

RELATIONSHIP BETWEEN POST TRAUMATIC  
STRESS SYMPTOMS, SOCIAL ANXIETY AND  
QUALITY OF LIFE AMONG THE SURVIVORS OF  
TERRORIST ATTACK



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## Certificate of Approval

It is certified that the Research Thesis titled “Relationship between post traumatic stress symptoms, social anxiety and quality of life among survivors of terrorist attack” carried out by Syed Qaiser Hussain, Reg. No. BSP201026, under the supervision of Mam Irum Noureen, Capital University of Science & Technology, Islamabad, is fully adequate, in scope and in quality, as a Research Thesis for the degree of BS Psychology.

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Quality of Life among survivors of Terrorist Attack**

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### **Declaration**

I clarify that to the best of my knowledge the research work embodied in this thesis, titled “*Relationship between Post Traumatic Stress Symptoms, Social Anxiety and Quality of Life among Survivors of Terrorist Attack*” was entirely carried out by under direct supervision and guidance. It is declared that this is an original piece of my own work, except where otherwise acknowledged in text and references. This work has not been submitted in any form for another degree or diploma at any university or other institution for tertiary education and shall not be submitted by me in future for obtaining any degree from this or any other Institution.

Syed Qaiser Hussain

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January, 2024

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## ABSTRACT

This study presents quantitative research which aims to examine the relationship between post traumatic stress symptoms, social anxiety and quality of life among the survivors of terrorist attacks. The effect of experiencing a traumatic event of terrorist attack and its psychological, physical health outcomes had received great diligence in the literature. Population of this literature was survivors of Peshawar located in Khyber province of Pakistan and been hotspot for Taliban and other militant groups. Sample size of the study was 150 survivors which often experience many psychological and social difficulties which includes post traumatic stress symptoms, social anxiety and phobias etc which affect their quality of life. By using purposive technique, data was collected through questionnaires and further analyzed. It was determine the PTSS, social anxiety experiences and its impact on quality of life of survivors and how these phenomenons are related. The result of this study emphasizes a negative relationship between post traumatic stress symptoms and social anxiety by using correlation. On the other hand, post traumatic stress symptoms and social anxiety shows positive correlation with quality of life. Further the findings of this study were contributed to understanding of complex traumatic events of the survivors and in terms of addressing both their psychological and social needs.

*Keywords:* Post traumatic Stress symptoms, Social anxiety and Quality of life

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## Chapter 1

### Introduction

Terrorism is any unlawful use of violence especially against citizens which can cause severe negative impacts of their physical as well as psychological well being. Terrorist attack is a severe type of psychological trauma from either directly or indirectly exposure to an explosion which leads to different psychological disorders and severe symptoms especially post traumatic stress symptoms (Zimering & Gulliver, 2006). Terrorism is a complex phenomenon which is characterized by use of violence to create fear and provokes responses from government which is carried out by extremist groups usually. Terrorism can have different effects on civilians and communities. It often results in physical injuries, psychological problems and loss of loved ones. It aims to create a threatening environment within societies which lead to increase stress, anxiety. Survivors may alter their behavior by avoiding public places and social networks which can affect their daily life functioning. The largest act of international terrorism occurred on 12<sup>th</sup> September, 2011 which has significant economic repercussions and psychological symptoms on the survivors of attack (Freedman et al., 2005).

Terrorism has worldwide significance due to its impact on society, culture and global security. It results in loss of human lives, causing immense injuries. Attacks target civilians, transportation, educational institutions and other critical infrastructure of country. Act of terrorism pose significant threats to security throughout the globe (Ismail et al., 2014). It can have also economic consequences on society. Attacks on infrastructure, educational system also

causes financial losses. It creates the environment of fear, anxiety and mistrust within societies. It can generate social divisions and the aftermath of attack can lead to rise of extremist ideologies and political polarization. People who have experienced attacks of terrorism may sustain with physical injuries sustain from minor cuts to amputations. The immediate physical trauma can have long term consequences on both physical and psychological health (Amjad et al., 2014).

### **Post Traumatic Stress Symptoms**

Post traumatic stress symptoms are the psychological conditions which develop from any traumatic event describe by negative thoughts, flashbacks and avoidance of similar situation related to that trauma (Arieh & Shalev, 2008). Due to these psychological symptoms people move towards social anxiety, avoiding people. The prevalence of post traumatic stress symptoms is higher in those who directly expose through any traumatic event rather than those who have indirect exposure. Individuals who eye witnessed any traumatic event in life exhibits range of different post traumatic stress symptoms i.e. intrusive memories, flashbacks of the loved one they lost, places and nightmares (Bajo et al., 2018). These symptoms directly affect their life functioning, relationships and overall mental well-being. These signs involved,

#### ***Intrusive memories***

Intrusive memories shows distressing memories related to traumatic event, flashbacks with vivid memories, traumatic event related nightmares and intense psychological reactions when expose to reminder of event (Tuchner et al., 2010).

**Avoidance**

It involves the avoidance of social networks, public places and repressing thoughts, feelings that are the reminder of that event and face difficulty in making new relations and bonds. Individuals with PTSD move towards great length of avoidance which reminds them of traumatic event (Horsley et al., 200).

***Negative changes in thoughts and mood***

It include persistent negative thoughts about themselves, distorted cognitions about consequences of the event, reduced interest in enjoyable activities and feelings of detachment from family and friends (Parush et al., 2010).

***Emotional and physical changes***

It shows difficulty in focus, attention or concentration or irritability and hyper vigilance. The nature of traumatic event also affects an individual like factors such as any serious illness or injury contribute to more severity of traumatic symptoms. Individual resilience and also matters which depends on the ability of an individual that how they can manage with that traumatic event (Horsley et al., 2007). Pres-existing vulnerabilities can also impact the mental well being of an individual, previous mental health conditions and traumas lead towards more severity of post traumatic stress symptoms and not every individual has resilience adaptive coping strategies to traumatic events and its related stress symptoms (Hembree & Meadows 2002). The impact of survivors can be long lasting. Survivors may face physical injuries from small wounds to severe traumatic events. These situations lead to severe chronic pain and long-lasting traumatic symptoms (Freedman et al, 2000) survivors often experience different

Anxiety disorders, flashbacks, emotional reactions which triggers towards traumatic events. They may suffer with grief and loss which can be overwhelming and lead to difficult feelings of isolation and bereavement. Terrorism inflicts usually have great harm on overall mental well-being of an individual also demonstrate resilience. The symptoms of post traumatic stress depend on the severity of the event. The more intense the events will, higher the risk of long-lasting symptoms. Events like terrorism which involves direct personal threat to one's life can have greater impact on mental well-being. Being directly exposed to traumatic event either by eyed witnessed or as a victim will increases the risk the developing severe symptoms (Horsley et al., 2007). Repeated exposure towards traumatic event/ places over prolonged time also enhances the likelihood of PTSS. Lack of social environment or feeling of isolation can also contribute towards these symptoms and having already a history of any psychological disorder like phobia, anxiety, depression can also make individual more susceptible to develop severe symptoms (Kelly et al., 2009).

### **Social Anxiety**

According to study of Schuster (2009) social anxiety is a psychological disorder which is characterized by intense fear of social situations, public places and gatherings. Individuals who are facing social anxiety tend to show extreme self-unconsciousness and fear of being negatively judged by others. This fear often leads towards isolation, avoidance of social places and participation in activities. Individuals with social anxiety may experience different physical

symptoms as well i.e. sweating, nausea and rapid heartbeat etc. Social anxiety affects an individual performance, shows avoiding behavior and remains in distance with social gatherings. It creates challenges in making new relationships and has difficulty in maintaining conversations. They have low self esteem and have negative cognitive patterns about themselves. They persistently are worrying about saying or performing in any social situation (Schuster, 2009).

Social anxiety is the state in which individual feel nervous in some social situations. It is the quality of being remote with others; it will lead a person towards avoidance and disrupt their life (Cox & Walker, 2006). Terrorism, post traumatic stress symptoms and social anxiety are interconnected with each other, terrorism act cause significant trauma to an individual who have experienced it which directly impacts on social interactions such as hyper vigilance, avoidance of people/ places and negative mood swings (Shalev & Freedman, 2005). Survivors find it difficult to trust others and avoid such places which remind them off that traumatic event. These signs make a barrier to build new relationships, lead towards social anxiety. This social anxiety can increase the severity of post traumatic stress symptoms more by limiting the opportunities for social support and maintain barriers. The connection between post traumatic stress symptoms and social anxiety become emerge when person with symptoms of stress begins to associate with traumatic event, they develop social anxiety related to being in specific situations and crowds.



Bomb blast is an event which leads a person move towards social anxiety. Survivors become hyper-vigilant and feel heightened anxiety in public places and continuously scanning for different threats (Surani et al., 2015). This hyper-vigilance can contribute towards social anxiety and uncomfortable in social settings. Social anxiety is a factor which occurred in crowded places such as in entertainment venues. This fear leads to avoidance of people and different places and difficulty for an individual to engage further in social relations. Survivors of terrorism develop strong fear associated with people; they have fear of being judged for their appearances and past experiences. This fear can make them feel more distressing and lead towards avoidance (Shalev et al., 2005).

