

*Current affairs*

# Socio-economic and psychological effects of terrorist bomb blasts on the lives of survivors: an exploratory study on affected individuals

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*This study explored the socio-economic and psychological effects of terrorist bomb blasts on the lives of survivors, using a qualitative research method. Results have shown that, although several years may have elapsed since the event, respondents were yet to recover from its effects. Those who survived still carry the scars to constantly remind them of the horrific ordeal. They are tormented by psychological issues which, for them, are often more difficult to deal with compared to the trouble and pain caused by physical injuries sustained. Most of the participants have experienced frequent stress related psychological symptoms, as well as other associated symptoms such as sadness, depression, anxiety, irritability, lack of concentration in daily activities, nightmares and flashbacks of events. Additionally, there has been serious long term socio-economic effects of terrorist bomb blasts on the survivors, such as unemployment, uncertainty over the education of their children and declining health status. Furthermore, as well as dwindling social-economic status, inadequate government support and lack of follow-up in terms of rehabilitation are among the most pressing problems faced by this group of survivors, which needs to be urgently and properly addressed.*

**Keywords:** mental health, terrorism, trauma

## Introduction

There is no universally accepted definition of terrorism, although many scholars have attempted to define it in a variety of ways.

### Key implications for practice

- Mental health and socio-economic problems persists for many years after a terrorist event
- Socio-economic and psychological problems are interrelated and may influence each other
- Socio-economic needs must be addressed and mental health services provided to survivors of terrorist attacks, especially within the context of developing countries like India

For example, one of the widely used definitions proposed by Schmid and Jongman (1988, p. 28) defines terrorism as *'an anxiety-inspiring method of repeated violent action, employed by (semi) clandestine individual, group, or state actors, for idiosyncratic, criminal, or political reasons, whereby—in contrast to assassination—the direct targets of violence are not the main targets. The immediate human victims of violence are generally chosen randomly (targets of opportunity) or selectively (representative or symbolic targets) from a target population, and serve as message generators'*. Thus, terrorism is a method of creating fear and anxiety through the use of violence for various political, religious or other ideological reasons, and is intended to have adverse psychological and social effects apart from physical damages. It targets the social capital of a nation, its

cohesion, values and ability to function (Tanielian & Stein, 2006).

### **Terrorist activities in north eastern states in India**

India has endured literally hundreds of terrorist attacks in the last few decades. It is ranked as the sixth worst terrorist affected country in the world of global terrorism, according to the global terrorism index (2014). Major terrorist groups in India include separatists in the state of Jammu and Kashmir, Maoists (naxalite) in eastern India and ethno-linguistic nationalists in the north eastern states of the country (Tolpolar, 2009), all primarily linked to tribal, political and linguistic identities.

The north eastern states of the country, in particular, have witnessed the emergence of large numbers of extremist organisations, such as the United Liberation Front of Assam (ULFA), the National Democratic Front of Bodoland, the National Socialist Council of Nagalim, and the United Liberation Tigers of Arunachal, among others. These ethnic assertions are a consequence of desperate attempts by various tribal communities to protect their identity, culture and language and their demands range from autonomy to secessionism and sovereignty (Bijukumar, 2013). One of the major reasons contributing to the rise of these extremist groups and their frequent insurgencies, according to Bijukumar (2013), is related their feelings of exclusion from the mainstream national identity, as well as unequal distribution of resources among various communities.

Tragically, these repeated insurgencies have led to thousands of civilian victims in these terror attacks. The year 2008 was one of the worst years, with more than 1000 terrorist related, civilian deaths countrywide, and over 400 civilian casualties in the north eastern states alone (Srivastava, 2009). Among the north eastern states, Assam was reported as one of the most violent states in 2008. Major terrorist groups that were active

during that year include the United Liberation Front of Asom (ULFA), the Karbi Longri NC Hills Liberation Front and the Black Widow. On October 30 2008, Assam was rocked by 13 coordinated blasts shattering different parts of the state and killing approximately 84 people, with six simultaneous blasts in various parts of Guwahati city alone on that single day.

