

Terror Threat Perception and Coping Strategies among Individuals Struck by TerrorismTehreem Arshad^{1*}, Aisha Sitwat²**Abstract**

Terrorism has become an eminent topic of discussion in today's world. The present study has aimed to investigate the differences between individuals from business premises and residential areas on terror threat perceptions and coping strategies among individuals struck by terrorism. Ex Post Facto research design was used for the present study. The sample comprised 281 participants from both business premises ($n = 100$) and residential areas ($n = 181$) where bomb blasts have struck. The mean age of the sample was 34.5 years. The Terror Threat Perception Questionnaire (PTQ-SF), Terrorism Catastrophizing Scale (TCS), and Ways of Coping Questionnaire-Revised (WCQ-R) were used to assess the present study variables. Findings depicted that residential participants perceive more terror threats than participants from business premises. Threat perception and terror catastrophizing also found to be higher in females. However, males were found to involve more in emotion-focused coping than females. Furthermore, individuals who perceive higher levels of threat were found to engage more in emotion and problem-focused coping strategies. The present study findings have implications for health experts and would assist them in designing and understanding the importance of therapeutic services by focusing on the differences in threat perceptions of the affectees.

Keywords: Coping Strategies, Terror Catastrophizing, Terrorism, Terror Threat Perception

Received: 29 May 2024; Revised Received: 24 June 2024; Accepted: 25 June 2024

^{1*}Assistant Professor, Center for Clinical Psychology, University of the Punjab, Lahore, Pakistan.

²Associate Professor, Center for Clinical Psychology, University of the Punjab, Lahore, Pakistan.

***Corresponding Author Email:**

tehreem.cpsy@pu.edu.pk

Introduction

Terrorism is a prominent issue in today's world. The devastating effects of terrorism are experienced all over the world (Spilerman & Stecklov, 2009). Muslim nations more specifically feel emotionally intimidated by the term "terrorism" and identify it with attacks committed by presumably Muslim extremist groups, especially since the event of 9/11 (Nizami et al., 2018). Currently, the situation in Palestine significantly highlights

the devastating effects of terror attacks. Pakistan has also been significantly influenced by the social, economic, and human damages resulting from terrorism (Daraz et al., 2012). This country has also experienced numerous terrorist attacks over the years. From 2000-2019 approximately 67084 people were killed in South Asia due to terrorist attacks including civilians and army officers (South Asia Terrorism Portal [SATP], 2019). Recently, in 2022 at least three people were killed and more than 20 got injured by a bomb blast in Anarkali Lahore, Pakistan (Dogar, 2022). These frequent attacks have increased the level of fear in the affected people. Therefore, the present study aimed to examine the terror threat perceptions and coping styles among individuals struck by terrorism.

Terrorism is the structured or systematic use of terror especially as a means of coercion. Up until now, no definition of terrorism has been agreed upon internationally. Terrorism

This article is distributed under the terms of the Creative Commons Attribution Non Commercial 4.0 International License (<https://www.creativecommons.org/licenses/by-nc/4.0/>) which permits non-Commercial use, reproduction and distribution of the work without further permission provided the original work is attributed as specified.

© Copyright: The Authors (2024)

is an intentional use of violence to create a general environment of terror in society to attain a specific political goal (Jenkins, 2024). According to Saleem and Tahir (2014), terrorism is the use of threats or the use of violence against civilians to attain political aims. Terrorism has a great impact on everyday life. It causes death, injuries, and psychological and economic problems in society. Saleem and Tahir (2014) has reported that in Pakistan political and economic deprivations are found to be the main causes of terrorism which in turn has created additive troubles for people. To understand the problems encountered by individuals, it is essential to understand the complex impact of terrorism. Therefore, the present study aims to investigate the differences in terror threat perceptions and coping strategies among survivors of terrorist attacks.