### **Quality of Life**

When the survivors of terrorist attacks move towards the isolation and social anxiety, it impacts their quality of life very badly. Social anxiety affects individual mental well being and their health negatively (Barnes & Lessof, 2006). It affects personal, social, professional and all aspects of life which leads to decreased well-being and life satisfaction. It interferes in maintain relationships; enhance feelings of loneliness, social isolation and social support which can negatively impact the quality of life (Lessof et al., 2006). Fear of negative consequences push and individual to avoidance of miss opportunities, reduced achievements and feelings of underachievement affects life satisfaction. Social anxiety also emerges with emotional distress (Tuchner et al., 2010) the continuous feelings of anticipation of social situations lead to depression, stress

too. Other than these, it also affects an individual physical health by chronic stress, anxiety which correlates with physical symptoms i.e. headaches, sleep disturbances and eating patterns. Moving towards social anxiety affects an individual quality of life from all aspects. Terrorism can erode individuals trust in others. They may develop mistrust and feel difficulty in making new relationships which can affect their quality of life poorly. Terrorism can affect the overall emotional and mental well being of an individual, by facing anxiety, unbalancing of emotions and depression causes great poor effect on the quality of life of survivors (Stein et al., 2009).

Social Interaction, Psychological well-being, Healthy environment, Emotional stability, Functional abilities and Social Support are the few factors that encompasses overall individual well-being and satisfaction with their life. Good mental health is very crucial for good quality of life. Depression, anxiety and other psychological problems affects an individual mental well-being and quality of life. The quality of being in social relationships, peer groups including family impacts on quality of life. Positive social support leads towards positive outcomes and negative results poor outcomes.

Post traumatic stress resulting from terrorism can lead to various mental health problems, which can further diminish individual life quality by affecting ability to engage in social activities and maintaining relationships. Many studies suggested that post traumatic can limit the participation of individuals in social activities (Wei et al., 2012).

## **Literature Review**

Belvis and Suilco (2008) reported persistently high levels of psychological issues, even after many months and at long distances. Psychological effects were reported in the form of flashbacks, hopelessness, depression, post-traumatic stress symptoms (Dilawar Hussain, 2016). Studies found that between 11 and 17% of those aged 65 years or over are socially isolated and in people aged 50 years or over, those living isolated are most likely to experience detachment from society (Victor & Bowling, 2003). The calculated approximate prevalence of PTSD after a terrorist attack ranges from 7.5 to 50% per year depends on the severity of attack (Duchet & Paterniti, 2006). The reported prevalence of PTSD in directly exposed to terrorism is 12% to 16% which shows that this prevalence would be expected to reduce over 25%. Another study reported that emotional distress symptoms of respondents to national survey were having at least one stress symptom and 44% having more than one sustained symptoms (William et al., 2003). Pfefferbaum and Krug (1999) studied that symptom of terrorist attack remains even after the months, majority of survivors still feel threatened about themselves and their families with 15% reported that they don't feel safe at all even after months of attack. Some empirical work suggested that contact with social media i.e. viewing attack on television, reading in newspaper also affects individual emotions which results in substantial daily living. Contact with media is also associated with PTSD and other anxiety disorders in youth generation over 100 miles from that disaster (Saylor et al., 1999).

According to Jeffrey & Rosenfel (2010) studies of individual's undesirable physical injuries should also deem to be addressing in long term Post traumatic stress symptoms. The experiences of individuals are unique factor of life but not all survivors face the factor of social anxiety. For those who receive professional help from any mental health care professional such as therapist can lead to positive outcomes than those who didn't get any professional help. With proper support and treatment individuals manage their stress symptoms and overcome with that (Schretlen et al., 2003) Rosenfel and Jeffry (2010) suggested that the physical injuries among survivors also cause psychological traumas of PTSS and social anxiety. Terrorist attack and mass blasters are most disturbing traumas for an individual because it is always unexpected and create violence with severe psychological effects and may include a mixture of reactions (Khan et al., 2012). Terrorist attack have shown that people reported high levels of psychological distress, poor mental health even after many months and at long distances (Holman & McIntosh, 2002).

Blast injuries are associated with pressure generated by explosion that includes three types of injuries i.e. *primary injuries* which caused by direct effect of attack such as rupture eardrums and wounds etc. *Secondary injuries* caused by flying flying fragments such as cuts and *tertiary injuries* occur when individual faces blast waves and resulting in head injuries, fractures, traumatic injuries etc (Muhammad et al, 2016).

Another study suggested that terrorism has resulted in loss of lives of loved ones, emotional stability and overall mental well-being. These all factors correlate with the breakdown of the social networks around an individual. Survivors of terrorism may experience the sense of mistrust and insecurities with others leading towards social anxiety (Victor et al., 2008). The psychological outcomes of terrorism can lead towards social anxiety which causes bad life quality. With symptoms of PTSS individuals avoid public places and groups which tend to more exacerbate feelings of anxiety and post-traumatic stress symptoms among survivors. Similarly, numerous literatures examine that religion factor is used as an ideological framework in Pakistan to justify violence. Extremists' distortions of religious teachings may be employed to make legal acts of terrorism attacks to achieve religious objectives (Sharma et al., 1998). Addressing social anxiety needs a comprehensive approach which involves social support, community-based interventions and strong social networks. By strengthening the social networks and recognizing the factors associated with social anxiety, it becomes easier to overcome the negative effects of terrorism and maintain good quality of life (Tuchner et al., 2010).

Moreover, individuals with post-traumatic stress symptoms engaged in cognitive distortions by means of managing the life stressors. But this avoidance from social situations takes them towards reminders and flashbacks of the traumatic events. It involves negative thoughts about themselves, others and the world which can perpetuate the distress (Belvis et al., 2008).

Study conducted on Peshawar victims suggested that its worth nothing KPK has experienced a lot of terrorism attacks in past few years especially Peshawar is the most targeted area due to its geopolitical position. This area has been targeted by different extremist groups which have eyed witnessed high-profile psychological problems and incidents (Waqar & Sajjad, 2014). These attacks resulted in loss of loved ones and causes long-term injuries i.e. metal shrapnel, metal balls wounds and chronic illness as well. Most of the attacks have been targeted in public places, religious sites and educational institutions. It creates a threatened atmosphere around the society and people may feel hesitate to visit outside homes. As well as, Peshawar due to the economic center of Khyber Pakhtunkhwa province of Pakistan, has economically suffered a lot due to such terrorism ratio. The repeated exposure can have long lasting effects on the population of the Peshawar i.e. post traumatic stress symptoms, anxiety, depression etc. However, previous literature represents that terrorist often attacks the young population because of symbolic impacts on individuals. Young population represents the future and embodies hopes. By targeting the young adults, terrorist aims to strike the heart of society. It disrupts the continuity of generation as well (Cancela et al., 2018). Individuals are more susceptible to indoctrination due to life experiences and vulnerability. Terrorist groups exploit these and radicalize young people. Following bomb blast, there will be tendency to stigmatize the society associated with attackers. This stigmatization is directly linked with isolation and social anxiety. These attacks can erode trust within societies, leading towards breakdown in social connections (Gandarillas et al.,

2018). Several studies conducted in aftermath of terrorism 11<sup>th</sup> September, 2001 the prevalence of terrorist attack ranges from 5% to 30% in different studies. Another study suggested that attacking holy places have more psychological impacts on individuals and society both. It can damage people sense of security and harmony and this psychological impact serves terrorist agenda by weakening community resilience (Diaz et al., 2018).

Berkman and Seeman (2000) study showed, that being directly exposed to terrorist attack and sustaining any kind of physical injuries can cause extremely severe kind of psychological symptoms. Eye witnessing any kind of violence, experiencing the loss of loved ones in any traumatic event and enduring physical injuries can have poor outcomes on individual health. Physical injuries sustained in terrorism events lead to chronic illness, physical disabilities, post traumatic stress symptoms and functional impairment etc. These factors can have significantly direct impact on individual mobility and face inability to engage in previously enjoyed activities. The loss of loved one and physical functioning contribute towards the feelings of frustration, hopelessness and sadness. Physical injuries occurred in terrorist attack can contribute with psychological impact of the event. Post traumatic stress symptoms, anxiety and other psychological problems can often co-occur with physical injuries. Another retrospective quantitative study was conducted on Peshawar victims in which out of affected individual ratio were 75% males and 16% females. Common injuries included fractures in upper/ lower limbs and metal shrapnel (Sajjad et al., 2014).

A research conducted on professional help received by survivors of terrorism attack studied that professional help brings effective coping strategies to overcome stress symptoms. Survivors who received professional help manage their symptoms and overcome stress more easily than those who didn't receive any kind of professional help. By professional help from any health care teaches an individual the survival skills, overcome negative thoughts and cope up with triggers. These strategies help them to gradually regain their empowerment (McFarlane et al., 2009). Survivors can rebuild their trust issues, communication skills and their social networks again from professional help.

Blast injuries can have significant characteristics which contribute towards the severity of post traumatic stress. The unexpected violence, loud noises, and blast injuries can intensify the traumatic event and increases post traumatic stress rate. It can have result in both physical and psychological consequences including traumas, physical disabilities, pain, injuries etc. Blast injuries often co-occur with mental problems including depression, social anxiety, and traumas which create complex interactions and difficult recovery process (DePalma et al., 2009).

