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International terrorism and its psycho-social impacts in Africa: A case study of Kenya, 1998-2015

By

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Master of Arts in International Studies

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Declaration

I, *Macharia Michael Kanyange*, declare that this research project is my original work and has not been presented for a examination in any other University.

Signed………………………………. Date…………………………..

Macharia Michael Kanyange

(R50/74155/2014)

Supervisor

This research project has been submitted for examination with my approval as the University Supervisor.

Signed………………………………… Date……………………………….

Prof. Amb. Maria Nzomo

Dedication

This work is dedicated to my wife Veronica, my children Caren, Angela and Clara whose unwavering support has been a source of encouragement and to the survivors of terror attacks whose lives have been adversely affected.

Acknowledgment

I am grateful to God for his divine providence in the course of my studies. I wish to acknowledge the support of my supervisor, Prof. Amb. Maria Nzomo, for her guidance and critique, my lecturers at the *Institute of Diplomacy and International Studies*, *University of Nairobi*, my classmates for their encouraging words, Kenyatta University's transport fraternity for their understanding and moral support and my family who had to do with many days of my absence during the study period.

Abstract

International terrorism as a man-made event is a warfare whose battlefield is the mind. It is a psychological warfare that seeks to influence humanity behaviour. Its consequences are not only physical, but also psychological and social. This research seeks to examine and assess the psychosocial impacts of international terrorism in Africa focusing on the victims and first responders to terrorist attacks in Kenya between 1998 and 2015.This period covers the US Embassy bombing in 1998 to the Garissa University College attack in 2015. The study was carried out using a questionnaire administered to willing survivors and target groups. The study first seeks to establish the key impacts of international terrorism globally, then analyzes the psychosocial impacts on the victims and finally examines and assesses how victims cope and respond to terror attacks. The assessment and analysis uses the psychosocial model from Psychology since survivors experience the impacts with variably depending on their location from the epicenter of the terror attack to its periphery. There is scanty literature on the psychosocial impacts of international terrorism from an International Relations perspective and the available literature is heavily dependent on the discipline of Psychology. The study finds that majority of the survivors experience flashbacks and memories of the attacks and suffer psychosocial effects such as horror, insomnia, anxiety, fear of crowded places and avoided conversations, people and places that reminded them of the traumatic event they were involved in. The research also finds that the government of Kenya has not put in place sufficient measures that can assist the survivors of a terror attack. No study, known to the researcher, has been done in the country on the psychosocial impacts of international terrorism. There is need, therefore, for further research to be done in this area and to develop a theoretical framework that can be applied in the analysis of the psychosocial impacts of international terrorism form an International Relations perspective.

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Abbreviations

AMISOM   -   Africa Union Mission in Somalia

AU   -   African Union

EU   -   European Union

GoK   -   Government of Kenya

GWOT   -   Global War on Terror

IDIS   -   Institute of Diplomacy and International Studies

IED   -   Improvised Explosive Device(s)

KDF   -   Kenya Defence Forces

KPS   -   Kenya Police Service

KRCS   -   Kenya Red Cross Society

NCTC   -   National Counter Terrorism Centre

NACOSTI   -   National Council for Science, Technology and Innovation

PTSD   -   Post Traumatic Stress Disorder

UN   -   United Nations

UON   -   University of Nairobi

US   -   United States of America

Operationalization of Key terms

Al Qaeda

Sometimes spelt as "Al Qaida" is a militant Sunni Islamist global organization founded in 1988 by Osama bin Laden, Abdullah Azzam, and several other Arab volunteers who fought against the Soviet invasion of Afghanistan in the 1980s.

Al Shabaab

Also known as Harakat al-Shabab al Mujahideen, is an al-Qa'ida affiliate based in Somalia that is seeking to create an Islamic state, that is, a Caliphate and the implementation of the Sharia law in Somalia and in the Horn of Africa.[1] Al-Shabaab was the military wing of the Somali Council of the Islamic Courts Union (ICU) that took control of most of the Southern Somalia in 2006. It was mainly a clan based insurgent that continues to engage in guerrilla like warfare and terrorist tactics.

Boko Haram

Boko Haram was the deadliest terrorist group in 2014, killing 6,644 people. The group is also known as Jamā'atAhl as-Sunnah lid-Da'wahwa'l-Jihād and more recently Islamic State's West Africa Province (ISWAP). The name Boko Haram can be translated as 'Western education is forbidden.' The group is mainly based in Nigeria though it is fast spreading to neighbouring countries. "Following a dispute with Nigerian government authorities and the death of their leader Mohamad Yusuf in 2009, the group began engaging in a campaign of violence. The new leader, Abubakar Shekau, declared jihad against the Nigerian Government and the United States in 2010. Boko Haram seeks to establish an Islamic state in Nigeria, a country which is divided between the Christian south and the

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[1]Global Terrorism Index 2015 p. 41

Muslim north. Sharia is fully implemented in nine and partially implemented in three of the 36 states of Nigeria, all of which are in northern Nigeria"[2].

Jihad

"Essentially jihad means struggle. It comes from the Arabic verb *jahada*: to strive, struggle, fight. Muslim jurists have identified two types of Jihad in the religious sense. The Greater Jihad (*al-jihad al-akbar*) refers to the personal struggle of the heart, where the believer strives to overcome personal temptations and the carnal self. This inner struggle is the highest form of Jihad. Here Muslims strive to internalize the Islamic message through such prescribed actions as prayer, fasting, and almsgiving. The Lesser Jihad *(al-jihad al-asghar)* is the outward struggle of the Muslim against the enemies of the faith. This struggle requires the use of the tongue, the hands, or the sword. It is only with the sword that Muslims actually engage in mortal combat by taking arms against Islam's adversaries".[3]

Posttraumatic Stress Disorder (PTSD)

According to the National Institute for Mental Health, PTSD is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened. Traumatic events that may trigger PTSD include violent personal assaults, natural or human-caused disasters like terrorism, accidents, or military combat.

Psychological

Relating to one's mind or directed toward the will or toward the mind specifically in its cognitive function

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[2] Global Terrorism Index, 2015 p. 41
[3] Gawrychn. d

Social

Relating to society or people's life in general or relating to human society, the interaction of the individual and the group, or the welfare of human beings as members of society

Psycho-social

Refers to one's psychological development in, and interaction with, a social environment, that is involving both psychological and social aspects or relating social conditions to mental health

International terrorism-

These are "activities that involve violent acts of acts that are dangerous to human life that are in violation of the criminal laws of any state, or that would be a criminal violation if committed within the jurisdiction of another state, or appear to be intended to intimidate or coerce a civilian population, to influence the policy of a government by intimidation or coercion; or to affect the conduct of a government by assassination or kidnapping; and occur primarily outside the jurisdiction of a state or transcend the national boundaries in terms of the means by which they are accomplished, the persons they appear intended to intimidate or coerce, or the locale in which the perpetrators operate or seek asylum."[4]

Terrorism -

Is defined as a premeditated and politically motivated violence against non- combatants targets by sub national groups or clandestine agents, usually intended to influence an

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[4] www.lectlaw.com

audience. "It is the intentional infliction of suffering or loss of one party by another party, which has no authority or legitimacy. An alternative definition is the use of indiscriminate violence to intimidate the general majority of people in a state to accept the changes advocated by the terrorists. The essence of terrorism is to kill or injure opponents in ways specifically designed to cause fear and, thus, to disorganize the opposing society to a degree far out of proportion to the number of victims"[5]

Survivor

Someone or something that still exits after an event that could have killed or destroyed them or someone who manages to continue a successful life despite very bad experiences.

Trauma

A bad experience that makes someone feel very upset, afraid or shocked, or a feeling of being upset, afraid or shocked after a bad experience.

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[5]Kenya National Counterterrorism Strategy, 2004, p. 1.

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CHAPTER 1

1.0 Introduction

International terrorism is a human-made event that has in recent times increasingly risen as a non-state actor to influence the relations among nations. It has challenged the dominant state actors in their relations and determines the international agenda on security and peace. It is a war whose "battle field is the mind". A lot of attention has been focused on how to counter this rising global phenomenon withthe United Nations Security Council passing a counterterrorism resolution 1566[6] which redefined the acts of terrorism. Its consequences on humanity are devastating and long term hence the need for concerted effort to combat it. The survivors or objects of terrorism have little intrinsic value to the perpetrator of the terror act but they "represent a larger human audience whose reaction the terrorists seek."[7]

1.1 Background

Kenya was for a long time described as an 'Island of peace' for it was surrounded by countries experiencing civil strife. However, the Al Qaeda operatives, in their own thinking, have come to define Kenya as a "*Dar al Harb*" and "*Dar al Kafr*", that is, "Land of War" and "Land of Disbelief" respectively. The idea of the "Land of War" has been widened by

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[6]United Nations Security Council Resolution 1566 of 8th October, 2004 no. 3. States… *"that criminal acts, including against civilians, committed with the intent to cause death or serious bodily injury, or taking of hostages, with the purpose to provoke a state of terror in the general public or in a group of persons or particular persons, intimidate a population or compel a government or an international organization to do or to abstain from doing any act, which constitute offences within the scope of and as defined in the international conventions and protocols relating to terrorism, are under no circumstances justifiable by considerations of a political, philosophical, ideological, racial, ethnic, religious or other similar nature, and calls upon* all States to prevent such acts and, if not prevented, to ensure that such acts are punished by penalties consistent with their grave nature;"

[7] Martha Crenshaw, Causes of terrorism, *Comparative Politics*, Vol. 13, No. 4. (Jul., 1981), pp. 379-399

the terrorists to include the home countries of forces "fighting in Islamic lands"[8]. The 1998 terrorist attack in Nairobi awakened the country to the reality that it was no longer a safe haven. The simultaneous attacks targeted the United States of AmericaEmbassies in Nairobi and DaresSalam. It was the most devastating attack the country had ever experienced. Two hundred and twenty four people died and over four thousand others injured.[9] Kenya became a soft target for Al Qaeda terrorist activities due to her geostrategic position as a host to American interests which include military activities and firms as well as the gateway to the horn of Africa[10].

The attack, organized by the Al Qaeda terrorist group was carried out simultaneously with another one on the US embassy in Tanzania. This singular phenomenon opened up a plethora of attacks in various parts of the country especially at the Kenyan Coast, in Nairobi and in her North Eastern region. Among them was the simultaneous terrorist attack on an Israeli owned Paradise Hotel in Kilifi County that claimed sixteen lives and two surface- to-air missiles that narrowly missed an Israeli commercial plane in 2002.[11] There have been several other attacks that were directed against civilians and their properties. While those two attacks were attributed to the Al Qaeda, subsequent attacks have been attributed to Al Shabaab, an Al Qaeda affiliate based in Somalia. These escalating attacks led the Government of Kenya to send her Defense Forces under the "Operation *linda nchi*" in October 2011, to Somalia to root out the Al Shabaab who claimed responsibility for the increasing number of terror

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[8] R. Ali and H. Stuart, *a Guide to Refuting Jihadism, (2013) pg.*
[9] Hared H. Adan, *Combating Transnational Terrorism in Kenya*, A thesis presented to the Faculty of the U.S. Army Command and General Staff College in partial fulfillment of the requirements for the Degree of Master of Military Art and Science, (2005).
[10] Ibid. p.3
[11] Usama Hasan, Forward to R. Ali and H. Stuart, *A Guide to Refuting Jihadism*, (2013) pg. 3

attacks in the country. In spite of this, the country continued to suffer attacks leading to the September 2013 attack on Westgate shopping Mall where 67 people of different nationalities lost their lives and left many injured.

The Garissa University College attack in April 2015 was the most devastating after the 1998 US Embassy bombing in Nairobi. I47 young Kenyans were killed while over five hundred others were injured in the dawn attack. Like the Westgate Mall attack the Al Shabaab claimed responsibility for the GUC attack. "The attack on Garissa is an indication that Al Shabaab is following through with its threat of stepping up terrorist violence in Kenya. It is also a confirmation that Al Shabaab is morphing their local terror war in Somalia into a regional conflict by expanding terror operations to Kenya and beyond".[12]

After September 11 2001, Kenya became an important ally in the Global war on Terror (GWOT)[13]. "Having historically been an ally of the United States, the country's importance was only reiterated following several major incidents in the last two decades".[14]

The research will use the psychosocial model for the analysis of the psychosocial impacts of international terrorism on the survivors of terrorist attacks.

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[12]African Union, Incident Analysis: Terrorist Attack, Garissa University, Kenya, ACSRT/Incident – Analysis-009-2015

[13] S. Aranson, Kenya and the Global War on Terror: Neglecting History and Geopolitics in Approaches to Counterterrorism, *African Journal of Criminology and Justice Studies*, Vol. 7, (November 2013).

[14]Ibid.

1.2   Statement of the problem

Terrorism is a threat to life and the severity of the effects depends on the proximity and severity of the attack. As a disruptive human-made phenomenon, it challenges among others things human mental health and social wellbeing. Its hostility yields casualties and death as well as leaves a trail of psychological morbidity and social disruption. Globally, terrorism negatively impacts on the development of the world as it leaves behind a wave of destruction, casualties, injured and traumatized survivors who find it difficult to understand why it happened to them. International terrorism does not pay attention to the North-South divide nor does it choose between the rich and the poor.

The effects of international terrorism on the survivors' mental and social wellbeing have not been adequately researched in Kenya in spite of the country having suffered several international terror attacks. The survivors of the terror attacks bear the greatest brunt of the attacks and and have to find a way of coping with consequences of the attacks as well as how to respond to them. The psychological and social effects are personalized and individuals cope and respond differently from each other and this may not be obvious to the larger society. This research sought to examine and assess the various impacts of terrorism and in particular its psychosocial effects on the target group and survivors of terror attacks. In embarking on this study, the literature reviewed indicated that this area of knowledge had not been properly investigated hence there was a gap in knowledge.

1.3 Research Questions

The research seeks to answer the following questions during the study.

1) What are the key impacts of international terrorism in Africa?

2) What are the psychosocial impacts of international terrorism on the survivors in Kenya?

3) What measures has the government of Kenya put in place to assist survivors cope with and respond to the impacts of terrorist acts?

1.4 Objectives

The main objective of this research work is to examine and assess the psychosocial impacts of international terrorism in Africa with Kenya as a case study from 1998 to 2015 on the survivors' mental and social lives. Specifically, the study aimed at;

a) Examining the key impacts of international terrorism in Africa;

b) Assessing the psychosocial impacts of international terrorism on the survivors in Kenya; and

c) Investigating how the survivors coped and respond to, and the measures the government of Kenya had put in place to assist survivors cope with and respond to, the impacts of terror attacks.

1.5.0 Literature review

This literature review is divided into three thematic areas. The various definitions of terrorism considered act as a preamble that introduces the main concerns for this study. The first thematic area considers the impacts of international terrorism globally and specifically on Africa. The second and the third reviews are on the psychosocial impacts of terrorism on survivors and how they cope and respond to and the measures the government of Kenya had put in place to assist the survivors cope and respond to those impacts respectively. The study has used a psychosocial model from the discipline of Psychology in the analysis of the Psychosocial impacts of international terrorism since there lacks a theoretical framework

within the discipline of International Relations that has specifically dealt with the psychosocial impacts of international terrorism.

1.5.1 Defining Terrorism

There is a lot of literature available on the causes of terrorism. However, there lacks a universally accepted definition of terrorism. In their paper *Effects of terrorism on Kenya's security markets*, Keitany and Lumumba state that "Terrorism means an act or threat of violence or an act harmful to human life, tangible or intangible property or infrastructure with the intention or effect to influence any government or to put the public or any segment of the public in fear"[15]. It refers to the killing of innocent people by a private group so as to create a feeling of hatred and panic as well as physical and psychological destruction among the common people of the nation. Terrorism in Kenya has been manifested in attacks by Al-Shabaab from the neighbouring Somalia which is an affiliate of the Al Qaeda terrorist group[16].

