The current researcher has done an extensive literature search in the field of disaster mental health by reviewing journals, books, newsletters, magazines, periodicals. Based on it the review of literature has been divided into following parts: The former section comprises of studies pertaining to the psychological consequences of terrorism and ethnic violence and the latter section comprises of studies pertaining to psycho-social effect of disasters on victims and the psycho-social care provided to victims and their families.

2.1 Studies related to psychological consequences of terrorism and ethnic violence

Sinclair, J.S., LoCicero, A. (2012) develop a new tool, the Terrorism Catastrophizing Scale (TCS), rooted in terror management theory (TMT) and cognitive-behavioural theory (CBT). Participants were adults sampled from the general U.S. population (N = 503) using internet-based methods. Psychometric analysis indicates a 13-item version of the TCS, measuring three constructs (Rumination, Magnification, and Helplessness), met all tests of scaling assumptions and generally fit a 3-factor model using confirmatory factor analysis (CFA; CFI = 0.96; TLI = 0.98), where CFI is the comparative fit index and TLI is the Tucker-Lewis index. Results also indicate that self-esteem and social connectedness are negatively associated (P < .0001) with terrorism catastrophizing, as TMT would assume. Finally, terrorism catastrophizing is a significant predictor (P < .0001) of behavioural change and of symptoms of anxiety, depression, and physiological stress, as CBT would maintain.

Gershoff, Ware, Aber, Kotler (2010) studied the enduring impact of exposure to the 9/11 terrorist attacks on mental health and socio-political attitudes on a sample of
427 adolescents (M = 16.20 years) and their mothers residing in New York City. Direct exposure to the terrorist attack was associated with youth depression symptoms and with mothers’ posttraumatic stress disorder symptoms. There was no evidence of reciprocal effects of mother exposure on youth or of youth exposure on mothers. Although mothers reported engaging in more emotional processing coping assistance with their children, coping assistance was not associated with youth’s symptomatology. Media exposure was found to be a strong predictor of youth’s and mothers’ socio-political attitudes about issues such as prejudice toward immigrants, social mistrust, and current events.

Neria,Y., Olfson, M., Gameroff, J, M., DiGrande, L., et.al. (2010) examined the course of probable posttraumatic stress disorder (PTSD), its predictors and clinical consequences in a cohort of 455 direct care patients in New York City, interviewed approximately 1 and 4 years after 9/11. The rate of PTSD decreased from 9.6% to 4.1%. Pre-9/11 major depressive disorder emerged as the strongest predictor of PTSD, particularly late-PTSD. At follow-up, late-PTSD was associated with major depressive and anxiety disorders, and PTSD regardless of timing was associated with impaired functioning. Findings highlight the importance of ongoing evaluation of mental health needs in direct care settings in the aftermath of disasters.

Balasinorwala, P.V. and Shah, N. (2009) conducted an study on 70 victims (52 males and 18 females) of the Mumbai terror attack to evaluate the presence of Acute stress disorder using DSM-IV-TR criteria. After obtaining informed consent, patients were individually interviewed and their demographic data (gender, age, address, socioeconomic status (as per B.G. Prasad classification), religion, education, marital status and occupation), and details of the injuries sustained (initial
gravity score) were recorded. Patients were specifically evaluated for the presence of acute stress disorder using DSM–IV–TR criteria. Details of past psychiatric history and family history of psychiatric disorders were also collected. The collected data were then tabulated and analyzed using the chi-squared test. The mean (standard deviation) age of the victims was 33.5 (12.95) years. **It was found that there was a prevalence of** acute stress disorder (ASD) in 21 (30%) of the 70 victims assessed. ASD was found to be more common in: females (female, 44.4% v. male, 25.0%); younger victims (533.5 years, 34.9% v. 433.5 years, 22.2%); victims who were following the Muslim religion (Muslim, 33.3% v. Hindus, 29.6%); residents of Mumbai (residents, 36.6% v. immigrants, 20.7%); divorcees and single victims (divorcees and single, 50.0% and 46.7% v. married and widows, 25.5% and 0%); unemployed (unemployed, 37.5% v. employed, 28.0%); those of low socioeconomic status (low socioeconomic status, 31.7% v. middle socioeconomic status, 20.0%); patients with more than 6.5 years of education (46.5 years, 39.1% v. 46.5 years, 25.5%); and those with severe injury (severe injury, 31.0% v. moderate injury, 25.0%). None of the victims had any past history or family history of any psychiatric disorders.

Adler, M. J., Poulin, J., M. (2009) conducted a study which was grounded in the theoretical tradition of the narrative study of lives, a nationally representative sample of 395 adults wrote accounts about the 9/11 terrorist attacks approximately 2 months after 9/11. Accounts were coded for 3 narrative themes: closure, redemption, and contamination. Psychological well-being was significantly related to accounts that were high in closure and national redemption and, among those more directly exposed to the attacks, accounts high in redemptive imagery. Psychological distress was significantly related to accounts that were low in closure and high in themes of
personal contamination. Understanding the narrative styles that characterize personal accounts of political events has important ramifications for the study of the socially embedded individual.