Moreover, previous studies have explored the relationship between terrorism and social anxiety which highlights the potential impact of terrorism on individual mental health have shown that direct or indirect exposure towards any terrorist attack increased the risk of developing social anxiety (Darain et al., 2017).



Studies on social anxiety suggested that social anxiety is crucial factor that affects significant number of individuals. However, varieties of individuals having social anxiety don't participate or engage in violence acts such as terrorism. Most individuals with social anxiety seek help, treatment and support to manage their social anxiety rather than restoring towards extremists violence (Hodgson et al., 2005). Similarly, another research suggested that social anxiety can have negative outcomes on physical and mental health. Individuals who face factor of social anxiety may face higher risks of chronic issues i.e. hypertension, weak immune system, obesity and poor life quality. The lack of social networks can cause less healthy lifestyles and increased stress level. Social circles are important factor for cognitive functioning. Engaging in healthy behaviors can improves memory, problem solving skills which may contribute towards reduction of other diseases (Barness et al., 2006).

### **Theoretical Framework**

Emotional processing Theory deals with repressed fear inside of individual memories and emotions which are related to any stressful trauma. Emotional processing theory developed by Foa and Kozak, (1986). It tells that how individuals react differently on their emotions and memories they have developed throughout the life.

Post traumatic symptoms are the psychological effect which occurs after any traumatic event. After a traumatic event of terrorism attacks, people completely repress their thoughts and emotions inside them, they move towards

social anxiety, isolation and completely show dysfunctional attitude towards family, society and peer groups by which they may face more negative thoughts and traumatic flashbacks which badly impact their quality of life. By repressing their thoughts and being isolated they might receive hallucinations and nightmares of that traumatic incident (Andrea & Graziano, 2019). Intrusive negative thoughts make quality of life more difficult for survivors. The fear inside them makes their life worse by negative thoughts and being socially isolated. They may feel difficulty in making new relationship further in their life, completely detach from friend zone and lack of interest in everything. According to this theory, individuals having PTSS have difficulties have integrating emotions correlated with traumatic events. Over the time, instead of adapting those thoughts and emotions they become more intrusive which leads to persistent feelings of distress and social anxiety in individual. Survivors may struggle to integrate the emotions associated with traumatic event leading towards distress. Social anxiety may arise as individual's fear of negative evaluation. The combined effects of social anxiety and post traumatic stress symptoms can compromises the survivor's quality of life affecting their daily functioning (Hu et al., 2017). This theory suggested that individuals with any traumatic event often engage in avoidance and face difficulties in managing the stressors. Emotional processing theory identifies the importance of maladaptive thoughts which are associated with the traumas. Different techniques are used to modify distorted pattern of thinking i.e. cognitive restructuring by recognizing unhelpful thoughts with realistic thoughts, individuals can change this by reducing their distress. The intense emotions

overloaded thoughts can also impact the retrieval of information in memory. These repressed thoughts and flashbacks of traumatic event can intrude into daily life functioning which can be vivid and sensory experiences which move individual back to harsh original event (Grazino et al., 2019).

### **Rationale**

Terrorism becoming an increasingly act, occurring today which is faced by many people in Pakistan. Pakistan has faced this act carried out by groups with diverse political ideologies which targeted civilians, government, religious gathering and different educational institutions. It makes them feel threatened and makes people life more difficult with psychological issues. The reason of selecting only Peshawar was the ratio of terrorist attacks there. Unfortunately, KPK has experienced significant number of terrorist attack is past few years and Peshawar is the most targeted area of different extremist groups and have witnessed high-profile incidents due to its geopolitical position in which people faced a lot of challenges (Nawaz et al., 2014).

This research was conducted to examine the relationship of post traumatic stress symptoms social anxiety and its impact on quality of life among survivors. Studying terrorism provides critical insight to consequences of violation. By understanding terrorism and its impact on individuals, societies can work towards creating a safe and resilient environment and communities. Terrorist attacks have directly negative impact on survivors as psychological distress which can be the

cause of social anxiety. The effects of these variables will be explored among general population of Peshawar (Mallonee et al., 1996).

Literature suggested that bomb blast in Peshawar have addressed negative effects on local economy. These attacks can disturb their quality of life and reduced loss of livelihood. Peshawar had experience numerous bomb blasts attacks by terrorist group with different agendas which can have significant consequences on overall mental well being of society. These attacks cause immense suffering for victims leading towards loss of human potential (Burriss et al., 2005). According to the studies of Mirza and Tirmizi (2013), studying the relationship between post traumatic stress symptoms, social anxiety and quality of life among survivors can raise public awareness and enhance understanding among general population and fosters the support. Furthermore, this research can integrated towards educational programs as well to disseminate knowledge about psychological effects of terrorism. Examining the relationship between these variables can contribute to existing body of literature on post traumatic stress, social anxiety and quality of life. These insights gained from studying significant context and inform that how understanding of traumatic event badly impact on well-being and overall quality of life.

In past, researchers describes the severity of post traumatic stress symptoms are directly associated with witness of death/ injuries and ongoing psychological distress (Zafar et al., 2015). Different studies indicated that 68% of

participants showed symptoms consistent with diagnosis (Husain et al., 2018). This study can be used to develop different effective interventions and support services to the survivors. Additionally, studying the effects of terrorism can inform policies and practices aimed at preventing future attacks and improving public safety. This could provide valuable insights into mechanism and treatment targets for individuals struggling with aftermath of struggling event (Parhyar et al., 2013). This literature can help to identify the prevalence of Post traumatic stress symptoms and other variables among survivors of terrorism which can contribute to their development. It can lead to inform public policy and different emergency responses plans. This study will also help to identify gaps in the existing research on post traumatic stress symptoms among survivors and identify areas of future research to development of treatment intervention. The findings may also help mental health professionals develop more effective interventions to improve overall quality of life of survivors.

## **Objectives**

The objectives of the study are the following;

- To examine the relationship between post traumatic stress symptoms, social anxiety and quality of life among the survivors of terrorist attacks
- To examine the difference among survivors who receive any kind of professional help and those who don't receive any help.
- To examine the role of demographic variables (effect of year of attack) in post traumatic stress symptoms, social anxiety and quality of life among survivors.

## **Hypotheses**

Following are the hypotheses of this study;

1. There will be a positive relationship between post traumatic stress symptoms and social anxiety among survivors of terrorist attack
2. There will be negative relationship between social anxiety and quality of life among survivors of terrorist attack
3. There will be negative relationship between post traumatic stress symptoms and Quality of life among survivors of terrorist attack
4. There will be significant relationship between survivors who received any kind of professional help and those who didn't receive any kind of professional help.

## Chapter 2

### Methodology

#### Research design

This study design was purely co-relational design which was conducted to examine the relationship between post traumatic stress symptoms, social anxiety and quality of life among the survivors of terrorist attack.

#### Sample size

Study sample was 140 participants from Peshawar, province of Khyber victims who faced the terrorist attack directly and had its effects on their quality of life. Specific population was selected having physical injuries i.e. metal shrapnel, metal balls and psychological problems i.e. post traumatic stress symptoms, social anxiety and bad quality of life.

#### Sampling Technique

Purposive sampling technique was used which aims to purposefully select individuals who provided authentic and rich relevant information to address the research objectives. It was non-probability sampling technique in which participants was selected on the basis of specific characteristics or meet certain criteria relevant to the variables i.e. post traumatic stress symptoms, social anxiety and quality of life. It was used to select participants who possess the knowledge and experiences necessary to provide efficient insight into the topic. The target population was little difficult to access so this technique was specifically used to overcome this limitation by targeting individuals.

**Inclusion Criteria**

- Specific population having physical injuries in terrorism attacks (direct exposure with metal shrapnel, wounds , dislocations, fractures, hearing loss, brain injuries and internal injuries during the terrorism attack)
- Young adults and above (age range 20 and above) based on factors such as likelihood of more stable physical and psychological maturity. This age range could provide more consistent baseline for studying the effect of physical injuries in terrorism attacks.

**Exclusion criteria**

- Women population was excluded due to cultural barriers in Peshawar, so the questionnaires were not be filled by women. Women in Peshawar face restrictions on their mobility particularly outside the home, it is considered very inappropriate for women to talk or give an interview to any other outsider male in Pushtun culture and there was no other female researcher along with me so that's why women population was excluded in my research.

**Instruments*****Trauma Screening Questionnaire (TSQ) Foa et al., 1993***

The Trauma screening questionnaire is self-report measure of 10 items which measures the post traumatic stress symptoms among survivors (Foa et al., 1993). Its items are based on post traumatic stress symptoms for those who are



suffering from trauma for a month or more. It takes only few minutes to complete and six or more positive responses means client is suffering from any trauma. It was developed by Brewin (2002). It measures the reactions after any traumatic event and it concerns with personal reactions to traumatic event that happened in past some weeks by indicating the different options given. The internal consistency of the TSQ has been found to be high, with Cronbach's alpha coefficients typically ranging from 0.80 to 0.90, indicating good internal reliability. Questionnaire instructions are given at the top and its scoring is straight forward by adding the scores. The 10 items requires yes and no answers and six or more positive responses mean the participant is at the risk of post traumatic stress symptoms.