In the aftermath of blasts, there was mob violence, during which police and fire service personnel were attacked. Several ambulances, police and fire service vehicles were also damaged by the frenzied mobs, seething in anger after witnessing such acts of brutality, often for the first time in their lives.

A relatively new terrorist group at the time, the Islamic Security Force of Indian Mujahideen (ISF-IM), claimed responsibility for the blasts. However, investigations have not ruled out the possible involvement of other groups (Srivastava, 2009).

Although Assam has been shattered by these frequent terrorist attacks, very little academic research has been conducted on the psycho-social impacts of such attacks on the lives of survivors. In the wake of any disaster, attention is primarily paid to the physical needs of the victims, while the resultant mental scars and trauma that such disasters create within the minds of the victim and their families are often neglected. Furthermore, while many studies focus on the socio-economic impact of terrorist activities at the macro level, very few have looked into impacts at the micro level, such as households and individuals. Therefore, this study is an important step forward in this direction and, as such, aims to increase the understanding of the impact of terrorist activities, such as bomb blasts, by exploring the socio-economic and psychological effects on the lives of survivors using a qualitative research method.

### **Socio-economic effects of terrorism**

The economic impact of terrorist activities can be varied. There are many direct losses,

such as loss of lives and properties. Terrorist attacks can also destroy infrastructures and businesses (Gaibulloev & Sandler, 2009). Further, there is the long-term impact of investing in projects designed to counter terror activities.

It also appears that terrorism can generally affect economic growth through a number of other channels, such as limiting investments and diverting direct foreign investments (Abadie & Gardeazabal, 2008), increased government spending on security measures to control terrorism, as well as increases in insurance premiums and security expenditures (Gaibulloev & Sandler, 2009). It has also been estimated that transnational terrorism reduces per capita growth by 0.038% to 0.048% (cited in Gaibulloev & Sandler, 2009). Sandler and Enders (2008) have also identified that small developing countries suffer substantial macro-economic impacts as a result of terrorism.

However, there is a lack of systematic study of the economic impact of terrorism specifically in terms of India (Lama, 2005). According to Lama, terrorist attacks and explosions in the financial centres of the country, and their consequent large scale destruction and losses, have been common in India. For example, the loss of public and private property in Jammu and Kashmir alone is estimated to be 20,000 million Rupees (298,185,200 US dollar) from 1990 to 1998 according to the draft of a white paper on Pakistan sponsored terrorism in India. An attack on an Indian Oil Corporation's storage depot, in eastern Assam, in 2003 by ULFA militants burned about five million litres of motor spirit costing about 200 million Rupees (2,981,852 US dollar) (Lama, 2005). Therefore, it is clear that terrorist attacks and internal conflicts will have long-term, significant adverse impacts on a developing country like India.

Such terrorist activities can also have huge repercussions for the social wellbeing of a nation and diverse social consequences. In

fact, the effects of terrorism on society can be more prominent and far-reaching than even economic effects (Waxman, 2011). Many innocent people die, leaving behind their loved ones in a state of trauma and helplessness. Survivors also have to deal with another whole host of issues, in addition to coping with the loss of family members. Such attacks may disrupt the entire social support system of individuals which, in itself, could be highly traumatic, especially for those who lose the only earning member of their family. They may have to start from scratch to rebuild their lives again and may adversely impact the socio-economic status of victims by influencing their capacity to earn, accessibility of education and overall standard of life.

### **Psychological effects of terrorism**

After the disaster, the immediate focus is on rebuilding of infrastructure and lives of victims. However, psychological trauma can linger for a very long time, or even a lifetime. A large numbers of studies have addressed the diverse impacts of disasters. According to the American Psychiatric Association (2000), traumatic events are those that involve actual or threatened death or serious injury and responses may involve fear, helplessness, horror, anxiety, depression, sadness, guilt or anger.

