Centre for International Health

The multilayered effects and support received by victims of the

Bali bombings: A cross cultural study in Indonesia and

Australia

Gwendoline Patricia Brookes

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DECLARATION

To the best of my knowledge and belief this thesis contains no material previously published by any other person except where due acknowledgement has been made.

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university.

Signed:

Gwen Brookes

10th November, 2010

ACKNOWLEDGEMENTS

DEDICATION

I dedicate this thesis to the

202 men and women from 21 countries

who

lost their lives in the 2002 Bali bombing,

to the men and women I interviewed for this study

and

to the many volunteer and professional responders

who came together in a quest to help.

ABSTRACT

Introduction

In the past decade terrorist attacks and suicide bombings have killed, injured and intimidated thousands of people in many countries. In the aftermath of an attack a significant proportion of the population present with symptoms of depression, post traumatic stress disorder, and physical health problems (Boscarino & Adams, 2009, Norris et al., 2002, Bride, 2007). The present study examined the impact of the Bali bombings in 2002 when two bombs were deliberately exploded in the Sari night club and Paddy's bar, in the popular tourist area of Kuta, in Bali, Indonesia.

Aim of the study

The overarching aim of the study were to examine the multilayered effects and forms of support received by directly affected victims and their indirectly affected family members in both Indonesia and Australia. The perceptions of members of the Indonesian and Australian emergency response teams, community volunteers and key informants were also examined.

Methods

A qualitative case study approach was used in this study, as it was important that participants told their story in their own words and according to their own unique experiences.   In total 50 in-depth semi-structured interviews were conducted in Bali and Perth, with first and secondary level victims, professional and volunteer responders, and key informants. An in-depth analysis of available literature was also undertaken with a focus on the multilayered effects of terrorist attacks and the forms of post attack support that is offered to victims and their families. Other qualitative methods such as home visits, observations and documentary data collection facilitated triangulation of the data. In addition a personal reflective diary recorded the observations of the researcher during a two month field trip in Bali in early 2008.

The conceptual framework for this study was based around the work of the Psychosocial Working Group (2003). Within this framework three dimensions relating to resources that help people cope in the aftermath of a disaster are explored.

They are: human capacity (encompassing the skills and knowledge of the people); social ecology (encompassing familial, religious and cultural resources) and finally culture and values (encompassing cultural values, beliefs and practices). The framework was modified in this study to enhance the examination of the participant responses using the concepts of disrupted and reinforced resources.

Results

In both Bali and Perth victims of all levels reported many symptoms of distress in the initial aftermath of the bombing. Most of the effects reported could be termed normal distress reactions to a very abnormal event. The poor economic situation in Bali appeared to compound and exacerbate the effects for many of the Balinese victims. As a result many of the injured and their families were left almost destitute. A number of victims described symptoms such as depression, suicidal ideations and fear during thunderstorms and the many cultural celebrations on the island.

In Bali and Perth, first level victims described the importance of practical, economic, emotional and spiritual support from their families and the community. The narratives of mateship, families and communities responding to help are innumerable and are an invaluable and unique insight into this disaster. In addition, the study highlighted that many of the volunteer and professional responders also reported effects such as emotional numbing and derealisation. For most it was a temporary and understandable reaction to the difficult tasks they had to undertake.

Recommendations for policy, practice and a modified framework are proposed that may be used by professionals and non-professionals in the aftermath of a terrorist attack, particularly when needing to choose appropriate and culturally relevant interventions, or by organisations who may be involved in strategically planning a response in the event of an attack.

Conclusion

Although the focus of this study was a terrorist attack, the recommendations and framework proposed in chapter 9 of this study can be generalised to other forms of natural and man-made disasters. They are intended for use by professionals, non-professionals and agencies who are involved in a response in the aftermath of

complex emergencies. The recommendations are derived and drawn from the in-depth analysis of the participant interviews, and the literature. The Bali disaster showed the strength of human spirit, the resilience of victims at multiple levels and the willingness of people and countries to help each other in times of extreme distress. This framework is intended to promote a psychosocial response to any disaster situation based on the knowledge that communities have pre-existing inherent resources which can be utilised in a terrorist attack.