A threat is a signal that follows emotional response associated with event that is expected to happen, whereas perception refers to the awareness about the actuality of that event (Reber, 1985). Perception of threat is the physical stimulation and awareness about the threat which tends to be influenced by many factors such as age, gender, location, individual values normative influence, etc. People are facing increased threats at home or while traveling due to the spread of terrorist threats worldwide. They perceive terrorism as chronic, deadly, and unforeseeable which induces elevated risk perceptions (Cohen-Louck & Levy, 2020). Research on terrorism mainly classified terrorism threats into two dimensions: national threat and personal threat. Personal threats are usually related to physical danger and were found to elicit more fear, anxiety, and depression as compared to national threats. Personal threat also promotes motivation to change personal behaviors to reduce danger. Determinants of personal

threat have been explored by many researchers.

Several group-level and individual factors are likely to predict how an individual perceives terror threats. Perceived personal risk has been suggested to vary geographically as it is based on actual risk factors (Arian & Gordon, 1993). Studies have also formulated that gender differences exist in the perception of threat as females are more prone to the perception of personal threat as compared to males (Huddy et al., 2002). Previous studies on post-traumatic stress suggested that several socio-demographic factors might also influence responses to threats. Thomas (2003) reported a relatively high level of anxiety among his old age sample following the September 11 attack. The results of a study conducted by DeLisi et al. (2003) highlighted that the majority of the attack survivors found to suffer from emotional problems. Jhangiani (2009) reviewed 118 empirical studies and reflected that there were increased symptoms of general distress such as depression (<10%), PTSD (5-10%), and substance abuse (1-7%) following the 9/11 attacks. Therefore, keeping in view these devastating effects, terrorism has currently emerged as a topic for risk management as well.

Coping is one such mechanism that aids an individual in surviving effectively in today's era of mass destruction. Coping is defined as an individual's effort to handle environmental demands whether or not the efforts are successful (Lazarus & Folkman, 1984). It involves a number of behaviors carried out to resolve problematic situations. There are two types of coping such as problem-focused and emotion-focused. Problem-focused coping includes deliberate rational efforts to alter the situation. While, emotion-focused coping aimed at reducing distress. When people are unable to reduce threats, they usually tend to give up problem-solving efforts and are likely to use emotion-

focused strategies. However, the adaptive use of coping strategies promotes healthy functioning of an individual and provides protection against the negative effects of stress. According to Pearlin and Schoolar (1978), a clear-cut distinction between emotion and problem-focused coping is difficult. However, the effectiveness of problem-focused efforts depends on the success of emotion-focused efforts, otherwise, heightened emotions influence problem-focused coping (Sitwat, 2006)

Zeidner (2005) suggested that coping behaviors are majorly used by women as compared to men as they plan and engage in problem-focused coping. While comparing emotion-focused coping strategies, women were significantly more likely than men to seek social support to engage in positive reappraisal, ruminate, engage in wishful thinking, employ positive self-talk, and use avoidance. There was little evidence found for the commonly held assumption that men use more problem-focused strategies than women. Solomon et al. (2005) claimed that following terror attacks women reported more post-traumatic and depressive symptoms lower sense of self-efficacy and sense of safety and less frequently engaged in effective coping strategies. Terrorism had an immense impact on one's perception to conceive about various events as threatening and harmful, Goodwin and Gaines (2009) indicated that age, sex, values, personal control, and normative expectations all predicted anxiety or perceived likelihood of attack. Furthermore, anxiety was found as a significant predictor of increased interpersonal contact, negative coping, and workplace distraction.

In Pakistan, many studies have been conducted concerning terrorism such as Malik et al. (2010) reported that high levels of perceived stress and high terror catastrophizing were found in both male and female students who experienced, witnessed,

or heard about terror attacks. Female citizens are found to be more anxious about death as compared to male students (Nayab & Kamal, 2010). Furthermore, a study conducted by Khan et al. (2018) suggested that ego resilience has a significant positive correlation with adaptive coping strategies, whereas terrorism catastrophizing was found to negatively relate to adaptive coping strategies.