Terrorist activities, such as bomb blasts in public places can be very traumatic as such attacks are always sudden and unexpected. Terrorist attacks and mass violence are psychologically the most disturbing types of disaster because of their intentional nature, consequently, their psychological outcomes are more severe (Norris, 2001; Khan, Sahandi, Hussain, Iqbal & Rizwan, 2012) and may include a mixture of reactions (Khan, et al., 2012). These reactions may differ from person to person, depending on a variety of factors including: extent of damage, proximity to the blast, brutality of the event, coping style and expectation of

the future repetition (Greenberg, Simon, Pyszczynski, Solomon & Chatel, 1992). Posttraumatic stress disorder (PTSD) is common following a traumatic event. According to the *Diagnostic and Statistical Manual*, 4th Edition (DSM-IV), symptoms of PTSD can be grouped into three clusters: re-experiencing symptoms such as flashbacks and nightmares; avoidance symptoms such as staying away from the events or places that are associated with the traumatic experience or emotional numbing; and hyper-arousal symptoms such as startle response, difficulty sleeping and concentration. Past studies have shown that PTSD, along with other behavioural and health disturbances, are the most likely outcomes after the terrorist incidences (Galea, Nandi & Vlahov, 2005), and that up to two-thirds of directly affected victims of terrorist events are psychologically impaired to some degree (Beaton & Murphy, 2002). In addition to PTSD, many may develop anxiety disorders, depression and substance use (Abenheim, Dab, & Salmi, 1992; North, et al., 1999). Studies after the September 11 2001 terrorist attack on the World Trade Center have shown that people reported persistently high levels of psychological distress, even after many months and at long distances (Silver, Holman, McIntosh, Poulin, & Gil-Rivas, 2002).

Therefore, it is undeniable that direct exposure to a traumatic event has a serious and adverse impact on the mental health of victims. A large number of research studies have focused on this aspect and constructs like PTSD have received primary attention. However, various daily stressors encountered by victims found within the settings of traumatic events can also be a significant determinant of mental health (Miller & Rasmussen, 2014; Miller, Omidian, Rasmussen, Yaqubi & Daudzai, 2008). For example, within the setting of war conflicts, daily stressors such as a lack of access to basic necessities such as food, water and medicine; unsafe and overcrowded shelters in refugee

camp or other settings of displacement; social isolation resulting from the destruction of traditional support networks; a lack of income generating opportunities resulting in worsened poverty and the shame and frustration of being unable to provide for one's family; and the social marginalisation of specific war affected groups, such as orphans, or sexual assault survivors, were found to be significant predictors of mental health (Miller & Rasmussen, 2014).

Additionally, terrorist activities also lead to a sense of victimhood in society and increase negative beliefs, stereotypes and hostile attitudes towards the members of the group to which terrorist belongs; such as increase in the negative stereotype towards Muslims in USA after World Trade Center attack. Commonly, such attacks are associated with xenophobia and ethnocentrism as identification and support with the in-group members' increases and tolerance for the out-group members' decreases after terrorist attacks (Waxman, 2011).

## **Methodology**

This study used qualitative interviews for data collection. Qualitative interviews were found to be more suitable in extracting detailed subjective experiences of survivors. Furthermore, open ended questions provided necessary flexibility to the researcher, as well as participants, in order to explore rich contextual and culturally sensitive information.

Data were collected using a semi-structured interview with ten participants who are survivors of the 2008 terrorist bomb blasts in Guwahati city, Assam. All respondents reside within the city limits of Guwahati and were selected purposively through contact with the researcher and his friends' personal network. Major criteria for the selection of the participants included: they were survivors of the terrorist bomb blasts and had personally experienced, witnessed or had been adversely influenced by the 2008 bomb blasts. Of the 10 participants,

seven were permanent residents of the Guwahati city, while the other three had migrated to the city with their families in search of better job opportunities. Eight respondents had a very low income level and were struggling with poverty due to losses suffered in the blast. Significantly, in most cases, the blasts had either injured or killed the main earning member of the respondents' families in most cases. Educational qualifications of most of the participants were also low, with seven participants not having passed the 12th standard of education (high school equivalent).