Boxer, P., Morris, S.A., Terranova, M.A. et al. (2008) examined the relations among exposure to violence, coping, and adjustment in three urban samples. Study 1, took place in a southeastern city. Children aged 6–16 years (N = 35; M age = 10.7 years) completed measures of adjustment, exposure to violence, and coping with violence. Study 2, took place in one southern Midwestern city and one northeastern city, children aged 8–15 years (N = 70; M age = 11.3 years) completed similar measures with the addition of a measure assessing normative beliefs about aggression. Results found were in line with the pathologic adaptation model and provide preliminary evidence for two hypothesized pathways explaining the effects of exposure to violence on adjustment: a normalization pathway in which exposure leads to more aggression supporting beliefs and in turn to greater aggression, and a distress pathway in which exposure leads to avoidant coping and in turn to emotional symptoms.

Yaswi, Haque (2008) conducted a study to examine the prevalence of posttraumatic stress disorder (PTSD) symptoms, depression, and coping mechanisms among the adult civilian population in Kashmir. The Everstine Trauma Response Index-Adapted, the Beck Depression Inventory, and the Coping Resources Inventory were used to assess the three domains. The sample consisted of 80 adult Kashmiri’s who experienced the conflict directly or indirectly. The result indicated that there existed significant difference between the symptoms of trauma reported by the direct and indirect groups indicated that there was a close relationship between PTSD and witnessing a threat to oneself. Those who had personal or first-hand experience of
trauma tended to have higher levels of PTSD symptoms. The symptoms that
differentiated the two groups were in the areas of social avoidance, sudden emotional
changes, social gatherings, worth of life, nightmares, locations of the event, problems
in work settings, sexual desire, being on guard, sleep problems, recurrence of the
event, duration of trauma, and depression. Disappearances have also been a major
source of trauma and depression among the Kashmiris.

Tatar, M., Amram, S. (2007) conducted a study among 330 Israeli adolescents,
examined coping mechanism in relation to terrorist attacks using questionnaire. The
study found that adolescents utilize more productive than non-productive coping
mechanism when dealing with terrorist attacks. Moreover, they rarely seek
professional help. Male adolescents use more non-productive coping mechanism and
female adolescents seek more social support as a coping strategy. The impact of
exposure to media reports and life satisfaction on adolescents’ use of coping
mechanism is discussed, and potentially effective approaches to coping with terrorist
attacks are proposed.

Thompson, C, S., Schlehofer, M., Bovin, J, M., Dougan, T, B., et.al.(2006)
interviewed 501 adults during the second year following the September 2001 terrorist
attacks. Hypotheses about the long-term effects and the factors that are associated
with general distress and fear of flying were derived from direct and secondary
control theory. Women, younger individuals, and Latinos reported more current
distress. Lower levels of distress were associated with high personal control/mastery
and the low use of avoidance coping. In addition, the higher use of two secondary
control strategies for dealing with concerns about personal safety (understanding why
the attacks occurred and focusing on personal low risk for future attacks) and the low
use of direct control strategies were associated with less distress. The implications for
interventions to help reduce distress following terrorist attacks are discussed.

Das, M, H. (2015) conducted an empirical study to analyse ethnic conflict and its impact on human security in BTAD areas of Assam. Research is based on secondary sources i.e. facts and information collected through the direct and indirect sources like books, journals, newspapers and internet. The study found that ethnic conflict in BTAD posed threats to human security of the people. Because of these clashes thousands of people lost their lives, home and property, lives in relief camps for long times. The condition of relief camps has been such that their wide spread food poisoning, viral fever and dysentery resulting into death of people even infants also. The people did not get the basic necessities of life such as shelter, food water, medicine, education and employment. Apart from total absence of a sense of human security the poor hygienic conditions the camps only tell the apathy of the both local and the state government. The relief camp has no single security man to protect the IDP. People also feel fear to go back their home because they lost their property documents at the burnt. In the name of rechecking these people may be threatened by the police or army. Government failed to provide security to those people. As a result we find that in BTAD area the government failed to provide basic security to the people. The author concluded by stating that human security was found to be threatened due to ethnic conflict.