In the Forward to *Guide to Refuting Jihadism*, one scholar posits that,

> "One of the least understood aspects of contemporary Islamic terrorism worldwide is the fact that it claims to be based on a sophisticated tradition of ancient and medieval Islamic jurisprudence that discussed the rules and ethics of war, borrowing from and influencing other civilizations that it encountered throughout history. In reality, however, modern terrorism is a blatant subversion of the ethical imperative and spirit that has always animated Islam".[17]

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[15] Keitany and Lumumba, *Effects of terrorism on Kenya's security markets, December, (2012)* p. 2
[16] Ibid. p. 2
[17] R. Ali and H. Stuart, *A guide to Refuting Jihadism*, 2013 Forward by Sheikh Dr. Usama Hassan

Rashid Ali and Hannah Stuart, assess the sources of Islamic Law as well as the theological approaches cited by the Jihadists in declaring *jihad*. They contend that,

> "Some of the early definitions for jihad do not seek to define or explain it beyond the fact that it is warfare. Shafi jurists, like Sulayman ibn Muhammad al-Bujayrimi, for example, simply state jihad is *qital fi-sabillillah* ('fighting in God's way). Other scholars, for example the early Hanafi authorities like jurist Imam Abu Bakr 'Ala' al-Din al-Kasani (d.1189), defined   jihad as 'fighting in in the way of God with your person, your wealth and your tongue and other means', indicating a more general notion than physical fighting but not explaining against whom and in what circumstances."[18]

The authors of the report continue to trace the different definitions of jihad, and conclude that;

> "Finally, the medieval Hanbali jurist Muwaffaq al-Din ibn Qudama's (1146–1223) definition seeks to develop this further, by stating that what is intended by jihad in religio–legal terms is 'warfare, and fighting against non-believers, aimed at defending the Muslims from their enemies, or defending the frontiers, or their borders or lands including the communal and individual religious duties"[19].

Kenya has found itself suffering a warfare from the perceived enmity propounded by the terrorists, who include the Al Shabaab from the neighboring Somalia, causing untold pain and loss of life to innocent Kenyans as well as her visitors. Kenya is to the terrorist, a land of *Kafr*, that is, a land of" non-believers" that is included in their desire to establish a caliphate.

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[18] Ibid. pg. 16
[19] Ibid. pg. 16

Terrorism is defined by Naura Campos and M. Gassebner as:

> "Premeditated political violence against civilians with the objective of maximizing media exposure to the act and, ultimately to the terror group and/ or to its "cause".[20]

There are varied definitions of terrorism to different people and governments but the use of violence non-combatants to cause fear are some of the defining qualities of terrorism that have been adopted for the purpose of this study.

1.5.2   Key impacts of Terrorism in Africa

International terrorism continues to wreak havoc across the globe. Several countries have experienced the phenomenon of terrorism that has left devastating effects on their economic, social and political spheres. Global peace and security is one of the pillars of the United Nations Security Council. Terrorism continues to threaten peace and security of the community of nations. International terrorism negatively affects the developmental agenda of any nation be it developed or developing as it targets the productive population of these nations. The impacts of terrorism are devastating more especially for Africa where most of the developing countries are found. It complicates the situation for a continent struggling to fight the scourge of poverty, disease and ignorance among its citizens.

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[20]Naura F and M. Gassenbner, International terrorism, political instability and the Escalation effect, 2009 pg. 1

In a report, *The September 13 Westgate Terrorist Attack in Kenya*, Lauren Ploch Blanchard, presents the facts on how the attack was carried out. The author reveals that in the attack 67 people lost their lives and over 200 were injured.[21] The injuries referred to here are physical injuries, yet the emotional, psychological and even social effects of the attack have not been mentioned in the report. Included in the figures in the notes is the 212 people who lost their lives in the 1998 US embassy bombing in Nairobi that also left over 4000 others wounded. In 2002 the terrorist attack on the Israel owned Paradise Hotel left another 16 people dead, injured several others while leaving the property completely destroyed.

It is, however, notable that after this 2002 terror attack, the country did not experience further attacks till 2009 when the Al Shabaab started attacking the country in the Northern region.

> "Some perceive at the time a deliberate moratorium on attacking Kenyan interests because it was a hub and gateway for foreign fighters, including diaspora Somalis; home to many sympathizers and financiers; and a place for medical care for injured combatants. Kenya also served as a major source of new recruits."[22]

There were several small attacks in the country since 2009 but the frequency of the attacks increased as the years progressed. Large scale attacks that rivalled the 1998 US embassy bombing include the Westgate Mall attack that left 67 people dead. This was followed by the unprecedented attack in the town of Mpeketoni, Lamu County on 15 June 2014 that left 48 dead. Their targets were civilians, government offices, hotels and restaurants. They left 48 dead. This was followed by the killing of ten more people during a similar assault on the

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[21]Lauren Ploch, the September 13 Westgate Terrorist Attack in Kenya, *Congress Research Service Report November 2013*.
[22]Ibid, pp. 141-148. Al-Shabaab militants and officials crossed into Kenya under the guise of being refugees or businessmen, sometimes coming as far as Nairobi. Crisis Group interview, Muhiydin Roble, counter-terrorism researcher, Nairobi, 21 July 2014,p.4

nearby settlement of Poromoko the following day.[23] The Garissa University College attack followed soon on 2nd April 2015. This left 147 young Kenyan students dead.

The GUC attack increased demand by Kenyans for the withdrawal of the KDF from Somalia where the African Union has observed that "the attack on Garissa University once again illustrates the tactics used by "Al Shabaab to hit soft targets such as open public places where a large number of civilians congregate and where the attacks can instill maximum terror, extreme fear, horror, panic and chaos, cause the greatest number of casualties and provoke a high sense of insecurity, uncertainty and doubt about national security forces' ability to stop the carnage. These tactics and their use of hard raw power has given them the much-needed media attention, scared away visitors and collapsed Kenya's tourism industry".[24]

The "systematic and selective killing of Christians and the setting free of Muslims in the group's attacks, sow seeds of discord, division, and mutual suspicion among Kenyan compatriots; it has the potential to heighten intercommunity animosity and tension and spark an all-out ethno-religious violent confrontation between the 80% majority Kenyan Christian Population and their 10% Muslim compatriots."[25]

According to N. Friedland and A. Merari,

> "Terrorism's unique nature is revealed by two phenomena: first, public perception of threat and danger seems to be disproportionate to terrorists' actual capabilities. Second, terrorism more than any other form of warfare has an impact on a target group and often on populations beyond that against which the terrorist act is directly aimed. Taken together these phenomena suggest that terrorism bears

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[23]Kenya: Al-Shabaab – Closer to Home Africa Briefing No. 102, 25 September 2014, p. 4

[24] Ibid. p 4

[25]African Union Incident analysis: Terrorist Attack, Garissa University, Kenya, ACSRT/Incident –Analysis-009-2015, Algiers, 6 April 2015 p.

primarily on individual's perceptions on the "public mind"; in other words, it is a form of psychological warfare."[26]

They contend that "the impacts of terrorism are potentially manifest in individuals' emotional and attitudinal responses. In the realm of emotions, the fear and concern for personal safety which terror tactics might give rise to is, a revealing indicator of their effectiveness."[27]

With regard to the psychosocial impacts of international terrorism on survivors, there is little literature from the perspective of the International Relations as a discipline. The main focus of the discipline has been on the causes and the impacts of terrorism with regard to security threats, economic and financial effects as well as political impacts. Psychological and social impacts have largely been dealt with from the perspective of the discipline of psychology despite terrorism being an international relations issue whose impacts have a bearing on the actors in international relations.

1.5.3   Psychosocial Impacts on survivors

The intention of terrorists' acts is to provoke fear and uncertainty. These spread rapidly not only to the direct victims but also to the general population that include family members of survivors and people who are exposed through media broadcast images. Terrorism is a human-made event and its consequences are often traumatic. "Psychological suffering is usually more prevalent than the physical injuries from a terrorist event… and the

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[26]N. Friedland and A. Merari, The Psychological impact of Terrorism: A Double Edged Sword, *Political Psychology*, Vol. 6, No. 4, (1985) pp 592
[27] Ibid. p. 593

consequences may differ from other types of traumatic events".[28] "Traumatic events – or witnessing such an event triggers fear, helplessness or horror in response to the perceived or actual threat of injury or death to the individual."[29]

The psychosocial consequences of exposure to a traumatic events is particular to the individual and "both psychological and physiological responses vary from one individual to the other"[30]. It is argued that "psychological responses to terrorism are a mixture of reactions towards the trauma and also towards the constant fear of being a victim to a traumatic event in future."[31]

Terrorist attacks targets civilians and are thus different from civil wars, guerilla warfare and riots. Other than media exposure, terrorist activities are aimed at causing fear among the people. It is thus a "psychological warfare"[32] as much as it is political. It is meant to influence how people and governments think about and respond to, an issue.

"Its aim is to immobilize the civilian population with fear and anxiety. Terrorists terrorize by using threats or physical destruction to kill and maim innocent people, create sensationalism and chaos, and gain instant publicity for the terrorist's cause. The terrorist acts are unprovoked and intentional, causing overwhelming fear. These acts evoke feelings of helplessness in individuals; terrorists randomly target innocent and defenseless groups of people".[33] In the Westgate Mall Attack, the terrorist intention was to coerce the government

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[28] Understanding The Psychological Consequences of traumatic events, disasters and terrorism. *National Academies Press*, (1994) p. 2
[29] Ibid. p. 2
[30] Ibid. p.2
[31] Asima Mehboob et al. Impact of terrorism on Mental Health, *Pakistan Institute of Medical Science*, 8(1) 46-49
[32] J. Mathewson, The Psychological Impact of Terrorist Attack: Lessons Learned For Future Threats, *Available online at www.jstor.org*
[33] A. Abadie, A., and Gardeazabal, J. (Terrorism and The world economy. Harvard University and NBER, University of Basque Country, (2005) p.1

of Kenya to recall the KDF from Somalia. The four day siege caused untold pain and misery to the victims and their relatives who had to wait with uncertainty on what would happen to them with the dead all over them.

According to Mathewson, "the events of September 11, 2001, added a domestic reality to the term terrorism that all Americans had hoped would never be experienced. It has been estimated that somewhere between 9 percent and 35 percent of those directly exposed to traumatic events such as disasters and terrorism will develop significant posttraumatic psychological distress and perhaps posttraumatic stress disorder (PTSD)."[34]

In an attack there are three phases that can be identified, according to Mathewson: the pre-attack or the pre-crisis, the second is the event itself and the third is the post attack phase of the consequence management phase. The pre-attack is the phase before the attack or the terrorist act itself. "This is the period before the actual attack happens. In this phase, threat assessment and prevention are very crucial. They are performed by law enforcement that include the military and the intelligence resources available. This done by incorporating such considerations into its exercises and force protection strategy so as to prepare the civilian sector."[35] This is a critical stage for the security personnel to prepare the civilian population for what is to be done in a terrorist attack situation. The Westgate mall attack and subsequent attacks, reveals an ill prepared population to such an event.

The second phase is the attack itself. This concerns the implementation of the plan identified in phase one. There is need for "the government to design and implement disaster preparedness exercises, to identify possible threats and vulnerabilities and to educate its

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[34]J. Mathewson, The Psychological Impact of Terrorist Attack: Lessons Learned For Future Threats, p. 192
[35]Ibid p.193

population on possible safety concerns."[36] The lack of such disaster response exercises increases the impact of terror attack on the civilian community. "This phase lasts as long as event assessment, containment, rescue and recovery efforts continue. This phase is one where counselors trained in trauma care can assist the emergency first responders and the victims during these crucial first hours"[37] following an attack.

> The "third phase is the consequence management and reconstruction phase. In this phase, frustration, shock, anxiety, grief, disillusionment, mourning, and depression fully emerge. Studies show that survivors close to the epicenter of a terrorist attack may not realize they need help but won't seek it, despite suffering significant emotional distress. Some will endure active post-disaster psychiatric symptoms, including posttraumatic stress, sleep disorders, memory problems, and major depression for as long as 6 months. One reason is that those who were spared may feel so much "better off" than those who were not; they may minimize their own needs and feel guilty for having them. Or, they may be ashamed of what they're feeling, believing their distress indicates some sort of weakness or instability."[38]

"People who find themselves in a terrorist attack may either 'fight or flight'. The desire to protect one's life act as the drive to whatever the response a person may choose. Some fight with whatever they have while others flee, but whatever the response, exposure to the event itself may trigger short term or long term reactions among the different individuals. Different people may also respond in different ways to terrorist events. However, how the symptoms

[36]Ibid. p. 193
[37]Wilson and Harel, *Human Adaptation to Extreme Stress: From Holocaust to Vietnam.* New York: Plenum Series, p. 58. As quoted by J. Mathewson
[38]Ibid. p. 194

are expressed, recognized, and handled may determine how they affect people in the long-term."[39]

Other responses from the general population may result in retaliatory acts that may lead to the polarization of the country along the religious and ethnic as has been witnessed. For instance, following the Mpeketoni attack the country was divided along ethnic lines as the blame game shifted between the government and the opposition. Local politicians were targets of the government who were blamed for the attacks that seemed to target one community.

Traumatic events have diverse consequences depending on the type of exposure, whether natural or human made, the duration and the intensity of the exposure. In an article, Galeo *et al*, contend that

> "Disasters represent multiple forms of possible exposures, including exposure type (for example, natural versus human-made), intensity, and duration. It has been suggested that the consequences of human-made disasters (for example terrorist incidents) may be more severe than those of natural disasters; recent evidence suggests that there may be a high prevalence of posttraumatic stress disorder (PTSD) among both direct survivors of such attacks and in the general population. Several studies after the September 11, 2001, terrorist attacks found that the prevalence of PTSD was higher in New York City than it was in the rest of the US and that there was a substantial burden of PTSD among persons who were not directly affected by the attacks. This raises important questions about the meaning of "exposure" to a disaster. In their study using data from an assessment of PTSD in the first 6 months after September 11th they have considered the nature of the PTSD experienced by persons who were not directly affected by the September

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[39] RAND Center for Domestic and International Health Security. *The Path of Greatest Resilience.* On-line. Internet. Available from http://www.rand.org/publications/rand review/issues/rr.o8.02/resilience.html

11th attacks. The data suggested that persons in the general population may have clinically important posttraumatic stress symptomatology after a mass terrorist incident."[40]

Large scale terror attacks leave behind a trail of psychosocial impacts that range from sleep disorders, memory problems, cause anxiety and other symptoms of posttraumatic stress disorders. Writing on the September 11, 2001 terrorist attacks, Neria *et al,* report that:

> "The attacks were unprecedented in their magnitude and aftermath. In the wake of the attacks, researchers reported a wide range of mental and physical health outcomes, with posttraumatic stress disorder (PTSD) the one most commonly studied. Their review aims at assessing the evidence about PTSD among highly exposed populations in the first 10 years after the 9/11 attacks. The large body of research conducted after the 9/11 attacks in the past decade suggests that the burden of PTSD among persons with high exposure to 9/11 was substantial. PTSD that was 9/11-related was associated with a wide range of correlates, including sociodemographic and background factors, event exposure characteristics, loss of life of significant others, and social support factors.".[41]

The reactions vary with individuals and may also depend on their previous exposure to crises. All the above symptoms may be observed on the survivors of a terror attack but with varying responses. Equally, the responses vary and the ability of the survivors to move on in life and reconstruct their lives soon after experiencing a terrorist attack. "To some people the consequences of a traumatic terrorist attack may be severe and persistent, while for

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[40]S. Galea and H. Resnick, Posttraumatic stress disorder in the general population after mass terrorist: considerations about the nature of exposure, *CNS Spectra, 10 (2): Feb, 2005*, pp. 107-115

[41]Neria Y., *et al*, Posttraumatic stress disorder following the September 11, 2001, terrorist attacks: a review of the literature among highly exposed populations. *The American Psychologist*, Sep; 66(6), 2011:429-46. Doi: 10.1037/a0024791.

others the symptoms may subside with time"[42]. Mathewson observes that "even though the emotional responses are ephemeral, they could spark off important behavioral responses to terrorist events, in both the short and long-term. For individuals and groups alike, the behavioral consequences of terrorist survivors could be either positive or negative."[43]

> "Previous research has shown that many survivors who are directly or indirectly affected by the act of terrorism recover from the traumatic experience of stress, fear, and anxiety extremely slowly. For some individuals, especially those who have lost the loved ones, the trauma may sink in to manifest as long term psychological disorders such as Posttraumatic Stress Disorder (PTSD). The long term effects of these stressful events are not only seen among civilians, but are also seen among emergency management workers. The case of September 11th, 2001 attacks in New York City exemplify the effect of terrorism on people who were survivors to these ghastly events. The survivors' initial reaction to the event was that of distress and fear, which was termed as 'normal reaction' due to the stress they experienced."[44]

People who experience terror attacks become depressed, anxious and worried and sometimes may feel abandoned by the society these feelings affect their behavior.[45]

At the individual level, responses are diverse.

