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INSIGHT IN TO BALOCHISTAN'S PERSPECTIVE: TERRORISM EFFECT MENTAL HEALTH STATUS OF POPULATION

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ABSTRACT

Main objective of the study is to examine the impact of trauma on general health of terrorism victims of Balochistan. There were no previous studies conducted on finding the impact of trauma on general health among terrorism victims in Baluchistan. The study comprised 300 samples where 172 males and 128 females selected from Baloch, Pashtuns and Hazara communities with age groups 18 to 40 years. Participants of the current study were selected through non-probability convenient sampling technique. Sample consisted of total 300 individuals with the age range of 18-40 years. Both men (n=172) and women (n=128) from various areas of Baluchistan. Measure was used in this study are; a) Demographic Information Form b) International Trauma Questionnaire (ITQ; Hyland et al. 2017) c) General Health Questionnaire (GHQ; Goldberg & Hillier, 1979). Hypotheses were formulated for study were; H1 There is positive relationships between trauma and general health among ethnicity group H2 There is positive relationships between trauma and general health among terrorism victims. The result indicates non-significant mean difference on General Health with t (298) = .894, p>.05 on gender. Findings revealed that male exhibited higher scores on GH as compare to female. Furthermore, results also indicated non-significant mean difference on International Trauma Questionnaire with t (298) = -.095, p>.05 on gender. Findings revealed that females exhibited higher scores on ITQ as compare to males. Results show that first hypothesis was accepted as trauma positively correlates general health. Second hypothesis of the study shows that there is no relationship between trauma and general health of ethnicity.

Keywords: Trauma, General health, Post traumatic stress disorder and Terrorism

INTRODUCTION

Terrorism is well known in all over the world. It is defined in several ways but still not attempt to have a universal definition. One of the widely used definitions proposed by Weinberg et al., (2004) defines terrorism as 'an anxiety inspiring method of repeated violent action, employed by individual, secret group, or state actors, for particular, criminal, or political reasons, whereby in contrast to assassination the direct targets of violence are not the main targets.

Terrorism is a failure of political process that begins with in-equalities, corruption and injustice in a given political system, and moves from a frustrated attempt at reform that raise fear and anger, to political confrontation and noticeably exploded in to violence. (Baloch, M. S., Bashir, S., Zarrar, H., Aslam, A., & Muneera, D,2023). The term terrorism refers to that intentional force or to harm individuals, community or specific population. 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' The Federal Bureau of investigation defines terrorism as "the unlawful use of force or violence against persons or property to intimidate or coerce a government, the civilian population, or any segment therefore, in persistence of political or social objectives" Trzeciak & Rivers (2003). Emergency department overcrowding in the United States: an emerging threat to patient safe the word "trauma" comes from the Greek language and means "to damage, to harm"; it also contains a double reference to a wound with a laceration. Primarily about the

medical-surgical disciplines, during the eighteenth century, the term was used in psychiatry and clinical psychology to indicate the overwhelming effect of a stimulus on the individual's ability to cope with it. Mental health describes either a level of cognitive or emotional well-being or an absence of a mental disorder. The World health Organization defines mental health as" a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".

Terrorism in Baluchistan is an important increasing issue during current scenario because Balochistan has an important strategic position on world's map. Terrorism in Baluchistan is enduring conflict which is continue from last few decades. It has been significant impact on individual's mental and general health also disturb the financial conditions of this region. Thousands of individuals have been influenced by this, while hundreds of people were affected. (Baloch, M. S., Bashir, S., Zarrar, H., Aslam, A., & Muneera, D,2023).

`Mostly in Baluchistan three major communities are residing together these includes Baloch, Pashtons and Hazaras. All three communities are targeted by terrorist activities, here are lots of tragic stories are scattered where thousands of the people are facing distress or traumatic events due to this condition. (Benazir, B., Bashir, S., Zarar, R., Ahmed, M., & Farooq, K,2021). This study aims to fill the gap in literature which is missing in Baluchistan and trauma on general health among individuals of terrorism victims in Baluchistan. Focus of the study is to find out the psychological issues among these communities and individuals who got more traumatized due to such terrorist attacks.

