostile generalizations about the other group and in solidification of negative attitudes and beliefs. Over time it is stereotyping that grows even to a point at which ethnic relations are used to exploit or subjugate rival groups, thus making the circle of prejudice-ethnic conflict complete.

Ethnicity thus leads to the development of feeling of “ethnocentrism” which refers to a view of things in which one’s own group is at the centre and all other groups are rated and scaled with reference to itself. (Sumner 1960:27-28). This is used as a weapon in and for ethnic conflict for control of resources and institutions leading on to discrimination in some or all spheres of social life.

DSM-IV-TR lists out terror attack and ethnic violence as events which has the potential to create trauma. In the present study both the acts of violence that has been taken into consideration of the research have incurred disharmony and instability in the region.

1.10 Understanding Disaster

The term “disaster” owes its origin to French ‘desastre’, Italian ‘disastro’ and Latin ‘Astrum’ (star). The term des means bad and aster means star. Thus, disaster would mean bad or evil star. The World Health Organisation (WHO) defines disaster as ‘an occurrence that causes damage, economic destruction, loss of life and deterioration in health and health services on a scale sufficient to warrant an extraordinary response from the affected community or area.’ There exist various definitions of disaster and having analyzed them, it is clear that for an event to be categorized as a disaster the following attributes should be there:
1. It has to be an unusual event of sufficient magnitude and severity.

2. It should develop suddenly and perhaps unexpectedly.

3. It should result in widespread damage to property and disrupt normal life and routine functioning of the affected community.

4. It could generally be accompanied by high casualty figures in the affected population.

5. It would require immediate coordinated & effective response by multiple government & private sector organizations.


Disaster, natural or man-made always negatively affects the human beings, the social and service structure of the society or community and the environment. Over the last quarter of a century, more than 150 million people a year have been seriously affected by disasters. The physical effects of a disaster are usually obvious. Tens or hundreds or thousands of people lose their lives. The survivors suffer pain and disability. Homes, workplaces, livestock, and equipment are damaged or destroyed. Disasters invariably have an immediate as well as long lasting impact on those concerned and their families, permeating all the spheres of human activity, ranging from the physical, socio-economic and ecological state to the mental, political and cultural state of the affected population. The short-term emotional effects of disaster like- fear, acute anxiety, feelings of emotional numbness, and grief, are common among victims. For many victims, these effects fade with time. Some of the emotional effects are direct responses to the trauma of disaster. Other effects are longer term responses to the interpersonal, societal, and economic effects of the disaster. In any case, in the
absence of well-designed interventions, up to fifty per cent or more of the victims of a disaster may develop lasting depression, pervasive anxiety, post-traumatic stress disorder, and other emotional disturbances. Even more than the physical effects of disasters, the emotional effects cause long-lasting suffering, disability and loss of income (Ehrenreich, H.J., McQuaide, S. (2001). Coping With Disaster: A guidebook to Psychosocial Intervention).

1.11 Conceptualizing Psychological Response of Disaster

It is customary to conceptualize the aftermath of disaster in terms of a series of stages or phases, each of which has its own characteristics. There exist much variation at each stage and the stages overlap. The stages are tabulated below as follows:

Table 2: Stages of disaster and the psychological responses associated

<table>
<thead>
<tr>
<th>Stages of disaster</th>
<th>Description of stages</th>
<th>Psychological responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rescue</td>
<td>It is seen in the first few hours or few days after the disaster. It involves rescuing victims and seeking to stabilize the situation. For e.g. providing cloth, food, water, house, medical attention.</td>
<td>Emotional responses seen. For e.g. psychic numbing, heightened arousal, diffused anxiety, survivor guilt, ambivalence, cognitive and affective instability.</td>
</tr>
<tr>
<td>Inventory stage</td>
<td>Occurs once the situation has been stabilized, attention turns to longer-term solutions. Heroic rescue efforts give way to bureaucratized forms of help. Over the next year or eighteen months, organized assistance from outside gradually diminishes and the reality of their losses dawn on victims.</td>
<td>Wide variety of post-traumatic symptoms appear. For e.g. PTSD (Post traumatic stress disorder), GAD (Generalized Anxiety Disorder), Abnormal Bereavement, Post traumatic Depression etc.</td>
</tr>
<tr>
<td>Reconstruction stage</td>
<td>Occurs a year or more after the disaster. During this phase, although many victims may have recovered on their own, a substantial number continue to show symptoms much like those of the preceding (“inventory”) stage. Victims become aware of the reality of their permanence of their losses.</td>
<td>More complex syndrome appear. For e.g. chronic fatigue, chronic gastrointestinal symptoms, inability to work, loss of interest in daily activities, and difficulty thinking clearly.</td>
</tr>
</tbody>
</table>

(Source: Ehrenreich, H, J. 2001)
According to the stages of disaster mentioned in Table 2, appropriate psychological intervention needs to be provided to the victims of the disaster. Disasters of various kinds leave their mark in the Psyche – a wound that never really heals fully. India has had her share of disasters, both natural and human made. Down the years, the experience of dealing with these disasters has taught valuable lessons to the professionals, policy makers, planners and the public at large in disaster management. Recent years have witnessed a shift in the disaster management policy orientations, from a relief centred approach to a holistic approach emphasizing the mitigation, prevention and preparedness.