***Flanagan Quality of Scale (FQOL) John Flanagan (1970's)***

The Flanagan quality of scale consists of 50-items developed by John Flanagan (1970's) covering 5 domains of life i.e. standard of living measures the satisfaction with the life, health assess the person physical and mental well being, personal relationship measures the interpersonal relations such as peer, family etc. It also measures an individual sense of belongingness with the community and emotion well being measures feeling of happiness. This scale is five point Likert scales that measures satisfaction with needs. The consistency of whole questionnaire is ( $\alpha= 0.87$ ). Whereas, it's reliability varies depending of population being assessed to specific context of study.

***Liebowitz Social Anxiety Scale (LSAS) Dr. Michael (1987)***

The LSAS was developed by psychiatrist Dr. Michael (1987). It has 24-item self-rated scale used to assess the role of anxiety in an individual life. It consists of 13 concerning performance anxiety and 11 social situations. It is 2 items self-report questionnaire. The 24 items are first rated on a Likert Scale from 0 (none) to 3 (severe) on fear felt during the situations, and then the same items are rated regarding avoidance of the situation. Combining the total scores for the Fear and Avoidance sections provides an overall score with a maximum of 144 points. It presented excellent internal consistency ( $\alpha = 0.96$ ) and test-retest reliability. It measures the avoidance behavior and anxiety differently which shows the avoidance rate from social networks of survivors and their social anxiety rate. The internal consistency of the scale is too high and scores of fear and social interaction correlate with each other of .94 and .92 respectively with its items. It has scored on the basis of various score ranges from moderate to severe social anxiety which ranges from 55-95 range. Moderate social anxiety ranges in 55-65, marked social phobia ranges from 80-95 and severe social phobia ranges higher than 95 scores. Each item on the questionnaire asks participants to rate the anxiety and avoidance on Likert scale. It covers variety of social situations which includes both performances (e.g. public speaking, eating in public places) and interacting situations (e.g. initiating of communication).

**Procedure**

For this study male participants were selected from Peshawar. Women population was excluded due to Pushtun cultural barriers and data was collected

only from male participants within the age range of 20 and above who can easily understand the translated scale in Urdu. Institutional approval from university department was taken for data collection. The objectives of the study were explained to the participants. The participants were provided demographic sheet, consent form and questionnaires i.e. 10-items Trauma screening questionnaire (TSQ), 16-items Flanagan Quality of Life Scale (FQOL) and 24-items Liebowitz Social Anxiety Scale (LSAS). Originally, scales were translated in Urdu language by expertise through these steps i.e. with proofreading of translation, quality assurance, backward and forward translation, spell check in front of panel and final revision before submission. Some other English and Urdu expertise agents were involved in the translation process and then reviewed by university professional by comparing the original translation. Consent form was assigned to the participants and informed about the purpose of the study beforehand and were given the right of withdrawal from study any time. They were also informed of their confidentiality rights. Once they all agreed, they were requested to share their actual information by fill the questionnaires.

### **Ethical Considerations**

For this study, Ethical considerations were carefully addressed throughout the course of this study. Prior to commencing the research, ethical approval was obtained from the research department of Capital University of Science and Technology, ensuring that the study adhered to established ethical standards. Additionally, permission was sought from the relevant authorities at the

participating universities in Islamabad and Rawalpindi to conduct the study on their premises.

Furthermore, ethical principles were upheld in the acquisition of scales used in the study, with permission sought from the original authors to utilize their instruments. Participants were recruited on a voluntary basis, with clear and transparent communication regarding the purpose and nature of the study. They were provided with detailed information about the research objectives, procedures, and potential risks and benefits before consenting to participate.

Confidentiality was strictly maintained throughout the study, and participants were assured that their responses would remain anonymous and used solely for research purposes. In alignment with ethical guidelines, participants were given the autonomy to withdraw from the study at any point if they felt uncomfortable or no longer wished to participate, without facing any repercussions. Prior to their involvement, participants were required to sign a consent form, indicating their understanding of the study's objectives and their voluntary participation.

Finally, the study adhered to the guidelines outlined by the American Psychological Association (APA), ensuring that ethical standards related to research design; data collection, analysis, and reporting were rigorously followed to uphold the validity of the study findings.

**Data Analysis Procedure**

Data analysis was done in research by using Statistical Package of Social Sciences (SPSS, version 21) to analyze the variables of post traumatic stress symptoms, social anxiety and quality of life among survivors. Correlational analysis was used to investigate either any relationship or hypotheses exist between variables or not. One Way ANOVA and one sample t-test were also analyzed to use for more than two groups to compare. These tests helped in determining the overall differences among groups in the research.

## Chapter 3

### Results

This study aimed to find out the relationship between post traumatic stress symptoms, social anxiety and quality of life among the survivors of terrorist attack. The data of the participants was 140 has been collected from Peshawar hospitals and citizens and was analyzed through descriptive statistics include i.e. mean (the arithmetic average of all values in dataset) which was calculated by adding up all the values and dividing by total number of observations, mode (value that occurs most frequently in dataset) which may have one or more than one mode and median (middle value in dataset) when it is sorted in ascending or descending order, frequencies for demographic variables and also calculates the reliability and Pearson correlation of the variables in order to check the differences between demographic variables. Through descriptive the data distribution was analyzed normally distributed with significant  $p < .00$  value and further, sample t-test and one way ANOVA analyzed the demographic distribution.

**Table 1***Demographic Characteristics of sample (N=140)*

<i>Characteristics</i>	<i>N</i>	<i>%</i>
<b>Gender</b>		
Male	140	100.0
<b>Age Range</b>		
20-30 years	34	24.3
30-40 years	34	24.3
40-50 years	42	30.0
50-60 years	17	12.1
60-70 years	13	9.3
<b>Family System</b>		
Joint	60	42.9
Nuclear	80	57.1
<b>Professional Help</b>		
Yes	53	37.9
No	87	62.1
<b>Year of Attack</b>		
2013	25	17.9
2014	36	25.7
2022	24	17.1
2023	26	18.6

*Note: N=140 (n=number of participants), n= frequency, %=percentage*

Table 1 intended that number of male participants were 140 who participated in the study. Majority of the participants were from 40-50 years age group (n=68, 48.4%) while few of participants were from age group of 60-70 years (n= 13, 9.3%). Data was collected from both of family system which shows maximum participants from nuclear family (n=180, 57.1%) and minimum from joint family system (n=60, 42.9%). This demographic table also shows participants who received professional help were few only (n=53, 37.9%) and majority males didn't received any professional help (n= 89, 62.1%). Table declared the highest rate of attack found in 2014 (n=36, 25.7%) while the minimum year of attack faced by participants was in 2013 (n=25, 17.9%).

**Table 2**

*Psychometric Properties for Trauma Screening Questionnaire, Social Anxiety and Quality of life (N=140)*

Scales	No of Items	$\alpha$	M	SD	Range	
					Actual	Potential
TSQ	10	.55	14.65	2.20	10-20	10-20
SA	24	.58	28.57	6.90	13-44	0-72
Avoidance	24	.70	30.12	8.24	12-48	0-72
QOL	26	.85	87.30	12.54	53-111	26-182

*Note: TSQ= Trauma Screening Questionnaire, SA= Social Anxiety, QOL= Quality of Life, M= mean, SD= standard deviations, Cronbach's= alpha value*



Table 2 intended that psychometric properties for the scales used in present study. The overall acceptable range of Cronbach alpha value lie in 0.7to 0.9 range and values within this range shows internal consistency of variables. The Cronbach's  $\alpha$  value 0for Trauma Screening Questionnaire is .551 which shows acceptable internal consistency. The Cronbach's  $\alpha$  value for Social Anxiety first sub-scale is .58 which also falls in acceptable internal consistency range whereas, its second subscales internal consistency range shows .70 which shows high internal consistency. The Cronbach's  $\alpha$  value for Quality of Life is .85 which also shows high internal consistency range.

**Table 3**

*Skewness, Kurtosis and Kolomogrov-Smirnov test statistics for the variables (N=140)*

<i>Variables</i>	<i>Skewness</i>	<i>Kurtosis</i>	<i>K-S</i>	<i>P</i>
1. PTSS	.24	-.53	.12	.00
2. SA	-.08	-.25	.07	.06
3. AVOIDANCE	-.30	-.23	.06	.20
4. QOL	.41	-.32	.09	.00

*Note: PTSS= post traumatic stress symptoms, SA= social anxiety, QOL= quality of life*

Table 3 shows the K-S value for all variables of the study showing ( $p > .05$ ) among social anxiety and avoidance which suggested data is normally distributed among these variables and ( $p < .05$ ) in post traumatic stress symptoms and quality of life which emphasized as data is non-normally distributed among these variables while considering the values of skewness and kurtosis as well.