> "Some people continue to live with Post Traumatic Stress Disorders (PTSD), long after the attack. PTSD is a psychiatric disorder that can occur after life threatening events such as combat, natural disasters, major accidents, terrorist attacks, or violent personal attack such as rape. PTSD survivors may experience vivid flashbacks and nightmares, feel detached or estranged, have sleep and appetite

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[42] Judith Mathewson, op.cit. p.196
[43] Mathewson ibid. p.196
[44] S. Karnik and A. Kanekar. The effects of terrorism on adult mental health: a public health preparedness approach, available online at, *www. Gjmedph.org* vol. 3, no. 3 2004
[45] Franz VA, Glass CR, Arnkoff D.B, Dutton M.A, The impact of the September 11th terrorist attacks on psychiatric patients: a review. *Clinical Psychology Review.* Jun; 29(4):339-472009. Doi: 10.1016/j.cpr.2009.02.002. Epub 2009 Feb 25.

disturbances, survivor guilt and hyper-alertness that significantly impairs their quality of life. Most people exposed to trauma will experience some of the symptoms of PTSD in the days and weeks following exposure."[46]

In summary,

"high rates of posttraumatic stress disorder in the general population follow terrorist attacks but soon normalize, whereas directly exposed populations have higher rates and more persistent symptoms. An increased risk of posttraumatic stress disorder is associated with direct exposure, geographical proximity, female sex, low income, poor education, poor social supports and prior psychotropic drug use, and high-level media reporting of events (for vulnerable individuals)."[47]

1.5.4   Coping and responding terrorism

Terrorism impacts on the survivor wellbeing and changes their life thenceforth. A traumatic event disrupts the normalcy of life that is seen as predictable, orderly and controllable. It is disruptive and changes a survivor's life considerably. Trying to understand the reason for and meaning of a terrorist attack can spark off instant and disruptive psychological consequences for some individuals. "If the fear of the attack becomes sufficiently crippling the fright grows into a paralyzing sense of impending doom for a civilian population, and the after effects can lead to dread, vulnerability, grief and despair".[48]

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[46] Ibid. p. 196
[47] Laugharne J, Janca A, Widiger T, Posttraumatic Stress Disorder and Terrorism: 5 years after 9/11, *Current Opinion in Psychiatry*. 2007 Jan; 20 (1):36-41.

[48] Mathewson, op. cit. P. 199

Others may respond by fighting and facing the event with courage and resolve "as when ordinary citizens go about their normal activities with renewed sense of purpose and direction".[49] This is how, as a country, Kenya has responded to the numerous terror attacks. With resolve to defeat terrorism reenergized and it did not evoke feeling of despair or grief. The country is determined to triumph over terrorism. Like the Israeli who became accustomed to chronic terrorism, the Kenyan society has become more resilient in their responses due to the repeated acts of terrorism within their borders. These repeated acts of terrorism have failed to influence the behaviour of most people who are not direct victims of the acts. Dov Waxman in an article, argues that "despite being profoundly affected by terrorism, Israeli society was not demoralized by it, and in this respect Palestinian terrorism failed to achieve its aim. This is because the Israeli public grew accustomed to chronic terrorism and possessed a high level of social resilience."[50]

It is evident from the review that terrorism has a great impact on the psychological and social wellbeing of the victims and that the responses to the traumatic event varies from one individual to another. However, continued exposure to terrorism increases the levels of social resilience as in the case of Israelis "accustomed to chronic terrorism"[51]. There is need to study the psychosocial impacts of terrorism on survivors and their responses to acts of terrorism in Africa.

According to Judith Mathewson,

"The consequences of a traumatic terrorist event may be severe and persistent. For many others, the symptoms are likely to subside over time. But even though the

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[49] Ibid. p. 199
[50] Waxman Von, Living with terror, not Living in Terror: The Impact of Chronic Terrorism on Israeli Society, *Terrorism Research Initiative*, Vol. 5, No. 5-6, 2011p. 3
[51] Ibid. p. 3

emotional responses are ephemeral, they could trigger important behavioural responses to terrorist events, in both the short and long-term. For individuals and groups alike, the behavioural consequences of terrorist victims could be either positive or negative. Positive responses could include connecting more with others, taking a colleague to a counselling session, or just viewing the disaster site together as well as taking appropriate safety precautions and avoiding unhealthy or risky behaviours. Negative responses could include excessive alcohol consumption, increased anxiety, functioning less productively at work, or losing confidence in society and government. The consequences could vary depending on the characteristics of the people exposed to the trauma, the nature of the trauma to which they are exposed, the extent of exposure, and the nature and extent of support they receive afterward. We also know from psychological theory that different ways of perceiving and interpreting risk will influence people's emotional and behavioural responses to that risk. Thus, it is vital to consider how risk is communicated to the public, since this can influence the ability and willingness of individuals and communities to follow response strategies, precautions, and evacuation instructions"[52]

It is important the government puts in place measures that will ensure that people who experience traumatic terror events are prepared through counselling sessions to assist the survivors respond with minimum negative responses to such events. This has also the possibility of enhancing resilience in the face of traumatic events. This will reduce the risk of the survivors engage in behavioural changes that may result in alcohol or drug abuse that may make worse their situation following a terror attack.

1.6 Gaps in the literature review

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[52] Mathewson, p. 196

Much of the available literature has tended to focus on the causes and other effects especially economic and political impacts. There is scanty literature on studies that have been carried out on the psychological and social effects of international terrorism in Kenya yet the country has been prone to the terror attacks for several years. This research hopes bridge these knowledge gaps by focusing on the psychosocial consequences of international terror attacks on the survivors and to propose possible assistance the government of Kenya can give to the survivors.

There is need to develop a theoretical framework that can be used to address and assess the psychosocial impacts of terrorism within the discipline of International Relations. The available theoretical frameworks from the discipline international relations address themselves to the causes of international terrorism and to the personality of the perpetrators and on the actors in international affairs. Further research is required in this area to identify a suitable theoretical framework that analyze and explain the psychosocial impacts of international terrorism on the survivors.

1.7 Justification of the study

1.7.1 Academic justification

This study seeks to provide insights into the psychological and social effects of international terrorism in Africa with a particular focus on the survivors of terrorist attacks in Kenya between 1998 and 2015. The survivors have suffered effects that cannot be quantified empirically. This study expects to provide new knowledge on the psychosocial impacts of terror attacks with specific reference to Kenya, and form a basis for future research on ways of mitigating and managing the psychosocial effects on survivors of terror attacks.

1.7.2 Policy justification

It will be significant to the policy makers as it will provide new knowledge on the psychosocial effects suffered by survivors of terrorism attacks in the country, provide information for assistance to the survivors and assist in the formulation of policies aimed at addressing the plight of the survivors of international terrorism in the country.

1.8 Theoretical Framework

This research has used the psychosocial model[53] which has interest in social and psychological defenses and the development of citizen resilience in the face of terrorist threat. A terrorist act, like any other disaster like "a severe weather-related event, earthquake, severe disease outbreak, or largescale attack on civilian populations"[54], can have severe consequences on the peoples' psyche. A disaster, be it human made or natural can be compared to an information wave field or magnetic field. It is strongest at the epicenter and weakens as one moves away from its core. In a disaster field, people are affected to various degrees depending on their location in the disaster field. Equally, "human behaviour is influenced by others during a disaster and people affected to various degrees tend to intertwine"[55].

Figure 1.1. *Psychosocial Model: A graphic representation. The closer a person is to the epicenter of a disaster the greater the intensity of the effects.*

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[53]Amy W. Ding, Modelling the Psychosocial Effects of Terror or Natural Disasters for Response Preparation, *The Journal of Defense Modeling and Simulation: Applications, Methodology, Technology October 2007 vol. 4 no. 4 318-342*

[54] Ibid.

[55]Ibid p. 5. *This is a proposed model by A.W. Ding for analysis of psychosocial effects of terror or natural disasters for response preparation.*

GENERAL POPULATION

FIRST RESPONDERS

IMMEDIATE VICTIMS

DISASTER

EPICENTER
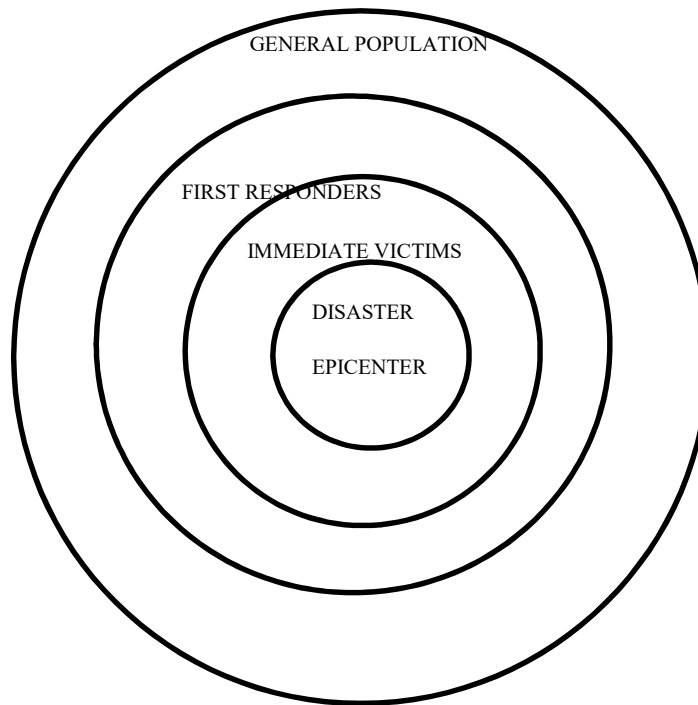
The model assumes, first, "that people are randomly affected by the disaster event, either as a witness or direct victim, and that each affected person has a different psychological reaction to the disaster event due to his or her personal experiences, perceived risk about the disaster event, and self-immune systems. Secondly, that people are risk-neutral with rational conduct. Looking back on the history, human survival depends on the ability to mount a successful response to threat".[56]

Figure 1.2 below is an illustration of possible responses by individuals exposed to a disaster as presented by Amy Ding.[57]

Figure 1.2: A graphic representation of individual level response to a disaster

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[56]Ibid p. 6
[57]Ibid p. 8

Social influence

- Others' behaviour
- Oral Communication
- Media Exposure

Disaster Event e.g. Terrorism

External signals

Internal responses
- Cortex sounds the alarm
- Amygdala – fight or flight
- Activates the sympathetic nervous system
- Hippocampus- Forms an integrated memory picture from past experiences

Creating a vicious circle of fear, more adrenaline, more anxiety

Different levels of the psychosocial damages
- Normal
- Low
- Moderate
- High

Possible reactions
- Emotional - eg. Shock or helplessness
- Cognitive - eg. Impaired concentration
- Physical – exhaustion
- Interpersonal – social withdrawal

"Psychosocial effects reduce social productivity and compromise response efforts. These effects cause social disruptions if intervention is not available during the course of the disaster and affects a people's mindset and results in different levels of psychosocial consequences. This approach will enables us to measure the individual-level psychosocial effects of a terrorist act and analyze the range and severity of the possible psychosocial consequences during the course of the disaster".[58]

1.9 Hypotheses

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[58] Ding, op.cit.

The research made the following assumptions whose veracity was tested in the cause of the study:

1. Terrorism's ability to traumatize, to induce fear and concern, exceeds actual physical damages it causes;

2. Terrorism causes negative psychosocial impacts on the survivors;

3. The Government of Kenya has measures in place to assist survivors cope and respond to terror attacks.

1.10   Research Methodology

1.10.1 Research Design

The research used an interdisciplinary mixed method approach from the discipline of International Relations and Psychology. It combined quantitative data from a questionnaire survey that included a cross sectional sample of 80 people. The research had target 100 respondents but some withdrew from the study voluntarily. Observations and interviews were also employed where necessary. Interviews involved professionals especially those involved in counselling of the survivors while observation was on the survivors behavioural patterns. Qualitative data on previous studies was also be analyzed.

1.10.2   Data sources

Primary and secondary sources were identified that have addressed themselves to the psychosocial impacts of international terrorism. Primary sources involved the survivors who were either direct victims of terror attacks, security personnel and caregivers deployed to

terror attack scenes. Secondary sources included archival documents and government data banks, articles and online journals. The researcher approached major hospitals Kenyatta National Hospital since most of the victims had been brought there. Other sources of information will include the Kenya Red Cross Society, National Counter Terrorism Centre, The Kenya Defence Forces and the Kenya Police Service. To ensure objectivity during data collection, the questionnaire focused on two sample groups; one was on the first responders who included security personnel and caregivers deployed to the terror attack scenes and the other was the direct victims themselves. The questionnaire survey provided baseline data on the psychological and social effects of international terror attacks on the survivors.

The study employed a questionnaire with both structured and unstructured questions. The structured questions gave options to be chosen from the structures that were YES and NO. The unstructured questions provided blank spaces where the respondents filled their responses thus giving room for views and opinions and gave an opportunity to the respondent to give some extra information.

1.10.3   Data analysis techniques

The quantitative data from the questionnaire survey was analyzed using a histogram and graphical representations of the outcome of the study. This kind of analysis involved numerically coding the answer from the question. A 'YES" was coded as '1' and a 'NO' was coded as '0' for ease of analysis.   Qualitative data was analyzed using the content analysis and discourse analysis methods for the unstructured questions.

1.10.4   Data Presentation

The data is analyzed and presented through graphical illustrations. This is in the form of tables, graphs and pie-charts depending on how appropriate each of them is in each case.

1.11   Limitations and scope of the study

The study focused on the survivors of international terror attacks in Kenya between 1998 and 2015. Some of the challenges encountered during the research include unwillingness by the survivors to open up due to the reawakening of the pain suffered, trauma it caused and the loss associated with the terror attacks. To overcome this huddle, the researcher persuaded them to participate as they would help them get the assistance they needed once the recommendations were effected. The researcher also found it difficult to identify and locate the survivors. To mitigate this challenge the researcher relied on police records and the KRCS staff who have been in the forefront in assisting the survivors as well as the NCTC.

1.13   Research Ethics

The research applied for authority and approval to carry out the research from the NACOSTI and from the University of Nairobi, Institute of Diplomacy and International Studies under whose auspices the research will be undertaken. Research activity did not start before these approvals were obtained. A preliminary risk assessment was undertaken involving experienced researchers and teaching professionals, and reasonable efforts were made in the design of the research to avoid foreseeable risk to participants or others involved in the research.

Participation in the study was entirely voluntary and participants were informed they were free to take part in the research and had the right to withdraw from involvement in the research at any time. They were adequately informed of the purpose of the research and who was conducting it. They were guaranteed of confidentiality and assured that any information they provided would be treated in strict confidence and no inducement were offered to participate in the research.

Chapter 2

Key impacts of international terrorism in Africa

2.0   Introduction

This chapter examines the key impacts of international terrorism in Africa by focusing on the social and economic impacts. It seeks to answer the question; what are the key impacts of international terrorism in Africa with reference to Kenya? It makes the assumption that terrorism's ability to traumatize, to induce fear and concern, exceeds actual physical damages it causes. The continent of Africa has myriad of socio-economic problems that are made worse by the prevalence of terrorism. The challenge is posed by such terrorist groups as Boko Haram in Nigeria, Al Shabaab in Somalia, the Islamic State of Iraq and Al Sham (ISIS) who pose a grave threat of terrorism in the horn of Africa.

2.1   Threat to global peace and security

Terrorism is a threat to global peace and security. It has the ability to intimidate, cause fear and worry that exceed the actual damage it causes. As such, different countries have responded in a variety of ways to the threat posed by terrorism. Since the 9/11 attacks in New York, airport security around the globe has been heightened. International travel is no longer the same as many have seen the need to ensure safety and security of their nationals as they introduced airport checks and surveillance as well as increased the number of restricted items. Mathew Green notes that,

> "America's involvement in the War on Terror — prompted by the 9/11 terrorist attacks — resulted in changing attitudes and concerns about safety and vigilance. It ushered in a new generation of policies like the *USA Patriot Ac*t that prioritized national security and defense, often at the expense of civil liberties. These changes had ripple effects across the globe, particularly in the Middle East,

where American-led military operations have helped foment rebellions and unrest throughout the region".[59]

The situation has been replicated elsewhere globally. The American led military interventions bred more terrorists who joined the established terrorists' cells and who were sympathetic to their counterparts in other regions. Thus Al Qaeda increased in its global following and other smaller terrorist groups becoming affiliated to it like the Al Shabaab. The collapse of the Al Qaeda was has led to other terror groups being borne like the Islamic State of Iraq and Al Sham, (ISIS) with superior strategies and ready to wreak havoc globally.