“Psychosocial care in disaster has been recognized as the need of the hour”.

1.12 Psycho-social Support & Care

Disasters affect communities and societies, different countries and different cultures differently. Since, many of the psychological effects of disaster are created by the direct social and economic effects of disaster, the present study focuses on both the effects of disaster and appropriate responses to disaster not as purely psychological and not as purely social/economic, but as “psycho-social.” (influence of social factors on mental health and behaviour.)

The beginning of the 1990s witnessed the birth and evolution of psycho-social support (Jacobs, 1995; Morgan, 1994; Weaver, 1995). The practice of psychological support before, during and after a disaster has been taking place for more than 50 years. Psychological intervention is a topmost priority in an emergency or a disaster for both individuals and communities. Psychological support has become an important
component of disaster preparation and response repertoire. (Diaz,P., Joseph,O. pp.38)

National Disaster Management Guideline (2009) defines psycho-social support in the context of disasters as comprehensive interventions aimed at addressing a wide range of psycho-social and mental health problems arising in the aftermath of disasters.

The systematic study of psychological support in the form of disaster mental health, trauma counselling, crisis intervention, psychosocial care is a relatively new subject of research (Norris et al., 2002). Research has been increasing in this area. (Norris et.al, 2002). Events of mass destruction in the past 5 years around the world (9/11 attack in 2001, El Salvador earthquake, Gujarat earthquake in 2001, the Bali bombing in 2002 etc.) have served as stimuli to many academicians and practitioners to seek knowledge about human behaviours before, during and after an event of mass destruction. (Seynaeve, 2002; Australia Emergency Manuals, 2002; PAHO, 2002; Butler et.al., 2003).

In the wake of large scale disasters (e.g., hurricanes, earthquakes, refugee crises), identifying which individuals are most at risk of becoming or remaining symptomatic is a high priority. Inquiries may also be undertaken to determine exactly what happened (e.g., to help prevent repetition of the disaster or to identify deficiencies in the relief efforts or, in some situations, to reveal human rights violations). Individuals affected by a disaster exhibit a wide range of reactions. Some may require support or other services immediately and urgently, others only after a delay, and still others not at all. Thus, follow-up after several days, weeks, or months later may be beneficial for people in need who were initially passed by. Several approaches to identify those in need of services may be used:
By category: These include relief workers, victims who have had a family member died in the disaster, victims who were trapped or entombed in the course of the disaster, victims who were severely injured in the disaster (including those still in hospitals) or who continue to experience pain or physical disability, children aged five to ten, mothers of young children, and victims with a prior history of poor adaptation at work or at school or of poor coping in previous periods of high stress.

By specific behaviour patterns: Those who engage in maladaptive behaviours, such as children who stay out of school after the disaster or adults who absent themselves from work or who fail to “bounce back” may be signalling difficulty etc.

By use of screening instruments: Using Symptom Checklist, Symptom Report Questionnaire (SRQ) ETC.

By case findings: Outreach efforts, including distribution of leaflets, announcements on radio and television, articles in newspapers, public lectures, posters in the offices or headquarters of the relief effort may stimulate self referrals.

An emerging body of literature (McCaroll et.al., 1995; Seynaeve, 2001) suggests that the response to a traumatic event is beyond fear and threat. There are different ways in which the response may affect the survivors:

- Major element of loss
- Exposure to bodies
- Degradation and humiliation in cases of trauma motivated by religious or racial reasons
- Forced separation and relocation.
TERROR ATTACK AND ETHNIC VIOLENCE

Thus, the immediate psychological response after an emergency or a disaster comprises of symptoms of distress which, if addressed early in the recovery process, may prevent more serious, mental health needs in the future. Effective psychosocial services can be provided with the cooperation and support of those directing and providing medical and material relief efforts, at the local as well as the regional or national level. Governmental officials (at local or national level) often do not recognize or give much priority to the psychosocial effects of disasters. Recently, 2 major organizations have proposed guideline for psychological support as a part of the preparation and response services to events of mass destruction (World Health Organization, 2003; International Federation of the Red Cross and the Red Crescent, 2003)