**Table 4**

*Correlation for the Study Variables (N=140)*

<i>variables</i>	<i>No. of items</i>	<i>PTSS</i>	<i>SA1</i>	<i>SA2</i>	<i>QOL</i>
1. <i>PTSS</i>	10	-	-1.9*	.16	.25**
2. <i>SA</i>	24		-	.31**	-.36**
3. <i>Avoidance</i>	24				-.17*
4. <i>QOL</i>	16				-

*Note:* PTSS= post traumatic stress symptoms, SA= social anxiety, QOL= quality of life, \*\*= significant

Table 4 indicates for post traumatic stress symptoms, correlation suggests low level of symptoms within the sample study. Whereas social anxiety fear items scale, indicates moderate level severity. The positive and negative sign indicates the relationship between the variables as give, Post traumatic stress symptoms shows there is significant negative relationship with first subscale of social anxiety ( $r = -1.9^*$ ), positive relationship with avoidance subscale ( $r = .16$ ) and

relatively positive relationship between post traumatic stress and quality of life of participants ( $r=.25^{**}$ ). According to Correlation-2 Social Anxiety has negative relationship with quality of life ( $r=-.36^{**}$ ) which generalize by increasing social anxiety, quality of life decreases. Whereas, avoidance subscale of social anxiety suggests the same by increasing avoidance social anxiety, the quality of life decreases ( $r=-.17^*$ ). This correlation suggests the significant positive and negative relationship between variables.

**Table 5**

*Mann-Whitney U-test values of the study variables for survivors who get professional help and those who don't get any kind of professional help (N=140)*

<i>Variables</i>	<i>Yes, get</i>		<i>Don't get</i>		<i>U</i>	<i>p</i>
	<i>professional</i>		<i>professional</i>			
	<i>help</i>	<i>M</i>	<i>help</i>	<i>M</i>		
	<i>N</i>		<i>N</i>			
1. PTSS	53	71.6	87	69.8	45.0	.79
2. SA	53	71.0	87	70.1	74.0	.89
3. Avoidance	53	67.8	87	72.1	65.5	.54
4. QOL	53	74.5	87	68.0	88.5	.35

*Note:* M=mean, U= Mann-Whitney, p= significant value, PTSS= post traumatic stress symptoms, SA= social anxiety, QOL= quality of life

Table 5 indicated the p-value among variables emphasizes the statistically or non-statistically differences among individuals who received any kind of professional help (N=53) and those who didn't get any kind of professional help (N=87).

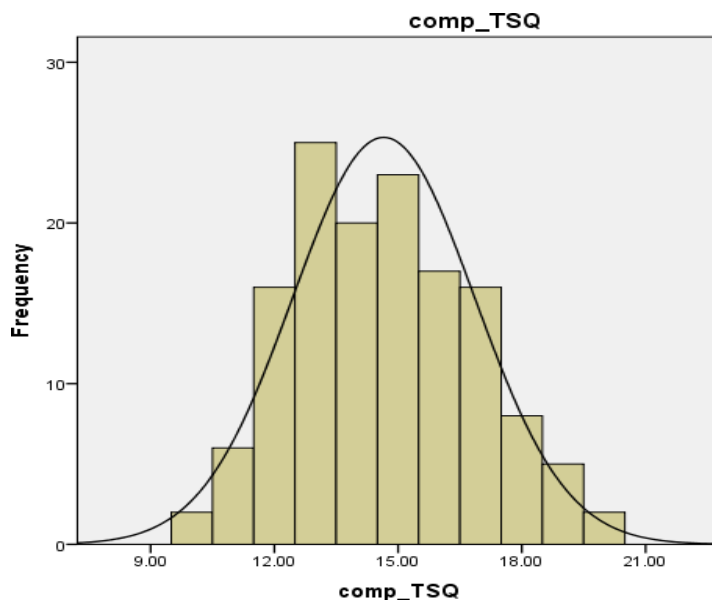
**Table 6**

*Mann-Whitney test values for family system distribution among variables*

<i>Variables</i>	<u><i>Nuclear Family</i></u>		<u><i>Joint Family</i></u>		<i>U</i>	<i>p</i>
	<i>N</i>	<i>M</i>	<i>N</i>	<i>M</i>		
1. PTSS	60	72.9	80	68.6	52.5	.53
2. SA	60	76.4	80	66.0	40.5	.13
3. Avoidance	60	74.4	80	67.5	65.0	.32
4. QOL	60	68.8	80	71.7	23.5	.68

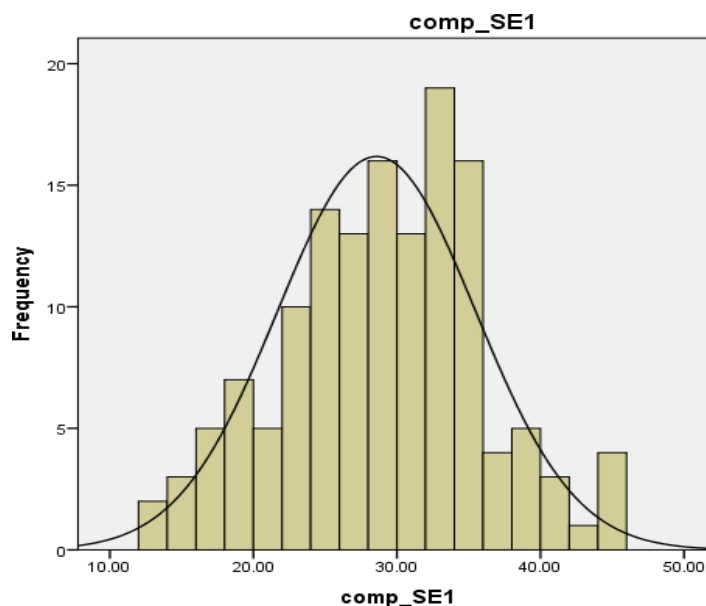
*Note: M=mean, U= Mann-Whitney, p= significant value, PTSS= post traumatic stress symptoms, SA= social anxiety, QOL= quality of life*

Table 6 intended that number of participants living in nuclear family system (N=60) and joint family system (N=80) with different mean values and having different statistical significances according to variables.



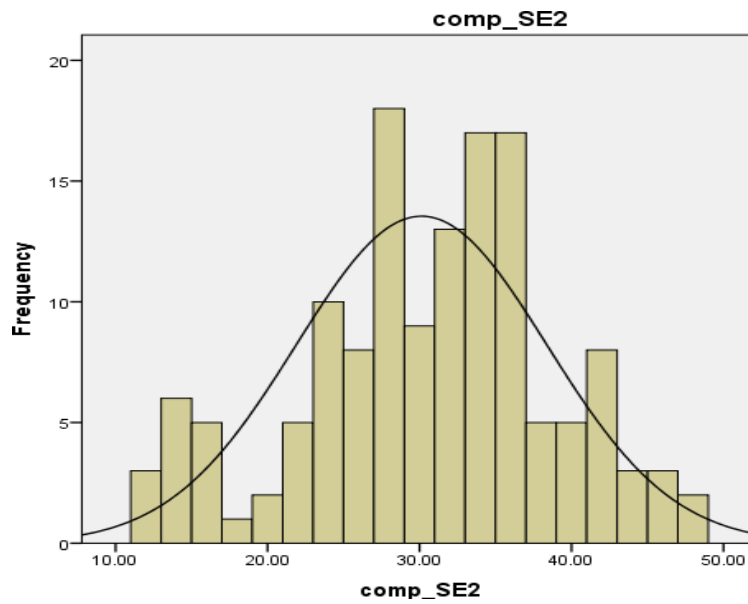
***Figure 1- Distribution of scores for Trauma Screening Questionnaire***

It represents the display distribution of trauma screening questionnaire among participants, bell shape with only one peak and is symmetric around the mean.

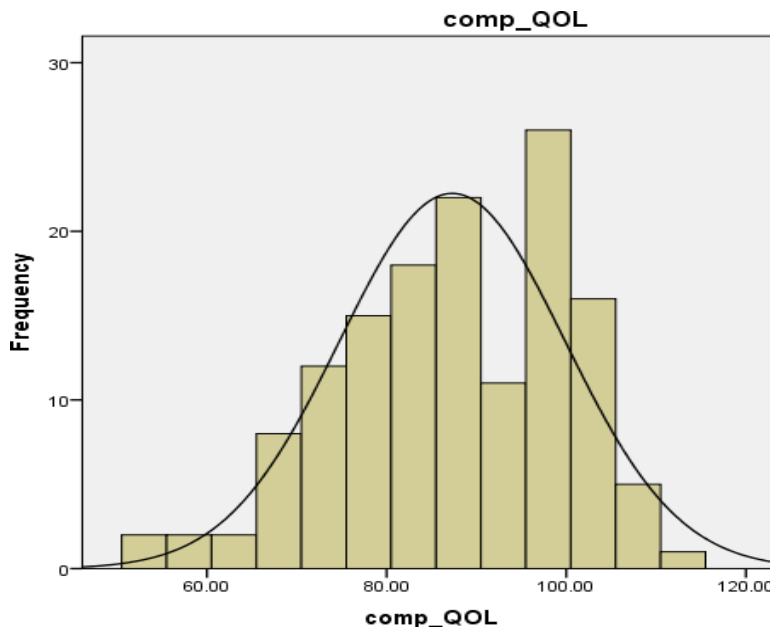


***Figure 2- Distribution of scores for Social Anxiety scale***

Figure-2 displays the distribution of social anxiety among participants; data near the mean are more frequent in occurrence than data far from the mean.