Mehl & Pennebaker (2003) used electronically activated recorder (EAR) methodology to track the social lives of 11 people in the days following the WTC attack. The result indicates that the participants gradually shifted from group conversations to dyadic interactions. Exploratory analysis revealed that an increase in dyadic interaction was marginally related to better psychological adjustment at follow-up.
Centre for North East Studies and Policy Research (2003) conducted a study in order to find out the impact of conflict on women in the states of Nagaland and Tripura and explore the coping mechanism as well as health and other related facilities available to take care of their physical and mental trauma and suffering these women adopted. Even role of government, church, tribal or religious organizations and NGO were also examined. The study was done using interview and group discussions on 100 women of Nagaland and Tripura. The study revealed that every person who has lived through this period of conflict and experienced at first hand the effect of the armed conflict is aware of the wide-ranging ramifications that the atmosphere of violence has had (and in some cases) is still having on them. The severity of the damage is often not easy to quantify but there are deep psychological, physical and social scars. The economic scars too are very visible in terms of the low development paradigms.

Cullinan et.al. (1996) carried out an epidemiological study of a representative Bhopal Gas Tragedy exposed population 9 years after the disaster in January, 1994. They studied 474 subjects and a control group. Of this sample, 76 were subjected to detailed neurological testing. In this study a high proportion of subjects reported a wide variety of neuropsychiatric symptoms such as abnormal smell, abnormal taste, fainting spells, headaches, difficulty in staying awake and abnormal imbalance. Headache was reported by 80% of the subjects as compare to the 50% of the control population. The mean short-term memory scores were lowest among those heavily exposed (1 versus 3). In this group psychological symptoms reported were fatigue (88%), anxiety (65%), difficulty in concentration (64%). Difficulty in decision-making was reported in 80% as compared to 35% of the control population. Irritability was reported by 33% as compared to none in the control group. Approximately, 25% reported symptoms of depression.
Bhan, S. (1999) conducted an in-depth empirical evaluation in Kokrajhar districts of Assam of the impact of ethnic violence on the student youth of the two ethnic groups namely tribal and non-tribal and its socio-economic and psychological linkages with a view to deriving insights for developing a peace education curriculum for the student youth. The students selected for the sample were in the age range of 16-21 and data was collected using a detailed questionnaire. Students in both groups reported 16 distressing psychological conditions- apprehension about future, tension in interacting with other group, economic and emotional insecurity, shock, nightmare, insomnia, anger, frustration, anxiety, distrust, aggression, alienation, revenge, frustrations, distrust and indifference experienced by them after the incidents of violence, which left deep and even permanent scar on their personalities.

Schlenger, E.W., Cadell, M.J., Ebert, L., Jordan, K.B.et.al. (2002) conducted an study to assess the psychological symptoms in US following the event of 9/11 attack and to examine the association between post attack symptoms and a variety of indices of exposure to the events. Post traumatic Stress Disorder Checklist and the Brief Symptom Inventory were administered on a sample of 2273 adults after 1-2 months following the attack. The findings suggested that the prevalence of probable PTSD was significantly higher in the New York City metropolitan area (11.2%) than in Washington D.C (2.7%), other metropolitan areas (3.6%) and rest of the country (4%).

Waxman, D. (2011) discussed in an article the impact of chronic terrorism on a targeted society by examining the case of Israeli society during the second Intifada (sometimes called the “al-Aqsa Intifada”. The Israeli case demonstrates both the extensive effects of repeated terrorist attacks and their limitations. The article argues that while Israelis were seriously affected by Palestinian terrorist attacks during the
second Intifada, this did not result in major, lasting changes in Israeli behaviour. Despite being profoundly affected by terrorism, Israeli society was not demoralized by it, and in this respect Palestinian terrorism failed to achieve its aim. This is because the Israeli public grew accustomed to chronic terrorism and possessed a high level of social resilience.

Walser, D. R., Oser, L. M., Tran, T. C., & Cook, A. J. (2016) conducted a study in order to explore the impact of trauma on late-life psychological and physical health and functioning among older women (n = 48) who served in the military, or participated in a military lifestyle. Convenience sampling technique was adopted by the researcher. Eleven of these women were not veterans, but married to military personnel. Trauma History Questionnaire, PTSD Checklist–Military and Civilian, Trauma Symptoms Checklist–40, Geriatric Depression Scale–Short Form, CAGE, the SF-36 Health Survey were used on the older women to find out the assessed types of seriously stressful events, frequency of event(s), and age of first event(s) in a particular category, prevalence of depressive symptoms, current trauma symptoms, alcohol and drug dependency. The number of traumatic exposures and types of events experienced was associated with increased trauma symptom severity. Trauma symptom severity was associated with decreased physical functioning and increased pain. Increased numbing and avoidance was significantly associated with poorer physical functioning and increased pain. Older women in this study remained at risk of experiencing negative consequences of trauma in terms of increased quantity and severity of trauma symptoms and physical decline and pain. The study also intended to provide clinical and research implications.

