

Structural Violence, Gender, and Post 9-11 Terrorism in Pakistan: Examining the Psychological Impact on the Parents of Army Public School attacks in Pakistan

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This study seeks to explore the gender – specific impact of post-9/11 terrorism acts in Pakistan, with a particular focus on the parents of the children killed in the terrorist attacks on Army Public School in Peshawar, in 2014. The paper dwells deep into exploring how the parents have been impacted and examines the many ways by which the victims have devised coping strategies in response to traumatic events. This study uses Galtung’s structural violence theory as a theoretical framework to examine the psychological impact on the parents, with structural violence in this context referring to post-9/11 terrorism acts in Pakistan. This study adopted a sequential exploratory design. By using a stratified random sampling technique, a total of 216 participants were selected, comprising 133 Direct Victims and 83 Indirect Victims. Data collection involved a mixed method approach - both quantitative and qualitative analyses. Primary data was collected through structured interviews and a standardized questionnaire called Lieber’s scale of Post-Traumatic Stress Disorder (PTSD) to measure the level of post-traumatic stress. Subsequent processing and tabulation followed by statistical examination to assess the psychological impact of post-9/11 terrorism in Peshawar. Finding indicates that the symptoms of PTSD were still evident among all participants even after nine years of terrorist attack. Participants who were directly exposed to trauma displayed more symptoms of psychological distress as compared to those who were indirectly exposed. The results also indicate a surprising and rather significant development in gender focused research with male parents exhibiting significantly high level of PTSD in comparison to women victims. Observations from the primary data showing men demonstrating higher level of PTSD, brings interesting propositions to gender research, where explorations around the social and psychological aspects of masculinity, and the multifaceted roles played by men around gender empowerment may prompt intriguing inquiries into gender research. Furthermore, it is recommended that future research must focus on factors that should not only identify the optimal timing for PTSD treatment, but also explore factors that can bring natural recovery. Moreover, the research also facilitates the policy recommendation for development work as well as those agencies including, the government, local and international aid organizations working in the areas affected by violence.

Keywords: Post-9/11 terrorism, structural violence, gender, post traumatic stress disorder (PTSD).

On the 16th of December, 2014, armed militants attacked the 'Army Public School' (APS) in Peshawar¹, tragically killing 135 students, along with teachers and the principal (Sultana, 2015). Heartbreaking scenes depicted children covered in blood, mothers fainting, and parents desperately holding their deceased or injured

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¹ In particular Peshawar, the capital city of Khyber Pakhtunkhwa (KPK), was specifically targeted due to its proximity to the epicenter of terrorism. The KPK region in Pakistan, including former FATA, has been entrenched in violence and turmoil for a significant portion of the past three decades, particularly drawing global attention post-9/11 due to its militancy, instability, and unrest (Shah, 2018, pp. 27).

children, seeking medical help in the midst of the chaos. This devastating incident brought the country to a halt, and this news quickly circulated globally, leading to worldwide condemnation. The APS school attack was the most devastating among a series of attacks by the militants aiming to destroy both the formal and informal institutions across the Khyber Pakhtunkhwa region, with educational institutes being a primary focus (Khan et al., 2018). Approximately 1,000 schools, predominantly girls' schools, were destroyed by the militants (All Voices, 2013). Following the attacks, parents understandably experienced heightened anxiety and fear when sending their children to school, and survivors displayed hesitancy in returning to educational institutions and participating in social interactions (Mansoor, 2015). This event instilled widespread fear among students and parents, leading to a decline in social engagement and exposing the general population in the region to psychological repercussions such as post-traumatic stress disorder (Galea et al., 2005). Understanding these psychological consequences is critical to avoid the negative consequences of such terrible events.

This study takes the Army Public School (hereafter APS) Peshawar incident as a case study to explore the psychological repercussions of post 9/11 terrorism acts and to assess the levels of Post Trauma Stress Disorder (PTSD) among the victims. This area of research inquiry remains underexplored, as the available research on terrorism and violence within the region has predominately focused on a macro level understanding of the conflict; often a geo-political analysis or reporting damage assessment of the war; these studies however overlook the psychological repercussions on the victims of terror or those exposed to terrorism (Khan, 2018). Therefore, within the academic scholarship, in addition to examining the direct impact of a war, exploring the psychological impact on victims has great importance from the perspective of exploring the indirect effects of terrorism, and individual well-being and human rights. Thus, this study aims to assess the psychological impact of terrorist attacks, particularly the traumas experienced by victims, distinguishing between repairable and irreparable losses at the individual level.

Theoretical Argument

This study employs Galtung's (1969) Structural Violence Theory to examine the impact of post-9/11 terrorism, specifically focusing on the psychological effects on the victims of the APS school attack in Peshawar. Terrorism, as defined by scholars such as Clutterbuck (1986) and Charles (2002), entails the calculated use or threat of violence to instill fear and manipulate governments or societies, expressed either directly or indirectly. While early academic scholarship on conflict primarily investigated direct violence, recent attention has shifted to indirect violence. Galtung's (1969) Structural Violence Theory highlights three forms of violence: (a) Direct violence, and the other two are indirect manifestations of violence; these are (b) Cultural violence, and (c) Structural violence. Further discussions on this subject have delved into the various expressions of indirect violence, which are believed to have profound social, psychological, political, economic, and cultural impacts on society (Christie et al., 2001). This study perceives terrorism not solely as physical harm but also as involving informal violence, particularly damaging the psychological well-being of the victims.

Galtung (1969) posits that violence is ingrained within social structures (Nasim, 2023) and institutions. In the context of this research, social structures and institutions refer to the entities promoting terrorism or wars, a notion supported by academic scholars (Galtung, 1969; Neff, 2008). The absence of peace or the presence of violence is often precipitated by either an agreement to settle disputes through violence or a breakdown of social contracts (Neff, 2008). The presence of such contracts indicates the existence of structures and institutions, which can be formal (such as media, judiciary, law enforcement agencies) or informal (including cultural norms, beliefs, and informal actors), all contributing to either peace promotion or violence perpetuation (North, 1990). Specifically, within the framework of this paper, understanding terrorism from Galtung's (1969) perspective involves examining these informal structures where violence is embedded.

This study advances the theory of 'Structural Violence' by providing novel insights, particularly in the context of the APS tragedy, by examining how structural violence impacts individuals' psychological well-being. It is pioneering in its incorporation of psychological well-being as influenced by terrorism, thus contributing to the understanding of informal violence. Additionally, drawing from Herman's (1992) work on trauma victims, the research distinguishes between two categories of trauma: 'Type I' (resulting from a single incident) and 'Type II' or complex traumas (stemming from repeated childhood traumas) (Marzillier, 2012). This study specifically focuses on the transient stressful reaction to a Type I incident, namely the APS tragedy.

