Review of Literature
Chapter II
A lot of literature is available about terrorism but very little has been said and done about the victims of terrorism. The present study deals compassionately with very old problem in a very new context. There were some studies closely related to the present study and they were classified under the following heads for review.

1. Communal Violence / Communal Terrorism in India
2. General Concepts of Terrorism
3. Victims of Terrorism
4. Terrorism: Impact of Victimization

2.1. Communal Violence / Communal Terrorism in India

It is hazardous to offer explanations for the continuance of communal violence in India. Why do riots take place? There is no definite answer to this question. Leaders and writers trace historical, religious, social, economic, political and cultural causes of communal riots (Shakir, 1984). Unfortunately, very few empirical studies have been carried out in an objective and unbiased manner which could throw light on the causes of riots (Saxena, 1984). In spite there are some notable studies on communalism and communal riots made by researchers like Lambert (1951), Seth (1959), Gupta (1960), Ray and Chakravarty (1968),

2.1.1. Factors of Communal violence

On an analytical study of communal riots, we will find that there are socio-economic, as well as religious and political causes though in different ratios and proportions with reference to different states and regions, and more particularly with references to the historical and cultural background of states in North and South India (Hussain, 1984). Ghosh (1987) opines Competition for jobs; land, economic gain or political power is the root causes for communal clashes. Das (1987), in his study addressed the following issues: (i) How an increasing conjunction of elite and popular communalism created the necessary background of riots; (ii) Why the riots lost their initial class basis and become overtly communal; (iii) How a crowd/leader dichotomy appeared in each riot and how at some points the crowd asserted their "autonomy"; and Finally, how the riots promoted communal consciousness at various levels of society and polity which provided an important backdrop to the partition of the province in 1947. Accordingly, this research sought to identify popular perceptions of violence and
its role in the moral order of the people, the development of new symbols and
identities around which these perceptions were organized and the construction of
new cultural forms through which these gained public expression. It aimed at a
better understanding of the phenomenon of communal identity and its popular
manifestation in the history of India.

2.1.1.a. Political factor of Communal violence:

The role of politics in communal violence can be discussed at two levels,
the national policy level, and the district level where politicians compete with each
other within and outside the party maintaining their hold over different segments
of the population (Saxena, 1984). In most cases the riots are politically motivated.
Engineer (1984) in an in-depth study of the Bhiwandi riots found that the
municipal politics had a direct bearing on communal violence there. Gossman
(1995) examined major incidents of communal violence that took place in Bengal
between 1905 and 1947 and how these incidents shaped on emerging Bengali
Muslim political identity. In the incidents examined, Political groups resorted to
violence to discredit opponents, prejudice election results or the outcome of other
official events or destabilize a local government, political leaders manipulated
volatile symbols and created new ones out of each incident of violence not only as
part of a strategy calculated to polarize the Hindu and Muslim communities but
also to elicit popular support for whichever political party claimed to represent a
newly self conscious Bengal Muslim community. Varshney (2002) has no
illusions about how riots are instigated and manipulated: whatever the proximate trigger for violence, there is always a politician with an axe to grind, pulling the strings, inflaming passions, exploiting the victims for purely political ends. But his point remains that the chances for success of such politicians (he calls the breed "riot-entrepreneurs") would be remarkably lower if there is vigorous and communally-integrated civic life, not just through everyday casual contact but through formal associations that consolidate the mutual engagement of the two communities. In Jaishankar's (2003) study, the role of marginal political groups like RSS, Hindu Makkal Katchi, Jihad committee, Tamil Nadu Muslim Munnetra Kazhagam is found in the Communal violence that occurred in Coimbatore 1997.

2.1.1.b. Economic factor of Communal violence:

A number of works have examined the growing exclusion of the poor from the process of development and the building up of ethnic conflict. Kothari (1993) examines three types of upsurge at work in the new agenda of the state. First, various democratic upsurge to bring down autocratic regimes and power structures, secondly, a series of ethnic upsurges along with a liberal form of democratisation, thirdly, an upsurge of the market and a strong appeal to globalisation. He suggests that the third world elite are drawn towards the globalist world view due to a fear of internal movements of dissent and challenges to central authority. Tackling ethnic upsurges requires an examination of the role of economic inequality.
Many writers have tried to find economic factors behind riots. Economic arguments may be expressed in a number of ways. First, it is asserted that most of the employers, industrialists and middlemen are Hindus, whereas most of the workers and artisans are Muslims. Therefore, communal riots are a distorted form of communal conflict. Second it is hypothesized that there is a competitive conflict of interests within the middle class and among the self-employed people over access to a given array of opportunities like government jobs, export contracts, market shares etc., (Saxena, 1984). A school of social scientists and political analysts has recently offered an interesting explanation of communal phenomenon and communal violence. According to it, the communal violence within a community or between communities, is the result of the lower classes - the menials or artisans-improving their social status on account of newly created opportunities, subsequent social and economic growth, and self awakening against the erstwhile prosperity of the dominant groups (Ahmad, 1972). Consequently the communal riots turn out to be "a sign of dynamism and of secular changes that are taking place in the Indian society as a result of economic development and modernization... They were clearly directed and goal oriented" (1981). The theory of economic prosperity of Muslims was a part of the explanation for the frequent occurrence of communal violence in Aligarh, Moradabad, Bihar Sharif, Hyderabad and Godhra (Goyal, 1984).

and Aligarh, is that the Muslim artisans and businessmen in these places have achieved a relative degree of prosperity. This is socially manifested through a greater spending on religious and semi-religious activities such as buying a real estate in the outer periphery of the towns. In the study of Jaishankar (2003) also the element of economic prosperity theory is found. In the city of Coimbatore, Hindu fundamentalists' intolerance towards the economic prosperity resulted in communal violence in 1997 and Muslim fundamentalists planted bombs to destabilize the Hindu economy in Coimbatore in 1998 as a part of their plan of revenge (Jaishankar, 2003). But, Shahbudin (1984) asserts that the myth of 'prosperity' of the Muslim community needs to be analysed in depth. No doubt some sections of the Muslim community have prospered. A new class has grown, changing the old guard, in fact a new elite conscious of their status; but though the mix has changed, the Muslim community as a whole (1/8th of the population and, therefore large enough for statistical analysis) remains economically backward. What is important is to ensure that it attains the same level of income as the nation as a whole.