Barnes, A., Ephross, H. P. (1994) conducted a study to explore the nature of hate
attacks and victims responses to them. The sample size of the study was 59 victims who were black, White, South East Asian people. More than half of the victims experienced a series of attacks rather than a single attack. Data was collected using focus group meetings, interview and questionnaires. The most frequent emotional responses reported by the victims were anger, fear and sadness. About one-third victims reported behavioural responses such as moving away from the neighbourhood and purchasing a gun and these emotional and behavioural responses were same as experienced by victims of other types of personal crimes. Implications for social work intervention were also discussed.

Somasundaram, D. (2007) conducted a qualitative, ecological study in Northern Sri Lanka, while among the Tamil community. The objective of the study is to phenomenologically describe and understand the familial and societal factors involved so as to better design and implement more effective, appropriate and workable interventions, policies and programs in a post-disaster context. Participatory observation, key informant interviews and focus group discussion with community level relief and rehabilitation workers and government and nongovernmental officials were used to gather data. The effects on the community of the chronic, manmade disaster, war, in Northern Sri Lanka were compared with the contexts found before the war and after the tsunami. The result of the study found an fundamental change in the functioning of the family and the community. While the changes after the tsunami were not so prominent, the chronic war situation caused more fundamental social transformations. At the family level, the dynamics of single parent families, lack of trust among members, and changes in significant relationships, and child rearing practices were seen. Communities tended to be more dependent, passive, silent, without leadership, mistrustful, and suspicious. Additional adverse effects included
the breakdown in traditional structures, institutions and familiar ways of life, and deterioration in social norms and ethics. A variety of community level interventions were tried.

Suvak, M., Maguen, S., Litz, T. B., Silver, C. R., Holman, A. E. (2008) conducted confirmatory factor analyses of reports of posttraumatic stress reactions using a national probability sample of individuals indirectly exposed to the terrorist attacks of September 11, 2001 (n = 675). Reactions at three time points in the year after the attacks were best accounted for by a lower-order, 4-factor solution (Re experiencing, Strategic Avoidance, Emotional Numbing, and Hyper arousal Symptoms). Indirect exposure to a traumatic event appears to induce a response with a similar symptom structure as responses to direct exposure.

Pedersen, D. (2002) Ethnic conflict, political violence and wars that presently shape many parts of world have deep-seated structural causes. In poor and highly indebted countries, economic and environmental decline, asset depletion, and erosion of the subsistence base lead to further impoverishment and food insecurity for vast sectors of the population. Growing ethnic and religious tensions over a shrinking resource base often escort the emergence of predatory practices, rivalry, political violence, and internal wars. The nature of armed conflict has changed substantially over time and most strategic analysts agree that in the second half of the 20th century, contemporary wars are less of a problem of relations between states than a problem within states. Despite the growing number of armed conflicts and wars throughout the world, not enough attention has been paid to the local patterns of distress being experienced and the long-term health impact and psychosocial consequences of the various forms of political violence against individuals, communities, or specific ethnic groups. The
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short or long-term impact assessment on civilian populations of poor countries affected by war have been scarce, and studies focusing on experiences of collective suffering and trauma-related disorders among survivors are beginning to emerge in the scientific literature. The medicalization of collective suffering and trauma reflects a poor understanding of the relationships among critically important social determinants and the range of possible health outcomes of political violence.

Fullerton, S.C., Holly B. Herberman Mash, B, Nikki Benevides, K, H., Morganstein, C.J., Ursano, J, R. (2015) examined the relationship of distress associated with routine activities and perceived safety to psychological and behavioural responses. Total number of participants who took part in this study were 1238 residents of the Washington DC, metropolitan area (aged 18 to 90 years, mean = 41.7 years) who completed an Internet survey including the Impact of Event Scale-Revised, Patient Health Questionnaire-9, and items pertaining to distress related to routine activities, perceived safety, and alcohol use. Data were collected at one time point approximately 3 weeks after the first sniper shooting and before apprehension of the suspects. Relationships of distress and perceived safety to posttraumatic stress, depressive symptoms, and increased alcohol use were examined by using linear and logistic regression analyses. The study found out that approximately 8% of the participants met the symptom criteria for probable post-traumatic stress disorder, 22% reported mild to severe depression, and 4% reported increased alcohol use during the attacks. Distress related to routine activities and perceived safety was associated with increased posttraumatic stress and depressive symptoms and alcohol use. The author mentioned that the direct goals of terrorist acts are to instill feelings of intense fear and loss of safety and perceived control over one’s environment. The seeming randomness of terrorist acts such as the sniper attacks can affect individuals’
perception of control, resulting in distress about routine activities and avoidant behaviours.