1.13 Psycho-social Support and Mental Health Services in India

India is a theatre of a variety of disasters’ (India Disaster Report, 2000). Natural and man-made disasters have affected the country on a larger extent. Despite repeated occurrences and increasing ferocity of some of the disasters, there has not been any attempt to respond to disasters in a comprehensive manner. The first disaster in which mental health effects were described was the floods in Andhra Pradesh in the late 1970s. Narayana et.al. (1987) conducted the first prospective and systematic study of the mental health effects of a disaster. Death of children following Bangalore circus fire (1961) helped in understanding the mental health needs of those affected by the tragedy and developing a home based mental health intervention program. Similar other disasters where mental health needs of the affected population aftermatth disasters were investigated are: Bhopal gas tragedy (1984), Marathwada earthquake (1993), Bombay riot (1992), Orissa super cyclone (1999), Gujarat earthquake (2001),
communal riots of Gujarat (2002) etc.

The National Institute of Mental Health and Neuro Sciences (NIMHANS) has studied psychological support systematically, predominantly after the Bangalore circus Fire (1981) right to the Gujarat riots (2001). Thus, Ministry of Health, Government of India has recognized the NIMHANS as the Nodal Center for Psychosocial Care in Disasters. Based on the experiences of providing psychosocial support and mental health services for the survivors of the disasters, NIMHANS has evolved and standardized a 'Normalization Model' which emphasizes involvement of local community resources like the governmental, non-governmental sectors and the community survivors who could carry out simple and effective community based interventions to alleviate the emotional and social problems of the survivors and various risk groups. The effort of this model is to move the agenda from deviancy to normalcy and give no labels to the population or stigma to the affected population. Other organizations like Oxfam India, Action Aid India and CARE have developed community based mental health programs in affected communities in Orissa, Gujarat. For e.g. AMAN PATHIKs, community level workers recognized the psychosocial need for the survivors of Gujarat riot and they developed psycho-social program for overall relief, rehabilitation and reconstruction effort. Unless medical relief works hand in hand with the psychosocial care in disaster management, the healing process will not be complete. Preparedness for disaster is an integral part of disaster management, and strength for the same should come from within the community and society” (Nagaraja, D. Eds. 1.2007). Proceeding from NCPCMSD’07: The National Conference on Psychosocial Care and Mental Health Services in Disasters. NIMHANS, Bangalore: India.). Policy level initiatives such as the National Committee on Disaster Management and the High Powered Committee on Disaster
Management have focused on this issue and addressed it in their ongoing endeavours.

The present study intends to bring into limelight the fate of victims of north-east India after violent acts of terror attack and ethnic conflict especially in Assam. Both the acts of violence investigated in the present research are debilitating in nature because of its ferocity. Both involved large number of death in terms of civilians and also destruction of property. The victims of these traumatic events have experienced lot of difficulties as such catastrophe demands change in life style, cognitive-behavioural thought processes. Many victims who survived are still staying in the rehabilitation camps because of their inability to overcome the feeling of insecurity, psychological trauma. Families of the victims of 30th October serial blast are still looking for financial aid from the government and are distressed. The survivors are special types of patients, and they would be missed and continue to suffer if not treated. Along with their individual suffering, they also add to the socio-economic problem. Hence, this issue should be taken up seriously and organized research is required in the area to improve the quality of life of those who are affected by violence.

Strong intervention programs both at societal and government level for rehabilitating the victims of these catastrophe is yet to happen. The Assam Tribune reports that till date the Government has not yet been able to take adequate steps to deal with any such eventuality. There is a lack of framework for rehabilitation with a long-term perspective. Post-disaster, we can see a massive upsurge of goodwill and material support during the acute phase. Much of this is given in charity. Scenes of throwing clothes at affected people and their queues to receive food or benefits are demeaning to the people in distress. People are seen as problems rather than individual with needs. Eventually, after the acute phase, the disaster affected population is left to care
for itself which becomes more distressing and challenging for the survivors of the
disaster. The role of mental health professionals in such situation is profound and very
challenging.

1.14 Rationale of the study

Psycho-social support program that seeks to positively influence human behaviour by
impacting the negative impact of social factors on people’s thoughts and behaviour
needs to be implemented for direct, secondary and indirect victims of the State. 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.
Hence, an constant need to develop rigorous studies pertaining to the north eastern
states of India specifically Assam arises which continues to be the most affected
amongst the other North eastern states and thereby being the rationale of the present
study. Relief, rehabilitation and reconstruction need to take place as rapidly as
possible, and with the greatest degree of transparency and community involvement.
Psycho-social support and mental health services have an important role to play, to
cope up with the challenges in the recovery and restoration of the victims to the pre-
disaster status. 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.
1.15 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.

1.16 Hypotheses of the study

1. There will be no difference in the psycho-social burden among direct and secondary victims of terror attack and ethnic violence.

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

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

4. 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.