The traumatic events of such magnitude – or as Shaw (2003) describes it - the 'war related stressor', understandably has a profound effect on the mental health of humans, particularly its impact on children and youth has been a subject of scholarly debates for many years – with attention being paid to examining the psychiatric

disorders (Shaw, 2003). Among the psychological conditions that children may develop are anxiety disorder, depression, and substance use disorders (*ibid.*). Observations about children responses to war related stress have been examined for many years. The academic literature shows varying levels of responses, including both mild, and severe. With regards to mild reactions, Bodman (1941) had earlier found that only 4% of school-age children, those who were exposed to the London bombing at the time, exhibited psychological distress. Likewise, Freud and Burlingham (1943) made a notable, though unsettling, observation that children could distinguish between different types of attacks, such as bombs and shelling, and comprehend the dangers they posed, accepting them as part of their reality. Particularly, children living near volatile regions were more accustomed to such violence (Rolfe & Lewin, 1982), leading to a more adaptive, routine life and less psychological distress. The resilience in children was thought to have been facilitated by family support, shared ideology, and religious beliefs, as such, it could well be said that external factors play a significant role in shaping children's responses to traumatic events. This also demonstrates how children can adapt to their environment and normalize extreme situations. More so, the children reactions appear to be influenced by factors such as the proximity to the traumatic event and the duration of the stress experienced. Severity of the problem increases if people are directly exposed with closest proximity to the traumatic incident (Bodman, 1941; Saigh, 1991b; Nader et al., 1993; Hadi & Llabre, 1998), and can have long term effects (Yule, 2000; Macksoud & Aber, 1996).

Recent studies indicate that children who have been exposed to traumatic events also develop Post Traumatic Stress Disorder symptoms (Yule and Smith, 2015). Terrorist attack is an extreme form of violence and can equally disturb those who directly confront or indirectly witness it from the distance. While the capabilities of children to normalize in extreme situations is enhanced by support from family and society, terrorism however, carries the potential to disrupt such societal functioning, and as such weaken the very base of adaptability mechanisms available to children . In other words, terrorism can erode the sense of communal cohesion (or national security altogether), and rupture social values; in addition to the many other ethnic, and religious divisions it can cause in societies. Under these circumstances general population not only distance themselves from the population at risk but may get engaged in hate crimes if the risk of terrorism is seemingly random. For example, after terrorist attack on APS parents were reluctant to send their children to schools for many months. Also, since, religious-political actors were behind the scene therefore parents exhibited strong hatred towards extremists, their sympathizers, and donors that were operating within the country and were actively collecting funds.

Given the APS tragedy received worldwide attention; the response from the government in Pakistan has been prompt against the militants involved in the attacks. The attacks also spurred a number of non-governmental organizations to provide assistance to those affected. Despite the extensive global and local responses, surprisingly, there has been no subsequent academic literature investigating the impact of the APS tragedy on the affected children and parents. This study fills this significant gap, and intends to examine how the survivors have been coping nearly a decade after the terrorist attacks.

This study also investigates how both fathers and mothers of the children have been managing the trauma. Generally, existing literature indicates that women predominantly suffer more from PTSD when compared to men following a traumatic event (Christiansen & Elklit, 2008; Zlotnik, C. et. al, 2001). Other studies have made similar observations, but when examined across different age ranges, they reveal differences in the lifespan distribution of the disorder (Ditlevsen and Elklit, 2010). The highest prevalence of PTSD was observed in men in their early 40s, whereas women were observed to be more vulnerable in their early 50s. For both male and female, the lowest prevalence for was early 70s. Women in general, suffered more, and had an overall twice higher prevalence of PTSD than men (*ibid.*). Other studies indicate that PTSD symptoms do not differ between genders (Gay et. al., 2020).

1. Objectives

- To assess the level of PTSD among trauma victims of APS.

2. Hypothesis

1. The level of PTSD will be higher for those victims, who have been directly exposed to a high-intensity traumatic event as compared to indirectly exposed victims.
2. Women have high prevalence of PTSD after being exposed to a traumatic incident.

Method

In this study, we employed mixed methods, adopting a sequential exploratory design, incorporating both quantitative and qualitative approaches to assess the psychological effects on the victims of the APS school attack in Peshawar. This study follows a deductive approach, where the hypotheses mentioned above are tested through assessment, leading to either confirmation or rejection (Snieder & Lerner, 2009). Research hypotheses are addressed through the analysis of both primary and secondary data. Data collection tools included structured interviews from those who consented for the study, using PTSD and demographic questionnaires, supplemented by secondary data gathered from books, newspapers, journals, and electronic sources. Ethical approval was obtained before carrying out the actual research and recruiting the participants. Survivor students and parents of the deceased were invited to participate. The required data was collected over a period of two months and subjected to statistical analysis using SPSS software.

Accessing women was a particular concern due to cultural barriers and the severity of the trauma they were experiencing. Parents could have likely felt frustrated by recurring memories through their participation in interviews, potentially increasing their levels of PTSD. Addressing gender sensitivities required a comprehensive approach that involved a consideration of our personal backgrounds and engagement with broader gender issues. One effective way of navigating such sensitivities is aided by the researcher's own gender. In our study, gender sensitivities did not pose issues during our fieldwork, as the lead researcher, being a woman herself and sharing the same culture and language, facilitated access to women. Therefore issues of gender, cultural differences, or potential power dynamics did not arise. Access was also facilitated through personal contacts, which then led to other respondents through snowballing technique. Respondents were offered the option of interview settings, often conducted in their homes. In pashtun culture, men and women observe *pardah* or seclusion as a sign of modesty and privacy, with socializing occurring separately, i.e., females meeting females in their homes. Therefore interviews were conducted separately for men and women. Respondents were debriefed on the objectives, and consent was obtained from them. For those who wished to remain anonymous, we ensured their anonymity by advising them to use pseudonyms if necessary. We respected the decision of those (only two respondents) who wished to withdraw from the interview process. This was crucial as women victims often felt more comfortable sharing their perspectives and experiences with us, in particular when we debriefed them about the research motives, the researcher's background in advocacy and women empowerment, gained through work with NGOs and INGOs in the pashtun region, that equipped her to understand and empathize with the sensitivities of the respondents, thereby ensuring their voices were heard in appropriate forums.

Procedure

We have used a stratified random sampling technique, for data collection. Additionally, a PTSD interview scale was developed (see Annex-2, 3), based on DSM-5 criteria, to collect data by summarizing anecdotes into PTSD scales. In order to gauge the level of symptoms of PTSD, revised version of 'Impact of Event Scale' (IES-R) developed by Weiss and Marmar (1997) was used. Furthermore, a demographic questionnaire (see Annex-1) was included to gather individual biographic information, such as name, age, gender, education, location, marital status, working status, household income, education level, ethnicity of the respondents, disability, and religion. This demographic data was utilized to exclude any factors that could affect Herman's (1992) trauma level Type-1 from trauma level type-2.

The sample size was determined based on the number of casualties in the APS Peshawar incident, totaling 144 students and teachers. The parents of these victims, who directly lost their children in the incident, were approached as direct victims. Additionally, an equal number of indirect victims—students and their parents from the same school who did not directly witness the incident but were traumatized indirectly—were approached for comparison. Respondents were contacted personally, and after obtaining their consent, individual consultations were scheduled to conduct PTSD tests. The required data was collected over a period of two months and subjected to statistical analysis using SPSS software.

The procedure is further explained in detail below:

Sample Criteria

As previously mentioned, the sample for this study aligns with Herman's identification of Type 1 trauma victims. Direct victims are characterized by irreparable loss, including parents and siblings of the deceased students and teachers. Indirect victims, experiencing repairable loss through indirect exposure to trauma, include students and parents of students at APS Peshawar.