Conclusively, it can be said that around the globe terrorism has impacted all of us. Individuals and their families have faced social and psychological repercussions up to the catastrophizing level as a result of these attacks which may have also compromised their coping abilities. Perception had a direct impact on the behavior of individuals and society. It is therefore essential to determine the perception of affected people and the coping strategies they take to overcome the adverse effects caused by such attacks. Some studies have been conducted in Pakistan in this regard. However, few have focused on studying the individuals directly affected by terrorist activities. The present research is an attempt to fill the gap and contribute to the literature by examining the differences in the experiences of affected individuals. Therefore, the present study has aimed to investigate the differences between individuals from business premises and residential areas on terror threat perceptions and coping strategies. This study will help in understanding how the affected people perceive, experience, and cope with the prevailing situations. The present study findings will surely have implications for health experts and would assist them in designing and understanding the importance of therapeutic services by focusing on the differences in threat perceptions of the affectees.

By keeping in mind the objectives of the study, the following hypotheses were constructed:

1. There will likely to be differences among participants from business premises and residential areas on perception of threat, terror catastrophizing, and coping styles.
2. Men and women from residential areas will likely to differ in terror threat perception, catastrophizing, and coping styles.
3. There will likely to be differences in coping styles at different levels of threat perception.

(97 males and 84 females) were selected from residential areas of affected localities. Three areas of Lahore bomb blast as FIA, Rescue 15 and Moon market were selected for data collection because all these areas were hit by terrorist attacks, causing mass destructions to material property and lot of injuries. Secondly, these areas were highly sensitive and secret. In these areas, both commercial and adjacent residential areas were approached for data collection.

Participants who were aged 18 years and above, able to communicate in the Urdu language, and lived/worked in areas adjacent to those where terror attacks have occurred were included in the study. As presented in Table 1, the demographic characteristics of the sample showed that participants from business premises were all men, mostly married, and belonged to a low-income group. The majority of male and female residential participants were married and belonged to low-income group.

Method

Research Design and Participants Characteristics

The present study was carried out to examine the differences in threat perceptions and use of coping strategies among individuals struck by terrorism. The present study employed Ex Post Facto research design. The purposive sampling technique was used. Out of total 281 participants, 100 males were recruited from business premises and 181 participants

Table 1
Demographic Characteristics of the Study Sample (N= 281)

Demographic Variables	Business Premises (n =100)		Residential Areas (n =181)			
	f	%	Male (n =97)		Female (n =84)	
			f	%	f	%
Marital Status						
Married	58	58	49	50.5	58	69
Un-married	40	40	47	48.5	23	27.9
Widow/Widower	2	2	1	1.0	3	3.6
Education						
Illiterate	15	15	9	9.4	16	19.3
Primary-Middle	20	20	13	13.5	11	13.3
Matric-Intermediate	46	46	47	49	32	38.6
Graduation	37	37	21	21.9	16	19.3
Masters and above	9	9	6	6.3	8	9.6
Monthly Income						
Less than 20,000	65	65	74	76.3	76	69.6
20,000 – 50,000	23	23	17	17.5	8	11.6
50,000 and above	6	6	6	6.2	0	2.8

Note. f = frequency, % = percentage

Measures

Terror Threat Perception Questionnaire (PTQ-SF; Sinclair & Locicero, 2006)

It is a 25-item measure of perception of terrorism, based on eight constructs identified by the authors as recurrent themes in the general literature on terrorism. The score of each scale was obtained by adding all items within that scale. Then by summing the scores of all eight scales, the total score for threat perception was calculated. The internal consistency of this tool is above 0.70. MAPI guidelines of translation were used for the Urdu translation of the tool. First of all, the questionnaire was forward translated in the Urdu language by two bilinguals. The reconciled forward translated draft was then backward translated by another bilingual. Both forward and backward translated drafts were then compared to identify any disparity and make further corrections. After this, the final Urdu version was obtained and used in data collection. PTQ-SF had reasonable reliability.77 for the present study which indicates good internal consistency of the measure used.