Haloi, N. (2015) mentioned Assam is one of the most ethnically rich and diverse states of northeast India. It is a home to variety of tribes, each with a distinct socio-cultural history. However, such a demographically and racially diverse state has not remained free from ethnically induced tensions. It has and still is witnessing a host of ethnic movements and conflicts, each trying to assert the identity of the tribe in question and some of even to the extent of challenging the foundation of Indian state. And the ethnic movement in BTAD has become a very crucial issue for the state of India. As a result the non Bodo people are facing lots of problem in BTAD area. Even are not able to enjoy the democratic rights in the area. So, this issue becomes one of the burning issues in North East India. So, finding solutions to the conflict in BTAD is never going to be easy but the first step must be that contending parties must shun the use of violence to achieve its goals. The government as well as civil society must address the root cause of the problem. Mutual respect and acceptance of diversity is the key solution for the dilemma. The Bodo Accord gives preferential treatment to the Bodos and this need to be addressed properly. Proportional representation may give some respite to the non Bodos in BTAD but it is unlikely to solve the problems of poverty, development and corruption and so forth. The BPF and the state administration have been unable to handle the complex problems of minorities in Bodoland in an effective manner.

2.2 Studies on Psycho-social care and support

Diaz, P, O J., Lakshminarayana, R., Bordoloi, S. (2004) reviewed various researches done in the last 25 years in the field of disaster mental health in India. In the chapter
the authors reviewed the national psychosocial program developed by Indian Red Cross Society with the assistance of American National Red Cross Society. Three challenges raised in the development of a community-based psychosocial program in India were found: (i) assessment, (ii) participatory planning, (iii) material development and translations that could be used to prepare the community to help themselves and foster individual and community resilience. The authors have concluded saying that the three challenges found suggest that the psychosocial program developed by IRCS is well on its way to provide psychological support information and preparing community members to respond with the use of psychological first aid (PFA) in a timely fashion in events of mass destruction.

Jong, D., M., V., T., J., Berckmoes, H., J., Kohrt, A., H., Song, J., S., & To, A., W., & Reis, R. (2015) this paper describes how socio-ecological theory and a syndemic health systems and public health approach may help address the plight of youth in situations of political violence and humanitarian emergencies. We describe the treatment gap caused by discrepancies in epidemiological prevalence rates, individual and family needs, and available human and material resources. We propose four strategies to develop a participatory public health approach for these youth, based on principles of equity, feasibility, and a balance between prevention and treatment. The first strategy uses ecological and trans generational resilience as a theoretical framework to facilitate a systems approach to the plight of youth and families. This theoretical base helps to engage health care professionals in a multi sectoral analysis and a collaborative public health strategy. The second strategy is to translate pre-program assessment into mental health and psychosocial support (MHPSS) priorities. Defining priorities helps to develop programs and policies that align with preventive and
curative interventions in multiple tiers of the public health system. The third is a realistic budgetary framework as a condition for the development of sustainable institutional capacity including a monitoring system. The fourth strategy is to direct research to address the knowledge gap about effective practices for youth mental health in humanitarian settings. The researcher concluded by saying that in (post)conflict areas and disasters, particularly. In low and middle income countries (LMIC) a public health approach is needed to address the mental health of children and adolescents. The paper brought into focus that a clinical approach will not enable us to bridge the treatment gap in situations of cumulative and often chronic adversity. The paper also suggests professionals and stakeholders in the field of mental health to shift their attention to create both a comprehensive and diversified public health approach for this population with an emphasis on community-based processes and prevention.

Barnes, A., Ephross, H, P. (1994) explored the nature of hate attacks and impact of these crimes on the victims. In the study criminal acts stemming from prejudice based on race, religion, sexual orientation, or ethnicity are referred to as “hate violence”. The sample consisted of 59 victims which included black, white, and Southeast Asian people. Data were obtained through focus group meetings, individual interviews, and questionnaires. More than half of the victims reported experiencing a series of attacks rather than a single attack. Anger, fear, and sadness were the emotional responses most frequently reported by victims. About one-third of the victims reported behavioural responses such as moving from the neighbourhood or purchasing a gun. The responses of hate violence victims were similar to those of victims of other types of personal crime. Implications for social work intervention were discussed.
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Basumatary, D. (2014) Bodo people have been facing conflict since forty years past directly or indirectly that makes a demoralizing effect on the lives and dignity of youth where they are in both position of victim and penetrator. Many personal stories involving torture cases, hurt cases, rape cases are existed. Large number of Bodo youth became the victims of physically and mentally tortured, gang rape and molestation. The psychological impact on tribal youth in Assam emerges up some more aspects rather than that the type given by author Byrd McDaniel. In this paper the author would like to explain significant aspects of psychological impact which are not extreme but easily faced by tribal youth in Assam. The mixture method of qualitative and quantitative approaches was practiced using non-probability accidental sampling while author visited several times accidentally to relief camps and homes. Scholar expects this article will throw light into the psychological problem to solve, could help to youths, authors, and community leaders which will be a piece of helping instrument of policy and plan makers. The author tried to show some important areas of psychological related problems that can be considered as ‘psychological impact’, emerged among the youth during and after the conflicts as follows: Stress, feeling of revenge, emotional insecurity, aggression, depression and frustration, lack of trust, feelings and emotions on ethnic lines, negative attitude and weak personality, changed family environment and increased alertness, increased case of mental illness. The author suggests that building peace in the mind of human beings is needed doing peace awareness and motivation that could be intervened through the community, society, organizations, institutions, schools, government bodies and NGOs.