Furthermore, this study identifies that which community in Baluchistan has got more psychological problem as compare to others. Terrorism is known as a third disaster which is committed by human beings intentionally to destroy any particular object. It has significant impacts on individual's mental health and general health after facing such terrible situation. In Balochistan some people who do not directly face terrible situation but they are witness and share close bond with survives, for which term is used secondary trauma. In Balochistan numerous family members or public are facing this. Terrorism has some serious mental effects on individual's life which generate some major issues related to physical and psychological health. Psychological trauma is a type of damage to the human psyche as a consequence of a traumatic event that may involve a singular experience or enduring event, or multiple events. These multiple events may completely and considerably overwhelm the individual's ability to cope or integrate the ideas and emotions involved with that particular experience. Psychological trauma is the unique individual experience of an event or enduring conditions. In other words, trauma is defined by the experience of the survivor. Psychological responses to terrorism are a mixture of reactions towards the trauma and also towards a constant fear of being a victim to a traumatic event in the future. Such reaction can put its impact on individually and it depends on the personal damage in any form this is clearly observable in current scenario in Balochistan. People who face terrorist attacks or their loved ones' get some serious causalities or loss it directly affects family and sometimes the consequences are bitter than expected.

LITERATURE REVIEW

Research has shown that any form of personal threat and fear leads to a change in personal behavior designed to minimize exposure to risk, also referred as 'constrained behavior'. Psychological trauma not only leads to disturbance in the mental equilibrium causing maladaptive behavior but also results in diagnosable psychiatric disorders. It is very true that many individuals report medically unexplained physical symptoms.

Perrotta, (2019), Rimé, et al., (2002) and Enem & Benedict (2020). Studied that trauma is the result of a painful event, while the 'traumatic event or experience' constitutes the injurious event. Trauma is a toxic condition, in which people suffer through intense anxiety, absolute helplessness and loss of control on their thoughts and activities. Pearlman and Saakvitne, (1995) studied about the individual's capacity to integrate his/her emotional practices is overwhelmed, or the individual experiences (subjectively) a threat to life, bodily integrity, or sanity. It cannot assume that the details or meaning of an event, such as a violent assault or rape, that are

most distressing for one person will be same for another person.

The U.S. Department of State defines "Terrorism" as "premeditated politically-motivated violence perpetrated against non-combatant targets by sub-national groups or clandestine agents, usually intended to influence an audience.(Zumve, Ingyoroko & Akuva, 2013). If elaborate the terrorism more it can find as disastrous. (Vázquez et.al 2008) discussed that according to the World Health Organization (2002), terrorism can be defined as kind of collective violence that is inflicted by "larger groups such as states, organized political groups, militia groups and terrorist organizations" with regard to the type of violence inflicted, the United Nations defines terrorism as: "Any act intended to cause death or serious bodily injury to a citizen, or to any other person not taking an active part in the hostilities in a situation of armed conflict, when the purpose of such acts, by their very nature or context, is to intimidate a population, or to compel a government or an international organization to do or to withdraw from doing any act" Article 2(b) Lavalle, (2000). it seems that in all definitions of terrorism, the two types of terrorism are considered more. One is known state terrorism, which seeks the control of society and its citizens through the real or psychological use of pressure and terror, and which probably is and has been the most usual type of terror. The second is known as an "asymmetric warfare," defined as a form of conflict in which "an organized group lacking conventional military strength and economic power seeks to attack the weak points inherent in relatively affluent and open societies. The attacks take place with unconventional weapons, tactics and with no regard to military or political codes of conduct" (WHO). The aim of the terrorist actions is to achieve political goals by frightening and provoking panic in the civil population (Chomsky, 2004).