Terrorism Catastrophizing Scale (TCS; Sinclair & Locicero, 2007)

This tool has 13 items and was used to assess the terror catastrophizing. High scores are indicative of the greater magnitude of the construct. The scores for the three scales of TCS were computed by adding raw scores of items belonging to each scale. The Urdu-translated version was utilized in the study. The internal consistency of this tool found to be good in the present study i-e., the value of reliability coefficient was .77.

Ways of Coping Questionnaire-Revised (WCQ-R; Folkman & Lazarus, 1988)

This tool assesses two main dimensions of coping i-e., problem-focused and emotion-focused coping. The reliability of the questionnaire ranged from .75 to .55. The adapted version of this tool consists of 72 items and resulted in four scales, one

Problem, and three Emotions Focused Coping scales. The reliability index of WCQ for the present study was .92 which indicates good internal consistency of the measure used.

Procedure

Firstly, Institutional approval was taken to conduct the present study. Then permissions were sought from the authors to use their tools in the study. The pilot study was conducted on 10 participants to determine the understandability of language and concept clarity of items of all three questionnaires. The total time required for the administration of the questionnaires was also estimated. On average the questionnaires took 45 minutes for its administration. The pilot study suggested difficulty in understanding items 9 and 47 of PTQ-SF, item number 9 of TCS, and item 5 of WCQ-R. To resolve the problems of understandability of the above-mentioned items they were given to experts for acquiring simpler and more understandable alternative words for use. Following the pilot study, the main study was done. Participants were approached at their homes, shops, office stalls, etc. The rationale of the present study was first explained to the participants and confidentiality was ensured. It was also communicated to them that they could withdraw from participation in the research at any time. Furthermore, it was also made clear to the participants that the provided information would be used only for academic and research purposes. The informed consent was taken from all participants and questionnaire was individually administered to them. It took on average of 40 minutes for the completion of questionnaire.

Results

This section will cover the results of the present study using independent sample t-test, ANOVA and regression analysis. As presented in Table 2, the results of the t-test show that participants from residential areas

perceived higher levels of threats as compared to the participants from business premises. There were no significant differences among residential and

commercial participants concerning terror catastrophizing and coping strategies.

Table 2
Showing Results of Independent Sample t-Test (N = 281)

Measures	Business Premises		Residential Areas		t (2-tailed)	Cohen's d
	M	SD	M	SD		
Terrorist Mental Illness	14.31	4.79	15.72	4.17	2.56*	.31
Terrorist Skills	11.19	1.38	10.80	2.00	1.73	.22
Perceived threat of terrorism	26.60	7.62	28.44	6.46	2.13*	.26
Fear/ impact of terrorism	11.63	4.33	12.75	3.84	2.23*	.27
Impact of terror alerts	16.81	6.98	16.64	4.25	.25	.02
Anger/ lack of tolerance	8.90	3.04	9.71	2.38	2.47*	.29
Desire to understand reasons for Terrorism	9.77	1.61	9.75	1.95	.06	.01
Faith in government for Protection.	4.44	3.14	5.04	3.00	1.58	.19
Total threat perception	103.65	18.66	108.86	16.41	2.42*	.29
Terror Catastrophizing	47.90	7.89	48.51	6.83	6.82	.08
Problem-focused coping	25.73	9.89	25.28	9.50	.37	.04
Emotion Focused coping	31.66	12.63	31.34	11.81	.21	.02

Note. *M* = mean, *SD* = standard deviation
* = $p < .05$, ** = $p < .01$

Table 3
Independent Sample t-test showing Gender Differences on Study Variables (N=281)