Terrorism poses the greatest challenge to peace and security globally. It seems to have replaced the interstate conflicts of yesteryears that defined the international system. It is easier to resolve a conflict between state actors than that posed by non-state actors against states with indiscriminate abandon. Thus the conflict resolution mechanisms enshrined in the UN Charter[60] cannot adequately be called upon to counter the threat posed by terrorism. The threat of terrorism is shared among all the states and no state can be said to be immune from this phenomenon as indicated by *Global Terrorism Index 2015[61]*.

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[59]Matthew Green, How 9/11 Changed America: Four Major Lasting Impacts: *U.S. Foreign Policy,* September 10, 2015

[60]The Charter of the United Nations chapter VI

[61]*The Global Terrorism Index (GTI)* is a comprehensive study which accounts for the direct and indirect impact of terrorism in 162 countries in terms of its effect on lives lost, injuries, property damage and the psychological aftereffects of terrorism. This study covers 99.6 per cent of the world's population.
It aggregates the most authoritative data source on terrorism today, the Global Terrorism Database (GTD) collated by the National Consortium for the Study of Terrorism and Responses to Terrorism (START) into a composite score in order to provide an ordinal ranking of nations on the negative impact of terrorism. The GTD is unique in that it consists of systematically and comprehensively coded data on domestic as well as international terrorist incidents and now includes more than 140,000 cases.

From a study done by the *Global Terrorism Index 2015,* several countries across the world were ranked between 2000 and 2014 amongst the most affected by terrorism. The results are as tabulated below.

Figure 2.1: Number of times a country has been ranked in the global terrorism index between 2000 and 2014.

Country	Number of times
Burundi, CAR, China, Egypt, Guinea, Kenya, South Sudan, Spain, Ukraine, United States	1
Angola, Chad, Indonesia	2
DRC, Israel, Syria	3
Nepal, Uganda	4
Colombia, Sudan, Yemen	5
Nigeria, Philippines, Sri Lanka, Thailand	6
Somalia	8
Algeria, Russia	9
Iraq	12
Afghanistan, Pakistan	13
India	14

Many of these countries have experienced terrorism over an extended period. Angola was in the worst ten for two years, whereas India has featured 14 times. Afghanistan and Pakistan have featured 13 times.

Globally, there is a higher prevalence of terrorism in the Middle East and African countries than in the rest of the world. Most countries in the west have only featured once and most of the reported cases in those countries have been perpetrated by lone wolf attackers who are responsible "for 76% of all deaths from terrorism."[62]

It is equally important to note that "over the last 15 years there have been a number of large and devastating terrorist attacks in Western countries. This includes the September 11 attacks which killed 2,996 people, the Madrid train bombings which killed 191, the Norwegian massacre which killed 77 and the London bombings which killed 56."[63] This only emphasizes the threat to peace and security in the globe from terrorism. However, "comparing these significant events with the more persistent and severe impacts of terrorism occurring in the rest of the world we find that attacks in Western countries accounted for a small percentage of incidents, representing 4.4 per cent of terrorist incidents and 2.6 per cent of deaths over the last 15 years. The four large attacks listed above make up 91 per cent of deaths from terrorism in the West during this period."[64]

On the global scale,

> "Terrorism is highly concentrated with most of the attacks occurring in just five countries — Iraq, Nigeria, Afghanistan, Pakistan and Syria. These countries accounted for 78 per cent of the lives lost in 2014. Although highly concentrated, terrorism is spreading to more countries, with the number of countries experiencing more than 500 deaths increasing from five to 11, a 120 per cent increase from the previous year. The six new countries with over 500 deaths per

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[62]Global Terrorism index 2015 report, p. 3
[63]Ibid. p. 49
[64]Ibid. p. 49

year are Somalia, Ukraine, Yemen, Central African Republic, South Sudan and Cameroon".[65]

In 2014, Nigeria

"Witnessed the largest increase in terrorist deaths ever recorded by any country, increasing by over 300 per cent to 7,512 fatalities. Boko Haram, which operates mainly in Nigeria, has become the most deadly terrorist group in the world. Boko Haram pledged its allegiance to ISIL (also known as the Islamic State) as the Islamic State's West Africa Province (ISWAP) in March 2015".[66]

Nigeria featured 6 times among the ten most affected countries by terrorism in the 2014.

Other countries in Africa that have also been featured in the *Global Terrorism Index 2015* report include Angola and Chad which featured twice, while Burundi, CAR, Egypt, Guinea, Kenya and South Sudan all featured once, Somalia was featured 8 times, DRC featured thrice and Algeria 9 times.

Other than Somalia, Kenya is the only country in the horn of Africa that has been featured in the global terrorism index. Most of the terror acts in the country have been perpetrated by the Al Shabaab especially since 2010. The group has been responsible for more than 72% of deaths from terrorism in Kenya between 1998 and 2015 and 97% of the terror incidences over the same period. In terms of the injured the group accounts for 20% during the same period. This is because the 1998 US embassy attack had the highest number of injured compared to other incidences accounting for 80%.

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[65]Global Terrorism Index 2015, p. 2
[66] Ibid. p. 2

The graph below shows the number of deaths and injuries and terrorist incidences in Kenya reported per year between 1998 and 2015.

Figure 2.2: Deaths, Injuries and Incidences of terror acts in Kenya

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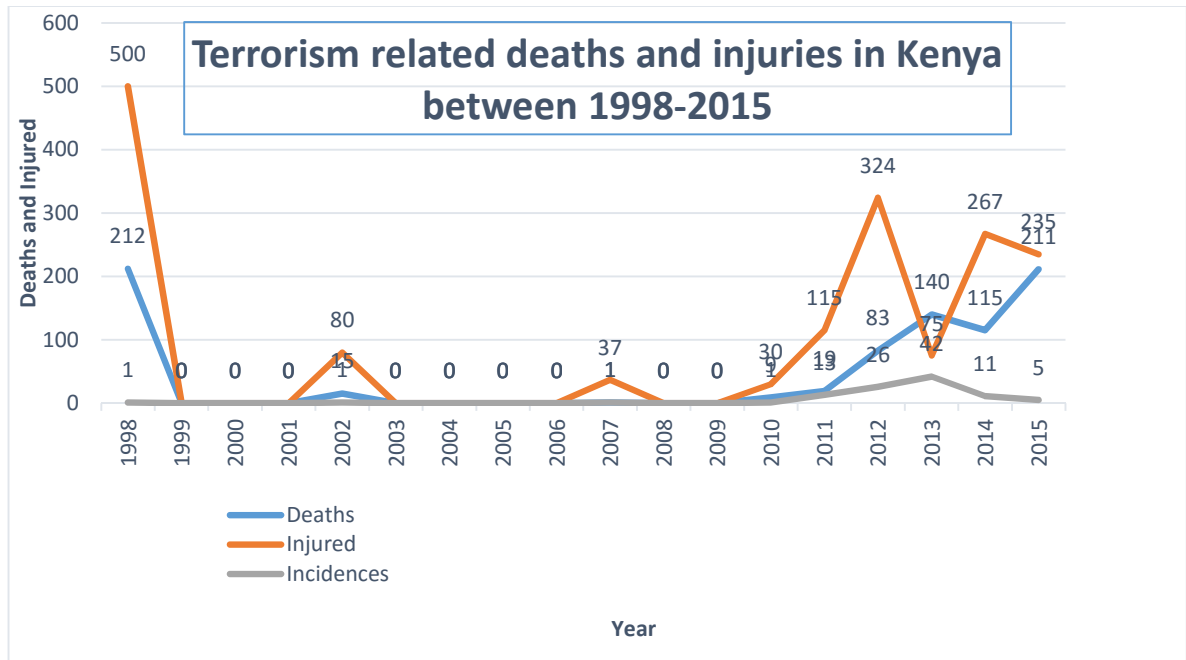
The number of deaths from terror acts between 1998 and 2015 is approximately 805 while the injured are 1663 from 101 incidences of terrorism in the country. The 1998 US embassy bombing in Nairobi and the 2002 attack on an Israeli owned hotel in Kilifi were linked to the Al Qaeda and the country was not a direct target but rather interests of other countries in Kenya. The 1998 incidence had the highest number of injured persons as well as deaths with over 500 and 224 respectively.

However, subsequent terror acts have been attributed to Al Shabaab. There has been a notable increase in attacks from 2010 when the terror group took exceptional interest in the

country. As a result the country has suffered grave consequences in economic, social and political spheres which have a bearing on national development.

The chart below shows that since 2010 the number of terror attacks increased thus increasing the number of deaths and injured in the country.

Figure 2.3: Deaths and Injuries from 1998 to 2015 from terror attacks in Kenya
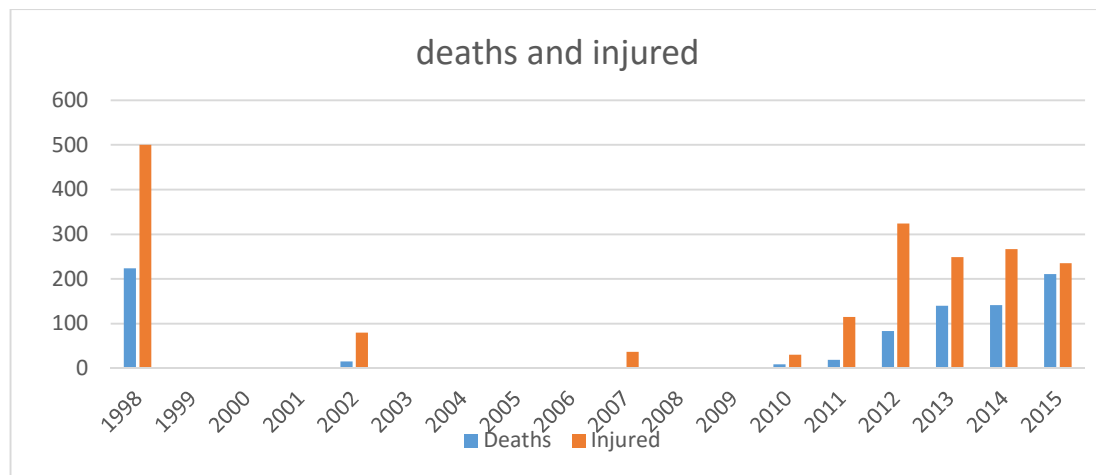
Since 2012, terror attacks became more deadly increasing the number of deaths to the hundreds. 2015 had fewer terrorism incidences but had more deaths than any other attack since the 1998 US Embassy bombing. This is due to the Garissa University College attack that killed 147 people on April 1, 2015.

2.2   Economic and financial impacts

Socio-political events have been noted to "affect stock market behavior and, broadly speaking, it has been shown that major events such as war and terrorism influence capital markets and asset price. Essentially, unforeseen socio-political events may be viewed as external shocks to capital markets that can directly affect market risk premium highly

increasing volatility and thus exert an adverse impact on asset valuation, investment decisions and portfolio allocation."[67]

Terrorist violence,

> "especially large scale attacks such as the 9/11 New York attacks or indeed the March 2004 and July 2005 bombings in Madrid and London respectively, constitute major external shocks that can directly impact capital markets and also capital movements between countries "[68] as Abadie and Gardeazabal report.

Such large scale attacks have been witnessed in Kenya from the US embassy attack in 1998, the Westgate Mall attack, Mpeketoni attacks and the Garissa University College attack. "Beyond the loss of life and personal injuries that the survivors of terrorist actions suffer and the atmosphere of fear terrorists seek to create with their premeditated use of brutal violence, terror also has real economic costs".[69]

Terrorism has a major impact on different economic indicators and variables like foreign capital flows, "foreign exchange, capital markets, optimal allocation of capital, tourism, increased economic uncertainty, investors' decisions, and stock markets through decreasing company's expected profit".[70]

Terror acts at the coast of Kenya adversely affected the tourism and hospitality industries with travel advisories issued by certain governments. This led to the near collapse of tourism and hospitality with many hotels facing imminent closure. Otiso observes that,

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[67]C. Kollias, Papadamou, S. and Stagiannis, A. Terrorism and capital markets: The effects of the Madrid and London bomb attacks "*International Review of Economics & Finance, In Press, 2010. Corrected Proof, Available online*

[61]A. Abadie, A., and Gardeazabal, J. *Terrorism and the world economy*. Harvard University and NBER, University of Basque Country, 2005) p. 594

[69] C. Kollias, Papadamou, S. and Stagiannis, A. Terrorism and capital markets: The effects of the Madrid and London bomb attacks "*International Review of Economics & Finance, In Press, 2010. Corrected Proof, Available online.*

[70]Ibid. p. 2

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"though widespread, the economic effects of Kenya's terrorist attacks are most noticeable in the tourism sector. The sector that represents —…15% of foreign exchange earnings and 12% of GDP, …constitutes an eighth of the economy and —… employs some 500,000 people, suffered a major slump after the terrorist attacks due to lower tourist flows from key European markets and the attendant trip cancellations and drop in hotel bookings. Thus while the country received over 1 million tourists in 1997, the attacks scared away many tourists causing a 25% decline in the number of tourists in 1998"[71] following the US embassy attack in Nairobi.

According to B. Kuto and J.L. Groves "these acts of terrorism, and due to imminent terror alerts from intelligence, Western governments, led by the United States, Britain and a number of European countries, issued travel advisories to all their citizens against traveling to Kenya in 2003. The Kenya Tourism Federation stated that the suspension of British Airways regular and charter planes flying to Nairobi, coupled with travel advisories, closed down access to 90% of Kenya's overseas markets. The country was losing an estimated amount of over 1 billion Kenya shillings ($128 million) per week. In addition to the revenue loss, at stake were over 500,000 direct jobs and another 2.5 million indirect jobs."[72]

"The drop in the number of tourists to Kenya inevitably resulted in the decline of hotel bookings and occupancy. In mid-2003, hotel occupancy, normally at about 40 to 45 per cent at that time of the year, slumped to an average of about 20 to 30 per cent in the shoreline tourist hotels resulting in a substantial drop in tourism sector earnings and jobs. In mid-2003, the government estimated that Kenya was losing $14 million about Sh1 billion a week in tourism earnings and tax revenues due to the untimely US and British warnings of a looming terrorist attack in Kenya.

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[71]K. Otiso, Kenya in the Crosshairs of Global Terrorism: Fighting Terrorism at the Periphery. *Kenya Studies Review*: 1, 1, p. 117.

[72]B. Kuto and J.L. Groves, The effect of terrorism: Evaluating Kenya's terrorism crisis, *e-Review of Tourism Research (eRTR), Vol. 2, No. 4, 2004 http://ertr.tamu.edu*

Moreover, slump in the tourism sector increased the size of the government's budget deficit and worsened the country's balance of trade since tourism is a major source of foreign currency. 'To cushion herself against these massive losses, the country sought $400 million (Sh30 billion) worth of "emergency" assistance from the US in that year.'"[73]

There was an 11 per cent drop in tourist arrivals in the country announced by the government and "2 per cent revenue decline in 2013 when compared to 2012. In May 2014 alone, 7,500 employees in the tourism industry lost their jobs at the coast. The Kenya Association of Hotel Keepers and Caterers announced the closure of over twenty hotels. These attacks have further undermined Kenya's attempts to reclaim its reputation for economic stability with the Kenyan shilling falling in May 2014, to its lowest value in six months."[74]

As a consequence of the increased terror attacks, the government of Kenya amended the security act to give it the muscle to address the security challenge posed by terrorism. "For instance, measures to not only prevent terrorist events, but also to impose transparency on bank accounts including the lifting of bank confidentiality laws. Consequently, investors experience difficulties in transferring money".[75]

2.3   Impacts on national development

Terrorism directly affects development of a country. Its direct cost on human life and injuries implies that people who have been victims cannot engage in productive activities or may not reach the productivity levels they had before the attack and more resources allocated in the securing the country would compromise national development agenda. The death of 147

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[73]Ibid p. 117
[74]Kenya: Al-Shabaab – Closer to Home: *Africa Briefing* No. 102, 25 September 2014
[75]C. Kollias, Op. cit. p. 2

Garissa University College students denied the country potential young and productive citizens who would, otherwise, have been absorbed into productive sectors of the economy. Continued terror attacks are an impediment to national development as its scares away potential investors or they shy away from investing in terror prone regions. In Mandera County in December 2014, a "'bus was travelling to the capital, Nairobi, when it was stopped, not far from the Somali border. Gunmen separated out non-Muslims by asking passengers to read from the Koran', officials and witnesses said. Those who failed were then shot in the head"[76]. Several employees, mostly teachers, fearing for their lives opted to move out of the county while others opted to resign their jobs.