Khan, M. (2006) assessed and evaluated the historical and political aspects of ethnic violence in north-eastern states of India. The paper examined the various dimensions of the problem with an analytical view. The state of Manipur and its experiences of
various insurgent groups inter-tribal conflicts, tribal-non tribal conflicts and state-
people conflicts are well described in the paper. These conflicts have made the state
of Manipur one of the most violence prone states of India. The author stated that
people of Manipur have lost faith in governance and Manipur has become tolerant to
violence. Towards the end the author suggested ways of resolving conflict in Manipur
to restore peace and harmony.

Conducted an longitudinal study on students pursuing first year social work course
as they were relatively new who experienced 9/11 attack and coincidentally it was
their first day of field work. The study aimed to describe these students experiences
and training needs at two points: one month and six months after the disaster.
Students were asked to complete a series of standardized and specifically designed
questionnaire measures on disaster response. Within the questionnaire format,
students were given the opportunity to write responses to open-ended questions that
asked about their initial response to and the effects from 9/11, the consequences that
the disaster had on fieldwork and how they felt about returning to fieldwork, and their
professional and personal needs resulting from the disaster. The same measures were
administered to the sample six months later. Students reported a multitude of effects
post disaster. The most frequently cited was lack of telecommunications; most
students (60.5%, n = 173) were disconnected from any outside contact through
landline, cell phone, e-mail, or other service. These outages continued in the days that
followed, and students frequently cited “phone service [was] down intermittent. With
the initial attacks occurring during rush hour, more than one-third of students (37.1%,
n = 106) were stranded or trapped, unable to commute because of subway, train,
bridge, or tunnel closing. Immediate effects were observed in sites of fieldwork.
Almost half (46.2%, n = 132) of the students reported that their sites were immediately evacuated or closed at some point on 9/11. Some students reported being unaffected other than increased media watching to obtain information (9.1%, n = 26); others (11.9%, n = 34) reported increased service requests at their office. Almost a quarter of respondents reported on going agency or service disruptions (24.8%, n = 71). Six months later, more than half (57.8%, n = 78) of the students responded that their field agency was no longer affected. The most noteworthy changes were in clinical service delivery, with a decrease in reports of “clients losing services” and an increase in reports of new programs. Despite being emotionally jarred, students remained concerned about their ability to help clients. Even their personal lives were affected after six months. Returning to work brought a mixture of negative emotions, succinctly described by one respondent: “I dreaded going back.” Students endorsed a range of training needs that focused on disaster-related interventions thought to be effective at the time (i.e. debriefing) and general skills development for trauma work. These needs may reflect the students' relative newness to the social work field and the magnitude of this national crisis.

Qutab, S. (2012) presents an analysis of the economic, legal, social, and psychological implications of half widowhood in the cultural context of the region of Kashmir. It is based on a study of twelve half-widows using in-depth interviews in 2010. Half-widows is a result of the large-scale disappearances of men in the on-going armed conflict in Jammu and Kashmir. Drawing upon personal accounts of these women, it focuses on their experience of loss, the ostracism and stigma faced by them, and their struggle for survival and justice. It also brings to light their agential aspects in the conflict. A deeper insight into their lives reveals the tacit as well as explicit courage and determination with which they are shaping their lives and circumstances.
Weston, C. M. (2001) mentioned about the development of a psychosocial model as background for a study of the healing process of women in Bosnia & Herzegovina (BiH) five years after the war, carried out in 2001 under the auspices of the Kvinna till Kvinna Foundation. The Kvinna till Kvinna Foundation (KtK) was founded by Swedish women and the peace movement in Sweden in 1993. This organization works to support women and to strengthen women’s position in areas affected by war and conflict, as well as in post-war societies in transition. The psycho-social model developed for healing had the following steps:

1. Individual healing of inner wounds
   A. Trauma group therapy, “testimonial” therapies, or other culturally relevant ritual.
   B. Education, job training, and other measures to empower women.

2. Rebuilding safety, trust and social connectedness in the local community

3. Macro-level reconstruction of society with its impact on healing
   A. Rebuilding of a democratic society where women can feel safe and be members on equal terms
   B. Rebuilding the economy so that women can provide for themselves, rebuild their lives and establish some hope for the future.
   C. Re-establishing the rule of law, with the perpetrators of war crimes put on trial.
   D. A societal mourning process and rituals of social reparation.