Variables	Male		Female		t (2-tailed)	Cohen's d
	M	SD	M	SD		
Terrorist Mental Illness	15.09	4.61	15.51	4.05	.717	.09
Terrorist Skills	10.96	1.78	10.88	1.88	.348	.04
Perceived threat of terrorism	27.17	7.24	29.20	6.00	2.27*	.30
Fear/ impact of terrorism	11.98	4.24	13.21	3.46	2.36*	.31
Impact of terror alerts	16.95	5.92	16.12	3.79	1.20*	.16
Anger/ lack of tolerance	9.16	2.87	10.02	1.96	2.53	.34
Desire to understand reasons for Terrorism	9.77	1.91	9.72	1.66	.19	.02
Faith in Government for Protection	4.87	1.91	4.71	1.66	.40	.08
Total threat perception	105.70	18.94	110.07	12.64	2.26*	.27
Terror Catastrophizing	47.08	7.48	51.14	5.68	4.46**	.61
Problem-focused coping	25.87	10.01	24.43	8.61	1.148	.15
Emotion-focused coping	32.41	12.65	29.21	10.38	2.205*	.27

Note. *M* = mean, *SD* = standard deviation
* = $p < .05$, ** = $p < .01$

Findings suggested in Table 3 revealed that women perceived more threat, were more influenced by terror alerts and also found to be higher in terror catastrophizing than men.

Results also reflected that males were significantly more inclined to use emotion-focused coping than females.

Table 4

Analysis of Variance at Different Levels of Threat Perception to Compare Across Coping Types (N=281)

Coping	SS	df	Mean Square	F	p
Problem-focused coping	932.29	3	310.76	3.44	.017
Emotion-focused coping	2966.94	3	988.98	7.21	.000

Note. SS = Sum of Squares, PFC = Problem Focused Coping, EFC = Emotion Focused Coping.

Table 4.1

Post Hoc Test (N=281)

Dependent Variables	Levels of Threat Perception	d = (I - J)	SE	p
PFC	V.H – L	4.11*	1.64	.013
	V.H – M	4.63*	1.63	.005
EFC	H – L	8.41*	2.02	.000
	V.H – L	4.86*	1.95	.013
	H – M	7.30*	2.01	.000

Note. H = high, V.H = very high, L = low, M = moderate

Furthermore, as presented in Table 4, results showed that individuals with high threat perception engage more in coping strategies as compared to those who perceive low and moderate levels of threat. Additionally,

regression analysis was carried out to examine the predictors of threat perception among terror survivors. Variables that were entered were age, gender, marital status, and education.

Table 5

Regression Analysis for Predictors of Threat Perception among the Community Struck by Terrorism (n = 281)

Predictors	B	SE. B	β	R ²
Gender	4.37*	2.25	.115*	.02

Note. B = unstandardized coefficient, β = standardized coefficient

*p<.05

As presented in Table 5, results showed that gender was the significant predictor of threat perception among other demographic variables.

Discussion

The present study aimed to find out the differences in threat perceptions and use of coping strategies among individuals struck by terrorism. Demographic characteristics showed that participants aged between 18 to 70 years. The majority of the participants were married and the level of education ranges from matriculation to intermediate. The findings of the present study reflected that participants from residential areas perceive higher levels of threat. This may be due to the reason that being the resident of a sensitive area, the residential sample was mainly facing the terrorism threat. The threat of physical danger is also high for residential participants as they are more concerned for themselves, their families, and property as well. On the other hand, the participants from business premises were mainly concerned about the condition of their businesses because people started to avoid visiting these places. It was also reported by participants that women felt very threatened for being the residents of such a sensitive area. Fischhoff et al. (2003) also suggested that people who live near the place of trauma report experiencing high levels of threat. However, no significant differences were found between residential and commercial participants on terror catastrophizing and in use of coping strategies. This may reflect that residential and commercial participants were equally catastrophizing the threat and using different coping strategies to cope with the situation as residential sample was afraid due to personal threat and commercial sample was concerned due to economical conditions. Although, no previous study was available that compared commercial and residential sample in terror catastrophizing. Gender differences in threat perception also revealed that, as compared to men, the terror threat perception and terror catastrophizing found to be higher in women which shows that females tend to perceived more threat