2.1.1.c. Urban factor of communal violence:

The process of urbanization is integral to a study of the nature of collective violence. Does rapid urban growth contribute to urban violence? The story is more complicated than commonly thought. Urban growth is continuing, in some places rapidly, and urban size is becoming truly astonishing in some parts of the
developing world. Between 1950 and 1990, there was a fivefold increase, to 1.5 billion, in the number of urban residents in developing countries; about 37 percent of the population of the Third World now lives in cities. By 2025, the United Nations projects a further tripling of the total to 4.4 billion, at which point nearly two-thirds of the citizens of the developing world will live in cities (Kasarda & Parnell, 1993). Large and dynamic cities offer many benefits to developing societies; social scientists have long recognized that cities provide exceptional opportunities for entrepreneurship, creativity, and the generation of wealth. But a host of intractable problems often accompanies rapid urban growth. Kasarda and Parnell (1993) note that these problems include: ...high rates of unemployment and underemployment as urban labour markets are unable to absorb the expanding number of job seekers, soaring urban poverty, insufficient shelter, inadequate sanitation, inadequate or contaminated water supplies, serious air pollution and other forms of environmental degradation, congested streets, overloaded public transportation systems, and municipal budget crises.

What effects will urban growth and its consequences have on civil stability, in particular on the incidence of mass violence? Gizewski and Dixon (1995) addresses this question. Gizewski and Dixon (1995) criticizes past theoretical and empirical research on the links between urban growth and violence. Those researches have showed the relationship to be weak to nonexistent. But these past findings may not apply to present and future urban environments. They assert that the future may differ from the past. In particular, it points to factors that may
interact with urban growth in the future to lead to a more violent urban experience. These factors include periodic economic crisis, the reduction of state capacity to cope with political challenges, grassroots demands for democratization, and a gradual fading of the rural experience as a basis for evaluating relative economic standing and opportunity. Many Indian experts believe that cities are fertile breeding grounds for communal conflict; incidents of violence and brutality are far more common than in villages.

Rajgopal's (1987) analysis of Indian statistics on communal violence indicated, that, since the 1950s there has been a steady increase in the frequency of communal incidents and in the number of persons killed and injured as a result. The frequency has increased rapidly in rural areas, but the majority of incidents remain urban. Moreover, the rate of increase has been faster than the rate of either rural or urban population growth, which means that the per capita incidence of communal violence has sharply increased. Saiyed (1988), in his study made an attempt to more specifically analyse the role of some relevant correlates of urban social structure and large-scale urbanization, both of which have a role to play in the social distanciation of Hindus and Muslims. The social distance is furthering prejudice and group antagonisms, which, in their turn are facilitating the riots. In this study another attempt is also made to suggest that inter-group prejudice and hostility have important roles to play in fomenting communal tension and riots. Certain correlates of the urban social structure and the changing urban ethos are aggravating this prejudice and hostility.
Communal issues often become vents for the pent up anger and frustration produced by the high tension of urban life. In 1992, the demolition of the Babri Masjid Mosque caused an explosion of Hindu-Muslim violence in many Indian cities. Of the 1,500 who died, almost 95 percent perished in urban areas (Chengappa & Menon, 1993). Worst hit were the cities of Ahmedabad and Bombay, with gang rapes, murders, and acts of arson continuing months after the demolition. Similar incidents also occurred in Surat, Calcutta, Bhopal, and Bangalore. Engineer (1984) asserts that Communal conflict has been rightly considered an urban phenomenon. Rural areas by and large have not been involved in such conflicts. However, in the Bihar sharif riots, villages on the periphery were drawn into the vortex of communal violence. It is found in the communal conflicts in Gujarat (2002) that riots have expanded its base in the peripheral regions of the urban area. In Jaishankar (2003), analysis it is found that the perpetrators of bomb blasts in Coimbatore city have also planted the bombs in the sub urban region and it is also found that majority of them come from sub urban areas of the city of Coimbatore. Hence, Gizewski and Dixon (1995) vision on role of growth of urban area as one of the key factors in the incidence of violence is found to be correct.
2.1.2. Redefining Communal Violence in India: Towards a definition for Communal Terrorism:

In spite of India's principle of unity in diversity, communal violence has become a common phenomenon in India. Now, communal terrorism has taken the place of communal violence and we are in a need to redefine communal violence and define communal terrorism (Jaishankar, 2009). Paul Pillar (1999), a former deputy chief of the CIA's counterterrorist Center, argues that there are four key elements of terrorism:

- It is premeditated — planned in advance, rather than an impulsive act of rage.
- It is political — not criminal, like the violence that groups such as the mafia use to get money, but designed to change the existing political order.
- It is aimed at civilians — not at military targets or combat-ready troops.
- It is carried out by sub national groups — not by the army of a country.

It is found that the communal riots and bomb blasts that occurred in post Babri Masjid period has all the elements of terrorism, what Paul Pillar (1999) has envisaged. However, the question is whether it is at all possible to arrive at an exhaustive and objective definition of communal terrorism, which could constitute an accepted and agreed-upon foundation for academic research, as well as facilitating operations on an international scale against the perpetrators of communal terrorist activities (Jaishankar, 2009).
2.1.2.a. Defining Communal Terrorism:

The term "communal conflict" originated in colonial analyses of religious conflicts in the Indian subcontinent. It is now used more widely to describe violent conflict and repression that target communities based not only on religious affiliation but on ethnic, racial or linguistic characteristics (Human Rights Watch, 1996). Within the Indian context, the phrase "communal violence" generally is understood to mean Hindu-Muslim conflict and the possibility of retaliation and serious riots (US Department of State, 2003).

The term "terrorism" comes from the French word terrorisme, which is based on the Latin language verbs terrere (to frighten) and detererre (to frighten from). It dates to 1795 when it was used to describe the actions of the Jacobin Club in their rule of post-Revolutionary France, the so-called "Reign of Terror". Jacobins are rumoured to have coined the term "terrorists" to refer to themselves. Acts described as Jacobin Club "terrorism" were mostly cases of arrest or execution of opponents as a means of coercing compliance in the general public (Jaishankar, 2009).

Based on the definition of terrorism given by Boaz (1999) a definition for communal terrorism in India is derived. The definition proposed by Jaishankar (2009) states that "Communal terrorism is the intentional use of, or threat to use violence against civilians or against civilian targets, in order to attain political aims related to Hindu–Muslim conflicts".
This definition is based on three important elements:

- The essence of the activity is the use of, or threat to use, violence.
- The aim of the activity is always political including religious aims.
- The targets of terrorism are civilians.

Of all religious terrorists, the Thugs – a Hindu sect active in India from the seventh until the mid-19th centuries – are probably the only historical example to be moved purely by religious motives. As this suggests, a group does not need to be wholly motivated by religious considerations to be considered religious terrorists. However, if the term is to retain a useful meaning, religious terrorism should be considered that terrorism which is motivated primarily by religion (Burgess, 2004).