Data were analysed using thematic analysis; a systematic technique to identify and code themes in qualitative data (Boyatzis, 1998). In this study, six steps of data analysis recommended by Braun & Clarke (2006) were used for thematic analysis. These steps are: familiarisation with data; generating initial codes; searching for themes among codes; reviewing of themes; defining and naming themes; and reporting each theme.

## Results

Thematic analysis was conducted on the two broad objectives of this study: the effects of terrorist bomb blasts on socio-economic status and the psychological health of victims, these are discussed in detail below.

### Socio-economic effects

The first visible impact of the blasts on the life of the respondents can be seen in their economic and social status. Prior to the blasts, they had the support of the main earning member of the family, or in most cases the *sole* earning member of their respective families for meeting their basic needs and wellbeing. This economic support system gave them a sense of social security. However, when the sole earning member of the family was severely injured or killed, the support system collapsed and the sense of wellbeing replaced by a sense of fear and helplessness. The sections following describe four sub-themes under the category of

socio-economic effects of terrorist bomb blasts, including children's education, employment, health and general decline of socio-economic status.

**Education of children** Six out of the ten respondents reported facing severe financial constraints after the bombs and that it threatened to hamper the studies of their school-going children. Any financial aid offered by the government was provided only after the completion of necessary formalities. In the meantime, however, whatever expenses required came out of any limited savings at their disposal. Expenses included portions of medical costs, as well as procuring kitchen provisions and other basic needs, which left very little for other expenses. Although most of them, especially the women, tried to not let the studies of their children suffer and managed to ensure that their children did not have to drop out of school.

While the government did provide the families a sum of 1,000 Rupees per child every month to meet their educational expenses, it was not enough as school fees, books and stationery, as well as private tuition fees has gone up substantially, and respondents have had to supplement finances for educational purposes.

One of the female respondents lamented that her eldest child, a bright student had to take up a job at a city hotel to meet the needs of her family. Previously, she used to work as a salesgirl at an outlet in the Guwahati airport. She now works as a casual sweeper in the Guwahati medical college and her income is hardly enough to meet the needs of her family of four individuals. She reported that the only positive aspect of her life is that she manages to pay her daughter's education, but is not optimistic about the future education of her daughter as she has to look after her two sons as well.

A similar plight was reported by another female respondent. Her husband died due to injuries sustained in the bomb blast. Since then, meeting the educational expenses of

her nine-year-old son has become an uphill task for her. The government paid her compensation, as well as a monthly educational allowance, but she knows that without a secure source of income she and her son are staring at a bleak future. During the last visit of the Union Government representative, she pointed out that there is an urgent need to raise the education allowance otherwise she, and most other beneficiaries, would be unable to send their child to school. Although the visiting official made a note of it and promised to get something done, nothing has been done so far. Trying to fight back her tears, she said; *'I don't know how long I will be able to continue in this manner. Without a job, surviving in this city is a tough job and the money received as compensation will not last me for a lifetime.'*

**Employment** For seven respondents, life after the blasts has been very difficult as they had either severe injuries or snatched away the only earning member of their families. This has destroyed the family support system and thrown their lives into disarray. According to one female participant, a 50-year-old widow whose only daughter died in the blasts; *'the death of my daughter took away the only earning member of my family. I am old now and barring a monthly income of 1,500 Rupees and the leftover portion of the money received as compensation, I have no other means to support myself.'*