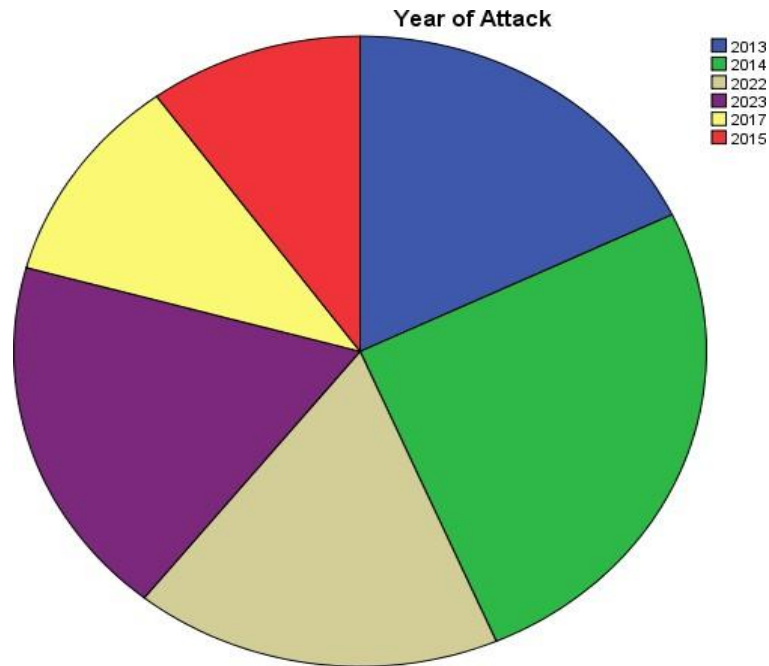


*Figure 3- Distribution of scores for Avoidance sub-scale*



*Figure 4- Distribution of scores for Quality of Life*

The figure shows curve in the upper graph represents frequency distribution of the variable i.e. quality of life among participants. It shows how often each value of variable occurs in data.



***Figure 5- Distribution of severity of PTSS among particular years***

Figure-5 shows the distribution of severity of post traumatic stress symptoms rate in the given figure, which suggests that severity of bomb blasts attack was in 2014 year in which mostly participants was victims of Army public School bomb blast attack in current study. This year shows highest percentage of severity. Mean shows (M=3.09) whereas, standard deviation (SD=1.588) within (N=140) participants.

## Chapter 4

### Discussion

This research examined the relationship between post traumatic stress symptoms, social anxiety and quality of life among the survivors of terrorist attack. If we look back the previous literature suggests that people who are exposed directly towards trauma showed high level of post traumatic symptoms than those who are exposed in an indirect manner (Nichter et al., 2019). Another study suggested that individuals with post traumatic stress symptoms often experiences intense fear and anxiety with hyper vigilance. These emotional challenges can disrupt daily functioning, affects individuals overall sense of quality of life (Beckham et al., 2002). Symptoms of post traumatic stress symptoms such as flashbacks and difficulty in communicating, concentration can interfere with work performance. This can resulted in decrease self-esteem and contributing lower life quality with increased social anxiety with avoidance behaviors (Zatzick et al., 1998). Another research identified that these symptoms in an individual may lead to challenges in expressing oneself effectively, contributing to anxiety in different interpersonal context. It may strain relationships due to difficulties in emotional regulation, sleeping patterns and communication which impacts both personal and professional connections and daily functioning (Moore et al., 2002).

The sample of the present study was 140 participants (Males, n=140). Three scales were used to measure the relation between post traumatic stress



symptoms, social anxiety and quality of life among the survivors of terrorist attack. The relationship was statistically analyzed with the help of SPSS software by using Pearson correlation. On the other hand, differences among demographic was sought by using one sample t-test, ANOVA and Kolomogrov-Smirnov test was carried out for multiple comparisons of age of participants, professional help, family system and year of attack which highlighted 2014 as severity year of attack for mostly participants.

In the present study, mean, standard deviations and reliability were find out for three variables which emphasized the average mean score for trauma screening questionnaire is (M=14.65) providing indication of typical level of trauma reported by participants. However, the low standard deviation (SD= 2.20) suggests that responses are relatively close to the mean indicating certain level of consistency in repeated trauma experiences. After the permission of authors originally, the scales were translated by expertise in Urdu language involving steps of proofreading; spell check, quality assurance and forward or back translation of scales in front of panel before submission. Moreover, it was reviewed by university professional by comparing with original translation which shows the Cronbach alpha value of TSQ is .55 which suggests moderate internal consistency and reasonable level of measuring trauma. Sample size for second scale was (N=140) and the mean score is 28.5 reflecting average level of social anxiety reported by participants. The alpha value for SA is .58 and for its subscale of avoidance it shows .70 implies high level of internal consistency. Certainly, for quality of life scale the samples size involves 140 participants with average mean

value of 87.30 and the Cronbach alpha value for this suggests strong internal consistency.

In the present study, correlation coefficients were calculated to explore the relationship between post traumatic stress symptoms, social anxiety, quality of life and as well participants who received any professional help were affected or not. It was hypothesized that according to table 3 the Spearman correlation (2 tailed) analyzed that post traumatic stress symptoms have significantly negative relationship ( $r=-.19^*$ ) with social anxiety (fear) and direct positive relationship between with avoidance subscale of social anxiety scale ( $r=.16$ ). This is coexistent with previous literature that individuals with high level of symptoms may developed heightened sensitivity to situations associated with traumatic events. Avoidance becomes way to prevent exposure to these triggers, which can evoke intense emotional and psychological reactions (Freuh et al., 2007). Individuals with post traumatic stress symptoms may lose interest in activities they once enjoyed in their lives before the traumas. This loss of interest serves as way to prevent reactivation of traumatic memories (Bryant et al., 2000). On the other hand, post traumatic stress symptoms shows significantly positive relationship with quality of life ( $r=.25^{**}$ ). Whereas, post traumatic stress symptoms shows positive correlation with quality of life and according to some previous researches, strong social support networks play huge role in recovery process that enhances quality of life of participants who victims terrorist attacks many year ago. Family, friends and community support provided understanding and empathy which all contributes towards overall well quality of life (Resick et al., 2017) so this may

could be the reason of the present study neglecting the hypothesis of negative relationship between post traumatic stress symptoms and quality of life.

Few previous researches shows professional help differences exists in severity of post traumatic stress symptoms, survivors who received any kind of professional help feel benefit and seeking support play huge role in the recovery but the effectiveness of professional help can vary depending on different factors such as trauma severity, individual differences and different therapeutic approaches (Monson et al., 2017).

Findings from the study proved that increasing post traumatic stress symptoms increase the avoidance behavior of social anxiety (table 4) and fear among survivors of terrorist attack. Results also showed that post traumatic stress symptoms affects the social anxiety of survivors whereas, time and social support help in overcoming symptoms of traumatic event. This study had major three hypotheses that wanted to explore. According to the first hypothesis, there will be a positive relationship between post traumatic stress symptoms and social anxiety among survivors of terrorist attack, second hypothesis stated that there will be negative relationship between social anxiety and quality of life among survivors of terrorist attack and final hypothesis stated that there will be negative relationship between post traumatic stress symptoms and quality of life among survivors of terrorist attack.

The results of the current study show highly correlation highly negative correlation between post traumatic stress symptoms and social anxiety scale of fear (Table 4). According to previous studies, over time individuals with PTSS

may undergo psychological adaptations as they processes to overcome symptoms of traumatic experiences. This adaptation can lead to reduction in the frequency of PTSS, allowing improved emotional regulation (Zech et al., 2017). Another literature suggests, as an individual navigates the challenges of symptoms they often develop effective strategies to cope up. These may include mindfulness, problem solving skills. With such improved coping mechanism individuals experiences a decline curve in severity of social anxiety with triggering places (Turk et al., 2014). Establishing good social support networks can significantly contributes towards reduction of social anxiety. Meaningful connections with friends, family provide sense of belongingness and understanding; create a nurturing environment that mitigates social anxiety (Laqueur et al., 2012).

Referring back towards second hypothesis (Table 4), there is significantly negative relationship between social anxiety and quality of life among survivors of terrorist attack. Thus, supporting this correlation, few previous studies suggested that PTSS often involves re-experiencing the traumatic events through stressful flashbacks or memories. That involuntary recollection can disrupts quality of life causing emotional distress (Walter et al., 2012). Individuals with PTSS exhibits symptoms of hyper arousal and engage in avoidance behaviors to steer clear of reminders of traumatic incident. This avoidance behavior leads towards isolation and impact individual's ability to maintain relationships which directly affect their quality of life moves towards decrease (Andrewa et al., 2005). Another study explored, PTSS can interfere with an individual ability to perform in daily life tasks, hold down job or peruse goals. Such occupational difficulties can contribute

to financial stress and decrease overall life satisfaction and daily life tasks (Walter et al., 2012).