Engineer (2002) argues that many rationalists reduce communal violence issues to religion and for them religion is the main culprit. Such conclusion would not help. It is not only oversimplifying an issue it also means ignoring the complexity of a social phenomenon. Religion, at best, is one factor, among many. Religion, it should also be noted, is an instrumental rather than fundamental cause. Therefore, taking in to account to what the eminent communal violence analyst Asghar Ali Engineer conceived, we can come to a conclusion that the role of religion in the communal terrorism (Jaishankar, 2009) is insignificant. Hence, communal terrorism (Jaishankar, 2009) will not fit to what Burgess (2004) means about religious terrorism which should be motivated primarily by religion. Hence, it is theorized that the religious terrorism happening in other countries is different
from what is happening in India. In India, it is communal terrorism that occurs between two communities (Hindus and Muslims) excluding what is happening in Kashmir and North Eastern states and the past Sikh Terrorism of Punjab (Jaishankar, 2009).

2.2. GENERAL CONCEPTS OF TERRORISM

"The Third World War has started," The notorious terrorist Carlos told his hostages in Vienna in 1975 (Charles, 1990). This war mentioned by Carlos is unquestionably unusual from the wars of the earlier period. It did not start with single, particular incident. Nobody is sure about when and where it began, started and when it will end. This conflict is very distinctive in its character. It is a conflict for which the governments are not effectively equipped. It is a war waged by cruel, ruthless and fanatics of the world. They are all over world working under different names. Today no country is protected from this menace, called Terrorism.

Terrorism today has emerged to be one of the most discussed and prioritized issue of most of the governments. Terrorism which was considered a sheer law and order problem in cold war period; has become the most demanding domestic, regional and international reality for the present-day governments. It is the uppermost on national security agenda of all countries in the world. Terrorism as a physical form of low intensity conflict has taken strong roots and it will exist forever (Charles, 1990). As Jenkins has rightly observed: "We may be on the
threshold of an era of armed conflict in which limited conventional warfare, guerrilla warfare and international terrorism will coexist, with governments and sub national entities employing them individually, interchangeably, sequentially or simultaneously and having to defend against them" (1984, Para 2).

Terrorism has at all times challenged the stabilities of societies. It has always tried to take away the peace of minds of people in day to day life. Modern day terrorist attacks are not limited to the area they strike, but in the age of communication revolution, they instantly reach the homes of millions of people across the globe through Televisions, Radios, and Internet. Before 9/11, terrorism received little attention from international community. Some scholars even maintained the view that the threat of terrorism is exaggerated (Bacerich, 2001; Chelleney, 2002; Lewis, 1999; Power, 1999; Wright, 2009). The terrorist attacks of 9/11 proved beyond doubt that even the most powerful nations of the world are no longer completely immune from the scourge of terrorist attacks. Not only are the powerful nations attacked but nations such as India which is emerging as a powerful nation is attacked. Recent research indicates that terrorism is highly prevalent in India and it has been classified under one of the most terrorism affected countries in Asia. The Country Report on Terrorism released by the United States State Department in 2007 indicates that incidence of terrorists and extremists is very high and that over two thousand people were killed by random and planned acts of terrorism (US Department of State, 2007).
2.2.1. Definition of terrorism: Types and Causes

In spite of problems or setbacks of the study on the topic, like other terms in the Social Sciences, terrorism has given a way to number of definitions and explanations by different scholars, academicians and the governments all over the world.

The word “terrorism” has been used to describe a variety of violent acts from domestic altercations to gang violence’s, religious fanaticism, homicides, against state oppression. But the popular view of terrorism does not include these acts. Just what do we mean by “terrorism”? asks Ruby (2002). Terrorism is value laden term. This term has a different meaning to different people dependent of the situation. Thus to analyze and discuss terrorism efficiently and justly and in order to implement on appropriate reaction to it by society a definition of terrorism is required which is neutral and not dictated by any one particular factor (Ruby, 2002).

There is an inherently political and contemporary custom to the term terrorism. It is also ineluctable about the pursuit of power, the acquisition of power and the use of power to achieve political change. Terrorism thus is violence – or equally important the threat of violence - used and directed in pursuit of or in service of a political aim (Frey, Luechinger, & Stutzer, 2004). With this vital point clearly illuminated one can appreciate the significance of additional definition of terrorist provided by the OED: “anyone who attempts to further his views by a system of coercive intimidation”. This definition underscores clearly the other
fundamental characteristics of terrorism: that is planned, calculated, and indeed systematic (Hoffman, 2006).

Schmid and Jongman (1988) study explained and determined that there were 109 definitions of terrorism. This covered 22 different definitional elements. Walter Laqueur who is considered as an expert on terrorism studies has determined that so far there are over 100 definitions of terrorism and concludes that the “only general characteristic generally agreed upon is that terrorism involves violence and the threat of violence” (Laqueur, 2003, p. 151).

Since no definition of terrorism has gained universal acceptance it is imperative to choose a single definition for the present study. The following working definition of terrorism was adopted during the study. “Premeditated unlawful use of force or violence by an actor (state or non state) against any civilian population designed to instill terror in a segment of society in order (Schmid & Jongman, 1988).

Although terrorists and other criminals may use the same violent means to reach their goals, terrorism can be distinguished by the following:

1. use of force or violence;
2. by individuals or groups;
3. directed toward innocent civilians;
4. intended to influence or force changes in political or social decisions and policies;
5. by instilling fear and terror (Marsella & Moghaddam, 2004, p. 23).
Thus, terrorists engage in violent criminal behaviour to meet political ends by putting pressure on decision makers and society (Ganor, 2004). By focusing on political leaders and general community members, terrorists spread fear throughout society to increase attention to their political cause (Danieli, Brom & Sills, 2004).

The unpredictable nature of the violence is the core part of psychological warfare the terrorist uses to harm the community (Chemtob, 2005; Ganor, 2004). The role of media is important to the terrorist because it helps to spread fear and meet political goals; this is also a particular challenge to those recovering from trauma (Adessky & Freedman, 2005; Pfefferbaum et al., 2004; Substance Abuse and Mental Health Services Administration (SAMSA), 2004; Weimann, 2004). The challenge for people in the community is not only that they may react to the initial incident, but also that repeated reminders of the attack on news programs might deepen any trauma. In essence, the repeated media coverage of the terrorist attack helps to keep the attack and the terrorists' political goals on the front burner.

Some researchers highlight the division of sub-state terrorism (non-government affiliated) and state-sponsored terrorism (supported by governments) (Marsella & Moghaddam, 2004). It should be noted that state-sponsored terrorism adds the difficulty for victims of not having government support for prevention and treatment. In these cases, the government itself plans, finances or provides support to terrorist activities, typically against a subgroup in the country (Danieli, Brom & Sills, 2004).
Similar to other crimes, terrorism strikes at the heart of viewing the world as a safe and predictable place (Davidowitz-Farkas & Hutchison-Hall, 2005). Part of the community's way of coping with terrorism is to accept it as the "new normal." Danieli, Brom and Sills (2004) point out that since 9/11, North Americans have developed new rules of how to act and relate to other people and the government. In other words, all of us have had our view of a safe world affected. Ongoing terrorism or war can have a slightly different impact on the community. People are reminded frequently of the unsafe world; attacks become a reality of everyday life. These victims will often use many of the coping strategies (Campbell, Cairns & Mallett, 2004; Wessely, 2005). Researchers note that the ongoing threat of terrorism increases suspicion, distrust, and hopelessness in the general community, and breaks down social connections (Chemtob, 2005; Engdahl, 2004; Khaled, 2004; Somasundaram, 2004).