4. Work towards reconciliation between ethnic groups.

On the surface this model may appear similar to the “Five Phase Psychosocial Recovery Model” presented by Kimberly Maynard which focus on reconciliation rather than the interdependence of personal healing and societal actions. This model although developed on women victims but it could be generalized on male population as well.
Al-Badayneh, M. D., Khattar, A. A., Hasan, A. K. (2011). The aim of the study is to investigate Arab university students’ fearing future terrorism: Perceived personal, national, regional and international threats of terrorism. It aims to examine gender differences in fear of terrorism. Moreover it examines the determinants of fear of terrorism. A sample of 188 students (Mutah University, Jordan) was randomly selected. A questionnaire was developed based on the existing scales. A construct validity of the scale was estimated by the calculating the correlation between Terrorism Catastrophizing Scale and the current Fear of Terrorism Scale and found a positive significant relationship (0.564, \(\alpha = 0.000\)), a sign of strong validity of the scale. A Reliability of the scale is strong and was estimated by Cronbach’s alpha and was 0.889. Findings of this study reveals that students concerned 42% that they personally about themselves, a friend or relative being the victim of future terrorist attack in Jordan. Also students are worried that there will be another terrorist attack on Jordan soil, region and global in the near future with average of 5.4 (54%), 5.3(535), and 6(60%) respectively. Factor analysis produced three factors explaining 63.9% of the variance, the first factor explained (personal threat) 41.9% of the variance, the second factor (national threat) explained 14% of the total variance and the third factor (external threats —regional and global) explained 7.8% of the variance. Multiple regression analysis show a significant impact (F=8.741, \(\alpha=0.00\)) of demographical variables; political orientation; justice; students satisfaction, Low self-control; catastrophizing, radicalization, bullying, and bullying incidents on fear of terrorism and all explained 57.5% of the variance on the fear of terrorism. Moreover, findings show a significant relationship between fear of terrorism and catastrophizing (\(\alpha = 0.000\)), low self-control, (\(\alpha = 0.000\)); personal perceived terrorism threat \((0.699, \alpha = 0.000)\); personal perceived fear risk \((0.840, \alpha = 0.000)\); personal
perceived risk of terrorism, (0.809, α = 0.000); national terrorism threat (0.631, α = 0.000), regional terrorism threat (0.651, α=0.00), and global terrorism threat (0.575, α = 0.00). Significant difference between males and females is found in the fear of terrorism (F = 9.621, α=0.002).

Usman, G, I. (2013) examined in this position paper the ever growing spate of youth violence and terrorist attacks in Nigeria as a result of unemployment syndrome, objective poverty and people’s expression of frustration, anger, neglect, marginalization, corruption and government’s insensitivity to the needs, and aspirations of the people. The author is referring violence as Achile’s heel (weak part) of the personality of the insurgent youths who are armed and attack the Nigerian citizens which has negative consequences on the citizenry. Thus advocating the need for implementation of counselling strategies such as modeling, mentoring, value orientation, entrepreneur counselling etc., to turn around the above social vices in the society. The paper went further to provide necessary clues and recommendations such as self employment, vocational training, diversification of economy, provision of social amenities to satisfy the aspirations and yearnings of the citizenry so as to maintain peace, tranquility, optimum growth and development among the Nigerian people.

Srivastava, M. (2015) presented a study which is in progress on trust and hope a positive approach adopted by 22 women, with ages ranging from 35 to 60 years to overcome the trauma in their lives successfully. Participants of the study had experienced trauma in their young adulthood and except in the case of 16 participants the event had happened more than 6 years before. In-depth interviews of each of the participants were conducted aiming to understand what it takes to counter depressing moments and develop positivity in life. Employing the grounded theory approach an
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empirical investigation into the lives of women revealed:

a) four causal conditions that underlie the development of trust and hope - Parental Upbringing; Family Environment; Value systems and Will power;

b) identified the phenomena, ‘trust and hope’, that develop from causal conditions-experiencing being loved and cared, feeling assured, emotional outburst, thinking more than usual, feeling all the more responsible towards dependents, experiencing a source of strength within self, experiencing the presence of departed souls of loved ones, countering experiences of pain, fear and rage, experiencing struggle and new meaning in life. ;

c) context and intervening conditions that lead to positivity are as follows- Responsibility towards dependents (either child or siblings), Love towards dependents, Aspirations for better future, Belief in self and others, Solitude and self reflection;

d) strategies that led to hope and trust are as follows- Finding support from friends and relatives; developing bond and loving relationships with outside others; Not getting overwhelmed by traumatic incidents of life; Solitude and soul searching; To let go of the past and take charge of life.

e) Consequences of positive behaviour. It was found that these women are able to cope and survive and also have started live life in a more meaningful way. The results of the study could be utilized by researcher, academicians and other professionals in the field.