2.3.1 Security allocation

In the recent past Kenya has had to allocate more resources to the security and defense sectors in an effort to improve her counterterrorism measures. The installation of surveillances cameras in strategic points in Nairobi and Mombasa as well as the setting up of Command and Control centers were allocated huge amount of financial resources. The GoK "allocated KSh 124.04 billion to Defence and National Intelligence Services (NIS), and KSh 140.6 billion to the State Departments of Interior and Coordination of National Government. This is a total of Kshs. 264.64 billion up from KSh 223.9 billion[77] in 2015/2016 FY an increase of 18%. Areas to be funded by these amounts include: Military and Police Modernization Programmes; lease financing of police motor vehicles; enhanced security operations; Police and Prison Officers Medical Insurance Scheme; Construction and

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[76]Kenya bus killings claimed by Somali group al-Shabaab, *BBC*, 22 November 2014
[77]Budget 2015/2016

Equipping of the National Forensic Laboratory; Construction of Police Stations and Housing and allocations towards securing our borders"[78]. These are massive resources that would have been used in national development projects across the country. These resources have also been used to equip the National police services with the latest equipment to facilitate its response to security threats especially those posed by international terrorism.

2.3.2 Loss of property

The US embassy attack, West gate Mall attack, Mpeketoni attack among other attacks have resulted in massive loss of and damage to property. The attack on US embassy damaged the Ufundi Cooperative house as well as other building and vehicles within its radius. Most of the injured in that attack were people in the adjacent buildings and that explains the huge number of the injured. Westgate mall also suffered damages when it was reported that "at some point during the siege, the Kenya Defense Forces fired a high explosive anti-tank rocket as part of their operation to neutralize the terrorists in the Nakumatt Super Market. This resulted in large fire and the partial collapse of the rear rooftop parking lot and two floors within the Nakumatt Super Market into the basement parking garage."[79] During the Mpeketoni attack vehicles and buildings were burnt down many people were displaced from their land. The property damage from terrorism related events has negative national development effects that slows down the economy or to reverse economic growth.

2.4 Social polarization

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[78]Budget 2016/2017

[79]New York Police Department, *Analysis of Al-Shabaab's attack at the Westgate mall in Nairobi, Kenya,1 November, 2013*

International terrorism has the potential to polarize the country along ethnic and religious lines. Most attacks in the country have been carried along ethno-religious lines that seem to target people of particular ethnic grouping and religious affiliation. The attack on Westgate Mall, the Garissa University and several of the attacks in Mandera once again clearly indicates the tactics used by Al Shabaab to hit soft targets such as open public places. This is aimed at "instilling maximum terror, extreme fear, horror, panic and chaos, cause the greatest number of casualties and provoke a high sense of insecurity, uncertainty and doubt about national security forces' ability to stop the carnage. These tactics give the group the much-needed media attention, scare away visitors and devastate Kenya's tourism industry".[80]

"The systematic and selective killing of Christians and the setting free of Muslims in the group's attacks, sow seeds of discord, division, and mutual suspicion among Kenyan compatriots; it has the potential to heighten intercommunity animosity and tension and spark an all-out ethno-religious violent confrontation between the 80% majority Christian Kenyan Population and their 10% Muslim compatriots"[81].

As it seeks to expand its destabilization activities in East Africa and beyond, Al Shabaab needs as many recruits as it can get. There can be no better approach to wining over the East African Muslim constituency, an important social base and huge potential source of recruitment, than portraying Al Shabaab's terrorist activities as acts of legitimate self-defence carried out on East African Muslims' behalf against "oppressive unbelievers" and

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[80]Kenya: Al-Shabaab – Closer to Home: *Africa Briefing*No. 102, 25 September 2014
[81] ibid

their governments in the region. It is an appealing ideological narrative for inattentive Muslim believers, and an infectious and effective lie and propaganda tool."[82]

As such even perpetrators are seen to belong to particular religious following and ethnic groups. Thus there was a huge outcry from the Somali Muslims when the GoK sought to round them up in Kasarani following the Westgate Mall attack. The government was seen to target specific ethnic groups in its counterterrorism strategy. This strategy could not have achieved its desired objectives. According to a research by the Amnesty International, "government counter-terrorist operations, such as Operation *Usalama* Watch (Security Watch), have unfairly targeted Somali Kenyans, serving as a pretext for blanket punishment and mass human rights violations, including arbitrary arrest, extortion, ill-treatment, forced relocations, and unlawful expulsion".[83] This has only served to perpetuate the terrorists' objective of dividing the country along ethnic and religious lines through socially profiling communities.

2.5   Conclusion

It is evident that terrorism has a myriad of impacts other than the physical damages it causes that manifest themselves in various ways on the target community or country. Developing countries such as Kenya suffer the most from terrorism since their economies are not well developed to absorb the shocks that result from terror attacks. Terrorism complicates the development goals of a country especially for a developing one. Huge resources are

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[82]African Union, ACSRT/ Incident Analysis, 009, 2015 Terrorist Attack, Garissa University, Kenya 2 April, 2015

[83]Stephen Buchanan-Clarke & Rorisang Lekalake, Is Kenya's anti-terrorist crackdown exacerbating drivers of violent extremism? *Afrobarometer Dispatch No. 37, 2 July, 2015*

allocated to countering terrorism at the expense of development as well as the resultant capital flight due to security challenges from the fear of terror attacks.

In developing counterterrorism strategies, the government must take care not to violate the rights of innocent people through discrimination that may end up socially polarizing the country. This has the potential to sow seeds of animosity in the minds of the people whose rights have been violated or haven been discriminated thus creating retaliatory tendencies. The government of Kenya was accused of violating human rights and targeting certain communities following the Westgate Mall attack, a situation that may further instill the feelings of marginalization of the communities. This has the potential for encouraging radicalization and retaliatory attacks.

The researcher found that most of terrorism takes place in Africa and in the Middle East when compared to the Western countries. African countries suffer the greatest impacts of international terrorism since their economies are not well developed to absorb the emergent shocks of terror acts. In Africa, Nigeria has the highest number of terrorism attacks as well as the largest terrorist victims.

Kenya as a developing country has allocated huge resources in developing counterterrorism strategies by equipping its security agencies thus compromising her development agenda.

Kenya has suffered huge economic loses as a result of international terrorism that has led to capital flight thus denying the country the much needed foreign direct investment, collapse of the tourism industry thus rendering thousands jobless.

Most of the survivors were people between 26 to 40 years of age, from both the sample groups. These are people at their most productive age in the economy. Thus, the country is

denied a section of its population that is highly productive for the economy. This is a double effect of terrorism.

Chapter 3

Psychosocial impacts of international terrorism on survivors

3.0 Introduction

This chapter examines the various psychosocial impacts of international terrorism on the survivors. It attempts to answer the question; what are the psychosocial impacts of terrorism on the survivors? It makes the assumption that; Terrorism causes negative psychosocial impacts on the survivors. Most survivors suffer short term and long term impacts on their mental and social health and reduces their social productivity. Among the various impacts include acute stress disorders, posttraumatic stress disorders, depression, fear, anxiety, loss of loved ones, as well as fear of crowded places.

3.1 Psychosocial impacts

People who experience or are direct victims of a terror attack suffer different impacts that can either be long term or short term. For example "the immediate aftermath of the September 11 terrorist attacks in New York revealed that 44 percent of the national sample reported experiencing substantial psychological distress, both in the cities where the attacks occurred and across the country"[84]. Psychological impacts include "collective social anxiety during and after the disaster among other psychopathologies, particularly PTSD, anxiety and depressive symptoms, such as decreased self-efficacy, impaired work performance, startle responses, and feelings of helplessness or sadness."[85] Survivors of a disaster who suffer psychosocial effects have "reduced social productivity and compromise response efforts.

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[84]Amy W. Ding Modelling the Psychosocial Effects of Terror or Natural Disasters for Response Preparation, *The Journal of Defense Modeling and Simulation: Applications, Methodology, Technology October 2007 vol. 4 no. 4 p. 2*
[85] Ibid. p. 2

Moreover, these impacts can cause social disruption if no intervention occurs during the course of the disaster."[86]

From the study, it is evident that, most survivors suffer extraordinary trauma and undergo normal stress reactions for several weeks[87] following a terror attack. In this study the effects are categorized as emotional, cognitive and interpersonal reactions.

3.1.1. Emotional reactions

In this study the research found that the respondents displayed emotional reactions as a result of their experience of the traumatic event. Majority expressed fear of crowded places and were always feeling on guard. Immediate reactions following an attack were mainly denial; they felt that what they were going through was not real but a dream that would soon be over. However, soon after they registered feelings of intense fear, helplessness since the attack they experienced was life threatening.

There is also some notable difference in the emotional reactions that were observed between the two sample groups. The first responders showed resilience in handling of their re-experience of memories, flashbacks, emotional distress and thoughts/ feelings of the attack than the direct victims of the attacks. Both groups re-experienced the memories of the event in the same way while a 5% difference was observed on the re-experience of emotional distress with the first responders at 75% and the victims at 80%. The first responders have the advantage of being in an institution that gives them coping mechanisms unlike the

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[86] Ibid. p. 2
[87] Mathewson op. cit. p.199

victims. This explains why the first responders have responses that are slightly lower than the victims almost in all areas of the research questions.

Below is a comparative chart in the difference between the first responders and the victims.

Figure 3.1 Comparison charts of survivors re-experience of the event

It is worth noting that when put together 75% of the respondents re-experienced the memories of the attack. However, the number of first responders who re-experienced flashbacks at 58% while that of victims was at 73%. This could be because most of the first responders are not at the epicenter of the attack and only come in to respond. As such they do not experience firsthand the attack itself. Another reason for this difference could be attributed to the fact that the first responders are prepared during their training to face whatever traumatic event unlike the victims who find themselves directly in the crossfire without prior preparation.

The figure below shows a comparative graphic representation of the emotional responses by the two sample groups. There was no great difference in the reactions from the two groups. Both tended to respond in a similar way except for re-experiencing flashbacks.

Figure 3.2 Cumulative responses based on the re-experience of the traumatic terrorist event.
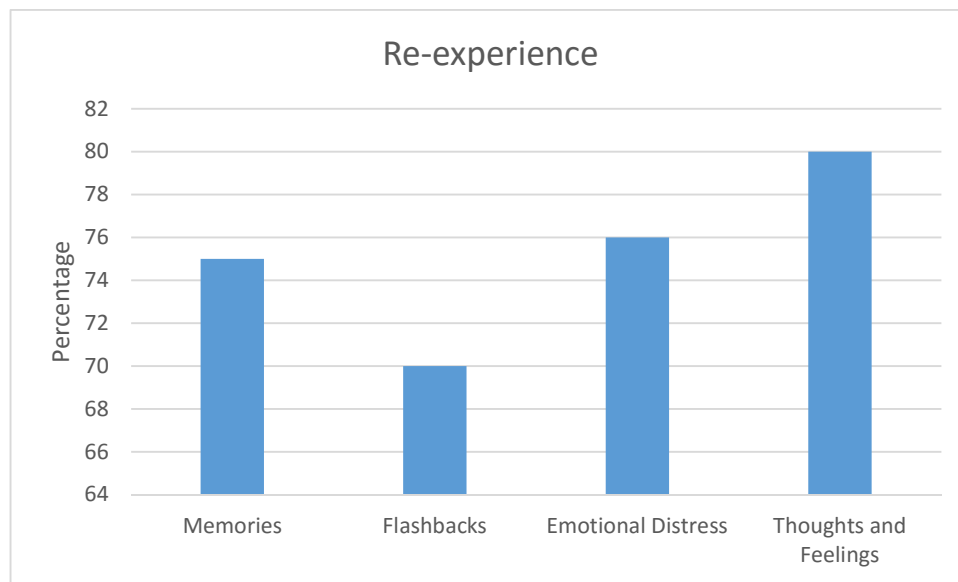
According to the DSM IV, "there are three main categories of symptoms for PTSD. In order to achieve a diagnosis, the individual must exhibit a certain number of symptoms under each category. It is important to note that in addition to meeting the specified number of symptoms in each category, the individual must experience the symptoms for at a period of at least one month. The symptoms are:

• "Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: in young children, repetitive play may occur in which themes or aspects of the trauma are expressed.

• Recurrent distressing dreams of the event.

• Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur upon awakening or when intoxicated)

• Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

• Physiologic reactivity upon exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event."[88]

In the study the researcher realized that most of the respondents indicated experiencing most of these symptoms with varying intensity depending to the intensity of the exposure, distance from the epicenter of the terror event and duration before help was available. For instance, the Westgate Mall attack and the Garissa University College attack exposed the victims to length durations as well as under imminent threat of death. This prolonged exposure increased the intensity of the exposure thus creating psychological distress to the victims.

3.1.2. Cognitive reactions

The second area of research was concerned with cognitive reactions of the respondents. In this area the research sought to find out the survivors reactions having experienced a traumatic terror attack. The respondents were required to respond positively to 3 out of 6 reminders of the terror attacks. These included ability to concentrate, remembering difficulties, avoiding thoughts or feelings or conversation about the attack, blanking out important parts of it as well losing interest in important activities in their lives. 75% of the

[88]The National Center for PTSD, 2010

respondents claimed they avoided people, places and activities that reminded them of the traumatic event, while 65% were positive on blanking on important aspects of the event. Another 65% had restricted range of emotions. 55% responded positive to feelings of detachment from people close to them. Only 47.5% responded positive to loss of interest in significant activities of their lives. Half of the respondents indicated that they were sensing that their future had shrunk. The figure below is a summary of the responses from the respondents of the study.

Figure 3.3 Combined responses from the respondents of the two sample categories.
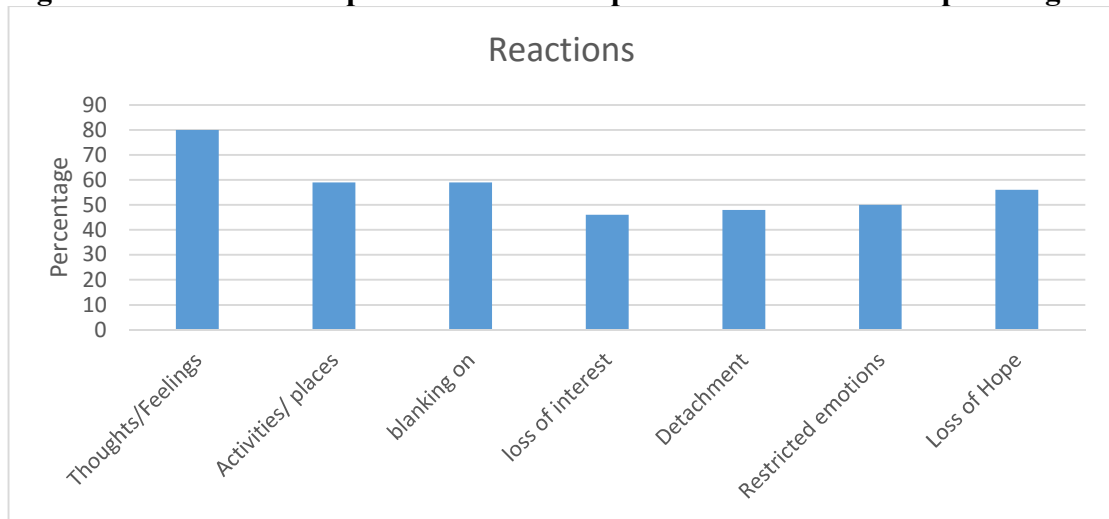
Below is a summary of the responses from the two sample categories representing first responders drawn from the security agents and care givers in a terrorist attack scene and the victims. They responses showed some differences though they generally experienced the same effects albeit in varying degrees.