Various researchers (Garcia-Moreno et.,al 2006; Kessler, et.,al 1995; McLaughlin et al., 2013; Rees et al., 2011) argued that traumatic events do not only occur at random, it can be influenced by individual characteristics, peer group relationships, community characteristics, and socio-political factors. (Bashir, S., Shah, N. A., Karim, H., Farooq, K., & Ahmed, Z. N, 2021). At individual level, for example, the likelihood of experiencing particular types of trauma varies by sex, age, race/ethnicity, and sexual orientation. Individual reactions to potentially traumatic events vary widely, depending on complex interactions between person, event, and environmental factors (Harvey, 1991; Koss & Harvey, 1991; Toro et al., 1991).

The nature and duration of the events, the age and predisposing attributes of the victim, and the reaction of the larger community each play a role in determining the nature and extent of a victim's response (Green, Lindy, & Grace, 1985; Harvey, 1991).

America has gone through some major terrorist attacks and they have found some major issues regarding those attacks. The September 11, (2001) attacks on the World Trade Center and the Pentagon are the largest terrorist acts in American history, with nearly 3,000 people dying as a result. However, death and injury are not the only negative consequences of this type of trauma. Previous research has shown exposure to traumatic events, such as terrorist attacks, may result in posttraumatic stress disorder (PTSD) and depression.

Research over the past 15 years has also examined the psychological impact of terrorist acts such as hostage-taking, bombings, and shootings, but mainly in the short-term estimates of the prevalence of PTSD after terrorist attacks range from 7.5% to 50% in the year after the event depending on the degree of victimization. Despite the increase in terrorist attacks worldwide, there is less evidence about the intermediate and long-term psychological consequences of terrorism, in particular PTSD, or about risk factors. Past studies suggested that those who watch television or some of their family member or friends experienced the disaster directly also appears to be associated with psychological distress, but not that much who are involved in the attacks and feel that pain. The same study found that witnessing horror or sustaining an injury during the terrorist attacks was associated with posttraumatic stress symptoms.

Every terrorist attack leads to some mental disturbance and involved with psychological issues. It is well known that an individual who gets' hurt in a terrorist attack that directly led to that individuals some mental or psychological problems. (Silver et al., 2002) conducted research on terrorist attack in World Trade Center has much influence to the

survivors and secondary victims. 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. However, it is sure those psychological traumas remain for a very long period of time, or even sometimes lifelong. According to Perkonigg et al., & Wittchen (2000) traumatic events and post-traumatic stress disorder in a community explain by 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) discussed about mixture of reactions. 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 and Chatel et al. 1992).

Past studies have shown that PTSD, along with other behavioral 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 (Abenhaim et., al 1992).

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 belong (Waxman, 2011). In general, both direct and indirect exposure to terrorism is linked with psychological distress, even at clinical levels, especially the more direct the exposure and the nearer to the time of exposure (Galea et al., 2002; Kilpatrick, 2003). For those less directly exposed to terrorism, initial responding may be severe, but clinical levels of distress tend to dissipate fairly rapidly (Galea et al., 2003).

In 2009, an estimated 2670 people were killed in terrorist attacks in Pakistan, 2778 in Afghanistan, and 3654 in Iraq Harmon-Smith, et al., (2010) First, research on survivors of non-work-related terrorist attacks has shown high prevalence estimates of up to 36**%** (Shalev and Freedman, 2005; Kutz and Dekel, (2006) Second, terrorist attacks often lead to a large number of casualties and involve exposure to relatively extreme scenes (e.g., body parts) for emergency personnel. Finally, emergency workers may perceive high levels of threat to themselves or their loved ones during and after terrorist attacks.

Measuring the economic impact of terrorism is particularly important considering the rising level of terrorism incidents and fatalities following the terrorist attacks of September 11, 2001 in the United States and consequent rise in global terrorist activities. Incidents of terrorism and the resulting fatalities have continued to increase from 2003 levels. While most of the terrorism activities took place in countries that were suffering from armed conflict, many high-peace countries have also been affected. The spread of terrorism has triggered a strong policy response both in terms of counter-terrorism and prevention programs. Daniel (2002) says that "As long as there is poverty, inequality, injustice and repressive political systems, militant Islamic tendencies will grow in the world".