Looking at this more positively, some believe that such ongoing threats may also bring about positive personal and social change, so-called "post-traumatic growth" (Engdahl, 2004; Fredrickson et al., 2003). Fredrickson et al. (2003) noted that positive emotions such as gratitude, interest or love helped people cope after the 9/11 attack and avoid depression. Many writers point out that professionals, paraprofessionals and the public at large can work together to build community strength (Berger, 2005; Durodié & Wessely, 2002; Heldring & Kudler, 2005; Sederer et al., 2005; Sofka, 2004; Somasundaram, 2004).
2.2.1. Key characteristics of terrorism (Hoffman, 2006):

- Aims and motives should be ineluctably political in nature.
- The acts should be violent or threaten ideas of violence.
- Affects victims as well as others and has designs to have far-reaching psychological repercussions.
- Handled by an organization with a restricted chain of command or schematic cell structure. There is no uniform or identifying insignia among the members.
- Perpetrated by a sub national group or non state entity which is aimed at destroying the peace and order in the country (Hoffman, 2006).

2.2.2. Types of terrorism

The Law Enforcement Assistant Administration in the United States in early 1975 established a set of criminal justice standards and goals. There has been classification of terrorism into 6 categories by these groups (National Advisory committee, 1976).

- **Civil disorder** – A form of collective violence. This interferes with the peace, defense and normal life of a society.
- **Political terrorism** – For the purpose of establishing their views against a political sect or the government the adaptation of violent criminal
behaviour. This is mainly designed to instil fear into the hearts of the
general public.

- **Non-Political terrorism** – this type of terrorism is not aimed against the
  state however it aims at other coercive purposes towards the aim of
  achievement of an individual or a collective perspective.

- **Quasi-terrorism** – Terror activities which are aimed at establishing and
  committing crimes which has similar method of action to a terror act but
  lack the essential ingredients of terrorism. Quasi terrorist don’t intend to
  induce terror into the minds of the immediate victim.

- **Official or state terrorism** – State terrorism is the state where nations
  indulge in acts of fear and oppression mimicking the actions of a terrorist
  themselves.

- **Structural Terrorism** – It is an act where governments or military states are
  often in pursuit of political objectives. This is a part of their t foreign policy

2.2.2.a. Tactics of terrorism:

To maximize fear and publicity terrorist groups use various tactics.
Methodical plans attacks are often planned in advance. Training of participants,
planting of undercover agents are important aspects of terrorism planning.
Communication these days is through modern telecommunication methods or
there are certain cases where there is dependence on old-fashioned methods such
as couriers (Oots, 1990).
Terrorists act according to diverse incentives and objectives. However it is noted that all such groups have one tactic in common. This is to intimidate or coerce the public or the government in order to effect social or political change (Garrison, 2004).

Terrorists often use violence, or threat of violence, against one portion of a society to force political states or leaders to give in to their demands. They use many mass communication cells in order to communicate their agenda and their aim to the general public. Malatesta, Cafiero, and Covelli coined the term “Propaganda of the Deed”. This states that the message is most strongly conveyed through violence (Sageman, 2004).

2.2.3. Roots of terrorism: Causes

Despite the efforts being taken to counter terrorism and completely round up all the terrorists’ cells in the world there is another important component to be discussed when it comes to dealing with the long war of terrorism. This is to understand and change the basic ways and conditions which generate terrorist acts. There may be a number of underlying factors however it still baffles the social scientists as they are unable to establish what exactly triggers these attacks (Ehrlich, 2000).

Various hypotheses and arguments about the origins and roots of terrorism have been put forth by numerous authors and social scientists (e.g., Crenshaw, 1990; Merari, 1990; Reich, 1990). There is a lack of an integrated framework that
considers the systematic reactions which lead to terrorist acts and which can predict the actual cause of such actions (Reich, 1990).

In recent times especially after the 9/11 attacks, much of the political debate on terrorism has been narrowly focused on means to prevent further terrorism attacks and there is contingency plans on counter terror attacks. Most important aspect which is considered to be the root of terrorism is poverty and suffering. This has been indicated by a number of authors like Kahn and Weiner (2002). Alesina, Ozler, Roubini and Swagel (1996) indicate that poor economic conditions increase the probability of normal people developing violent tendencies and lashing out with acts of terror.

Collier and Hoefffer (2004) show that monetary variables are influential interpreters of civil disturbances within the country. Miguel, Satyanath, and Sergenti (2004) discussed the fact that while taking African countries as an example there is presence of negative exogenous shocks in economic growth. And this factor increases the likelihood of civil conflict as well as communal riots. Terrorism is clearly a manifestation of political conflicts which creates a divide among people of one land. These results seem to prove that poverty and adverse economic conditions are the pillars of causes for terrorism growth in developing and under developed nations (Collier & Hoefffer, 2004).

There is higher incidence of terrorism in conflict as well as in post conflict societies and this can be very clearly demonstrated by the amount of data that is available on terrorism. These varying conflicts are very often a breeding ground
for terrorist organizations (Szabo, 1998). It is feasible to draw some focal links between background circumstances between in conflict and post conflict societies and their link to any acts of terrorism, such as oppression and gross human rights violation, very unstable political conditions and presence of economic, social and educational inequities among the masses (Mendez, 2002). In such volatile political conditions hampered with poverty and oppression, flagrant human rights abuse is customary. This leads to ways which the oppressed rightly seek to escape their oppression (Fields, 1982).

2.2.3.a. General hypothesis of terrorism

If one accepts the proposition that political terrorists are made, not born, then the question is what makes a terrorist. Although the scholarly literature on the psychology of terrorism is lacking in full-scale, quantitative studies from which to ascertain trends and develop general theories of terrorism, it does appear to focus on several theories.

2.2.3.b. Olson Hypothesis:

The Olson hypothesis indicates that participants involve themselves in revolutionary violence. There is a prediction of their behaviour by using rational cost-benefit calculus methods. There is a conclusion which can be derived which indicates that most terrorists think that violence is the best available course of
action given the social conditions. The conception that a group rationally chooses a terrorism strategy is debated by other social scientists (Taylor & Ethel, 1994).