than males. Consistent with the present study findings, the results of another study suggested that females were more likely to perceive personal threat (Goodwin et al., 2005). These authors also cited the work of Norris et al. (2002) where women have been shown to report greater threat following traumatic events. The results of another study suggested that females tend to experience more stress than males (Meisenhelder & Marcum, 2009). In order to find out demographic predictors of threat perception, regression analysis was run and results also reflected that gender was the only predictor of threat perception. Similar to the present study findings, the results of another study conducted by Goodwin et al. (2005) also reported that age, gender and location are the best predictors of of the threat perception. The present study findings also revealed significant gender differences in the use of emotion-focused coping suggesting that males involved more in emotion-focused coping behaviors than females. Contrary to the present study findings, most of the previous studies suggest that men use more problem-focused strategies whereas women found to engage more in emotion-focused strategies (Cholankeril et al., 2023; Matud, 2004). However, similar to the present study findings, Solomon et al. (2005) in their study on terrorism found that men tend to engage more in emotion-focused coping behaviors than women whereas on problem-focused coping there were no significant gender differences. Zeidner (2005) also reported that there is little evidence for the commonly held assumption that men use more problem-focused coping. Moreover, the present finding may be due to the reason that terrorism is a situation which is mostly perceived as uncontrollable and random, thus increases the use of emotion-focused strategies that are suggested to be more effective in situations where stressors cannot be changed (Kelly et al., 2008). In the

Pakistani culture, most men are bread earners of the family and they have no choice but to go out and earn. They face more challenges, have greater exposure to threat and are more concerned regarding their business and residence. It may result in the frequent use of emotion-focused coping by men as compared to women.

Lastly, results also revealed that as compared to moderate and low threat perception groups, individuals with high threat perception were found to engage more in coping behaviors. It means that participants who reported greater threat perception used more coping strategies to reduce the level of stress as compared to those who perceived a low level of threat. Zeidner (2005) studied the coping processes of Israelis who were exposed to the threat of attack and found that the use of emotion-focused coping predicted greater distress or terror. According to Folkman and Lazarus (1980), individuals experiencing more distress are intended to cope with the situation and in turn, use various coping strategies. However, individual variations may determine the differences in the use of either emotion-focused or problem-focused coping styles.

Conclusion

The present study has contributed to the literature of terrorism regarding terror threat perception and coping styles among terror survivors. It could be concluded that participants from residential areas tend to perceive more terror threats. Men and women significantly differ in the perception of threat and in the way they cope with the situation such that terror threat perception and terror catastrophizing was found to be higher in females as compared to males whereas, males found to involve more in emotion-focused coping. Gender was also found to be a significant predictor of threat perception among other demographic variables. Furthermore, in contrast to low and moderate threat perception group, the high threat

perception group was found to engage more in coping behaviors.

Limitations and Recommendations

The present study is not beyond limitations. The sample size disparity between business premises (100 participants) and residential areas (181 participants) may affect the study findings. Moreover, all the participants from business premises were males, which may have also introduced a gender bias. All the questionnaires used in the present study were self-reported that may also influenced the findings. Therefore, further work should be done to fill these gaps. The present study included areas adjacent to those where terror attacks have occurred and did not examine the effect of distance from the threatened areas on the study variables. Therefore, distance can also be taken as a variable in future to examine any differences in the influences of terrorist attacks based on distance from the affected areas.

Implications

The present study has important future implications. The present study has provided information regarding the differences among participants from business premises and residential areas. The present study findings have implications for health experts and would assist them in designing and understanding the importance of therapeutic services by focusing on the differences in threat perceptions of the affectees. On the basis of the results of the study, psychological interventions can also be planned to enhance the psychological well-being and increase the use of adaptive coping styles among affected individuals, especially women. Besides the psychological intervention, there is a dire need to have some practical solutions too, in order to improve the conditions such that trauma centers and awareness programs can also be launched to help individuals in dealing with such situations.