The calculation of sample size was based on the Yamane Formula (1967), for determining sample size, given by $n = \frac{N}{1 + N(e^2)}$ where **n** represents the sample size, **N** denotes the population size, and **e** signifies the margin of error (MoE), set at 5%.

Sample Size

The study sample is divided into two categories: Direct Victims and Indirect Victims of the APS incident in Peshawar. Direct Victims include students from Class 8th to 10th and their parents, while Indirect Victims comprise students from Class 8th to 12th. Students from Class 6th and 7th are excluded due to age considerations. The remaining indirect victim students, spanning from Class 8th to 12th, are chosen for the study, with 36 students selected from each class, totaling 180. Adding this to the initial sample size of 288, the total population size is 468. Employing the Yamane Formula, with a known population size of 468 and a margin of error (e) of 0.05, the sample size is calculated to be 216. Proportional allocation is then applied, with 288 Direct Victims and 180 Indirect Victims. The formula allocates 133 participants to the Direct Victims group and 83 to the Indirect Victims group, ensuring a total sample size of 216. Students are considered as the direct victims because they confronted the incident in proximity and survived while parents of the deceased are considered as the indirect victims. Sample represented both gender. Age of the students ranges from 10 to 18 years. Overall, the sum of known population sample sizes equals the total sample size, ensuring representation of both Direct and Indirect victims.

Inclusion Criteria

For this study, the inclusion criteria for samples encompass direct victims experiencing irreparable loss and indirect victims encountering repairable loss.

Exclusion criteria

As per Herman’s Type-1 trauma category, this study excludes factors such as religious minorities, disabled individuals, and children, focusing solely on trauma resulting from the repercussions of post-9/11 and its psychological effects on its victims.

For data analysis, we utilized SPSS version 18. We calculated the frequencies of demographic variables, as well as mean scores and standard deviations (SD). To compare the two groups, we employed a t-test.

Results

Table 1

Age Distribution of Participants among Direct & Indirect Victims

Victims Age-Cross tabulation

Age		Direct Victims	Indirect	Total
20-30	Count	47	48	95
	% of Total	21.8%	22.2%	44%
30-40	Count	1	11	12
	% of Total	0.5%	5.1%	5.6%
40-50	Count	44	19	63
	% of Total	20.4%	8.8%	29.2%
over 50	Count	41	5	46
	% of Total	19%	2.3%	21.3%
Total	Count	133	83	216
	% of Total	61.6%	38.4%	100%

$\chi^2 (3,216) 36.838, p < 0.01$

The results reveal that 61.6% of the total sample were direct victims, while 38.4% fell into the category of indirect victims. Notably, a majority of both direct and indirect victims were aged between 20 and 30 years,

constituting 21.8% and 22.2%, respectively, thereby age gap between direct and indirect victims showing a statistical significance at the alpha level of .01 ($\chi^2(3, 216) = 36.838, p < .01$).

Figure 1

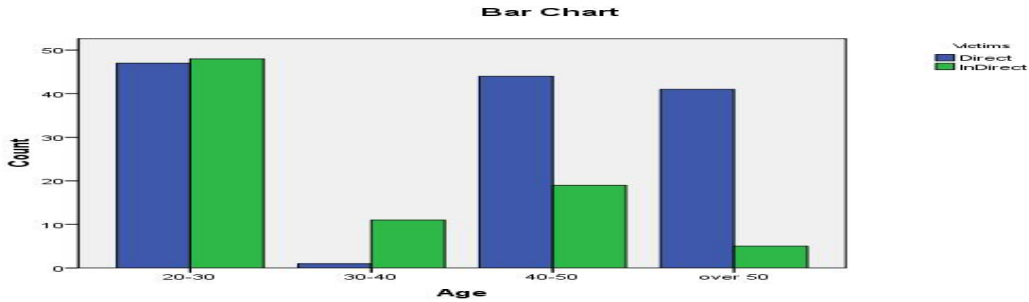


Table 2: Gender Distribution among Direct & Indirect Victims

Gender		Victims		
		Direct	Indirect	Total
Male	Count	70	58	128
	Percentage of Overall count	32.4%	26.9%	59.3%
Female	Count	63	25	88
	Percentage of Overall count	29.2%	11.6%	40.7%
Total	Count	133	83	216
	Percentage of Overall count	61.6%	38.4%	100.0%

$\chi^2(1, 216) 6.297, p < .05$

The findings show that 61.6% of the total sample were direct victims, while 38.4% fell into the category of indirect victims. Notably, a majority of both direct and indirect victims were gender male, constituting 32.4% and 26.9%, respectively, thereby the gender difference between direct and indirect victims showing a statistical significance at the alpha level of .05 ($\chi^2(1,216) = 6.297, p < .01$).

Figure 2

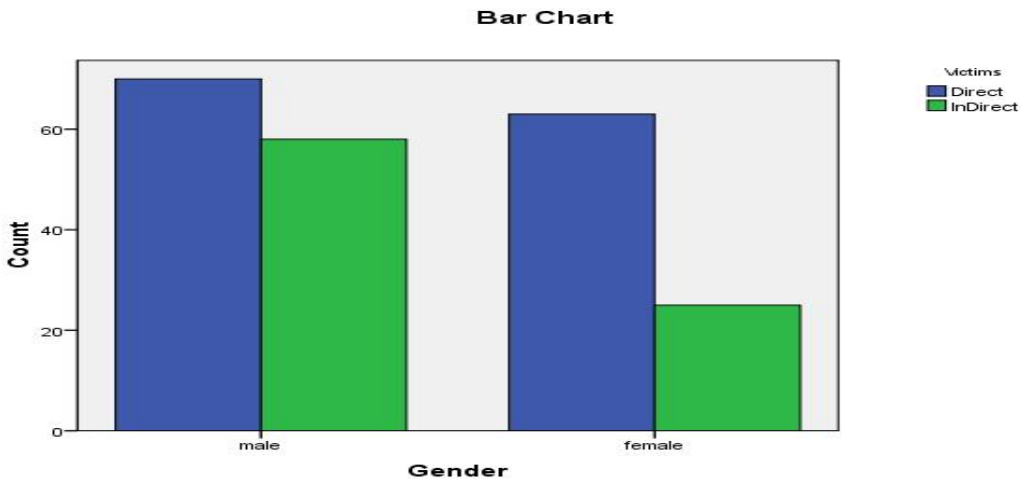
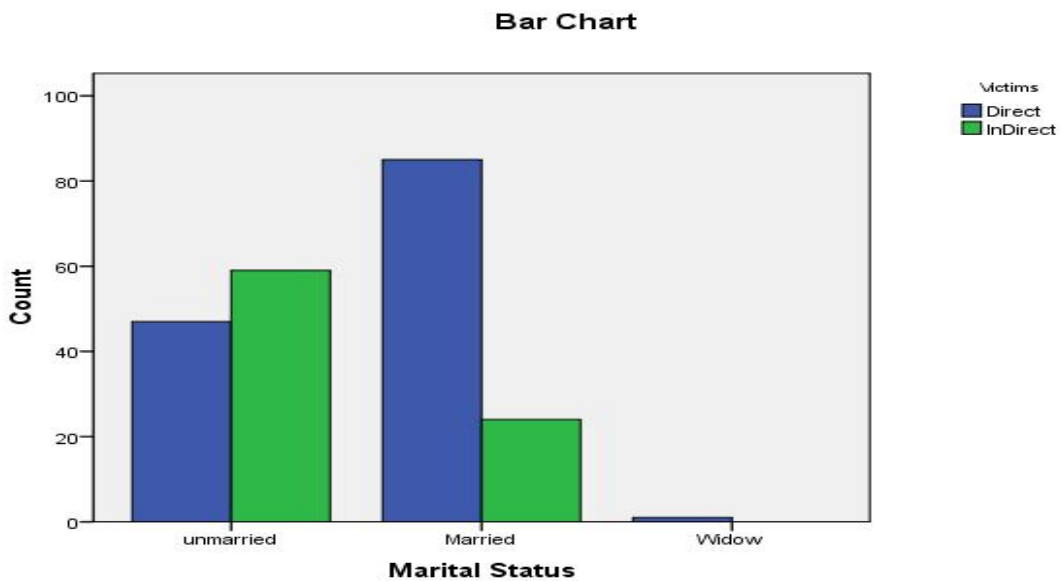