Two male participants experienced severe injuries due to the blasts and neither are able to take employment that requires physical labour. Compounded by limited educational qualifications, it has become difficult to find jobs which are physically less demanding. Moreover, both of them lost their auto-rickshaws in the fire caused by the blasts. When the jobs promised by the government did not materialise, the two had to return to their earlier profession of driving auto-rickshaws. However, as their injuries have considerably slowed down their movements, as well as the fact that they have to now drive autos owned by others, this has resulted in a severe

decrease in their income. Additionally, both respondents have had to bear a significant portion of their medical costs as the government compensation was not enough. Further, one of these participant's injuries forced him to reduce his working hours, with the result that his income has been less than halved and there are days when he goes home with less than ten Rupees left after paying the rent for the auto-rickshaw he drives. On such occasions, his family has to go to sleep with empty stomachs and he admits to spending such nights troubled by guilt from his feelings of failing to meet the needs of his family. To quote him; *'with pieces of shrapnel still lodged in my body and no hope of better medical treatment, I feel as if I am living on borrowed time. My only concern is for the future of my wife and son. What will happen to them if, God forbid, something happens to me tomorrow?'*

One female participant, a mother of two young daughters, lost her husband in the bomb blasts. Afterwards, she was forced to close down the shop owned by her husband, and as a result her income was reduced substantially. Now, her only source of income is the rent generated from two small residential units owned by her. She has passed 12th standard of education and yet, like the others, has not been provided with a job as promised by the government. Had it not been for the monthly allowance of 1,000 Rupees per month per child provided by the government, she would not have managed to send her daughters to school. To quote her; *'since I am not very well educated, finding a job has proved to be difficult. As the cost of living is going up each passing day, I hope the government will provide me a job on compassionate grounds.'* In fact, most of the respondents remained hopeful that the government will eventually provide them with a job if some pressure is exerted by the media and by people aware of their plight.

**Health** Four of the ten respondents suffered serious injuries in the blasts and remained bedridden for varying durations, ranging from six months to three years. Even after

undergoing extensive treatment, they have not regained full fitness and are unlikely to do so in the near future. Although, the government had promised to bear all costs arising from their treatment, the respondents have had to spend a lot of their own funds to meet medical expenses. Doctors had advised two of the participants to seek better medical treatment outside Assam, but with no help forthcoming from the government, it is impossible for them to even think of getting such treatment.

One participant with a family of five, who has remained bedridden for three years, has no clue as to how he is going to look after the needs of his family and take care of his medical needs at the same time. The compensation from the government was barely enough to meet the needs of his extensive treatment.

Another participant, whose advocate daughter died in the bombing, is the lone surviving member of her family. Her husband, her lone pillar of strength and support also passed away. She has several health related issues due to her advancing age. With a paltry income of 1,500 Rupees per month, she is finding it difficult to make ends meet and her worsening health is increasing life's difficulties.

It is evident that injuries caused by the bombings have had a severe impact on the lives of a number of people. In cases where the injured are struggling to fund their own medical treatment, it is clearly understood that any health related issues experienced by their immediate family members will put them under added, severe strain. For some victims, things are even more difficult which will worsen further as government records will show them only as a family member of a blast victim and there is no possibility of any health benefits that may be extended to them.

**General decline in socio-economic status** When a tragedy like bombing leads to the death or serious injury of the sole earning

family member, consequently the family may no longer enjoy the same financial stability as before the bombing and it is quite natural that their status within society may decrease. Most of the participants reported that initially neighbours, community members and friend sympathised and extended their support, but with the passage of time such sympathy and support decreases as the tragedy slowly fades from public memory. Almost all respondents felt that their socio-economic status is not what it used to be. This feeling takes deeper and deeper root in their minds with the passage of time, especially as they notice that the sympathy in the minds of the people surrounding them is slowly being replaced by a sense of stoic indifference.

### **Psychological effects**

Many of the psychological effects of the bombings were present within the narratives of the participants. Adverse psychological effects were expressed in terms of various psychological symptoms, such as flashbacks, hyper-arousals, hopelessness, helplessness, lack of interest in daily activities, which are in line with the symptoms of PTSD and depression. However, in this study, no formal assessment or diagnosis of clinical PTSD or depression was conducted using standardised tools. Therefore, we have not labelled any participants as having any psychological disorder, such as PTSD or depression. Symptoms were reported by participants as part of their narratives during qualitative interviews, details discussed below.