Contribution of Authors

Tehreem Arshad: Conceptualization, Investigation, Methodology, Data Curation, Formal Analysis, Writing – Original Draft

Aisha Sitwat: Methodology, Writing - Reviewing & Editing, Supervision

Conflict of Interest

There is no conflict of interest declared by the authors.

Source of Funding

The authors declared no source of funding.

Data Availability Statement

The datasets of the current study are not available publicly due to ethical reasons but are available from the corresponding author [T.A.] upon the reasonable request.

References

- Arian, A., & Gordon, C. (1993). The Political and Psychological Impact of the Gulf War on the Israeli Public. In S. A. Renshon (Ed.), *The Political Psychology of the Gulf War: Leaders, Publics, and the Process of Conflict* (pp. 227–250). University of Pittsburgh Press. <https://doi.org/10.2307/j.ctv25m88qk.17>
- Cholankeril, R., Xiang, E., & Badr, H. (2023). Gender Differences in Coping and Psychological Adaptation during the COVID-19 Pandemic. *International Journal of Environmental Research and Public Health*, 20(2), 993. <https://doi.org/10.3390/ijerph20020993>
- Cohen-Louck, K., & Levy, I. (2020). Risk perception of a chronic threat of terrorism: Differences based on coping types, gender and exposure. *International Journal of Psychology : Journal International de Psychologie*, 55(1), 115–122. <https://doi.org/10.1002/ijop.12552>
- Daraz, U., Naz, A., Khan, W., Khan, Q., & Khan, T. (2012). Sociological analysis of terrorism in Pakistan. *Academic Research International*, 3(1), 203.
- DeLisi, L. E., Maurizio, A., Yost, M., Papparozi, C. F., Fulchino, C., Katz, C. L., Altesman, J., Biel, M., Lee, J., & Stevens, P. (2003). A survey of New Yorkers after the Sept. 11, 2001, terrorist attacks. *The American Journal of Psychiatry*, 160(4), 780–783. <https://doi.org/10.1176/appi.ajp.160.4.780>
- Dogar, B. (2022, January 21). Powerful Bomb Rips through Market in Lahore. *The Diplomat*. <https://thediplomat.com/2022/01/powerful-bomb-rips-through-market-in-lahore/>
- Fischhoff, B., Gonzalez, R. M., Small, D. A., & Lerner, J. S. (2003). Judged terror risk and proximity to the World Trade Center. *The Risks of Terrorism. Journal of Risk and Uncertainty*, 15, 39-53. https://doi.org/10.1007/978-1-4757-6787-2_3
- Goodwin, R., & Gaines, S. (2009). Terrorism perception and its consequences following the 7 July 2005 London bombings. *Behavioral Sciences of Terrorism and Political Aggression* 1, 50-65.
- Goodwin, R., Willson, M., & Stanley Jr, G. (2005). Terror threat perception and its consequences in contemporary Britain. *British Journal of Psychology*, 96(4), 389-406.
- Huddy, L., Feldman, S., Capelos, T., & Provost, C. (2002). The consequences of terrorism: Disentangling the effects of personal and national threat. *Political Psychology*, 23(3), 485-509.
- Jenkins, J. P. (2024). *Terrorism. Encyclopedia Britannica*.