Figure 3.4 Comparative responses from the two sample groups on reminders of the terrorism event
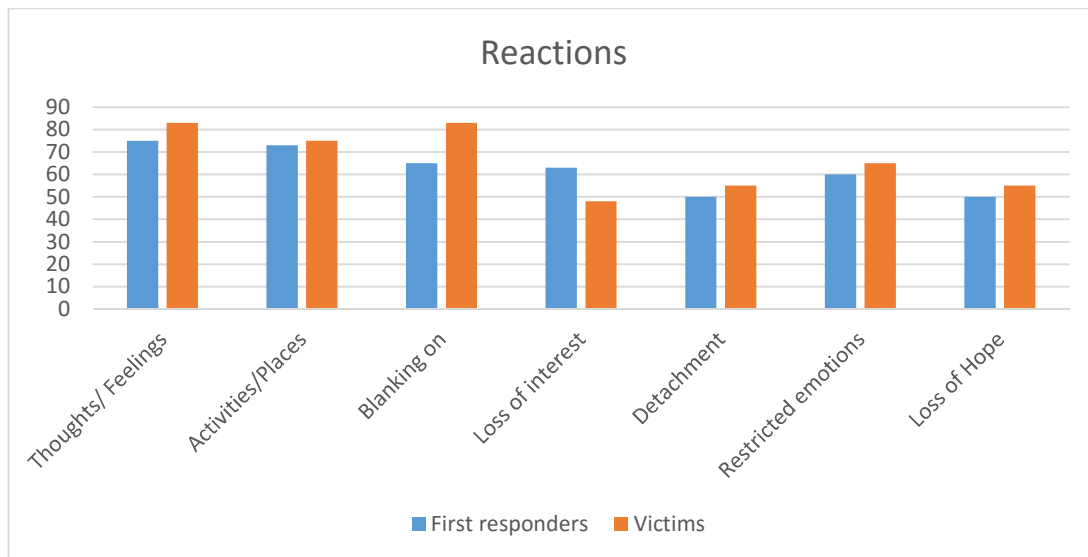
From the sample of the victim respondents 55% responded positively to feelings of detachment while 50% of the first responders were positive. The slight difference in the two responses could be attributed to the training the first responders are exposed to and this enables them to handle the traumatic experience with courage.

3.1.3 Interpersonal reactions

The third area of investigation sought to find out interpersonal reactions to the terror attack. It sought reactions on sleeping problems, irritability, feeling alert or on guard, startle response and whether the survivor had experienced changes in eating or sleeping habits. The respondents were required to indicate if they had experienced 3 out of the 6 responses. It is evident that survivors of terror attacks experience similar interpersonal reactions regardless of whether they are first responders or direct victims.

The findings are represented in the figure below that is comparative of the respondents' responses from the two sample categories.

Figure 3.5 Comparative responses of respondents having trouble with different behavioural patterns

Trouble with

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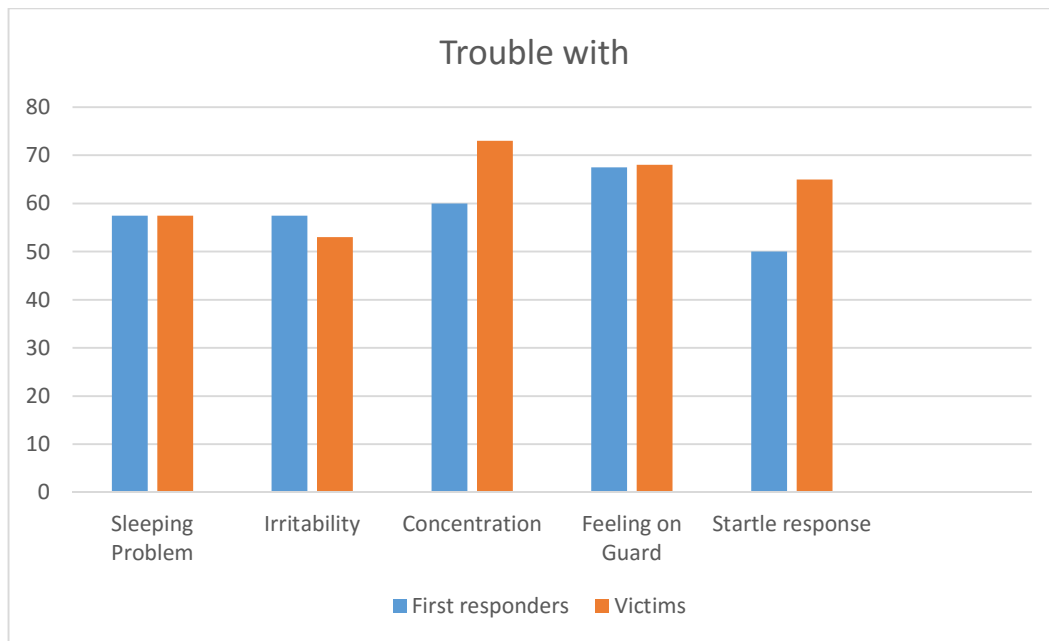
Most of the respondents indicated that they had experienced problems with concentration, feeling on guard and changes in sleeping and eating habits. They also had problems sleeping, were easily irritable and had startle responses. Since experiencing the attack most survivors were feeling on guard especially when in crowded places. This represented 69% of the respondents. The respondents had hyper arousal symptoms that "were not present before the exposure to the traumatic event. Such symptoms include difficulty falling or staying asleep,

irritability or outbursts of anger, difficulty concentrating, hyper-vigilance and exaggerated startle response"[89]

Figure 3.6 Combined responses of respondents having trouble with different behavioural patterns
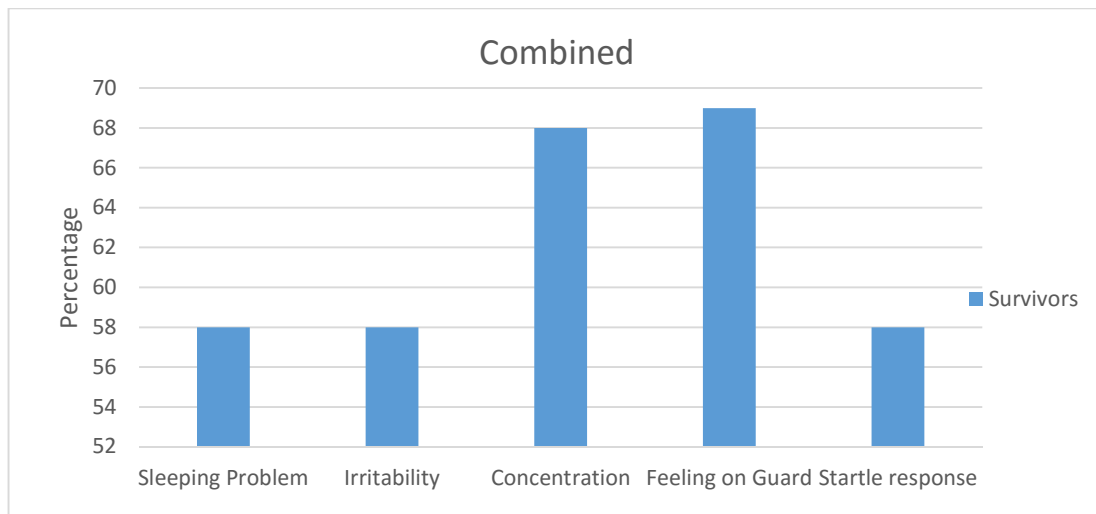
Based on the symptoms card from the DSM-IV, the respondents have shown hyper arousal symptoms. This is an indication that the survivors of terror attacks in the country have suffered various psychosocial impacts of international terrorism.

3.2   Conclusion

Survivors of terror attacks in the country have been suffering from various psychological impacts that have drastically changed their lives in the short and long terms. Most have suffered acute stress disorders as well posttraumatic stress disorders. The investigation in

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[89] The entire Symptom Note card contains information cited from the DSM-IV, 2000 and the United States Department of Veterans Affairs 2010.

this study has focused on establishing the prevalence of psychosocial impacts of international terrorism on the survivors. From the analysis above the researcher was able to establish a number of psychosocial impacts on the survivors as a result of their experience of traumatic terror attack. Most respondents avoided thoughts, places and actions that reminded them of the event they were involved in. They also experienced flashbacks and memories of the event.

Most survivors also avoided thoughts, activities, conversations that aroused the stimuli of the event while others indicated low concentration levels as well as detachment or withdrawal from close friends and relatives. The respondents also indicated that they were more on guard especially in crowded places where most people feared the most. There were many who said they had experienced sleeping problems over time.

Most survivors indicated re-experiencing flashbacks and memories and avoided people, places, activities and conversations that reminded them of the traumatic event. This is an indication that they were suffering from Intrusive Recollection since most of these symptoms were recurrent a situation that was not there before the attack.

The study also found that the survivors psychological and social lives were disrupted by the terror attack since most of them had developed sleeping problems like experiencing distressing dreams, hallucinations and illusions of the terror attack, indicated that they were highly alert especially in crowded places, had an exaggerated startle response and were easily irritable. The survivors had developed hyper arousal symptoms, that is, persistent symptoms of increased arousal.

The survivors of terror attacks had developed feelings of sadness that could give way to depression, being worthless and guilty, as well being disinterested in life. These are symptoms that are indicative of the prevalence of posttraumatic stress disorders and acute stress disorders. There is therefore a need for specialized study to establish the extent of the presence of PTSD and ASD on the survivors as a consequence of traumatic terrorism attack.

Chapter 4

Coping and Response to terror attacks

4.0 Introduction

This chapter investigates how the survivors cope and respond to terrorism as well as assesses the measures the GoK has put in place to assist the survivors cope and respond to the effects of terrorism. It is concerned with the question: How do survivors cope with and what measures has the government of Kenya put in place to assist survivors cope with and respond to the impacts of terrorist acts? It makes the assumption that the GoK has in place measures that assist survivors cope and respond to terror attacks. It is found that the GoK has not put adequate measures in place to assist the survivors cope and respond to the psychosocial effects. Many survivors depend on family and friends for support.

4.1 Coping with terror attacks

In this area the research sought to find out how the survivors of terrorism acts cope and respond to terrorism. In this regard, the questions were based on the long term feeling the survivors had developed as a result of the traumatic terror attack. Thus, three issues were addressed which include feelings of sadness or depression, being disinterested in life and feelings of guilt of worthlessness. In all three areas the respondents said they had registered feelings of sadness, disinterest in life and worthlessness and guilt. Both the respondents from the two sample categories responded in a similar pattern with both above 50% in the three issues questioned. In two of the issues, the first responders were at 63% while the direct victims were at 53% in feeling disinterested in life and feeling worthless and guilty. There was only variance in response to the feelings of sadness or depression where the direct victims were at 72.5% against 68% of the first responders. The question they were responding to was: "More days than not, do you feel sad or depressed? Disinterested in life?

Worthless or guilty? Have you experienced changes in your sleeping or eating habits?" The aim of this question was to establish whether the survivors had experienced emotional changes in their lives as a result of the terror attack.

The figure below shows the graphic representation of the responses from the two sample categories.

Figure 4.1 Comparative responses on feelings from the two sample categories.
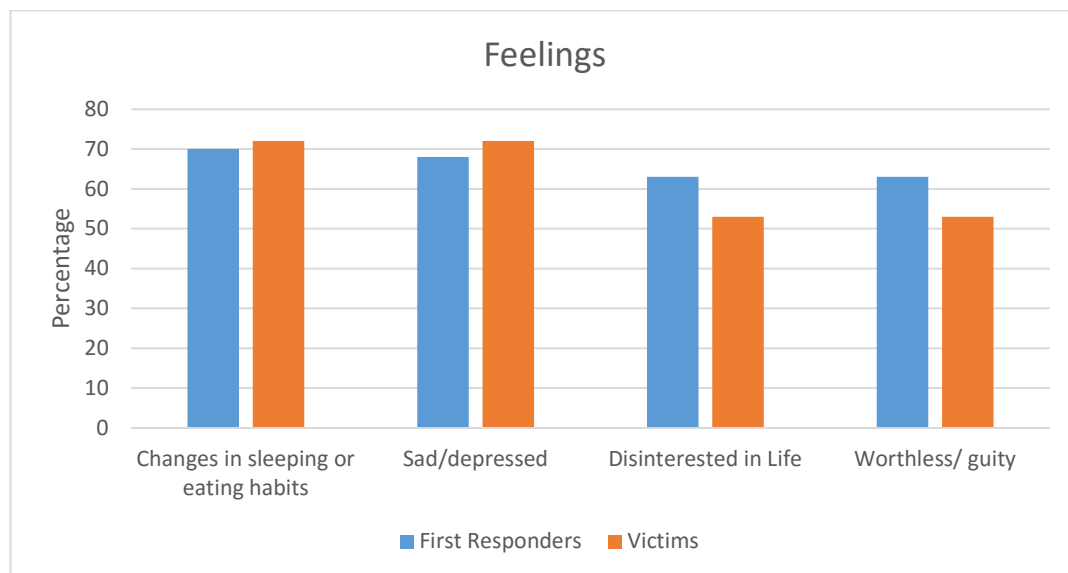
From the graph above the respondents claimed to have experienced changes in their eating and sleeping habits as well as feeling of sadness/ depression, being disinterested in life and feeling guilty and worthless. There was a marginal difference in between the two categories but the pattern of the responses was very similar. Both the first responders and the victims had registered significant changes in their eating and sleeping habits at 70% and 72% as well as more victims feeling more depressed and sad at 72% against 68% of the first responders

in the same category. Equally notable in the responses from the two sample groups is the slight difference registered in the feelings of being disinterested in life and a sense of guilt of worthlessness as a result of the terror attack.

Figure 4.2: Cumulative response from the whole sample population

Feelings

A bar chart titled "Feelings" showing cumulative responses. The vertical axis ranges from 0 to 80 in increments of 10. Four categories are shown: "Changes in sleeping/ eating habits" at approximately 71, "Sad/ Depressed" at approximately 71, "Disinterested in Life" at approximately 59, and "Worthless/ guilty" at approximately 60.
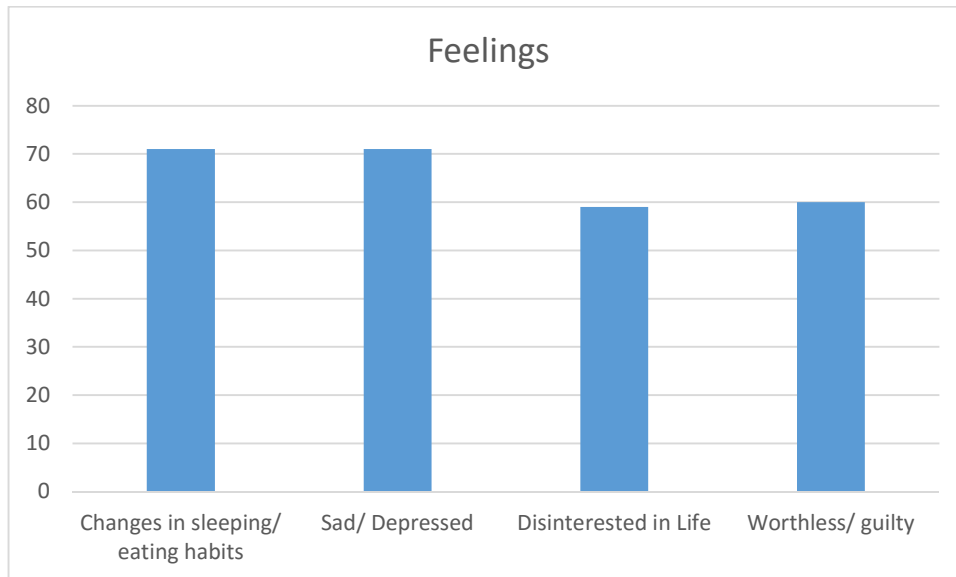
On average 71% of the respondents had registered changes in their sleeping patterns as well as feeling sad or depressed. Many of these also felt disinterested in life and feeling worthless and guilty. This may have led to blaming oneself for the traumatic event they experienced. This could be because some felt that their hope for the future had been shattered as many of the respondents were below the age of 40 years. This is normally the most productive age in one's life. Terrorism tends to drastically disrupt one's life hence the emotional reactions.

Feeling or depressed, worthless or guilty and being disinterested in life are psychological responses that different individual can experience as a result of having encountered a traumatic event in their lives. The changes in sleeping and eating habits are reflection of the

presence of these feelings that sometimes the individual may not conscious of. The survivors need social support from family, friends and the larger society to help them cope with the feelings they are experiencing.

4.1.1 Alcohol and drug Abuse

In this section the study sought to find out whether the survivors had resulted to alcohol and drug abuse in order to cope with and respond to their experience of the traumatic terror attack they were involved in. the respondents were required to respond to the following questions: "During the last year, has the use of alcohol or drugs... resulted in your failure to fulfill responsibilities with work, school, or family? Placed you in a dangerous situation, such as driving a car under the influence? Gotten you arrested? Continued despite causing problems for you or your loved ones?" The aim was to find out how the survivors were responding to the effects of having experienced a terror attack.