Table 3: Marital Status of respondents by Direct & Indirect Victims

Marital Status		Victims		
		Direct	Indirect	Total
Unmarried	Count	47	59	106
	% Of Total	21.8%	27.3%	49.1%
Married	Count	85	24	109
	% Of Total	39.4%	11.1%	50.5%
Widow	Count	1	0	1
	% Of Total	.5%	.0%	.5%
Total	Count	133	83	216
	% Of Total	61.6%	38.4%	100.0%

The results reveal that a majority of both direct and indirect victims were married, as the victims were parents, with percentages of 39.4% and 27.3%, respectively. This discrepancy in marital status between direct and indirect victims showed a statistical significance at the alpha level of .01 ($\chi^2(2, 216) = 26.333, p < .01$), thereby the findings indicating the significance of taking into account the marital status, in the context of this study – the parents, as a factor in understanding the impact of traumatic incidents, such as those studied on individuals and their families.

Figure 3



Within this study we have investigated the impact of education on coping strategies among victims of such tragedies. In this regard, we examined data related to an individual’s background in education, as can be seen in the table below:

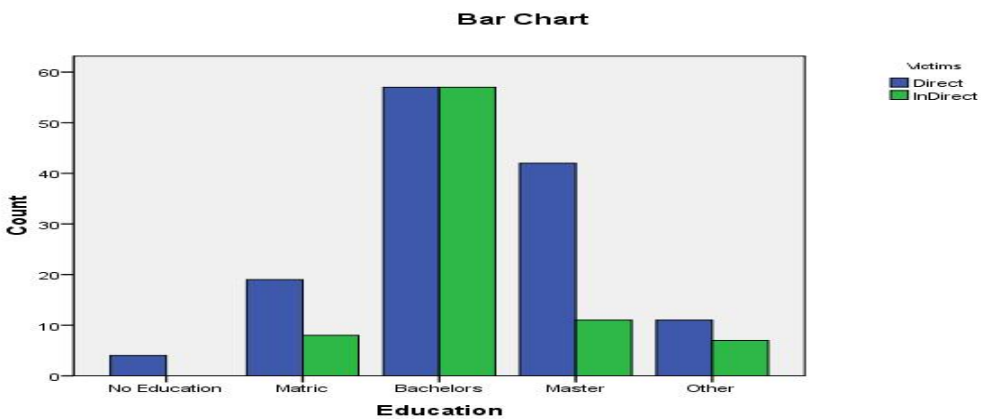
Table 4: Educational Background among Direct & Indirect Victims

Education		Victims		Total
		Direct	Indirect	
No Education	Count	4	0	4
	Percentage of Overall count	1.9%	.0%	1.9%
Matric	Count	19	8	27
	Percentage of Overall count	8.8%	3.7%	12.5%
Bachelors	Count	57	57	114
	Percentage of Overall count	26.4%	26.4%	52.8%
Master	Count	42	11	53
	Percentage of Overall count	19.4%	5.1%	24.5%
Other	Count	11	7	18
	Percentage of Overall count	5.1%	3.2%	8.3%
Total	Count	133	83	216
	Percentage of Overall count	61.6%	38.4%	100.0%

$\chi^2(4, 216) 16.830, p < .01$

The results reveal that a considerable portion of both direct and indirect victims had attained bachelor's degrees, each comprising 26.4% of the respective groups. Educational achievement between direct and indirect victims was found to be statistically significant at the alpha level of .01 ($\chi^2(4, 216) = 16.830, p < .01$). These findings highlight the importance of considering educational background in understanding the repercussions of traumatic events like the one under study on individuals, and how individuals from diverse social backgrounds cope with structural violence.

Figure 4



Likewise, we explored whether individuals' income levels have an impact on their coping strategies or their ability to deal with structural violence, we took employment data as tabulated below:

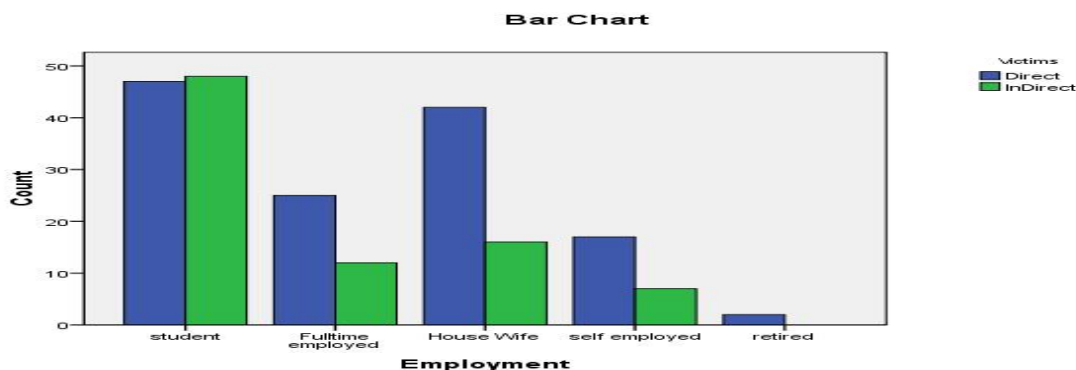
Table 5: Employment Status among Direct & Indirect victims

Employment		Victims		
		Direct	Indirect	Total
Student	Count	47	48	95
	Percentage of Overall count	21.8%	22.2%	44.0%
Fulltime Employed	Count	25	12	37
	Percentage of Overall count	11.6%	5.6%	17.1%
Housewife	Count	42	16	58
	Percentage of Overall count	19.4%	7.4%	26.9%
Self-employed	Count	17	7	24
	Percentage of Overall count	7.9%	3.2%	11.1%
Retired	Count	2	0	2
	Percentage of Overall count	.9%	.0%	.9%
Total	Count	133	83	216
	Percentage of Overall count	61.6%	38.4%	100.0%

$\chi^2 (4, 216) 11.439, p < .05$

Findings from the data indicate that a majority of both direct and indirect victims were students, constituting 21.8% and 22.2% of the respective groups. The disparity in employment status between direct and indirect victims was observed to be statistically significant at the alpha level of .05 ($\chi^2(4, 216) = 11.439, p < .05$). Exploring such background information on victims is important in understanding the multiple socioeconomic factors that can influence an individual’s experiences of traumatic events. Such an information also potentially helps to reveal the ability of victims to cope with trauma.