The third hypothesis of (Table 4) emphasizes significant positive relationship between post traumatic stress symptoms and quality of life. By supporting this, there are several factors that contribute to increase in PTSS alongside increasing quality of life. Least studies conducted which explored the reasons i.e., growing awareness of post traumatic stress, leading towards more accurate diagnosis. As mental health literacy increases, individuals are more likely move towards help seeking behaviors, contributing to high reported prevalence (Crenshaw et al., 2010). Moreover, improvements in quality of life may expose individuals towards new stressors contributing to development of post traumatic symptoms. Economic prosperity can bring out increased workplace demands or exposure towards such accidents (Martha et al., 2014).

## **Conclusion**

Therefore, results of the current study revealed the post traumatic stress symptoms have great impact on social anxiety and quality of life of the survivors of terrorist attack. This study explored both positive and negative impacts of post traumatic stress symptoms with other two variables of social anxiety and quality of life. As well, post traumatic stress symptoms can strain relationships with family and friends, it can affects cognitive processes including concentration and critical thinking. These impairments might hinder an individual ability to engage in social interactions leading towards increased social anxiety. Occupational

challenges also contributed to sense of isolation which negatively affects satisfaction. It is important to note that individual experiences with PTSS can vary, and some may develop coping strategies or techniques that mitigate the impact. However, on general scales post traumatic stress symptoms tend to be associated with challenges in social functioning.

### **Limitations**

1. Due to limited data, this study was not being conducted to other areas of Pakistan, so the results might not be highly generalized. There were cultural barriers in Peshawar due to their norms, women face restrictions on their mobility particularly outside home so it considered very inappropriate to talk any other outsider male in Pushtun.
2. Time constraint was major hurdle in conducting this research project. Availability of time and cultural barriers could have let me gather more data from both gender as, data was gathered from only males.
3. This study may not fully capture the diversity of cultural influences of post traumatic stress symptoms, social anxiety and quality of life.
4. Reliance on self report measures introduces potential for response bias, as participants might understate or overstate their experiences. Objective measures with multiple assessment methods could enhance the validity.

## **Implications**

This study will also be helpful for the researchers for future qualitative research that could be helpful in providing in-depth information. Individuals move towards social anxiety when their post-traumatic stress symptoms still affect them directly or indirectly and cannot be resolved properly. There would be such a technique and management system by which their post-traumatic stress symptoms and social anxiety would be overcome and enhance their overall quality of life. It requires a combination of techniques which address their physical and psychological aspects of stress. Identify the source of stress by understanding the causes and the main triggering part of the event which forces them to move towards social anxiety. It could be overcome by professional help and teach them to prioritize self-care. With the increasing use of social media and technology, future researches should focus on awareness of the role of online network platforms in the coordination of terrorist activities and further explore the effective strategies that could be used to counter online extremism. This information can help in making different policies, adequate rehabilitation and support services necessary to address physical needs. Identify and implement interventions tailored to the specific needs of survivors experiencing PTSS.

**Recommendations**

Ensure that study findings are interpreted with nuanced understanding of its limitation. Encourage future research to address these limitations and contribute to more comprehensive understanding of the dynamics involved. Ensure future studies include diverse samples that accurately represent the broader population of survivors of terrorist attacks in Pakistan. Integrate objective measures alongside self report assessment to enhance reliability and validity of findings. Objective data, such as psychological markers or behavioral observations can provide more comprehensive picture. Investigate factors that contribute to resilience among survivors such as social support, networks and community resources. Conduct comparative studies across different regions within Pakistan to identify variations in experiences of survivors.



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## **Appendices**

**Appendix A**  
**Informed Consent**



میں بی۔ ایس کا طالب علم ہوں جس کا تعلق کیپٹل یونیورسٹی آف سائنس اور ٹیکنالوجی، کے شعبہ نفسیات سے ہے۔ اور ایک موضوع پر تحقیق کر رہا ہوں جو کہ،

Relation between Post Traumatic Stress Symptoms, Social anxiety and Quality of life among survivors of Terrorist Attack

میں آپ کو اس مطالعہ میں حصہ لینے کی دعوت دیتا ہوں۔ اگر آپ رضاکارانہ طور پر اس تحقیق میں حصہ لینا چاہتے ہیں تو براہ کرم سوالنامہ 'پر کریں۔ آپ کی شناخت خفیہ رکھی جائے گی۔ اگر آپ کو بے چینی محسوس ہوتی ہے تو آپ کو کسی بھی وقت دستبردار ہونے کا حق ہے آپ کے جوابات ہماری تحقیق کے لئے مددگار ثابت ہوں گے۔ شکریہ

دستخط -----

سید قیصر حسین

**Appendix B**  
**Demographic Variables**

- جنس .....

- عمر .....

- ختدائی نظام .....

- کیا اپنے اس واقعہ کے بعد کوئی علاج کروایا ہے .....

- یہ واقعہ کس سال میں ہوا .....

**Appendix C**  
**The Trauma Screening Questionnaire**

براہ کرم مندرجہ ذیل ردعمل پر غور کریں جو کبھی کبھی کسی تکلیف دہ واقعے کے بعد ہوتے ہیں۔ یہ سوالنامہ کچھ ہفتے پہلے پیش آنے والے تکلیف دہ واقعے پر آپ کے ذاتی ردعمل سے متعلق ہے۔ براہ کرم اشارہ کریں کہ آپ نے پچھلے ہفتے میں کم از کم دو بار درج ذیل میں سے کسی کا تجربہ کیا ہے یا نہیں۔

اشیاء	ہاں پچھلے ہفتے میں کم سے کم دو بار بار	نہیں
۱: اس واقعے کے بارے میں پریشان کن خیالات یا یادیں جو آپ کے ذہن میں آپ کی مرضی کے خلاف آئے ہیں۔		
۲: واقعہ کے بارے میں پریشان کن خواب۔		
۳: ایسا محسوس کرنا جیسے واقعہ دوبارہ ہو۔		
۴: واقعہ کی یاد دہانیوں سے پریشانی کے احساسات ہونا۔		
۵: جسمانی ردعمل ( جیسے دل کی تیز دھڑکن، معدہ خراب ہونا، پسینہ آنا، چکرانا) جب واقعے کی یاد آئے۔		
۶: نیند آنے میں یا سوئے رہنے میں مشکل ہوتی ہو۔		
۷: چڑچڑاپن یا غصے کا زیادہ ہونا۔		
۸: توجہ مرکوز کرنے میں دشواری۔		
۹: اپنے اور دوسروں کو ممکنہ خطرات کے بارے میں ضرورت سے زیادہ آگاہی کو بڑھایا۔		
۱۰: کسی غیر متوقع بات پر چونک جانا۔		

**Appendix D**  
**Social Anxiety Scale**

## ہدایات:

ہر صورتحال کو غور سے پڑھیں اور اس صورتحال کے بارے میں دو سوالوں کے جواب دیں۔ پہلا سوال پوچھتا ہے کہ آپ اس صورتحال میں کتنے پریشان یا خوف زدہ محسوس کرتے ہیں جب کہ دوسرا سوال پوچھتا ہے کہ آپ کتنی بار صورتحال سے بچتے ہیں۔ برائے مہربانی اپنے ذاتی تجربات کے مطابق جوابات کو دیے گئے حالات کے مطابق نشان دہی کریں۔

اشیاء	خوف یا بے چینی	گریز کرنا
۱: عوام میں ٹیلی فون استعمال کرنا۔	۰۔ نہیں	۰۔ کبھی نہیں
۲: چھوٹے انجمن میں حصہ لینا۔	۱۔ ہلکا سا	۱۔ کبھی کبھار
۳: عوامی مقامات پر کھانا۔	۲۔ تھوڑا بہت	۲۔ اکثر
۴: عوامی مقامات پر دوسروں کے ساتھ کچھ پینا۔	۳۔ بہت زیادہ	۳۔ عام طور پر
۵: باختیار لوگوں سے بات کرنا۔		
۶: اداکاری، کارکردگی یا لوگوں کے سامنے تقریر کرنا۔		
۷: پارٹی میں جانا۔		
۸: مشاہدہ کے دوران کام کرنا۔		
۹: مشاہدہ کرتے ہوئے لکھنا۔		
۱۰: کسی کو بلانا جس کو آپ اچھی طرح سے نہیں جانتے۔		
۱۱: ان لوگوں سے بات کرنا جن کو آپ اچھی طرح سے نہیں جانتے۔		
۱۲: اجنبیوں سے ملاقات۔		
۱۳: عوامی ہاتھروم میں پیشاب کرنا۔		
۱۴: ایک کمرے میں داخل ہونا جب دوسرا پہلے سے ہی وہاں بیٹھے ہیں۔		
۱۵: توجہ کا مرکز ہونا۔		
۱۶: اجلاس میں بات کرتے ہوئے۔		
۱۷: ٹیسٹ لینا۔		

		۱۸: ان لوگوں سے اختلاف یا ناپسندیدگی کا اظہار کرنا جنہیں آپ اچھی طرح سے نہیں جانتے۔
		۱۹: ان لوگوں کی آنکھوں میں دیکھنا جنہیں آپ اچھی طرح سے نہیں جانتے۔
		۲۰: گروپ کو رپورٹ دینا۔
		۲۱: کسی کو اٹھانے کی کوشش کرنا۔
		۲۲: سٹور پر سامان واپس کرنا۔
		۲۳: پارٹی دینا۔
		۲۴: ہائی پریشر سیلز شخص کے خلاف مزاحمت کرنا۔