**Mental health related symptoms** Stress related symptoms such as intrusion, avoidance and hyper-arousal are frequently experienced by the respondents. Furthermore, other psychological symptoms such as fear, anxiety, sadness, lack of interest in daily activities and hopelessness were also reported. Most of the female respondents disclosed that they felt fear, followed by a

sense of helplessness when they heard the news about the terrorist bombings.

One of the female participants spoke of that fateful day, when her daughter left for her office. Fearing for the safety of her daughter, she called her number several times without success. Sometime later, she received the news that her daughter had perished in the blast. She reported that; *'I am still haunted by memories and visuals of that day. I frequently experience flashbacks and dreams related to blasts, which fills my mind with fear and sadness. Frequently, I have difficulty sleeping and concentrating on daily activities.'*

The four participants who had been auto rickshaw drivers, but sustained severe injuries, disclosed that they had experienced frequent bouts of depression during the period when they were undergoing treatment and were unable to earn anything. Gradually, this depression gave way to a sense of helplessness and anger as it became clear that government promises of jobs and new vehicles would not be fulfilled. According to one participant; *'I won't be able to forget the moment a piece of shrapnel pierced my body and I collapsed on the road, after losing consciousness. Doctors had given up on me and I feel lucky to have survived.'* Right now, his only concern is the wellbeing of his family. The visuals that he saw on television of people carrying the bodies of two of his friends as thick smoke billowed in the distance, and the sudden manner in which everything happened, still haunt him.

Three of the participants also disclosed that scenes of destruction, with flames engulfing everything at the site of the blasts, still trouble them. All of them experience bouts of sadness and a lingering sense of fear whenever they think of the suffering their family members.

Five participants reported experiencing a mixture of disturbing thoughts and depression followed by sadness, fear and anger. All of them broke down when recounting these events. Seeing the bodies of their loved ones severely injured and lying in a heap in

the hospital morgue was the most painful moment of their lives. One participant reported that she ran to her husband's side after the grenade thrown by the militants exploded and rested his head on her lap moments before he breathed his last. She said; *'I can never forget that fateful day when my husband died in my lap. This memory is a constant companion in my life and it is very unlikely that I will ever completely recover from that trauma.'*

Another participant remembers the manner in which she ran out of her house like a mad woman when she heard about the blasts. Later on, when it was confirmed that her husband was dead and she went to the morgue of hospital to collect his body, she fainted after seeing several badly burnt bodies. One female participant also remembers losing consciousness on seeing blood stains and severed limbs in the hospital when she went to meet her husband who had been admitted with severe injuries. His condition deteriorated rapidly and he passed away at the hospital. Both these participants experience sadness, fear, irritability and anger, as well as difficulty concentrating on daily activities, to varying degrees.

The two respondents who appeared to be the most economically secure out of those interviewed were also troubled by the sight of the dead bodies, lying in barely recognisable states. While one had lost his sister and brother-in-law in the blasts, the other lost his youngest son. One participant was bothered by disturbing thoughts, as well as by anger, irritability and sadness. The other participant was terrified by the sight of his son's body lying in a pool of blood in the hospital morgue, and that image remains fresh in his mind. He is also still adversely bothered by disturbing thoughts related to the blasts, and experiences difficulty concentrating on daily activities. A sense of sadness, helplessness, anger and irritability has made his life difficult. He disclosed that, prior to the blasts, he ran a thriving silk saree business and owned two shops in the busy area of the city. One of his shops was

damaged in the blasts and all expensive goods were gutted. However, more than the financial loss, the loss of his younger son has caused him agony as he was very attached to him. Gradually, he has lost interest in his business and now is in serious debt.

Significantly, none of the respondents interviewed experienced any suicidal thoughts.