Figure 5



Analysis of PTSD (Post-Traumatic Stress Disorder)

Table 6
Aggregate Group Metrics

	Victims	N	Mean	SD	Std. Error Mean	<i>t</i>
Total PTSD	Direct	133	24.9023	3.60316	.31243	t (24, 216) 19.553, p < .01
	Indirect	83	13.3012	4.59516	.50438	

The descriptive data depicted in Table 6 highlight a considerable disparity in post-traumatic stress disorder (PTSD) symptoms between direct and indirect victims. Directly affected individuals exhibited significantly high scores across all PTSD components, as can be seen by a substantial difference with $t(24,216) = 19.553, p < .01$. In specific, direct victims displayed a mean score of 24.9, with a standard deviation of 3.60, suggesting a pronounced severity of PTSD symptoms within this group. Conversely, indirect victims presented lower levels of PTSD, with a mean score of 13.3012 and a standard deviation of 4.59516, underscoring the lesser psychological impact experienced by this subgroup. This analysis underscores the profound psychological toll of direct exposure to trauma, necessitating targeted interventions to address the heightened psychological distress observed among direct victims compared to their indirectly affected counterparts.

From a theoretical standpoint, these findings align with the stressor-strain model, which posits that exposure to traumatic events generates stressors that precipitate adverse psychological outcomes, such as PTSD symptoms. The more direct the exposure to stressors and the experience of trauma, the more evident PTSD is in victims, and vice versa. This interpretation highlights the distinct challenges faced by direct and indirect victims, acknowledging the significance of the differential impact of victim exposure to a traumatic event. Subsequently, it informs us about the ways interventions may be tailored to address the specific needs of different victim groups.

We tried to explore the severity of PTSD symptoms within the groups further with various metrics, as tabulated in Table 7 below:

Table 7
PTSD Independent sample statistics: Group Statistics (Annex – 3)

Questions	Victims	N	Mean	Std. Deviation	Std. Error Mean	sig
Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?	Direct	133	4.2556	.59866	.05191	t(24, 216)
	Indirect	83	2.2169	.76586	.08406	21.829, p < .01
Feeling very upset when something reminded you of a stressful experience from the past?	Direct	133	4.1353	.77637	.06732	t(24, 216)
	Indirect	83	2.2169	.76586	.08406	17.813, p < .01
Avoid activities or situations because they remind you of a stressful experience from the past?	Direct	133	4.1880	.64138	.05561	t(24, 216)
	Indirect	83	2.2169	.76586	.08406	19.555, p < .01 14.943, p < .01
Feeling distant or cut off from other people?	Direct	133	3.8872	.84972	.07368	t(24, 216)
	Indirect	83	2.2169	.76586	.08406	14.943, p < .01
Feeling irritable or having angry outbursts?	Direct	133	4.2632	.74767	.06483	t(24, 216)
	Indirect	83	2.2169	.76586	.08406	14.943, p < .01
Having difficulty concentrating?	Direct	133	4.1729	.83040	.07200	t(24, 216)
	Indirect	83	2.2169	.76586	.08406	17.672, p < .01

In terms of the occurrence of recurrent and distressing memories and thoughts related to the traumatic event, direct victims demonstrated higher levels of post-traumatic stress disorder (PTSD) compared to indirect victims. In specific, direct victims had a mean score of 4.2556, with a standard deviation of 0.59866, whereas indirect victims recorded a mean score of 2.2169, with a standard deviation of 0.76586. Disparities were found to be statistically significant at the alpha level of .01 ($t(24, 216) = 21.829, p < .01$), highlighting a high prevalence of

PTSD symptoms among direct victims. In an analytical sense, these findings align with the cognitive model of PTSD, which tells us that the prevalence of PTSD symptoms is caused by repeated and distressing memories and thoughts of a traumatic event. Interpreting the varied nature of exposures to trauma becomes important as it provides us with a better understanding of the prevalence of PTSD symptoms.

Likewise, in terms of experiencing distress when reminded of the traumatic event, direct victims exhibited greater levels of post-traumatic stress disorder (PTSD) in contrast to indirect victims. Direct victims experienced intense emotional distress and recorded a mean score of 4.1353, with a standard deviation of 0.77637, while indirect victims encountered fewer direct triggers, resulting in a lesser emotional impact having registered a mean score of 2.2169, with a standard deviation of 0.76586. This discrepancy was statistically significant at the alpha level of .01 ($t(24, 216) = 17.813.829, p < .01$), further corroborating the assertion of heightened PTSD prevalence among direct victims. Analytically, these findings resonate with the emotional processing theory of PTSD, which posits that individuals who directly experience trauma are more likely to develop heightened emotional reactivity to trauma reminders.

Furthermore, concerning the avoidance of activities or situations that evoke memories of the traumatic event, direct victims displayed heightened levels of post-traumatic stress disorder (PTSD) in comparison to indirect victims. Direct victims recorded a mean score of 4.1880, with a standard deviation of 0.64138 highlighting the direction victims actively avoid reminders or situations reminiscent of the trauma to manage distress, while indirect victims obtained a mean score of 2.2169, with a standard deviation of 0.76586, thereby suggesting indirect victims may not exhibit the same degree of avoidance behavior. This contrast was statistically significant at the alpha level of .01 ($t(24, 216) = 19.555, p < .01$), further affirming the presence of increased PTSD symptoms among direct victims. From an analytical standpoint, these findings resonate with the cognitive-behavioral model of PTSD, which suggests that individuals who directly experience trauma are more inclined to engage in avoidance behaviors as a coping mechanism.

Moreover, in terms of experiencing feelings of detachment or isolation from others, direct victims exhibited elevated levels of post-traumatic stress disorder (PTSD) compared to indirect victims. This is clearly reflected in the data, which recorded a mean score of 3.8872 and a standard deviation of 0.84972. At one level, the prevalence of PTSD is associated with this social detachment, but more importantly, the victims find themselves emotionally distant from others. On the other hand, regarding the indirect victims, the data shows a mean score of 2.2169 and a standard deviation of 0.76586, revealing that even though indirect victims were exposed to trauma, they may not experience the same degree of social isolation. From a theoretical perspective, these findings closely relate to the social cognitive model of PTSD, which informs us that direct victims may struggle with feelings of alienation from others due to exposure to such traumatic experiences.

Furthermore, concerning the experiences of direct victims exhibiting irritability, or episodes of angry outbursts, the data analysis recorded a mean score of 4.2632 and a standard deviation of 0.74767, revealing high levels of post-traumatic stress disorder (PTSD) for this category. This result synchronizes well with the arousal model of PTSD, concerning the victims' exposures to traumatic experiences and levels of irritability and angry outbursts. What this also signifies is that direct victims may struggle with regulating their emotions and, in a way, may be more prone to experiencing irritability and angry outbursts when exposed to stressors. The data for indirect victims, with a mean score of 2.2169 and a standard deviation of 0.76586, shows that indirect victims may not experience the same degree of irritability and emotional outbursts. This distinction was statistically significant at the alpha level of .01 ($t(24, 216) = 14.943, p < .01$).