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ABREVIATIONS AND ACRONYMS

ABC	Australian Broadcasting Corporation
ABS	Australian Bureau of Statistics
ARC	Australian Research Council
ADB	Asian Development Bank
AFL	Australian Rules Football League
AFP	Australian Federal Police
AGD	Australian Government Directory
ARI	Asia Research Institute
ARISE	A Relational Sequence of Engagement
BBC	British Broadcasting Corporation
BIWA	Bali International Women's Association
CISD	Centre for the Study of Traumatic Stress
CNN	Cable News Network
DCD	Department of Community Development
DFAT	Australian Department for Foreign Affairs and Trade
EFRJ	European Forum for Restorative Justice
GDP	Gross Domestic Product
Ground Zero	The Area Where the Attack Took Place.
HEARTS	History, Emotions, Asking, Reason and Teaching Model
IASC	Inter Agency Standing Committee
ICU	Intensive Care Unit
IMF	International Monetary Fund
IR	Indonesian Rupiah
IRA	Irish Republican Army
IRC	International Red Cross
JI	Jemaah Islamiyah
KAFC	Kingsley Amateur Football Club
KI	Key informant
LTTE	Liberation Tigers of Tamil Eelam
NGO	Non-Government Organisation
NSECRH	National Statement on Ethical Conduct in Research involving Humans

PFA	Psychological First Aid
PIJ	Palestine Islamic Jihad
PLO	Palestine Liberation Organisation
PLV	Primary Level Victims
PM	Prime Minister
PTG	Post Traumatic Growth
PTSD	Post Traumatic Stress Disorder
PWB	Psychosocial well being
PWG	Psychosocial Working Group
SLV	Secondary Level Victim
SMI	Severe Mental Illness
SSNP	Syrian Social Nationalist Party
TFR	Total Fertility Rate
THK	Tri Hita Karana
Twitter	Computer on line real time bulletin board
USAID	United States Agency for International Development
UDF	Ulster Defense Force
UK	United Kingdom
UN	United Nations
UNAMI	United Nations Assistance Mission for Iraq
UNDP	United Nations Development Programme
UNOCHA	United Nations Office for the Co-Ordination of Humanitarian Affairs
US	United States of America
UVF	Ulster Volunteer Force
WAFL	West Australian Rules Football League
WHO	World Health Organisation
WMD	Weapons of Mass Destruction
WTF	War Trauma Foundation
WVI	World Vision International
YKIP	Yayasan Kemanusiaan Ibu Pertiwi
YKIDS	Yayasan Kuta International Disaster Scholarship
9/11	Terrorist attack on USA soil September 11, 2001

LIST OF PRESENTATIONS

Brookes, G. (April 8, 2010). *The Multilayered Effects and the Supportive Response to the Bali Bombings: A Cross Cultural Perspective from Victims in Bali and Perth.* Paper presented at the European Society for Trauma and Dissociation Conference, 8-10 April, 2010, Queen's University, Belfast, Northern Ireland.

Brookes, G. (November 5, 2009). *An Exploration of the Multilayered Effects and the Support Received by Victims of the Bali Bombings: A Case Study in Indonesia and Australia.* Poster presented at Mark Liveris - Faculty of Health Sciences Research Student Seminar, Curtin University, Perth, Western Australia.

Brookes, G. (November 9, 2008). *An Exploration of the Multilayered Effects and the Support Received by Victims of the Bali Bombings: A Cross Cultural Study in Indonesia and Australia.* Paper presented at the 40th Annual Asia-Pacific Academic Consortium for Public Health Conference, Kuala Lumpur, Malaysia.

Brookes, G. (July, 2008). *To Bali and Back: Field Research in Bali and Perth.* Paper presented at the Centre for International Health, Doctoral Research Forum, Curtin University, Perth, Western Australia. Received an Award under the category *Doctoral Presentation – data collection stage*.

Brookes, G. (March 3, 2009). *Field Research in Bali and Perth*. Paper presented at a Psychologists Forum, Perth, Western Australia.

PROLOGUE

Here I am again about to start another degree. In some ways I am looking forward to another page in my life journey. However I have quite a few concerns as this one is rather different to anything I have attempted before. I have watched my friend and colleague, undertake this challenge and have seen the dedication and energy required to complete a PhD from afar. I have concerns I may not have the tenacity, ability or energy at this stage. Also this time, I will be away from my family and friends for at least two months on a field trip, something I have not previously undertaken.