Method

This study aim is to explore the impact of trauma on general health of terrorism victims of Balochistan. It also examines that which community has been more traumatized by such situation.

Objective of the study

This study aims to finds relationship of trauma on general health of terrorism victims.

This study aims to identify the impact of trauma on general health of three different populations, Baloch**,** Pashton and Hazara communities.

To establish understanding among people about terrorism and its certain trauma experiences.

Research Design

To full fill these objectives cross sectional design research design was used to study the relationship between traumas on general health among terrorism

victims. Participants were selected through non-probability convenient sampling.

Hypotheses of the study

H1 There are positive relationships between trauma and general health among ethnicity
H2 There are positive relationships between trauma and general health among terrorism victims.

Instruments

Pre-determined questionnaire was used for the data collection. The questionnaire had four components including, informed consent form, demographic form, International Trauma Questionnaire (ITQ) and General Health Questionnaire (GHQ)

Inform Consent Form

Informed consent was taken from participants before collecting data from them. The purpose of the informed consent was to take the consent of participants before filling the research. Participants were assured that their information will be kept in confidential and they have the right to leave the research at any time.

Demographic Information Form

Self-designed demographic information from applied for obtained the basic information likewise Age, gender, education, marital status and ethnicity.

International Trauma Questionnaire (ITQ; Hyland et al. 2017)

The International Trauma Questionnaire (ITQ) was developed by Hyland et al. (2017). The International Trauma Questionnaire scale contains 18 items. Each item scoring is in Likert scale (0= Not at all, 1= A little bit, 2= moderately, 3= Quite bit, 4= extremely).

General Health Questionnaire (GHQ; Goldberg & Hillier, 1979)

The General Health Questionnaire (GHQ) is a self-administered screening questionnaire, designed for use in consulting settings aimed at detecting individuals with a diagnosable psychiatric disorder (Goldberg & Hillier, 1979). In its original version, it had 60 items (GHQ-60), which were reduced to 12 items (GHQ-12).

Sample

The sample of this study contains three specific communities. Baloch, Hazara, and Pathan reside in Balochistan province. The study comprised 300 samples where 172 males took participation and 128 females. Age ranges were from 18 years to 40 years, there education level ranged were undergraduate to M.Phil., where undergraduate participants were 147, graduate participants were 143, and M. Phil. The data was collected from Baloch community 112,101 Pashton 87 were Hazara.

Results

Table .1

shows frequency and percentage of demographic variables that are gender, ethnicity, education and marital Status.

Demographic Characteristic of the Participants (N=300)

Variables	*F*	%
Gender		
Male	172	
Female	128	58%
		43%
Ethnicity		
Baloch	112	
Pashton	101	37%
Hazara/ Persian	87	
		33%
		29%
Education	147	
Undergraduate	143	
Graduate	10	49%
MPhil		
		47%
		3%
Marital Status		
Unmarried	260	
Married	40	86%
		13%

Score Distribution

This study aims to find the impact of Trauma on mental health of individuals by using Scale (ITQ) International Trauma Questionnaire and (GHQ) General Health Questionnaire scale.

Table 2
Distribution of the Score for ITQ_ International Trauma Questionnaire and GH_ General Health (N=300)

Sr. No	Scale	No. of items	Mean	Std. Deviation	Median	Range		Skewness	
						Min	Max	Statistic	Std. Error
1.	GH	12	34.88	5.512	35.00	19	50	.046	.141
2.	ITQ	18	29.82	10.521	30.00	3	58	.090	.141

Note. ITQ=International Trauma Questionnaire; GH=General Health
Table 1 Presents Score Distribution of Scales such as Mean, Median, Standard Deviation, Range (min\max) and Skewness. The minimum range for ITQ was 3, and maximum was 58, while minimum range for GH was 19 and maximum was 50. No significance skew was found.