Clearly, the direct victims are the most affected, having also experienced disruptions in cognitive functioning and difficulties with their concentration levels, mostly triggered by repetitive thoughts and PTSD. This is evident in the data for direct victims, recording a mean score of 4.1729 and a standard deviation of 0.83040. Analytically, these findings are consistent with assumptions in the cognitive-behavioral model of PTSD. On the other hand, indirect victims obtained a mean score of 2.2169, with a standard deviation of 0.76586. This distinction was statistically significant at the alpha level of .01 ($t(24, 216) = 17.672, p < .01$).

In summary, the data consistently demonstrates a higher level of PTSD among direct victims, highlighting the intense burden of trauma experienced by this group. Analysis of the data revealed that direct victims experiencing the traumatic event firsthand are more likely to be exposed to triggers that evoke stressors, thus

leading to a higher frequency and intensity of PTSD, and vice versa. Interpreting the varied nature of exposures to trauma becomes important as it provides us with a better understanding of the prevalence of PTSD symptoms.

In the next section, we will explore the pervasive impact of trauma based on gender.

Table 8
Summary Figures of PTSD with Gender Contrast (Appendix – 3)

Questions	Gender	Mean	Std. Deviation	N
Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?	Male	3.25	1.32	128
	Female	3.7955	0.89	88
	Total	3.4722	1.19657	216
Feeling very upset when something reminded you of a stressful experience from the past?	Male	3.1797	1.30676	128
	Female	3.7159	.98201	88
	Total	3.3981	1.21188	216
Avoid activities or situations because they remind you of a stressful experience from the past?	Male	3.2031	1.28810	128
	Female	3.7614	.92220	88
	Total	3.4306	1.18313	216
Feeling distant or cut off from other people?	Male	3.0078	1.22633	128
	Female	3.5909	.94244	88
	Total	3.2454	1.15335	216
Feeling irritable or having angry outbursts?	Male	3.2578	1.35882	128
	Female	3.7955	.99607	88
	Total	3.4769	1.24990	216
Feeling distant or cut off from other people?	Male	3.2266	1.37018	128
	Female	3.7045	.98447	88
	Total	3.4213	1.24762	216
Total PTSD Score	Male	19.1250	7.61577	128
	Female	22.3636	5.26359	88
	Total	20.4444	6.92932	216

The data presented in Table 8 provides a rather surprising and unexpected insight into the gender dynamics of PTSD symptoms between male and female respondents. Contrary to conventional expectations, there is evidence of a pronounced mental impact on the male respondents, as reflected in the higher scores observed in all metrics given in the table. Further reflections from the data demonstrate that males have been more affected both emotionally and psychologically by the tragic event compared to females. Observations such as these challenge traditional stereotypes related to gender responses to traumatic events. One possible explanation is that males may be more prone to outward displays of emotional stress, leading to the internalization of emotions and resulting in emotional suppression.

Explaining these results in the context of structural violence theory, gender disparities may be understood as reflections of wider systemic inequities and power imbalances within society. In societies, particularly developing countries, where citizens have limited access to resources (North, 1990), males and females generally experience distinct challenges and vulnerabilities, including those associated with gender roles and access to resources. Clearly, there is an influence of gender norms and societal expectations on how individuals cope with trauma. This data, therefore, reflects a microcosm of the broader differential vulnerabilities among males and females prevalent within society. Moreover, disparities in access to healthcare, social support, and economic opportunities may exacerbate the impact of trauma, contributing to higher levels of PTSD. Addressing structural violence requires comprehensive interventions aimed at dismantling discriminatory social and political systems and promoting gender equity across all levels of society. By acknowledging and addressing the underlying structural factors that perpetuate gender disparities in trauma outcomes, policymakers and practitioners can work towards creating more equitable and inclusive systems of support for all survivors of traumatic incidents.

Table 9*Expectations of Assistance by the two categories of cohorts*

Categories	Gender	Mean	Std. Deviation	N
Governmental, political, economic, and social groups/organizations (political parties, women's groups, village committees, trade union, cooperate-associations, volunteer groups, etc.)	Male	3.3828	1.14411	128
	Female	3.3977	1.22746	88
	Total	3.3889	1.17599	216
Cultural, recreational and leisure groups/organizations (religious, country fellows, alumni, sport, music, dances, crafts, games, etc.)	Male	3.4375	1.17554	128
	Female	3.4091	1.23769	88
	Total	3.4259	1.19848	216

The data presented in Table No. 9 suggests that male respondents who were directly affected by the situation tended to have lower expectations of receiving assistance from various governmental, political, economic, and social entities, such as political parties, women's groups, and trade unions. Specifically, their mean score for expecting help upon request was 2.8143, with a standard deviation of 0.93705, indicating a considerable deviation from the norm. In contrast, female respondents in the same group exhibited a slightly higher mean score of 3.1, with a standard deviation of 1.20632. Among those indirectly affected by the situation, male respondents demonstrated a somewhat higher mean score of 4.0690, albeit still indicating a lower reliance on external assistance, while females in this category scored marginally higher, with a mean of 4.12. The disparities in mean scores between male and female respondents within both the direct and indirect victim groups underscore a noteworthy trend of reduced social capital among male participants in seeking assistance from these societal structures.

Further analysis of the data provides additional insights into the overall patterns of behavior among the respondents, revealing the extent of assistance sought. This is reflected in the total mean score of 3.3828 for male victims across both direct and indirect victim categories, and a standard deviation of 1.14411. Conversely for females, a marginally higher mean scores of 3.3977 was observed, and a standard deviation of 1.22746, indicating that external support systems have been available to both genders, albeit the latter having a relatively greater reliance on those systems. Analyzing from Galtung's structural violence framework, the lower mean scores among males may suggest systemic deprivation of access to essential support systems, reflecting the structural violence inherent in persist within developing countries, reflecting broader gender-based societal norms and power imbalances.

In light of the above observations, a consistent pattern is also reflected in the assistance seeking behavior of respondents from cultural, recreational, and leisure organizations i.e., gender-based differences are noted in social capital allocation. More so, there are apparent differences between the two groups amongst both the direct and indirect categories; in specific, males (direct victims) reported diminished support with a lower mean score of 2.8 and SD=0.94, conversely females recorded a slightly higher mean score of 3.1 and SD of 1.2. On the other hand, the male group in indirect category however suggests a reliance on external assistance, reporting a slightly higher mean score than females.

Expanding upon these findings within the framework of social capital theory, it elucidates the complex dynamics shaping individuals' interactions within their social environment. In developing countries, these interactions are influenced by cultivating interpersonal relationships and utilizing social and political networks, ultimately fostering the development of social capital to access resources. At one level, any gender disparities observed in individuals' assistance-seeking behavior highlight inequities in accessing opportunities within

governmental, social, political, cultural, recreational, and leisure support structures. When analyzed through the lens of Galtung's structural violence theory, these disparities showcase the systemic inequities entrenched within the social environment. However, the specific opportunities available, the impact of traumatic events on gender-specific opportunities, and strategies to access these opportunities are context-specific, necessitating concerted efforts to dismantle such structural barriers.