The study found that majority of the respondents were negative on the use of alcohol and drug abuse. Very few had responded positively to the four question. Most respondents indicated that they had not experienced problems as a result of alcohol use or resulted in drug abuse. 23% of the respondents in the first category had indicated failing in responsibilities due to use of alcohol compared to 18% of the victims. Fewer indicated that the use of alcohol had put them in a dangerous situation or put them into trouble or caused problems to family. In all these the respondents were less than 20% positive. This indicates that survivors have not had problems associated with abuse of alcohol and drugs. Abuse of alcohol and response has not been a way of coping and responding to psychosocial impacts of terror attacks. Despite the trauma and other related problems, the survivors have not

sought refuge in alcohol or drugs. This could be attributed to the fact that most of the survivors are occupied either in business, employment, in active service or students. Only 19% of all the respondents said they were not in formal employment.

The graph below is representative of the respondents' views.

Figure 4.3 Comparative responses from the two sample groups on the use of Alcohol and drugs
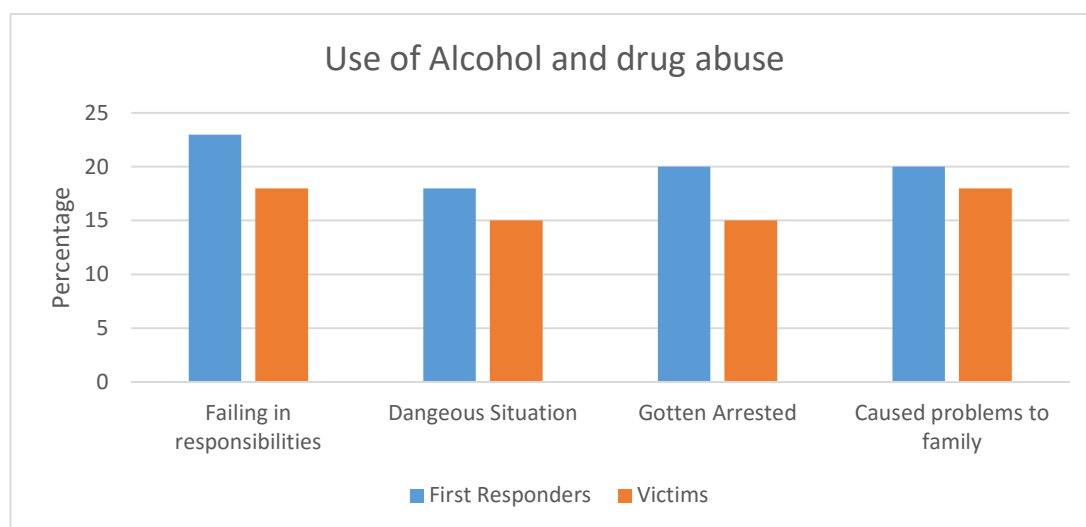
From the study few respondents had resulted in the use of alcohol that had made them fail in their responsibilities or put them in dangerous situations like driving under the influence of alcohol; neither had had continued use of alcohol gotten majority of the respondents arrested or caused problems in their families. There was a slight variance in responses from the two groups with the first responders having a higher likelihood of resulting to the use of alcohol and other drugs than the victims.

The figure below represents the cumulative results of the study on the use of alcohol and abuse of drugs.

Figure 4.4 Cumulative responses on the use of alcohol and drugs
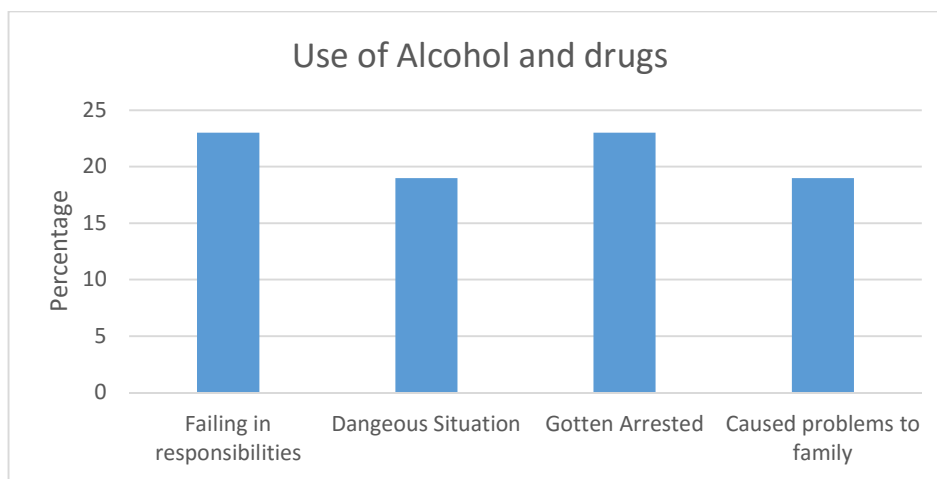
On average the use of alcohol and other drugs was low among the respondents. This indicates that the use of alcohol and other drugs had not been a response mechanism by the victims. The use of the substances had minimum negative effects on the respondents since few had resulted to their use.

4.2 Measures by government to assist the survivors

The study sought to find out the measures the government had put in place to assist the survivors cope with and respond to the psychosocial impacts of international terrorism. The respondents were to answer to the following question: Have you received assistance from the government in a). Paying for your hospital bills? b). Provision of counselling services following the attack? c). Supporting you financially during the recovery period?

The study found that most of the victims had not received any assistance from the government. For the few who responded positively, the majority of the respondents who had said they had received help from the government were from the disciplined forces. This is

understandable since for most of them the government avails certain services to them through the Armed forces memorial hospital.

However, it is notable that most respondents claimed they had received assistance from the government. From both sample groups, only 10% of the first responders said they had received any assistance from the government in accessing counselling services while the victims were at 2 points lower. Equally, in receiving financial aid during the recovery period only 5% of the victims said they had while the first responders were at 10%. Most victims indicated they had to receive assistance from other sources other than the government and those who indicated they had were at 5%. Much of the support the survivors received came from relatives and close friends.

Figure 4.5 Comparative response from the two sample groups on the government assistance.
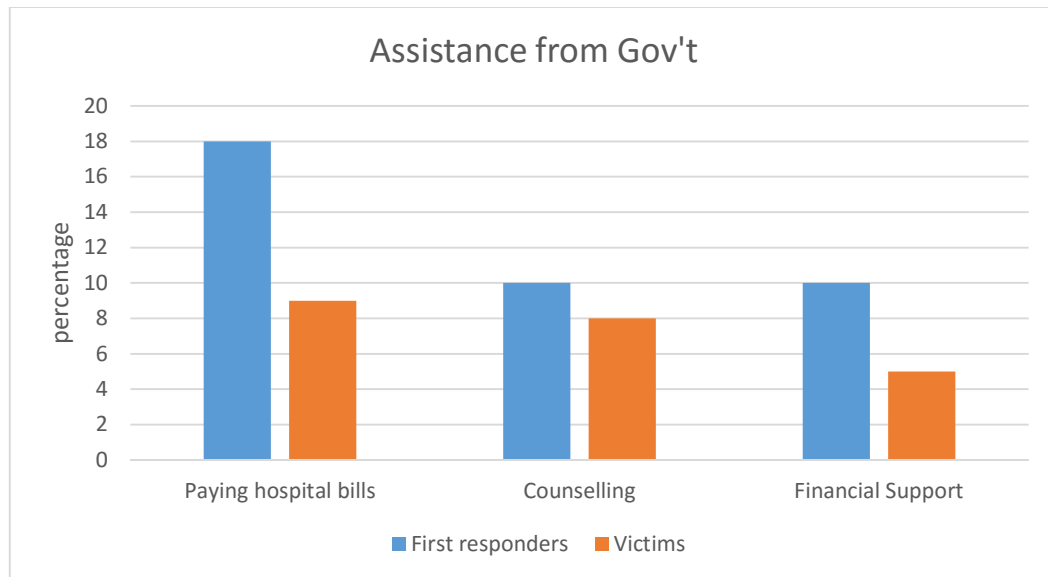
On average government assistance to the survivors of terror attacks was very minimal or was not felt by the majority of the survivors. 11% of all the respondents indicated that the

government had assisted them in paying for their hospital bills. Only 6% said they had received financial support from the government during the recovery period. This is probably the reason why most felt they were helpless and had lost hope in life following the attack they were involved in as they are normally devastated by the new experience that has disrupted the normalcy of their lives,.

The graph below is a representation of the responses from the respondents on the government assistance.

Figure 4.6 Cumulative responses from the combined sample group on government assistance.
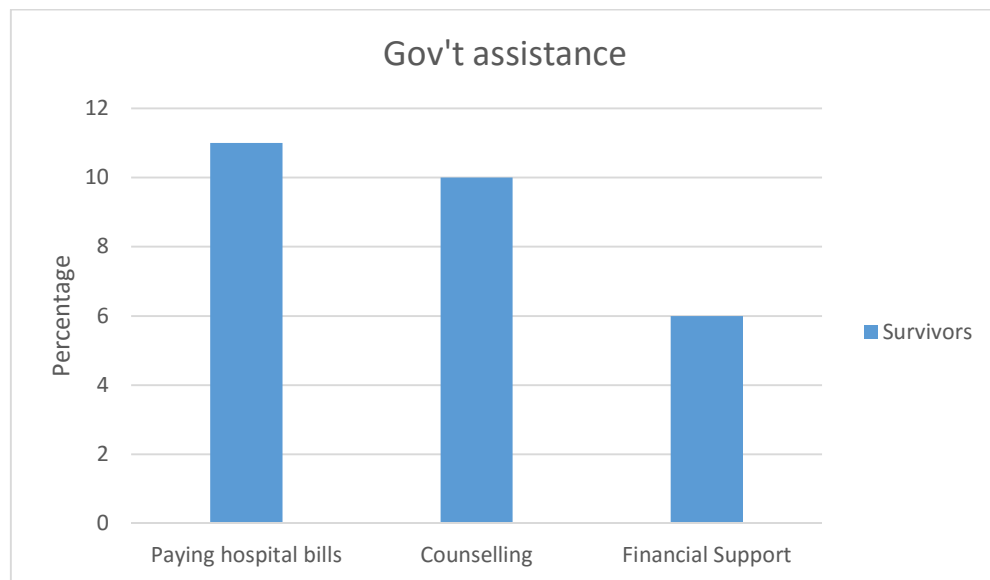
Measures by the government of Kenya to assist the survivors were not adequate. Few survivors indicated that they had been assisted by the government in response to the terror attacks. Government assistance can go a long way in helping the survivors cope and respond to terrorism as well as reduce the long term negative consequences that disrupt their lives.

For many the government was only felt in their lives for just a few days and then they were left on their own. The respondents felt there was need for the government to put in place mechanisms that aimed to helping the survivors revert to normalcy with minimum disruption in their lives. This could be through paying for the hospital bills, offering counselling services and financial support that would help them regain their footing in their lives.

4.3 Conclusion

From the study is clear that the government does not seem to have put in place measures to assist the survivors following their experience of the terror attacks. The survivors are left to rebuild their lives on their own or to depend on close friends and relatives for support. The survivors of terrorist attacks have responded to and coped with the impacts of terrorism in a myriad of ways that include resilience in the face of their experience. It is important to note that few have result to use of alcohol or drug abuse in order to forget the traumatic experience.

It is important that mechanism be put in place to assist the survivors following an attack. Such mechanism should include paying for the hospital bills, assistance to access counselling services that would help to mitigate the negative effects associated with experiencing a traumatic terror attack as well as financial aid to help them rebuild their lives once again.

The survivors had experienced, witnessed and had been confronted with an event that actually threatened their lives with death or serious injury, or the physical integrity of oneself or others. Their responses involved intense fear, helplessness, or horror. Majority of the

respondents said they were always on high alert when in crowded places. This culminated in fear and profiling of people who appeared to belong to certain ethno-religious affiliation.

The study also found that the survivors had not resulted to using alcohol or to drug abuse as a means of coping with and responding to their experience in the terror attack. However, the survivors' mental health had seriously been affected and thus needed psychosocial support during their recovery period.

However, the study found out that the GoK had not done enough to assist the survivors of terror attacks. This was indicative that the GoK has no measures in place to assist the survivors during such a traumatic moments. Much of the assistance was received from close friends and relatives either by paying hospital bills, counselling and helping them resettle to normalcy after an attack. This would help in mitigating the long term effects of the traumatic experience that they suffer.

There lacks a communication mechanism that prepares the general public with response strategies, precautions and on the need to follow evacuation instructions during an attack. This would help the security personnel and other first responders during an attack and create awareness on the general population on response mechanisms in case of an attack.

Chapter 5

Conclusion and Recommendations

5.0 Introduction

This study has examined the questions of the impacts of international terrorism in Africa with Kenya as a case study between 1998 and 2015 both from the point of view of the direct victims and the first responders. In answering the question the study examined the existing

literature and carried a field study from the survivors of international terrorism in Kenya between 1998 and 2015. Answers to the issues have been analyzed in the foregoing chapters and will be summarized in this chapter which will also give a summary of the findings of this study and the conclusion. It also offers some recommendations that can inform the decisions and actions that can be taken to mitigate the challenges posed by the problem of international terrorism and deal with its psychosocial impacts on the survivors.

To ensure the validity and reliability of the findings, the sample was drawn from across the social divide and engaged respondents from both the first responders who include care givers, security personnel drawn from the Kenya Defense Forces, National Police Service, Private Security Services, The Kenya Red Cross Society Personnel and private citizens who have responded immediately following an attack, and the victims who cut across the social spectrum and age groups.

The number of the respondents was 80. The research had targeted a sample size of 100 respondents. However, 20 respondents voluntarily withdrew from study. The research did not meet the 50% gender parity of the respondents. The female gender was represented by 43% respondents while the male gender was represented by 57%. Half of the respondents were married while the other half indicated they were single. This could be attributed to the fact that among the respondents were young people who were students at the time of the attack they were involved in.

The figure below is a distribution chart of the respondents.

Figure 5.1 Distribution of the respondents

Distribution of respondents
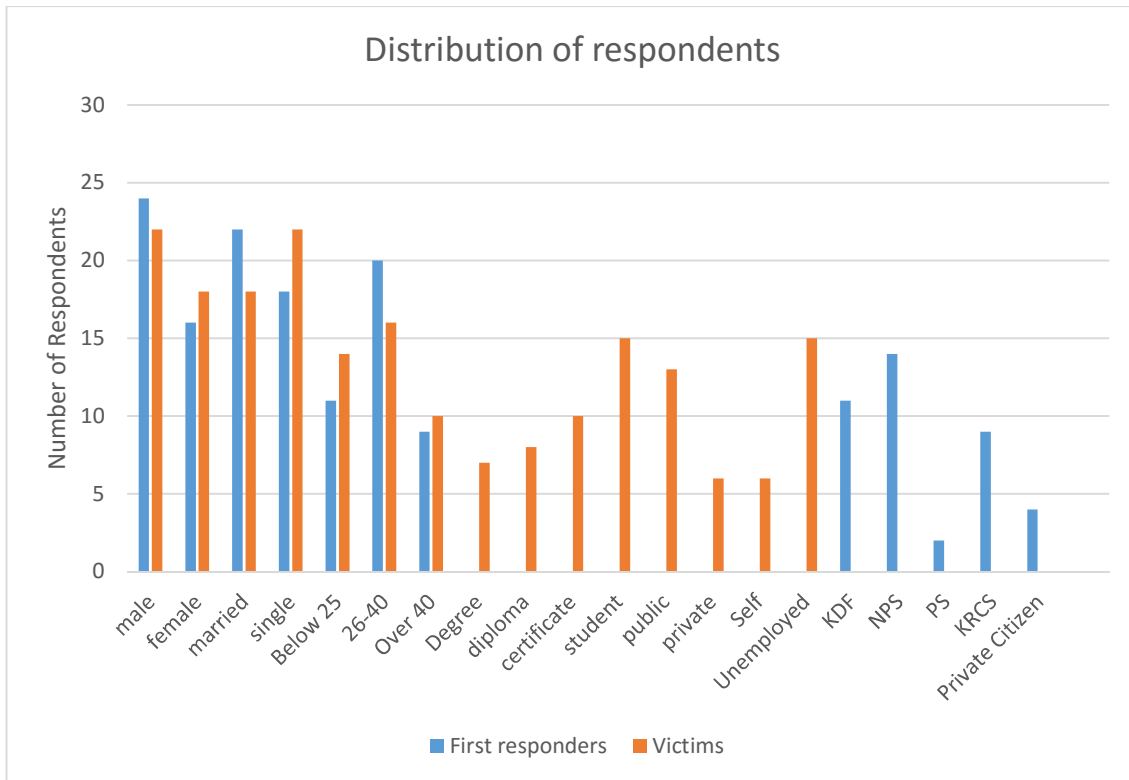
The sample population was highly diversified in order to get comprehensive views. These included people of different education levels from graduate to students and in different occupations and employment sectors. The sample was divided into two targets groups: the first responders and the direct victims. The two groups had an equal number of respondents.