2.2.3.c. Frustration-Aggression Hypothesis:

The frustration-aggression hypothesis of violence indicates that every frustration faced by people in times of need may lead to some form of aggression and every aggressive act results from some prior frustration experienced. Terrorism is usually borne out of conditions of poverty or oppression both of which can be attributed to reasons for frustration. Ted Robert Gurr (1970) defined this hypothesis as follows: ‘The necessary precondition for violent civil conflict is relative deprivation, defined as actors’ perception of discrepancy between their value expectations and their environment’s apparent value capabilities. This deprivation may be individual or collective’ (Gurr, 1970, p. 35).

2.2.3.d. Motives of terrorism:

The motives of terrorism can be established by different models. The most popular one being the strategic model, where it establishes a pattern of an important paradigm in terrorism studies. This model considers terrorists as rational actors. These actors play the part of establishment of a terror attack to harm innocent civilians for political ends. According to the strategic model, terrorists often work towards political gains. However, they do not consider the theory of
expected costs outweighing the net expected benefits (Crenshaw, 1990). The strategic model rests on three core assumptions:

- Consistent political preferences which are relatively stable motivate terrorists.
- There is examination and evaluation of the political payoffs of their available options by terrorists
- The expected political return is established this plays a major role in the adoption of terrorism (Crenshaw, 1990).

2.3. VICTIMS OF TERRORISM

An individual or collective number of people play a significant position in terrorism because the terrorist’s desecration of the victim’s independence is a way to articulate defiance to the sovereign. By hindering with the rights of the victims, terrorist make a distinction between the sovereign rights of the individual and the state. The study of the victims of terrorism is very important as it will contribute to a better comprehension of the terrorist personality and psyche. It also will shed light on the motives and thereby will play a key role in the development of suitable precautionary measures to protect potential victims of terrorism and to alert probable victims to upcoming peril (Ottenhof, 2003).

The key target of terrorist attack is usually a state or those in authority and not the genuine victims themselves. Dubber (2002) claims that these positions of authority may sometimes marginalize the rights of victims of terrorism to the
extent that their interests often interface with a state or conceptual community interests without actually taking into account the individuality of the victim. The mission of victimology is to discover the possible contradictions of interests between a state and victims of terrorism and to develop means to shelter victims against state coercion and over reaching or inadequate engagement.

The impact of terrorism related victimization should be judged correctly. There is also a need for the victims of terrorists' acts to be surveyed. This is carried out in order to put in place suitable support mechanisms to alleviate victims suffering and pain. This survey also enables in finding the right gauge in our reaction to terrorism. There is a very distinct possible that the social view might be slightly skewed. They misinterpret the situation and in the name of victims who are suffering over react towards terrorists acts. This creates a new squared of victims. Fields (1982) believed that victims are very often less punitive than is usually perceived. Through a number of correct actions the degree of victimization on the individual as well as the social level can be corrected and the society may be able to organize its responses towards terrorism victimization more clearly (Onwudiwe, 2001).

Wu (2004) notes that to prevent victims of coercion from turning to terror as a means to escape from such brutalities, it is vital to build a stable civil society and legitimate social laws that condemn terrorism which may affect either the individual or the state. In order to build a steady civil society as the outcome of mass brutality, everything that can enhance communication within the group
should be preserved and promoted. There should be a search for social consensus, negotiation, arbitration and restitution. This should prevail over the culture of punitiveness. However of utmost importance is the building of a suitable joint narrative about what has happened and why did it happen. There should also be a built up of the narrative which addresses the issues of victimization for this the most important tool is victimological research. Such an approach would enable us to combat terrorism effectively while keeping in mind the victim's perspective. Victimological research and finding and might help us to label the social norms which condemn the acts of terrorism (Drumbl, 2002).

Terrorists have little concern for the individual victim, focusing instead on society. Since an attack can affect a wide range of people, we need to look at a continuum of victimization - i.e. we need to understand victims of terrorism not just as one big group, but as a range of people defined by their exposure to the attack. Each level of victimization (direct, secondary, community) may have its own particular issues (Jordan, 2002; Levanon, Flamm-Oren & Kahn-Hoffmann, 2005; SAMHSA, 2004). Personal history, previous trauma history, coping skills, and many other factors may affect how a person responds to an attack (Nader & Danieli, 2004; Thielman, 2004). However, there is research that indicates that direct victims of terrorism are more likely to report problems associated with PTSD, depression and anxiety (Gabriel et al., 2007; Whalley & Brewin, 2007).
2.3.1. Direct or Primary Victims

Direct victims are those victims who are in the immediate area of the terrorist attack. This group can be divided into those who were physically injured, tortured or killed and those who witnessed the attack or were threatened (near misses) but not physically harmed. There seems to be agreement in the research literature that the level of psychological trauma is directly linked to the amount of direct harm (Ahern, Galea, Resnick, & Vlahov, 2004; Baca, Baca-García, Pérez-Rodríguez & Cabanas, 2004; Jordan, 2002).

2.3.2. Direct Professional/Volunteer Victims

People who are at the scene of the terrorist attack as part of their job or as volunteers, they include police, fire fighters, emergency services workers, aid workers and other first responders who have much to do in their respective roles (Brom, 2005). Reporters from the media are also included in this group. Many of these people may have some form of organizational training and support to deal with difficult experiences or trauma, but may still need support and further assistance from Victim Services.

2.3.3. Indirect or Secondary Victims

This group includes the direct victims family members, friends, co-workers, etc. They also are victims according to the UN declaration. All those people who are related to the victim in any way can be affected by the attack, the harm to their
loved one and coping with changes in themselves and their loved ones. These are the "natural supports" of the victim (if the victim is still living). These people may need support in understanding their own reactions and emotions or may need support in coping with the direct victim.

2.3.4. Community or Tertiary Victims

Those people in the community who are affected by the attack are the tertiary victims. This may include people who have their daily routine affected, have work/school access problems, etc. This also includes those people who have been affected by images and reports on television. In a sense, the media creates other witnesses to the event, and these images can be very disturbing to some.

2.3.5. Re-victimized Victims

These are the people who have been victims of previous terrorist attacks, but are now re-traumatized by a new attack or report of a thwarted attack. In other words, these victims may be deeply affected by television coverage of a current attack or a documentary of a previous attack (Ahern et al., 2004; Kinzie, 2004). Furthermore, reminders of the original attack might cause any victim of crime to have difficulties in coping.
2.3.6. Differences between victims of terrorism and other crime victims

There appears to be no research that specifically compares the differences in reactions between victims of terrorist attacks and other crime victims. From a clinical perspective, one can identify that the crime is the same – an assault, murder or rape is the same whether the perpetrator is motivated by political or other reasons. However, it is possible that the political nature of the crime may have an independent impact. Society’s reaction and the perpetrator’s motivation can cause additional distress (Herck et al., 1997; Herek et al., 1999; McDevitt et al., 2001). In a discussion focused on victim blaming, Shichor (2007) theorized that victims of terrorists could be seen by society as “more innocent” and thus be more likely to get support. However, he also noted that terrorist victims may also feel more helpless because they may feel they had less control over their victimization.