- <https://www.britannica.com/topic/terrorism>
- Jhangiani, R. (2009). Psychological concomitants of the 11 September 2001 terrorist attacks: A review. *Behavioral Sciences of Terrorism and Political Aggression*, 2(1), 38–69. <https://doi.org/10.1080/19434470903319474>
- Kelly, M. M., Tyrka, A. R., Price, L. H., & Carpenter, L. L. (2008). Sex differences in the use of coping strategies: predictors of anxiety and depressive symptoms. *Depression and Anxiety*, 25(10), 839–846. <https://doi.org/10.1002/da.20341>
- Khan, S., Sadia, R., & Sohail, R. (2018). Resilience and terrorism catastrophizing: Mediating role of religious coping strategies. *Pakistan Journal of Psychological Research*, 33(1), 223–237.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York, NY: Springer Publishing Company.
- Malik, F., Khawar, R., Iftikhar, R., Saeed, S., & Ilyas, R. (2010). Development of Terrorism Impact Scale: Initial validity and reliability analyses. *Pakistan Journal of Social and Clinical Psychology*, 8(2), 91–118.
- Matud, M. (2004). Gender differences in stress and coping styles. *Personality and Individual Differences*, 37(7), 1401–1415. <https://doi.org/10.1016/j.paid.2004.01.010>
- Meisenhelder, J. B., & Marcum, J. P. (2009). Terrorism, post-traumatic stress, coping strategies, and spiritual outcomes. *Journal of Religion and Health*, 48(1), 46–57. <https://doi.org/10.1007/s10943-008-9192-z>
- Nayab, R., & Kamal, A. (2010). Terrorism catastrophizing, perceived stress and death anxiety among university students. *Pakistan Journal of Social and Clinical Psychology*, 8(2), 132–144.
- Nizami, A. T., Hassan, T. M., Yasir, S., Rana, M. H., & Minhas, F. A. (2018). Terrorism in Pakistan: the psychosocial context and why it matters. *BJPsych International*, 15(1), 20–22. <https://doi.org/10.1192/bji.2017.9>
- Norris, F. H., Friedman, M. J., & Watson, P. J. (2002). 60,000 disaster victims speak: Part II. Summary and implications of the disaster mental health research. *Psychiatry*, 65(3), 240–260. <https://doi.org/10.1521/psyc.65.3.240.20169>
- Pearlin, L. I., & Schooler, C. (1978). The structure of coping. *Journal of Health and Social Behavior*, 19(1), 2–21.
- Reber, A. S. (1985). *The Penguin Dictionary of Psychology*. Penguin Books Ltd, London
- Saleem, M., & Tahir, M. A. (2014). On Defining Terrorism: Text and Context—A Qualitative Approach. *Dialogue*, 9(1), 28.
- Sinclair, S. J., & LoCicero, A. (2006). Development and psychometric testing of the perceptions of terrorism questionnaire short-form (PTQ-SF). *The New School Psychology Bulletin*, 4(1), 7–43.
- Sinclair, S. J., & LoCicero, A. (2007). Fearing future terrorism: Development, validation, and psychometric testing of the Terrorism Catastrophizing Scale (TCS). *Traumatology*, 13(4), 75–90. <https://doi.org/10.1177/1534765607309962>

- Sitwat, A. (2006). Minor psychiatric symptomatology, life events, social support, religion and coping: a study of Pakistani Muslim women immigrants in Britain. PhD diss, Royal Holloway, University of London.
- Solomon, Z., Gelkopf, M., & Bleich, A. (2005). Is terror gender-blind? Gender differences in reaction to terror events. *Social Psychiatry and Psychiatric Epidemiology*, 40(12), 947–954. <https://doi.org/10.1007/s00127-005-0973-3>
- South Asia Terrorism Portal (2019). *Fatalities in Terrorist Violence in Pakistan 2000-2019*. Institute for Conflict Management. <https://www.satp.org/satporgtp/countries/pakistan/database/casualties.htm>
- Spilerman, S., & Stecklov, G. (2009). Societal responses to terrorist attacks. *Annual Review of Sociology*, 35, 167–189. <https://doi.org/10.1146/annurev-soc-070308-120001>
- Thomas, S. (2003). “None of us will ever be the same again: Reactions of American mid-life women to 9/11”. *Healthcare For Women International*, 24, 853–867.
- Zeidner, M. (2005). Contextual and personal predictors of adaptive outcomes under terror attack: The case of Israeli adolescents. *Journal of Youth and Adolescence*, 34(5), 459–470. <https://doi.org/10.1007/s10964-005-7263-y>