Psychometric Analysis
In Psychometric analysis reliability and validity were established. Through Cronbach's Alpha R coefficient and items correlation coefficient respectively.

Table 3
Reliability Coefficient for ITQ_ International Trauma Questionnaire and GH_ General Health (N=300)

Sr. No	Scales	No. of items	Cronbach's Alpha
1	GH	12	.388
2	ITQ	18	.740

Note. ITQ=International Trauma Questionnaire; GH=General Health
Table shows Alpha correlation coefficient of International Trauma Questionnaire and General Health questionnaire. The International Trauma Questionnaire scale shows good reliability while General Health scale shows low reliability because of social desirability.

Table 4
Item Total Correlation Coefficient for GH_ General Health (N=300)

Item no	R	P	Item no	R	P
1	.228***	.000	7	.540***	.000
2	.218***	.000	8	.345***	.000
3	.211***	.000	9	.399***	.000
4	.319***	.000	10	.278***	.000
5	.342***	.000	11	.428***	.000
6	.484***	.000	12	.469***	.000

Note. ***=*p*<.001
Table shows that item correlation coefficient of General Health (GH). All of the items show positive significant correlation coefficient (p<.001) with scale which show items are internally consistent which established construct validity of scale.

Table 5
Item total Correlation Coefficient for ITQ_ International Trauma Questionnaire (N=300)

Item no	R	P	Item no	R	P
1	.293***	.000	10	.318***	.000
2	.287***	.000	11	.462***	.000
3	.333***	.000	12	.538***	.000
4	.322***	.000	13	.525***	.000
5	.262***	.000	14	.553***	.000
6	.301***	.000	15	.505***	.000
7	.436***	.000	16	.491***	.000
8	.477***	.000	17	.536***	.000
9	.523***	.000	18	.508***	.000

Note. ***=*p*<.001
Table 3 shows that item correlation coefficient of International Trauma Questionnaire (ITQ). All of the items show positive significant correlation coefficient (p<.001) with scale which show items are

internally consistent which established construct validity of scale.

Table 6

Correlation Coefficient for ITQ_ International Trauma Questionnaire and GH_ General Health and Age (N=300)

	GH	
Variables	R	*P*
ITQ	-.297**	.000
Age	-.035	.545

Note. ITQ=International Trauma Questionnaire; GH=General Health

Table shows Correlation Coefficient of ITQ International Trauma Questionnaire, age and GH General Health questionnaire. Results indicate that there is significant negative correlation between ITQ International Trauma Questionnaire and GH General Health questionnaire. Furthermore, age also shows negative correlation with General health and International Trauma Questionnaire.

Table 7

Differences in Means and Standard Deviation of ITQ and GH (N=300)

Scale	No. of Item	Male n=172		Female N=128		*T*	P	95% CI		Cohens d
		M	SD	M	SD			LL	UL	
GH	12	35.12	5.434	34.55	5.620	.894	.372	-.691	1.842	0.10
ITQ	18	29.77	10.100	29.89	11.102	-.09	.924	-2.538	2.304	0.01

Note. ITQ=International Trauma Questionnaire; GH=General Health

The result indicates non-significant mean difference on General Health with t (298) = .894, p>.05 on gender. Findings revealed that male individuals exhibited higher scores on GH as compare to female individuals. The value of conhens d is 0.10 which indicate small effect size.

Furthermore, results also indicated non-significant mean difference on International Trauma Questionnaire with t (298) = -.095, p>.05 on gender. Findings revealed that female individuals exhibited higher scores on ITQ as compare to male individuals. The value of Cohens d is 0.01 which indicate small size effects.

Table 8

Linear regression on score of International Trauma Questionnaire on General Health (N =300)

Variable	B	T	P	R^2	ΔR^2
ITQ	39.36	-.287	.000	.082	.082

Note. p<.001

The result of linear regression analysis shows significant predicative influence of International Trauma Questionnaire (R^2 = .082, F (1,298) = .747, p= .000) on General health among individuals.