Trauma reactions do not follow a predictable path; each person is different (Silver et al., 2004). Many victims of terrorism may feel initial distress (Lahad, 2005; Schlenger, 2004), but do not go on to develop any major psychological problems (Fredrickson et al., 2003; Friedman, 2005; Galili-Weissstub & Benaroch, 2004). Some people may experience problems and not seek help because they believe they can get better on their own, don’t want to appear weak or “crazy,” or do not know where to find help, or they avoid treatment to stop thinking about the attack (Vardi, 2005).
2.4. TERRORISM: IMPACT OF VICTIMIZATION

Terror victimization often causes trauma and depending upon the level of trauma that a person has already experienced in their lifetime and it can be devastating. In general, terror victimization often impacts people on an emotional, physical, financial, psychological, and social level.

2.4.1. Physical and Financial impact of Terrorism

Victims experience a number of physical reactions to the event. These may include an increase in the adrenaline in the body, increased heart rate, hyperventilation, shaking, tears, numbness, a feeling of being frozen, experiencing events in slow motion, dryness of the mouth, enhancement of particular senses, such as smell, and a 'flight or fight' responses. In general losing of bowel movements is also one of the symptoms. Some of these physical reactions may not occur until after the danger has passed. They may recur at a later stage when the memory of the crime returns.

A range of physical effects such as insomnia, appetite disturbance, lethargy, muscle tension, headaches and decreased libido. Moreover, physical injuries after victimization may not always be immediately apparent. In addition, face injuries are by far the most frequencies in other forms of assault. In addition, victims may suffer a range of physical damage, including abrasions and bruises, broken nose, cheekbone or jawbone and damage to or loss of teeth. Other injuries will be associated with assaults involving knives or firearms. In addition, physical injuries
may be a permanent effect of crime and there is evidence that this has a negative effect on long term psychological recovery, since the physical scars serve as a constant reminder of the crime. Studies have also showed that there are many factors like gender; cultural, occupational factors affect the individual’s reaction to permanent scarring or disability. These physical affect may lead to financial loss through loss of employment etc.

The following are the ways that the victim incurs costs

- Repair property or possession replacement
- Security measure instalment
- Health service access
- Criminal justice process participation
- Professional counselling obtaining

Two relevant studies related to the physical victimization in case of Mumbai Terrorist attack 2008, was found.

The study by Roy, Kapil, Subbarao and Ashkenazi (2011) was a retrospective, descriptive study of the distribution of terror victims to various city hospitals, critical radius, surge capacity, and the nature of specialized medical interventions was gathered through police, legal reports, and interviews with key informants. The study found that; among the 172 killed and 304 injured people, about four-fifths were men (average age, 33 years) and 12% were foreign nationals. The case-fatality ratio for this event was 2.75:1, and the mortality rate among those who were critically injured was 12%. A total of 38.5% of patients
arriving at the hospitals required major surgical intervention. Emergency surgical operations were mainly orthopedic (external fixation for compound fractures) and general surgical interventions (abdominal explorations for penetrating bullet/shrapnel injuries).

Another similar study was done by Bhandarwar, Bakhshi, Tayade, Borisa, Thadeshwar and Gandhi (2012). The aim of the study was to review the disaster management plan and analyse the injury patterns and surgical response. The disaster management plan was activated in the Sir Jamshetjee Jejeebhoy Group of Hospitals as soon as the earliest casualties were reported. The casualty receiving area was converted into a triage zone; patients were accordingly sent to different stations for further management. There was rotation of the duties of the medical personnel every 8 h for increased efficiency. A total of 271 casualties were encountered, of which 108 were dead at admission. Some 163 patients were triaged, 23 of whom received primary care as outpatients. The remaining 140 patients needed admission to hospital; 194 operations were performed in 127 patients. There were six postoperative deaths. The casualties consisted of military injuries due to combined firearm and blast trauma. Primary triage, or onsite triage once the site is safe, optimizes management.

2.4.2. Psychological impact of terrorism

Amassing of numerous life events in any form can act as strong stress pattern which affects the mental equilibrium. This creates maladaptive patterns of
behaviour. Psychological responses to terrorism are a mixture of reactions caused due to fear physical and emotional trauma. It is also caused because of a constant fear of being a victim to any type of traumatic event in the distant future (Ahern, et al., 1991).

Freedy, Kilpatrick, and Resnick (1993) studied the extent of personal damage among individuals. They indicated that this governs the psychological response to terrorist attacks. This includes proximity to the place where the act has been committed, the brutality of attack, individuals’ coping styles and issues like the degree of expectation of a future repetition.

The advent of threats among people in high risk regions like Afghanistan, Israel, and Jammu and Kashmir where the populations is always under a constant threat it has been noted that a large number of the population survive and enjoy the niceties of the life. Does this indicate that they have become apathetic and insensitive to the terror acts which seem to have a greater psychological significance on others? It may also indicate that they have become immune to these attacks or have accepted the terrorism as a part of their life. This is an indicative that the human brain has a remarkable ability to adapt in times of stress. This may protect the affected individuals from being overwhelmed by the ever present threat and help them go through life (Tyhurst, 1951).

As global threat is intensifying in its extent and frequency, understanding of the psychological aftermath of terrorism has been given priority by many researchers. A miscellany of individual reactions was described following
observations on natural and human induced major trauma. Psychiatrists, psychologists and social and political scientists have documented the general effects of threat of terrorism on attitudes, cognitive processing and behaviour (Stein et al., 2004).

Tyhurst (1951) observed that following a major traumatic experience there is often an occurrence of a triphasic response.

- **Initial impact**: Survivors are preoccupied with their present situation and most are stunned and numbed.
- **Recoil phase**: Survivors often share their emotions with others and seek support.
- **Post-trauma phase**: This is the phase where the reality of what has occurred becomes unmistakably obvious to survivors.

There is an increased ethnocentrism and anxiety for strangers due to increased threat of terrorism. This has been studied by Levine and Campbell (1972) and Schwartz and Struch (1989). Doty, Peterson and Winter (1991) and Marcus, Sullivan, Theiss-Morse and Wood (1995) observed that terrorism and other acts of crime endorse intolerance and a willingness to forego fundamental civil liberties. However, Lodge and Taber (2000) and Rokeach (1960) indicated that increasingly violent acts of terrorism lead to close mindedness and rejection of challenging beliefs.