Discussion

This study aimed to explore the impact of structural violence, specifically post-9/11 terrorism acts, on the parents of children killed in the attacks on APS School in Peshawar. By using mixed method approaches i.e., statistical analysis and qualitative tools, this study compared the traumatic experiences of direct and indirect victims, where most findings indicate that direct victims suffered a higher level of Post Traumatic Stress Disorder (PTSD). Additionally, and unexpectedly the male victims showed a high prevalence of PTSD. Consequently, the data analysis confirmed this research hypothesis, suggesting that survivors of structural violence, such as terrorist attacks, are susceptible to serious psychological issues like PTSD. The following sections discuss these findings, along with the gender specific impact of this trauma.

Psychological Repercussions

An intriguing and concerning observation from this research is that despite the terrorist attack on APS Peshawar occurring in December 2014, the psychological repercussions persisted even after many years, indicating that the intensity of structural violence is correlated with the duration and sustainability of its effects. Our findings align with previous research by García-Vera, and Sanz (2017) which informs us that approximately 18-40% of direct victims develop PTSD symptoms after a terrorist attack. Similarly, the percentage of indirect victims with PTSD symptoms is lower, as observed in our study. Additional research by García-Vera, and Sanz, (2017) suggests that PTSD symptoms in direct victims tend to decrease after one year, while remaining constant in indirect victims. This contrasts with our results, where PTSD symptoms persist in both direct and indirect victims even after a decade. One possible explanation for the prolonged PTSD is that previous studies on PTSD in direct or indirect victims have focused on one-time events, for instance 9/11 attacks (Neria Y, Olfson M, Gameroff MJ et al., 2008), London bombing (Greenberg, 2010) or Madrid attacks (Juan et al., 2006). However, in the case of the APS attack, the victims had already been experiencing terrorism for a decade and continued to face violence even after the event. Thus, the persistence of PTSD is linked to violence entrenched within the social environment, and as such strengthens debates around Galtung's structural violence theory.

Several contributing factors were identified for this prolonged psychological distress: (a) the repetition of memorial events related to the APS attacks, along with government and media publicity, prolonged the recovery process for victims; (b) the lack of immediate provision of psychological interventions, such as trauma therapy, after the incident, further exacerbated mental illness among survivors; (c) a pervasive sense of resentment among victims towards the government due to perceived lack of justice, with a significant majority expressing anger and frustration over unmet expectations from the government.

The results regarding PTSD were thought-provoking, with each component of the tests suggesting avenues for further research, particularly in gender studies, especially regarding the cathartic impact on PTSD among men and women at various levels. The detailed findings of the PTSD components are discussed below.

PTSD Components

Repeated, disturbing memories, thoughts, or images of a stressful experience from the past.

Direct victims exhibited significantly higher levels of PTSD compared to indirect victims. Mothers who lost their children in the terrorist attack often experienced recurrent flashbacks of the traumatic event, which significantly disrupted their daily lives even after many years. These findings highlight a previously unrecognized aspect of PTSD, indicating that its effects can persist for an extended period.

Feeling very upset when something reminded you of a stressful experience from the past.

Analysis of the data indicates that any reminder of the stressful experience remained deeply distressing for the victims. Media coverage and memorial events often triggered negative emotions for the victims. While parents appreciated the public support, respondents in general felt very upset when reminded of the stressful incident. For many respondents, it felt like experiencing the incident anew each time it was recalled.

Avoid activities or situations because they remind you of a stressful experience from the past.

According to the respondents' responses, victims tended to avoid activities or situations that would trigger a grief response in them, with direct victims being more easily triggered than indirect victims. Consequently, many parents refrain from accepting invitations to government or public events commemorating the APS Peshawar incident to avoid experiencing flashbacks. This component also revealed that parents actively avoid media coverage during December, the month in which the incident occurred, to mitigate stress.

Feeling distant or cut off from other people.

During the fieldwork, it was common to observe victims becoming distant and reducing their contact with others. Many direct victims actively avoided public gatherings, preferring solitude to situations where negative emotions could be triggered. It was discovered that victims refrained from attending joyous events with family or in social circles and frequently made excuses, citing the potential exacerbation of grief and feelings of inadequacy and misfortune. Some victims expressed during interviews that they felt irritated and lacked motivation to participate in social gatherings.

Feeling irritable or having angry outbursts.

Feeling irritable or experiencing angry outbursts was also common among both categories of victims, although direct victims tended to experience more frequent outbursts. They expressed frustration over the incident and struggled to come to terms with their loss. Additionally, they felt that justice was not being served, as they demanded further investigations and trials against the culprits. These factors heightened their irritability and led to frequent angry outbursts.

Having difficulty concentrating

The findings indicated that difficulty concentrating was significantly more prevalent among direct victims of the APS Peshawar attack. Some young victims who directly experienced trauma struggled to concentrate on their academic activities or tasks, leading some to discontinue their education. Many victims also exhibited memory-related problems, with some parents of deceased students experiencing memory loss as a result of prolonged trauma.

Gender-Wise Comparison of PTSD

This study explored the various ways parents managed trauma. The gender-focused results present intriguing findings, particularly notable is the discovery that male respondents who directly experienced trauma exhibited more PTSD symptoms than female respondents. This is in contradiction to existing research showcasing women in general suffer more from PTSD (Christiansen & Elklit, 2008; Zlotnik, et al., 2006), with Ditlevsen and Elklit (2010) going to extent and asserting that women have more than twice the prevalence of PTSD compared to men. Further, examining gender differences in the context of their life histories, existing research indicates that PTSD prevalence varies with age, with men most likely to exhibit the highest levels of symptoms in their early 40s. This aligns with our findings, as most male parents in our sample were in this age range.

More so, these findings contrast with conventional expectations, especially in patriarchal societies, where one might anticipate females to experience higher levels of PTSD. Our data indicating higher PTSD rates among men is attributed to the dynamics of patriarchal society. In such societies, masculinity is encouraged, discouraging male individuals from being vulnerable and expressing grief, leading to the suppression of negative emotions. Such a practice is harmful to men and affected them psychologically, compared to females who were found to have easily expressed their emotions, hence releasing the stress.

These interesting findings highlight a need for a renewed focus on the complex interplay between gender norms and the coping mechanisms of individuals in response to traumatic events. Additionally, this research emphasizes the necessity of gender-sensitive approaches and how the impact of structural violence is generally perceived in gender studies.

Concentration level

In this research, we have used demographic variables such as: age, gender, education, income, and marital status of the victims. An interesting result was observed: older women direct victims (> 50) demonstrated a stable concentration level compared to the young female victims (mothers of the APS martyrs). This contrasts earlier

studies indicating that women have the highest prevalence of PTSD occurring in their early 50s (Ditlevsen & Elklit, 2010). Further inquiry into the results uncovered that accumulated experiences in coping with stressors influenced lifestyle choices. In this respect, medical research already informs us about a person's ability to sustain attention seems to get better over time (Fortenbaugh et al., 2015). The findings gave a thought-provoking gender comparison, challenging the stereotype about men being inherently strong with a stable mental health.