Walser, D.R., Ruzek, I.J., Naugle, E.A., Padesky, C., Ronell, M.D., Ruggiero, K. (2004) outlines the current knowledge regarding the psychological effects of trauma and best cognitive-behavioural practices used to treat trauma reactions. More specifically, the information presented is a summary of Cognitive-Behavioural
Therapy (CBT) interventions that are relevant for responding to and dealing with the aftermath of disasters.

Chaitin, J., Steinberg, S. (2008) reviewed various researches conducted on victims of Holocaust and Palestinian-Israeli conflict in order to explore the folk myth that people who are brutally harmed by others develop heightened sensitivity and empathy toward the suffering of others. The review found that severe and massive degradation, humiliation, and violence can lead to a number of psychosocial outcomes: It often causes individuals to develop severe distrust of others, shatters assumptions that the world is a just and safe place, continues to affect individuals throughout their lifetimes, affects one’s sense of identity, and has intergenerational aspects, impacting descendants of victims’ collective memory and their sense of identity, often leading them to see themselves as victims as well. The review was able to present various opposing thoughts with regard to the folk myth explored.

Bleich, A., Gelkopf, M., Solomon, Z. (2003) conducted a study to determine the level of exposure to terrorist attacks and the prevalence of traumatic stress related (TSR) symptoms, symptoms of posttraumatic stress disorder (PTSD), and sense of safety after 19 months of terrorism in Israel, and to identify correlates of the psychological squeale and the modes of coping with the terrorism. Telephone survey was conducted using a strata sampling method, of 902 eligible households and a representative sample of 742 Israeli residents older than 18 years (82% contact rate) and a final participation of 512 (57%). Tools used to assess the number of TSR symptoms, rates of those with symptom criteria for PTSD and acute stress disorder was Stanford Acute Stress Reaction Questionnaire, self-reported feelings of depression, optimism, sense of safety, help-seeking and modes of coping were assessed by using modified version of COPE Questionnaire. The result of the study found that of the 512 survey
participants, 84 (16.4%) had been directly exposed to a terrorist attack and 191 (37.3%) had a family member or friend who had been exposed. Of 510 participants who responded to questions about TSR symptoms, 391 (76.7%) had at least 1 TSR symptom (mean, 4.0 [SD, 4.5]; range, 0-23; mean intensity, 0.8; range, 0-4). Symptom criteria for PTSD were met by 48 participants (9.4%) and criteria for acute stress disorder, by 1 participant; 299 (58.6%) reported feeling depressed. The majority of respondents expressed optimism about their personal future (421/512 [82.2%]) and the future of Israel (307/509 [66.8%]), and expressed self-efficacy with regard to their ability to function in a terrorist attack (322/431 [74.6%]). Most expressed a low sense of safety with respect to themselves (307/509 [60.4%]) and their relatives (345/507 [67.9%]). Few reported a need for professional help (27/506 [5.3%]). Female sex, sense of safety, and use of tranquilizers, alcohol, and cigarettes to cope were associated with TSR symptoms and symptom criteria for PTSD; level of exposure and objective risk were not. The most prevalent coping mechanisms were active information search about loved ones and social support. Considering the nature and length of the Israeli traumatic experience, the psychological impact found was considerably moderate. Although the survey participants showed distress and lowered sense of safety, they did not develop high levels of psychiatric distress, which may be related to a habituation process and to coping mechanisms.

Barnes, A., Ephross, H, P. (1994) explored the nature of hate attacks and victims’ responses to them. The sample consisted of 59 victims and included black, white, and Southeast Asian people. Data were obtained through focus group meetings, individual interviews, and questionnaires. More than half of the victims reported experiencing a series of attacks rather than a single attack. Anger, fear, and sadness were the emotional responses most frequently reported by victims. About one-third of the
victims reported behavioural responses such as moving from the neighbourhood or purchasing a gun. The responses of hate violence victims were similar to those of victims of other types of personal crime. Implications for social work intervention are discussed in the paper.

Boyraz, G., Waits, J. B., Felix, A.V., Wynes, D.D. (2016) conducted a study to examine whether coping mechanisms predict physical health, after controlling for posttraumatic stress disorder (PTSD) symptom clusters in a nonclinical sample of adults. Data were collected from 483 adults through an online survey. Most of the participants (66.7%) reported lifetime exposure to at least one traumatic event. The final sample of this study included 319 trauma exposed individuals. Results indicated that PTSD symptoms on the avoidance and hyper arousal clusters had significant positive relationships with self-reported physical health symptoms. After controlling for gender and PTSD, denial, behavioural disengagement, and self-blame significantly and positively predicted physical health symptoms.