Victims often have reduced efficiency of memory process and functioning (Blaney, 1986). There is the promotion of threats becoming related to both thought
and content (Gilligan & Bower, 1984). There is also a perceptual hypersensitivity to information concerning threat (Mathews & Macleod, 1986). Liberman and Chaiken (1993) observed that occurrence of terrorism and any other type of threat biases cognitive processing. There is a tendency of taking risks which rises when there are increasing occurrences of threatening situations (Kahneman & Tversky, 1979). All of these above findings indicate that some degree of cognitive shutdown and biased cognitive processing is seen among the victims of terrorism.

These types of attack on the human psyche victims have observed that the feel good factor of the life is lost. Considering the WHO definition of "health", which incorporates the sense of well being as an indispensable constituent it reflects the 'unhealthy' state of such affected individuals.

Psychological responses of individuals fluctuate depending upon the supposed personal versus national threat. Personal threats, especially threats that pose a physical danger like jobs, finances, family and health are likely to be very disturbing in arousing and eliciting responses of fear to a greater degree. National threats do not cause such degrees of threats to the nation. A national study on reactions to the terrorist strikes on New York and Washington revealed that individual dangers were much more likely to occur when compared to national threats. Personal threats often elicit fear, anxiety and related somatic symptoms such as depression and insomnia much more when compared to national or a community threats (Huddy, Fieldman, Capelos & Provost, 2002). Extensive research has shown that any type of personal threat or dread leads to a
modification in personal behaviour intended to curtail exposure to hazard (Greenberg, Simon, Pyszczynski, Solomon & Chatel, 1992; Jacobson & Bar-Tal, 1995). This type of behaviour is often referred to as 'constrained behaviour' by Ferraro (1996). In addition, terrorism victims with good social support were also shown to experience less psychological distress (Markesteyn, 1992).

2.4.2.a. Post-Traumatic Stress Reaction (PTSD) and Acute Stress Disorder (ASD):

Psychological distress not only leads to disruption in the mental balance causing maladaptive behavioural traits but also cause a number of diagnosable psychiatric disorders. The recognition of this type of stress on the mind has waxed and waned through the last decade. Certain specialized sub sects such as 'combat neurosis' which was discussed in detail by Grinker and Spiegel (1945) and 'operational fatigue' and 'shellshock' which was discussed by DSM III (1980) cemented the need for acknowledgement of a general category of post traumatic stress disorder (PTSD). PTSD is one of the most commonly encountered forms of psychiatric morbidity in the aftermath of terrorist attack. Apart from PTSD a large number of individuals report medically unexplained physical symptoms which could not be linked to any psychological distress (Engel, 2001). Engel (2001) also noted that there was an extensive report of chest pain and respiratory problems following the terrorist attack of September 11, 2001. This type of syndrome was popularly referred to as then 'World Trade Centre syndrome'.
By far the most researched issue among victims of terrorism is stress symptoms, from short-lived problems to full-blown clinical disorders (Amsel, Neria, Marshall & Jung Suh, 2005; Courtois, 2004; Friedman, 2005; Hall et al., 2004; Jehel & Brunet, 2004; Khaled, 2004; Neria et al., 2006; Office for Victims of Crime, 2005; Ohtani et al., 2004; Pat-Horenczyk, 2004; Pfefferbaum, et al., 2004; Silver et al., 2004; SAMHSA, 2004; Somasundaram, 2004). Post-traumatic stress disorder (PTSD) is a debilitating mental disorder that follows experiencing or witnessing an extremely traumatic, tragic, or terrifying event. People with PTSD usually have persistent frightening thoughts and memories of their ordeal and feel emotionally numb, especially with people they were once close to. Acute Stress Disorder (ASD) is an anxiety disorder that is similar to PTSD in its symptoms but does not last as long; it is typically seen as the initial anxiety reaction to trauma. These symptoms may shift back and forth; for example a victim may avoid the trauma at one point and relive it at others (Danieli, Brom & Sills, 2004).

Researchers in Israel followed survivors of a missile attack on a shopping mall and found that 24% showed symptoms of acute stress disorder (ASD) (Kutz & Dekel, 2006). Those with ASD had a three times greater risk of developing PTSD. These same researchers found that roughly 25% of those exposed to a terrorist attack will develop PTSD (Kutz & Dekel, 2006). For victims of ongoing terrorism, others report PTSD estimates as high as 40% (Jehel & Brunet, 2004; Khaled 2004). Those who suffered directly from an attack and also dealt with
changes in their daily living because of the attack (e.g. workplace or neighbourhood being bombed, daily living being affected by community changes) are at even higher risk of developing PTSD symptoms (Neria & Litz, 2004). Neria et al. (2006) found that after 9/11, PTSD was more commonly seen in women, single people, immigrants, those with family histories of mental illness and those who were directly affected. Those victims that have PTSD show more fear of further terrorist attacks (Kutz & Dekel, 2006), which likely interferes with their recovery.

Green (1993) identified eight experiences that may place people at greater risk of developing PTSD:

1. Threat to life and limb
2. Severe physical injury
3. Being intentionally injured
4. Being exposed to awful or disgusting scenes
5. Violent or sudden loss of a loved one
6. Witnessing or learning of violence to a loved one
7. Learning of personal exposure to a noxious agent
8. Having caused the death or severe injury of another

2.4.2.b. Complicated grief:

Several researchers have noted the complicated grief reaction seen in victims of terrorism who have lost a loved one (Freyd, 2002; Malkinson et al.,
2005; Neria et al., 2007; Pivar & Prigerson, 2004; Raphael et al., 2004; SAMHSA, 2004; Sofka, 2004). In essence, the person is being challenged by both the loss of a loved one and the terrorist event itself (Malkinson et al., 2005). This is a very difficult situation for people to handle.

Some researchers hold that anger often interferes with healthy grieving (Lebel & Ronel, 2005). Anger at the terrorists seems to be linked to wanting them to accept responsibility and declare their guilt, rather than revenge fantasies or other elements of anger (Lebel & Ronel, 2005). This focus on responsibility may be similar to victims of any crime who seek justice and want their perpetrators to admit guilt. There is also some evidence of the direct link between terrorist attacks and subsequent hate crimes against members of communities similar to the perpetrators (Dalenberg, 2004; Volpe & Strobl, 2005). Nordanger (2007) found that Ethiopian victims grieving wartime losses tended to use avoidance techniques such as thinking about other things, distracting themselves or focusing on the future to deal with grief. In particular, they saw confronting or dwelling on loss as inviting other health, social/family or spiritual problems.