Post-Violence Social Change

Social change in post-conflict societies is often viewed as the result of Western-inspired 'institutional re-arrangements' that shift traditional local cultures towards more modern ones (Castles, 2010). In this transformed environment, political and economic rights are redefined, enabling marginalized groups, including women, to gain more opportunities. Through this perspective, citizen rights and opportunities are shaped from a top-down 'structural' approach (Putnam, 1995; Fukuyama, 1999). This approach is problematic in conflict-affected societies, where changes are also driven by unforeseen events such as terrorist attacks, which indirectly manifest violence and have unintended consequences. Rather a 'bottom up' approach. One significant consequence is the accumulation of social capital by marginalized groups (Shah, 2018; Toyon, 2022). This research observed a consistent pattern in this context.

The most significant social change observed is the enhanced social capital of women through their increased interaction with other women via networks, civil society, and media channels. Such heightened interaction manifested itself in different forms, including women participation in protests, press conferences, and attending government events related to victims of the APS Peshawar tragedy. This had led women handle trauma better than their male counterparts. Most of the women, predominately housewives, were thus exposed to a different social environment - their pre-incident interaction was restricted primarily to family and friends' circles, whereas the post-incident engagements rendered these women more socially active, reflected in their public speeches and by facing media cameras during their interviews. The primary data results underscore such social transformation as an unintended outcome of structural violence.

Contributions of this Research

This paper contributes to theoretical debates surrounding structural violence theory and enhances micro-level analysis by examining the gender perspective of structural violence. The findings align with Galtung's theory of structural violence, emphasizing indirect forms of violence. While Galtung's concepts operate at a macro level, this study delves into micro-level structures, revealing demographic variations in the intensity of structural violence's psychological impact. Further research is warranted to explore these micro-level impacts across different societal segments.

The empirical contribution to the theory of structural violence, based on statistical analysis of PTSD among victims at the micro-level, is elaborated below:

- Male victims exhibit a higher level of PTSD compared to female victims.
- Unintended consequences of structural violence are observed, benefiting women by fostering increased social connectivity through triggered social change among female victims.

Conclusion

The War on Terror had significant repercussions for the people of Pakistan, particularly in Khyber Pakhtunkhwa. While scholarly attention predominantly focused on the war's impact from geopolitical or governance perspectives, there was a notable gap in empirically exploring the psychological effects on trauma victims of terrorist attacks, especially in Peshawar district, KPK. This research extends the theoretical concepts of Galtung's (1969) Structural Violence Theory, which elucidates violence's manifestation through indirect means, predominantly via structures and institutions, significantly impacting individuals' overall well-being. The study investigates the psychological repercussions of post-9/11 terrorism in Pakistan, focusing on the APS Peshawar terrorist incident as a case study to evaluate Post-Traumatic Stress Disorder (PTSD) levels among victims. Hypothesizing higher PTSD levels among directly exposed victims compared to indirectly exposed ones, the study developed an interview scale based on DSM-5 criteria alongside demographic questionnaires for assessment. The findings support our hypothesis, revealing higher PTSD levels among direct victims, notably with men exhibiting higher PTSD rates than women. These results carry implications for policy frameworks and future research endeavors, emphasizing that seeking social and professional support is helpful after trauma, lack of them being the

most consistent predictor of negative outcome. It is seen that men are often reluctant to expose their vulnerable self and prefer to suppress their negative emotions. Such a practice is harmful to men. Keeping these finding in view, this research emphasizes the necessity of gender-sensitive approaches in psychological interventions in future.

This study addressed this gap by assessing PTSD levels in trauma victims and developing scales that may aid other PTSD sufferers.

Future Directions in the Study

Further exploration into the micro-level manifestation and representation of structural violence, particularly in conflict contexts, is essential due to its profound social, psychological, economic, and political ramifications. More research is needed to ascertain whether the discrepancies in social capital between genders arise from institutional biases, differences in individual capability to access limited resources, cultural norms, or other social factors in order to develop effective policy interventions. These implications underscore the urgency for additional research and call for policymakers' attention toward policy formulation and reforms. Future studies should leverage the findings of this research and investigate various avenues for addressing psychological repercussions. It is recommended to explore the relationship of pediatric PTSD and their specific developmental stages of physical and mental development as limited research is available in this area. Additionally, renewed focus on gender research is imperative, particularly concerning perceptions of men's mental health and their role in gender empowerment efforts.

Limitations

- Among the limitations encountered in this research, one significant issue was the lack of security.
- The global COVID-19 pandemic also presented a barrier, resulting in time loss during lockdown periods.
- Research on structural violence theory primarily focuses on macro-level concepts, indicating a need for more micro-level understanding. Consequently, additional studies within Pakistan would enhance our comprehension of the subject.
- There is a paucity of research on structural violence and its gender-related repercussions in Pakistan, hindering the establishment of a foundational understanding of gender impacts.
- The age range of participants in this study predominantly fell between 20 and 65 years, raising questions about the applicability of results to populations under 20 and over 65 due to their lack of representation.

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Annex-1: Demographic Questionnaire:

Age

- Below 20
- 20-30
- 30-40
- 40-50
- Over 50

Gender

- Female
- Male
- Other

Location

- Peshawar District
- Outside Peshawar District

Religion:

- Muslim
- Christian
- Sikh
- Hindu
- Others

Marital Status

- Unmarried
- Married
- Single
- Divorced
- Widow

Education

- No Education
- Matric
- Bachelors

- Masters
- Other

Employment

- Student
- Unemployed
- Full time employed
- Part Time employed
- Self Employed
- Retired
- Unable to work

House Hold Income

- Below PKR 20,000/Month (poverty line indicator)
- Above PKR 20,000/Month (no poverty line indicator)

Annex-2: Assessment Test PTSD (Post-Traumatic Stress Disorder)

This interactive PTSD Test is based upon the DSM-5 criteria for PTSD and has been structured in a manner to allow for a short and simple self-assessment for large population sampling.

Complete the following to get an assessment that you are showing signs of post-traumatic stress disorder. All answers supplied are kept strictly confidential.

- **Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?**

Never
Rarely
Sometimes
Often
Very Often

- **Feeling very upset when something reminded you of a stressful experience from the past?**

Never
Rarely
Sometimes
Often
Very Often

- **Avoid activities or situations because they remind you of a stressful experience from the past?**

Never
Rarely
Sometimes
Often
Very Often

- **Feeling distant or cut off from other people?**

Never
Rarely
Sometimes
Often
Very Often

- **Feeling irritable or having angry outbursts?**

Never
Rarely
Sometimes
Often

Very Often

- **Having difficulty concentrating?**

Never

Rarely

Sometimes

Often

Very Often

The test is based on DSM-5 and structured by Dr. Arnold Lieber, MD, and the tests are intended to help patients identify if they might benefit from further treatment.

Annex-3:

Assessment Test PTSD (Post-Traumatic Stress Disorder)

Questions	Never 0	Rarely 1	Sometimes 2	Often 3	Very Often 4	Score
Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?						
Feeling very upset when something reminded you of a stressful experience from the past?						
Avoid activities or situations because they remind you of a stressful experience from the past?						
Feeling distant or cut off from other people?						
Feeling irritable or having angry outbursts?						
Having difficulty concentrating?						
Total Score						