Table 9

Difference in Mean and Standard Deviation of ITQ and GHQ on the basis ethnicity. (N=300)

Scale	Item no	Baloch (no=112)		Pashton (no=101)		Persian (no=87)		*F* (2,297)	*P*
		Mean	SD	Mean	SD	Mean	SD		
ITQ	18	30.15	10.87	30.32	10.540	28.83	10.086	.371	.691
GHQ	12	34.59	5.726	35.24	5.359	34.83	5.512	.554	.575

Note. ITQ=International Trauma Questionnaire; GH=General Health

Results revealed non-significant mean differences on international trauma questionnaire and general health questionnaire based on ethnicity groups, while values of mean and standard deviation show that population size of all three ethnicity of Baluchistan.

Discussion

The current study was conducted to find the impact of trauma on general health among terrorism victims

in Baluchistan. Variables of the study were International Trauma Questionnaire (ITQ; Hyland, *et al.* 2017) and General Health Questionnaire (GHQ; Goldberg & Hillier, 1979). Both of these scales were used in this study because of high validity and reliability. The International Trauma Questionnaire had good reliability and validity and corresponded with previous studies. The international Trauma Questionnaire scale is valid, reliable and accepted instrument with reliability coefficient of General Health Questionnaire is also reliable, valid and accepted instrument with the reliability coefficient of 0.81 (Goldberg & Hillier, 1979).

Two hypotheses were constructed on the basis of literature review. First hypothesis was that there is positive relation between trauma and general health on terrorism victims. It is accepted as trauma positively correlates general health. Second hypothesis of the study was that there is a positive relation of trauma and general health among terrorism. Findings of the current study reveal that there is significant relation between trauma and general health among inhabitants of Quetta, Baluchistan. Results indicate that trauma can affect the general health and mental health of inhabitants. Findings of this research and previous literature review shows that no study has examined that there is no relationship between trauma and general health of ethnicity. The results of the present study also indicate that age shows non-significant negative correlation with trauma and general health. Thabet, Abed & Vostanis, (2001) According to their studies findings also showed that age is not significantly correlated with traumatic events.

Result of the present study indicates that females showed higher mean difference in International Trauma questionnaire among individuals. Female were non- significantly exposed to high trauma than male, but past findings show contrast result that male were significantly more exposed to trauma than female (Thabet, Abed & Vostanis, 2001). The reason can be the differences in circumstances. Usually in Baluchistan male practices and facing severe situations as compare to females, while females are experiencing anxiety or fear to loss their beloved ones.

Regression analysis was done to measure the predicative influence of trauma on general health. The result suggested that trauma predict general health as 82% of the variance in general health. Furthermore, results also indicate that difference in mean and Standard deviation of (ITQ) International Trauma Questionnaire Scale and (GHQ) General Health Questionnaire on the basis ethnicity. The current study demonstrates that trauma has no influence general health based on ethnicity.

It is concluded that there is a positive relationship between traumas on general health of terrorism victims. It means those individuals who have faced the traumatic events have significant influence on general health of terrorism victims in Baluchistan. Furthermore, females were exposed more trauma than males.

Limitations and Implications

The current research study has few limitations as many of other researches. First of all self-reporting scales have been used due to which participants showed social desirability and did not answer accurately as per needed. Due to shortage of time, I could not collect as many data as needed and in a short period of time it was impossible to visit the all cities of Baluchistan. Moreover, useable funds were not available for needed sources of research.

The present study can be useful in clinical, educational and, mental health settings. In clinical settings psychologist can assist their clients regarding trauma and its influence on general health. Furthermore, they make interventions that can help client deal with trauma that is by caused terrorism and other traumatic events. In educational settings we can teach students about trauma and its influence on general health. We can prepare the students how to deal with harsh and traumatic events.

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