**Appendix E**  
**Quality of Life**

ہدایات:

اس سوالنامہ میں آپ کی زندگی کے معیار ، صحت اور زندگی کے دیگر پہلوؤں کے بارے میں پوچھا جائے گا۔ براہ مہربانی اپ تمام سوالات کے جواب دیں۔ اگر آپ کسی سوال کے جواب کے بارے میں یقینی طور پر کچھ نہیں کہہ سکتے تو سب سے مناسب جواب کا چناؤ کریں۔ عموماً یہ وہ جواب ہو سکتا ہے جو کہ آپ کے ذہن میں سب سے پہلے آئے۔ آپ سے گزارش ہے کہ اپنے ذاتی معیار ، امیدیں ، خوشیاں اور خدشات ذہن میں رکھیں۔ سوالات دیتے وقت پچھلے دو ہفتوں کی زندگی کو ذہن میں رکھیں۔

کیا آپ کو دوسروں کی ایسی مدد حاصل ہے جو آپ چاہتے ہوں؟

بالکل نہیں	تھوڑی بہت	درمیانی حد تک	بہت زیادہ	بہت ہی زیادہ
1	2	3	4	5

اگر پچھلے دو ہفتوں سے آپ کو دوسروں کی بہت زیادہ مدد حاصل رہی ہو تو آپ نمبر 4 پر دائرہ لگا سکتے ہیں۔ کیا آپ کو دوسروں کی ایسی مدد حاصل ہے جو آپ چاہتے ہوں؟

بالکل نہیں	تھوڑی بہت	درمیانی حد تک	بہت زیادہ	بہت ہی زیادہ
1	2	3	4	5

لیکن اگر پچھلے دو ہفتوں سے آپ کو دوسروں کی مدد بالکل بھی نہیں ملی تو آپ نمبر 1 پر دائرہ لگا سکتے ہیں۔ آپ کے تعاون کا شکریہ

آپ سے گزارش ہے کہ ہر سوال کو غور سے پڑھیں اور اپنے احساسات کا جائزہ لیں اور پھر اس نمبر پر دائرہ لگائیں جو آپ کے احساسات کو بہتر طور پر ظاہر کرتا ہو۔

1	آپ اپنے معیار کی زندگی کو کس درجہ کا محسوس کرتے ہیں۔	بہت برا 1	برا 2	نہ اچھا نہ برا 3	اچھا 4	بہت اچھا 5
2	آپ اپنی صحت سے کس حد تک مطمئن ہیں۔	بہت غیر مطمئن 1	غیر مطمئن 2	نہ مطمئن نہ غیر مطمئن 3	مطمئن 4	بہت مطمئن 5

مندرجہ ذیل سوالات میں آپ کچھ مخصوص چیزوں کے بارے میں پوچھا جائے گا کہ ان سے آپ کا پچھلے دو ہفتوں میں کس حد تک تجربہ ہوا ہے۔

3	آپ کس حد تک محسوس کرتے ہیں کہ جسمانی درد آپ کے لئے وہ کام کرنے میں رکاوٹ بنتی ہے جس کا کرنا آپ کے لئے ضروری ہوتا ہے۔	بالکل نہیں	تھوڑا بہت	درمیانی حد تک	بہت زیادہ	بہت ہی زیادہ
4	روزمرہ کاموں کی ادائیگی کے لئے آپ کس حد تک طبی علاج کی ضرورت پڑتی ہے۔	1	2	3	4	5
5	آپ کس حد تک اپنی زندگی سے لطف اندوز ہوتے ہیں۔	1	2	3	4	5
6	آپ کس حد تک اپنی زندگی کو بامعنی محسوس	1	2	3	4	5

					کرتے ہیں۔	
5	4	3	2	1	آپ کس حد تک اپنے آپ کو توجہ مرکوز کرنے کے قابل سمجھتے ہیں۔	7
5	4	3	2	1	آپ روزمرہ زندگی میں اپنے آپ کو کس حد تک محفوظ کرتے ہیں۔	8
5	4	3	2	1	آپ کے ارد گرد کا طبعی ماحول کس حد تک صحت مندانہ ہے۔	9
5	4	3	2	1	کیا آپ روزمرہ زندگی کے لئے مناسب توانائی محسوس کرتے ہیں۔	10
5	4	3	2	1	کیا آپ کے لئے اپنی ظاہری جسمانی شکل و صورت قابل قبول ہے۔	11
5	4	3	2	1	کیا آپ کے پاس اپنی ضروریات پوری کرنے کے لئے مناسب پیشہ موجود ہے۔	12
5	4	3	2	1	آپ کو روزمرہ زندگی گزارنے سے متعلق کتنی ضروری معلومات دستیاب ہیں۔	13
5	4	3	2	1	آپ کو سیر و تفریح کے مواقع کس حد تک میسر ہیں۔	14
5	4	3	2	1	آپ اپنے ارد گرد جسمانی طور پر کس حد تک چلنے پھرنے کے قابل ہیں۔	15

مندرجہ ذیل سوالات میں آپ سے پوچھا گیا ہے کہ پچھلے دو ہفتوں سے آپ نے اپنے زندگی کے مختلف پہلوؤں کے حوالے سے کس قدر اچھا یا مطمئن محسوس کیا۔

انتہائی مطمئن	مطمئن	نہ مطمئن نہ غیر مطمئن	غیر مطمئن	انتہائی غیر مطمئن	آپ اپنی نیند سے کس حد تک مطمئن ہیں	16
5	4	3	2	1		
5	4	3	2	1	آپ اپنی روزمرہ کام سرانجام دینے کی صلاحیت سے کس حد تک مطمئن ہیں۔	17
5	4	3	2	1	آپ اپنی کام کرنے کی صلاحیت سے کس حد تک مطمئن ہیں۔	18
5	4	3	2	1	آپ اپنی ذات سے کس حد تک مطمئن ہیں۔	19
5	4	3	2	1	آپ اپنے تعلقات سے کس حد تک مطمئن ہیں۔	20
5	4	3	2	1	آپ اپنی جنسی زندگی سے کس حد تک مطمئن ہیں۔	21
5	4	3	2	1	آپ اپنے دوستوں سے ملنے والی مدد سے کس حد تک مطمئن ہیں۔	22
5	4	3	2	1	آپ اپنی رہائش کی جگہ کے حالات سے کس حد تک مطمئن ہیں۔	23
5	4	3	2	1	آپ طبعی سہولتوں تک اپنی رسائی سے کس حد تک مطمئن ہیں۔	24
5	4	3	2	1	آپ اپنے ذرائع آمدورفت سے کس حد تک مطمئن ہیں۔	25
بہت زیادہ	بہت زیادہ	کبھی کبھار	بعض اوقات	کبھی نہیں	آپ کس حد تک منفی احساسات کا شکار رہتے ہیں مثلاً اداسی، مایوسی، پریشانی اور افسردگی وغیرہ۔	26
5	4	3	2	1		

**Appendix F**

**Permission Letter of PTSS scale**

## Permission letter Inbox



**Qaiser Huss...** 5/27/2023

to c.brewin, irum.no... ▾



Respected Sir,

I am a student of BS Psychology from Capital University of Science and Technology. I am doing my research thesis on the topic " Relationship between Post traumatic stress symptoms, Social Anxiety and Quality of life among survivors of Terrorist Attack" I want to use your the-trauma-screening-questionnaire for this purpose and want to translate it in Urdu for the convenience of my population. Kindly give me permission to use and translate it and share it's related documents with me.

I will be very grateful to you and wait for your response. Thank you

Regards,

Syed Qaiser Hussain  
Capital University of Science and Technology Islamabad  
May 27th, 2023



**Brewin, Chris** 6/3/2023

to me, irum.noureen... ▾



If you wish to use the translated TSQ for published research it will need to be independently back-translated. I can review the back-translation and suggest any amendments if they are needed.

**Appendix G**

**Permission Letter for QOL scale**

# Permission letter

Inbox



**Qaiser Huss...** 5/14/2023

to MLiebowitz, irum....



Respected Sir,

I am a student of BS Psychology from Capital University of Science and Technology. I am doing my research thesis on the topic " Relationship between Post traumatic stress symptoms, Social Anxiety and Quality of life among survivors of Terrorist Attack" I want to use your Liebowitz-social anxiety scale for this purpose and want to translate it in Urdu for the convenience of my population. Kindly give me permission to use and translate it and kindly share it's related documents with me.

I will be very grateful to you and wait for your response. Thank you

Regards,

Syed Qaiser Hussain  
Capital University of Science and Technology Islamabad  
May 14nd, 2023



**Michael Lieb...** 5/14/2023

to me



Hello Syed Qaiser Hussain,

Thank you for your interest in the Liebowitz Social Anxiety Scale. Attached please find a copy of the scale in English and one in Urdu, as well as a user manual and scoring guide.

Best wishes

Michael Liebowitz MD