2.4.2.c. Depression:

Several researchers noted increased depression among survivors of terrorist attacks (Engdahl, 2004; Gabriel et al., 2007; Khaled, 2004; Miller & Heldring, 2004; Neria et al., 2006; Neria et al., 2007; SAMHSA, 2004; Schlenger, 2004). In a sample of highly traumatized people who survived ongoing terrorist attacks,
Khaled (2004) found that 23% were depressed. In samples of children and youth, however, researchers have found lower rates: 8% among children (Pfefferbaum et al., 2004) and about 15% among youth (Pat-Horenczyk, 2004). It is interesting to note that there seems to be a delayed response with depression, typically peaking at roughly 6 months after the terrorist incident (Miller & Heldring, 2004). Additionally, Neria et al. (2006) noted that victims of 9/11 were at higher risk of suicidal thoughts, especially if linked with other issues such as depression.

2.4.2.d. Survivor guilt:

Many victims suffer from “survivor guilt”. This is a stage where survivors feel guilty that they are alive when their near and dear ones are dead. Victims often wish that they should have died in the disaster along with their near and dear ones (Myers, 1994; Kar, 2000). The issue of guilt in those who survive a terrorist attack appears in some reports (Danieli, Brom & Sills, 2004; Courtois, 2004; SAMHSA, 2004; Thielman, 2004). This seems to be part of meaning-making, so the person not only wonders why they were a victim but also why they survived while others were injured or died. In particular, Thielman (2004) notes that there appear to be cultural differences in whether a person reports survivor guilt, but also recommends looking for depression when you encounter survivor guilt.
2.4.2.e. Reactions to being held hostage:

Many terrorist groups will use hostage-taking as a method of exerting pressure. Hostages often feel helpless, hopeless, dazed, afraid of death or torture, in shock, and have distorted thoughts and feelings (Hillman, 1983). Hillman (1983) also described a state of “learned helplessness,” where the hostage begins to do whatever is asked, without question. Turner (1985) speaks of the hostage moving from feeling fearful and confused to having feelings of isolation and boredom, asking “why me”, reviewing his life, making up rituals and planning for the future. Frankl (1963), a psychiatrist who survived Nazi concentration camps, would argue that it is this “future focus” and surviving for something greater than oneself (such as family, work, spirituality) that helps some people survive being held captive.

Another issue for hostages is the possible development of Stockholm syndrome; also know as Hostage Identification Syndrome (HIS). This is a condition wherein a hostage bonds with the hostage-taker during the holding phase of the crime (Wilson, 2003). Turner (1985) identified several factors that seem to increase the chances of HIS: face-to-face contact, shared language, previously held beliefs or sympathies, and length of captivity.

2.4.3. Psychology of victims after terror attacks - Case studies

In a survey done by Galea et al., (2002), 1008 adults were interviewed five to eight weeks after September 11 attack. A number of these respondents lived south of Canal Street which is very close to the World Trade Centre. 7.5% of the
people interviewed reported symptoms consistent with a diagnosis of post traumatic stress disorder (PTSD). 9.7% of the people interviewed reported symptoms consistent with depression. Those who lived south of Canal Street had a higher instance of PTSD with it reaching up to 20.05%

Schuster et al., (2001) conducted a national survey where 560 U.S. adults were interviewed about their reactions to terrorist attacks. They were also asked to report their perceptions of their children's reactions. This survey was conducted about three to five days after September 11 attack. 44% of the adults reported one or more substantial symptoms of stress. 90% had one or more symptoms not as alarming as PTSD but still worrying. These symptoms included nightmares, fearfulness, insomnia, irritability and distress while trying to recollect their reactions to the event. There was a geographic factor to the stress reaction. Those people who were closest to New York had the highest rate of stress reactions. Others throughout the US also reported substantial stress reactions but not as high as New Yorkers. The children had a lesser reaction when compared to adults. About 84% of parents reported that they had talked to their children about the attacks for an hour or more trying to explain its significance. 34% of adults restricted their children television viewing as they felt there would be more of an impact on the minds of the children. About 35% of children had one or more stress symptoms, and 47 percent were worried about their own safety or the safety of loved ones.
In a survey conducted by Curran and Miller (2001) involving 2191 victims of terrorism in Northern Ireland it was shown that about 2% of the victims required admission in psychiatric units. 13% were referred to either psychiatric outpatients, community psychiatric nurses or counselling services. There have been earlier studies carried on among individuals of terror attacks. Lyons (1974) had reported that 4% of population required psychiatric admission among the 100 individual victims of various bomb explosions in Northern Ireland.

Kee et al. (1988) conducted a survey on the victims of a variety of acts of terrorist and criminal violence. It was observed that 4.5% of the surveyed 499 criminal injury litigants required psychiatric help and were often admitted and 11% of the population were treated as outpatients. In patient admission while 11 percent reported to NHS out patient services. Out of these 499 victims surveyed it was found that 23% had a diagnosis of PTSD.

North et al. (1999) studied the behaviour of 182 adult survivors of the bombing at a federal building at Oklahoma. It was reported that 4.5% of the subjects had symptoms of post traumatic stress disorder. Out of these, 34.6% had PTSD, followed by major depressive disorder 22%, and panic disorder 6.6 %. Predictors of the impact included disaster exposure, female gender, and pre-disaster psychopathology. Onset of the PTSD was swift with 76% reporting the same day onset.

Published Indian data in this area of study is very minimal. In their study, Margoob et al. (2006) reported considerable raise in the number of individuals
seeking treatment at a general hospital psychiatric unit in Srinagar. Their number has risen from a total of 1762 in 1990 to 37860 in the year 2001. This marked increase in turnout of psychiatric out patient data can be most probably explained by the growing impact of terrorism and violence in this region. In the year 2001 a significant number of patients (2.38 %) were diagnosed to be suffering from PTSD. Among these 68.2 percent had immediate onset and 31.8 percent had delayed onset i.e. onset after 6 months of the traumatic event.

One specific study on the psychological impact of Mumbai Terror attacks, in India was found. Balasinorwala and Shah (2009) in their study found that; one of the common psychiatric disorders in victims of terror is acute stress disorder. Out of 74 victims admitted to a public hospital, 70 were assessed by a senior psychiatrist (V.P.B.) to study the presence of acute stress disorder in the week following hospitalization. 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. There were 52 males and 18 females. Acute stress disorder was found in 21 (30%) of the 70 victims assessed. Acute stress disorder was 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%). Notably, none of the victims had any past history or family history of any psychiatric disorders.

In the light of the available literature it cannot be denied that terrorism in any form often leads to disturbance in the psychological balance of an individual. This type of disturbance can lead to significant mental disequilibrium and psychiatric morbidity. This represents an important challenge with regard to designing effective strategies to cope with aftermath of violent attacks of terrorism all over the country.

This review of related literature shows that there are varied studies related to victimology of terrorism. There are fewer studies in the Indian context and specific to Mumbai Terrorist attacks. The present study will try to fill in the gap of the literature on the victimological studies of terrorism in general and victimological study of Mumbai attacks in particular.