5.2 Conclusion

The objective of this study was to examine and assess the psychosocial impacts of international terrorism in Africa with Kenya as a case study between 1998 and 2015 on the survivors' mental and social lives. The specific goals were to: a). to examine the key impacts of international terrorism in Africa; b). to assess the psychosocial impacts of international

terrorism on the survivors in Kenya; and c) To investigate how the survivors cope and respond to, and the measures the government of Kenya has put in place to assist survivors cope with and respond to, the impacts of terror attacks. The study made the following assumptions: a). that terrorism's ability to traumatize, to induce fear and concern, exceeds actual physical damages it causes; b). that terrorism causes negative psychosocial impacts on the survivors; and c). that the GoK had measures in place to assist survivors cope and respond to terror attacks.

The study has been able to establish that international terrorism has the ability to traumatize, to induce fear and concern and other closely related impacts that exceeds actual physical damages it causes, and that terrorism causes negative psychosocial impacts on the survivors. Kenya has experienced international terrorism since 1998. The attack on the US Embassy put Kenya in the limelight though the country was only a proxy target. The Al Qaeda who were responsible for the attack were targeting US interests in the country. The Subsequent attack in 2002 on Paradise hotel in Kilifi was also attributed to the Al Qaeda. However, other attacks in the country since 2009 have been attributed to the Al Shabaab form the neighbouring Somalia. These attacks have left a trail of destruction, loss of life and injuries among the victims. These are impacts that can be quantified. However, there are impacts that affect individuals who have been victims of the terror attacks that disrupt their lives henceforth.

The survivors suffer both short and long term effects that take time to overcome. Such effects include posttraumatic stress disorders, anxiety, fear, depression, loss of loved ones, physical injuries and other psychological consequences that are disruptive in their lives in

the long run. We have also been able to establish that survivors' response to terror attacks though disruptive in their lives, has not led to the misuse of alcohol and drug abuse.

However, it is evident from the study that the GoK has no measures in place that assist survivors cope and respond to terror attacks. Majority of the survivors depend of relatives and close friends for support following a terror attack. It is important that the government of Kenya takes an active role in the post terror period in the survivors' lives by providing counselling services to assist the survivors cope and respond to the aftermath of the terror attacks. The government can also assist the survivors through financial support and compensation besides meeting medical costs incurred by the victims.

There lacked a sufficient theoretical framework within the discipline of International Relations that could be used in the analysis of psychosocial impacts of international relations. The available theoretical frameworks were applicable only to the state and non-state actors. The social constructivism theory that the researcher sought use could not adequately be applied in the analysis of the psychosocial impacts of international terrorism. Individual perceptions of terrorism and their struggle to construct meaning following a terror attack have not been considered in the study. The theoretical model used in this study is borrowed from the discipline of Psychology which has made several studies on the mental and social impacts of international terrorism.

Equally, there is no available evidence known to the researcher that a study on the psychosocial impacts of international terrorism on the survivors have been carried out in Kenya. This is a gap in knowledge that scholars in the discipline of International Relations need to address. Though the discipline focus on the states and non-states as actors in the

global affairs, the impacts of the actions of such non-state actors as terrorists on the populations within the states need to be studied in order to create a link between the actions of non-state actors and the effects of those actions on the general populations

5.2   Recommendations

This study makes the following academic and policy recommendations:

5.2.1 Academic recommendations

- This study was done within the realm of international relations as a discipline. The discipline has no theory that can be used in the analysis of psychosocial impacts of international terrorism which has emerged as a major issue of concern as a threat to global peace and security. As such the study recommends that the academia develops an analytic tool that addresses the psychosocial impacts of human-made traumatic events.

- The study also recommends that further studies be carried out on the impacts of human made traumatic events like international terrorism on the mental and social lives of the survivors and the whole population.

- It also recommends that psychosocial impacts of terrorism in Kenya be studied in order to establish the extent to which the population has been affected. This study has only given a background information of the need to study this area thoroughly.

5.2.2 Policy recommendations

- That developing countries like Kenya develop counterterrorism strategies that does not compromise their economic development agenda through huge allocations to security at the expense of development. Economic development can create opportunities that will reduce the number of people being recruited to terrorism due to economic marginalization and feelings of social discrimination thus supporting security needs of the country.

- That the government's counterterrorism interventions do not end up polarizing the society and alienating some communities. This may in the long run be counterproductive as those communities may end up retaliating.

- That counterterrorism strategy be focused on the individual perpetrators rather than on the communities and religious affiliation seen to be associated with terrorism.

- That the GoK avails mechanism to assist the survivors of terrorism to recover as soon as possible and with minimum disruption of their lives.

- That follow up measures on the survivors following an attack be put in place to ensure that their recovery is smooth and that the negative psychological impacts are reduced.

- That social support mechanisms to help the survivors find meaning in their lives once more be put in place. This can be done through creating support groups of the survivors where they can come together and discuss amongst themselves the challenges they go through with the help of psychological counsellors.

- That considerations be made on how risk is communicated to the general public, since this can influence their ability and willingness to follow response strategies, precautions, and evacuation instructions.

- That regular training on disaster preparedness, response and evacuations drills be

  held to sensitize and prepare the public on response mechanisms.

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1.14   Tools for data collection
Appendix I
Letter of Authority
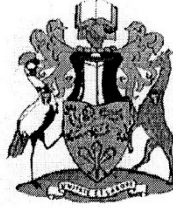
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P.O. Box 30197
Nairobi
Kenya

18th July, 2016

TO WHOM IT MAY CONCERN
RE: MACHARIA MICHAEL KANYANGE – R50/74155/2014

This is to confirm that the above named person is a bona fide student at the Institute of Diplomacy and International Studies (IDIS), University of Nairobi pursuing **Master of Arts** in **International Studies.** He is working on research project titled: **"INTERNATIONAL TERRORISM AND ITS PSYCHO-SOCIAL IMPACTS IN AFRICA: A CASE STDY OF KENYA BTWEEN 1998 AND 2015".**

Any assistance given to him to facilitate data collection for his research project will be highly appreciated.

Thanking you in advance for your cooperation.

Prof. Maria Nzomo
Director, IDIS
&
Professor of International Relations & Governance

Appendix II

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

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Website: www.nacosti.go.ke
when replying please quote

9th Floor, Utalii House
Uhuru Highway
P.O. Box 30623-00100
NAIROBI-KENYA

Ref: No.

Date:

NACOSTI/P/16/77699/12824

29th August, 2016

Michael Kanyange Macharia
University of Nairobi
P.O. Box 30197-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on *"International terrorism and its psycho-social impacts in Africa: A case study of Kenya,"* I am pleased to inform you that you have been authorized to undertake research in **Garissa and Nairobi Counties** for the period ending **26th August, 2017.**

You are advised to report **the Chief Executive Officers of selected government agencies, the County Commissioners and the County Directors of Education, Garissa and Nairobi Counties** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.

BONIFACE WANYAMA
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The Chief Executive Officers
Selected government agencies.

The County Commissioner
Garissa County.

Appendix III

Michael Kanyange Macharia,
University of Nairobi,
Institute of Diplomacy and International Studies,
Tel: 0722984454
Email: pmkanyangem2013@gmail.com

TO WHOM IT MAY CONCERN

RE: LETTER OF INTRODUCTION

I am Master of Arts in International Studies student at the Institute of Diplomacy and International Studies, University of Nairobi. I am currently undertaking a research on **International Terrorism and its Psycho-social impacts in Africa: A case study of Kenya, 1998 - 2015**.

I am investigate the psychological and social effects of terrorism on the survivors, that is, the victims, the caregivers and first responders who include the security personnel.

I would like to request you to take part in the study which is a partial requirement for the award of the Degree. Please feel free to participate.

Thank you.

Michael K. Macharia

Appendix VI

Consent form

You are invited to participate in a research study conducted by *Macharia Michael Kanyange* from the UNIVERSITY OF NAIROBI, *INSITUTTE OF DIPLOMACY AND INTERNATIONAL STUDIES.* I hope to learn ***International Terrorism and its psycho-social impacts in Africa: A case study of Kenya, 1998-2015.*** You were selected as a possible participant in this study because of being a survivor in a terrorist attack.

If you decide to participate, in the study, you will required to fill a questionnaire that will take a little of your time.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. You are not required to indicate your name or any other form of identification on the questionnaire. This study is not funded by a federal agency which requires that data be collected in a form that may be analyzed for differences between men and women and races or ethnic groups.

Your participation is voluntary. Your decision whether or not to participate will not affect your relationship with the researcher. If you decide to participate, you are free to withdraw your consent and discontinue participation at any time without penalty.

If you have any questions about the study, please feel free to contact *the researcher on 0722984454 or, e-mail: pmkanyangem2013@gmail.com and P.O. Box 43844-00100 Nairobi.*

If you have questions regarding your rights as a research subject, please contact the Director, Institute of Diplomacy and International Studies at email: *director-idis@uonbi.ac.ke*. You will be offered a copy of this form to keep.

Your signature indicates that you have read and understood the information provided above, that you willingly agree to participate, that you may withdraw your consent at any time and discontinue participation without penalty, that you will receive a copy of this form, and that you are not waiving any legal claims.

Signature_____ Date_____

Appendix V

Questionnaire for Survivors

Section A: Personal Information

(The information you give will be treated with utmost confidentiality will be used for the purpose of this research only).

(Please tick the correct one only)

1. **Sex:**   1.Male ☐   2.Female ☐

2. **Marital status:**   1.Married ☐   2. Single ☐

3. **Age**:   1.Below 25 ☐   2. 26-40 ☐   3.Over 40 ☐

4. **Academic Level** 1.Degree ☐   2.Diploma ☐   3.Certificate ☐ 4.Student ☐

5. **Employment**   1.Public ☐   2.Private ☐   3.Self ☐   4.Unemployed ☐

Section B: Specific Information

	Yes	**No**
6. Are you troubled by the following?		
You have experienced or witnessed a life-threatening event that caused intense fear, helplessness, or horror.	☐	☐
7. Do you re-experience the event in at least one of the following ways?		
a) Repeated, distressing memories, or dreams	☐	☐
b) Acting or feeling as if the event were happening again (flashbacks or a sense of reliving it)	☐	☐
c) Intense physical and/or emotional distress when you are exposed to things that remind you of the event	☐	☐
8. Do reminders of the event affect you in at least three of the following ways?		
a) Avoiding thoughts, feelings, or conversations about it	☐	☐

b) Avoiding activities and places or people who remind you of it ☐   ☐

c) Blanking on important parts of it ☐   ☐

d) Losing interest in significant activities of your life ☐   ☐

e) Feeling detached from other people ☐   ☐

f) Feeling your range of emotions is restricted ☐   ☐

g) Sensing that your future has shrunk (for example, you don't expect to have a career, marriage, children, or normal life span) ☐   ☐

9. Are you troubled by at least two of the following?

a) Problems sleeping ☐   ☐

b) Irritability or outbursts of anger ☐   ☐

c) Problems concentrating ☐   ☐

d) Feeling "on guard" ☐   ☐

e) An exaggerated startle response ☐   ☐

10. Having more than one illness at the same time can make it difficult to diagnose and treat the different conditions. Depression and substance abuse are among the conditions that occasionally complicate PTSD and other anxiety disorders.

a) Have you experienced changes in sleeping or eating habits? ☐   ☐

11. More days than not, do you feel…

a) Sad or depressed? ☐   ☐

b) Disinterested in life? ☐   ☐

c) Worthless or guilty? ☐   ☐

12. During the last year, has the use of alcohol or drugs...

    a) Resulted in your failure to fulfill responsibilities with work, school or family? ☐ ☐

    b) Placed you in a dangerous situation, such as driving a car under influence? ☐ ☐

    c) Gotten you arrested? ☐ ☐

    d) Continued despite causing problems for you or your loved ones? ☐ ☐

13. Have you received assistance from the government in

    a) Paying for your hospital bills? ☐ ☐

    b) Provision of counselling services following the attack? ☐ ☐

    c) Supporting you financially during the recovery period? ☐ ☐

14. What are some of the challenges that you face since the attack?

………………………………………………………………………………………………

………………………………………………………………………………………………

………………………………………………………………………… …

15. Briefly describe how your life has changed since the attack you were involved in.

………………………………………………………………………………………………

………………………………………………………………………………………………

…………………………………………………………………………..

Appendix VI

Questionnaire for first responders (Security Personnel and caregivers)

Section A: Personal Information

The information you give will be treated with utmost confidentiality will be used for the purpose of this research only.

(Please tick the correct one only)

1. **Sex:**   1.Male   ☐   2.Female   ☐

2. **Marital status:** 1.Married   ☐   2. Single   ☐

3. **Age**:   1.Below 25 ☐   2. 26-40 ☐   3.Over 40 ☐

4. **Service**   **1.**KDF ☐   2.National Police Service ☐ 3.Private Security   ☐

             4. Kenya Red Cross Society ☐   5. Private Citizen   ☐

Section B: Specific Information

		Yes	No

5. Are you troubled by the following?

   a) You have experienced or witnessed a life-threatening event that caused intense fear, helplessness, or horror.   ☐   ☐

6. Do you re-experience the event in at least one of the following ways?

   a) Repeated, distressing memories, or dreams   ☐   ☐

   b) Acting or feeling as if the event were happening again (flashbacks or a sense of reliving it)   ☐   ☐

   c) Intense physical and/or emotional distress when you are exposed to things that remind you of the event   ☐   ☐

7. Do reminders of the event affect you in at least three of the following ways?

   a) Avoiding thoughts, feelings, or conversations about it   ☐   ☐

b) Avoiding activities and places or people who remind you of it ☐   ☐

c) Blanking on important parts of it ☐   ☐

d) Losing interest in significant activities of your life ☐   ☐

e) Feeling detached from other people ☐   ☐

f) Feeling your range of emotions is restricted ☐   ☐

g) Sensing that your future has shrunk (for example,
    a. you don't expect to have a career, marriage, children,
    b. or normal life span) ☐   ☐

8. Are you troubled by at least two of the following?

a) Problems sleeping ☐   ☐

b) Irritability or outbursts of anger ☐   ☐

c) Problems concentrating ☐   ☐

d) Feeling "on guard" ☐   ☐

e) An exaggerated startle response ☐   ☐

9. Having more than one illness at the same time can make it difficult to diagnose and treat the different conditions. Depression and substance abuse are among the conditions that occasionally complicate PTSD and other anxiety disorders.

a) Have you experienced changes in sleeping or eating habits? ☐   ☐

10. More days than not, do you feel…

a) Sad or depressed? ☐   ☐

b) Disinterested in life? ☐   ☐

c) Worthless or guilty? ☐   ☐

11. During the last year, has the use of alcohol or drugs...

    a) Resulted in your failure to fulfill responsibilities with work, school or family? ☐ ☐

    b) Placed you in a dangerous situation, such as driving a car under influence? ☐ ☐

    c) Gotten you arrested? ☐ ☐

    d) Continued despite causing problems for you or your loved ones? ☐ ☐

12. Have you received assistance from the government in

a) Paying for your hospital bills? ☐ ☐

b) Provision of counselling services following the attack? ☐ ☐

c) Supporting you financially during the recovery period? ☐ ☐

13. What are some of the challenges that you face since the attack?

………………………………………………………………………………………

………………………………………………………………………………

14. Briefly describe how your life has changed since the attack you were involved in.

………………………………………………………………………………………

………………………………………………………………………………

Appendix VII

Observation checklist for the survivors of terror attacks.

1. Living environment of the survivor.

Accessible [ ]   Not accessible [ ]

Number of Survivors accessed	Tick where applicable			
	Victims		First responders	
	Male	Female	Male	Female
10				
20				
30				
40				
50				
60				
70				
80				
90				
100				
Total				

Grand Total	

2. What are some of the observable psychological and social effects on the survivors? (Tick the appropriate).

Psychological Effects   **Social effects**

a) Fear ☐   Loss of a loved one ☐

b) Stress ☐   Withdrawal ☐

c) Trauma ☐   Loss of employment ☐

d) Anxiety ☐   Widowed ☐

e) Depressi ☐   Orphaned ☐

a) Panic ☐

b) Anger ☐

Appendix VIII

Tentative Time lines

January	Guidance to Proposal writing
February	Preliminary proposal and Chapter 1
March	Presentation of draft proposal
April/May	Submission of proposal for correction
June-August	Data Collection and Analysis
September/October	Compilation and Submission of Final report