## Discussion

This study was undertaken to ascertain the psychological, social and economic effects of terrorist bomb blasts on the lives of victims. This study clearly shows that, although several years have elapsed since the disaster, those who survived still carry the scars that constantly remind them of their horrific ordeal. They are all also tormented by psychological issues, which by their own admission, are more difficult to deal with compared to the trouble and pain caused by their physical injuries. Most of the participants have been experiencing frequent stress related psychological symptoms such as sadness, depression, irritability, lack of concentration in daily activities, nightmares, flashbacks of events and anxiety. Results of this study are in line with many past studies that have shown persistent and long-term stress related symptoms among the majority of the victims of terrorist activities (Galea, et al., 2005; Beaton & Murphy, 2002; Tanielian & Stein, 2006). Furthermore, this study also showed that it is not only the traumatic event itself, in this case a series of terrorist bomb blasts, but the subsequent socio-economic and other daily stressors such as financial constraints, breakdown of social support network, unemployment, deterioration of health condition, lack of access to basic and medical facilities that has worsened the mental health status of the survivors. These results are in line with the concept that it is not only direct exposure to a traumatic event, but also the socio-economic context in which many daily

stressors are encountered by the victims that are also important predictor of the mental health status of the survivors (Miller & Rasmussen, 2014).

It is clear from the reports of the participants that terrorist bomb blasts had directly led to various adverse socio-economic and psychological problems in their lives. However, it is also apparent that socio-economic and psychological problems are not isolated problems. Both influence each other. While the bomb blasts had directly resulted in various long term psychological problems (such as flashbacks, hyper-arousals, hopelessness, helplessness, lack of interest in daily activities, etc.), these psychological problems have then been exacerbated indirectly by dwindling socio-economic status and other daily stressors. These daily stressors include financial constraints, breakdown of social support networks, unemployment, deteriorating health conditions and lack of access to basic medical facilities. Furthermore, these daily stressors also contribute to the decline of mental health status. Therefore, it is not only the traumatic event, but also the subsequent socio-economic stressors that have contributed to worsening the mental health status of the survivors.

This study has served as an example of the need for the mental health services for the victims of terrorist attacks and violence. With the increase of terrorist violence in developing countries like India, the need for competent mental health services for the victims has increased significantly. Almost all participants of this study reported various symptoms of psychological distress even many years after the disaster. These symptoms are normal responses to abnormal events. However, many victims may need professional mental health services to once again lead a normal life in the aftermath of such events.

A direct outcome of the terrorist bomb blasts is the uncertainty that the family members of the deceased and the injured have been facing regarding education for their

children, accessing proper medical facilities and employment. In most cases, the blasts snatched away the only earning member of the families. For those who have lost their loved ones in the bomb blast, life has become a journey that is full of uncertainties and hardships. Due to their low educational qualifications, most of the survivors are finding it difficult to get a job. Furthermore, most of them have almost used up the money that they received as compensation from the government and have little or no resources at their disposal in order to deal with emergencies, should one arise. Lack of a steady income has made it difficult for most of the respondents to meet the educational requirements of their children. The monthly allowance that is deposited once every year in case of those with children is too meagre to fund their educational requirements. Repeated requests made to the government to raise this allowance have not met with success. To make matters worse, the sense of concern for the blast affected families that was displayed by society in the immediate aftermath has been replaced by stoic indifference. Obviously, no amount of compensation nor assurances can bring back those who lost their lives. However, that government may help them by at least providing a job as promised after the disaster, this would reduce their financial insecurities and its associated outcomes, such as dwindling socio-economic status.

The respondents expressed the hope that they would be able to draw the attention of the concerned authorities towards their most pressing problems. It is the duty of the government to ensure that promises made to the affected families regarding jobs and other compensations should be kept. It is also very important to ensure that there is adequate follow-up of the status of these affected families at regular intervals. However, it is not only the duty of the government alone to help those affected by the acts of man-made disasters, like bomb blasts, to get their lives back on track. The nongovernmental

organisations, neighbours, community members, and society at large can all play a big role in ensuring their wellbeing and help in providing them with a sense of social security.

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