Thoughts and insecurities abound. Will I be able to endure the physical and mental hardship living in another country brings, particularly in the rainy season? Should I be undertaking it at all? Is this fair on my family? As the focus will be on the effects and support people experienced in the aftermath of the 2002 Bali bombings, the subject matter will be challenging for all. I worry I might upset the participants who have already suffered enough through injury or the loss of a loved one. Yet time and time again I come back to the thought this is something I have to do and something that has to be done. It is such a strong feeling it feels like it is out of my control and I have no say in the matter. The Bali bombings of 2002 changed many peoples' lives forever, and in some ways that included mine.

As I start on this journey two thoughts come to mind. I am thankful that my father and mother, George and Lily, who helped me to grow into a strong independent woman with firm foundations and a good work ethic. They also role modelled the skills required to face life challenges with a fierce Celtic determination and an all important sense of humour. That and the fact that I have a strong desire to try and make a difference, to add to the body of knowledge on this important subject, hopefully is sufficient to see this "job" through to the its end point. I saw from close quarters the devastation such an attack can bring to the victims, the family members, their friends, professional and volunteer responders and the community. I feel it is vitally important we learn from the events that unfolded in Bali and Perth. That way hopefully some good can come out of something that was so bad.

CHAPTER 1

Introduction and Overview

But in order to make you understand, to tell you my life I must tell you a story (Virginia Wolfe, as cited in Berger & Quinney, 2004, p. 3).

1.0   Introduction to the Chapter

This thesis explores the multilayered effects and the types of support victims received following the Bali bombings on October 12, 2002. The research was conducted using a cross-cultural study in which participants were interviewed over a 3 month period in 2008 in Bali, Indonesia and Perth, Western Australia. To the author's knowledge this study is unique in that it is the only cross-cultural qualitative study on the subject of the Bali bombings in 2002. The findings add to our knowledge of the multi-layers of effects of terrorist attacks on primary, secondary and third level of victims in Bali and Perth as well as the types of support they received in the aftermath. The perceptions and experiences of third level victims are reported, as are the wider effects of the bombing at the community level in both Bali and Perth.

A thematic analysis of semi-structured interviews was undertaken, underpinned by a modified Psychosocial framework developed by the Psychosocial Working Group. The framework enabled the varied layers of effects to be initially categorised into physical and psychological; these were then further organised into sub-groups within the two headings. The effects and support mechanisms that emerged from participant interviews are presented in chapters 6, 7 and 8 of this thesis. The Psychosocial framework has been used as a basis for interventions using a psychosocial approach to disaster response by a number of other key emergency response organisations including the American Red Cross, I.A.S and the Australian Psychological Society.[123]

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[1] American Red Cross Psychosocial Strategy, www.psicosocial.net/en/.../126-american-red-cross-psychosocial-
       strategy

Analysis of the participant interviews, the researcher's observations and the literature helped inform a framework of recommendations for key agencies involved in disaster response. The recommendations have wide implications particularly for government policy, current practice and training for disaster response, and for marginalised groups.

This first chapter introduces the background to the study, explains the researcher's interest and rationale for the study and overviews the conceptual and methodological framework, as well as the study's aims, sub-aims and research outcomes. It concludes with a chapter by chapter outline of the thesis.

1.1 Background to the Study

1.1.1 Terrorism

Recognised for its potential to frighten, intimidate and cause injury to civilians by targeting the few, terrorism has existed for millennia (Miller, 2004). It is said to have existed as far back as 66-73 AD with reports of assassinations occurring throughout Roman history. During this period, there were many acts in crowded places designed to create fear and political unrest against the Romans (Gearson, 2002). Modern day terrorism utilising suicide attacks is no different as with it comes a degree of what is termed "psychological toxicity" (Dougall, Hayward, & Baum, 2005, p. 28), as the "many are intimidated" by actions such as the Bali attacks in 2001 and 2005, the Madrid train bombings,[4] 9/11 and the Mumbai attacks[5]. These attacks have a commonality in that they targeted, killed and injured many, had few operatives and occurred in random unexpected attacks. In addition the perpetrators all claimed to be members of radical Islamic groups. The attacks resulted in spreading panic and fear amongst the rest of the population.

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[2] IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007) http://www.ifrc.org/en/what-we-do/health/psychosocial-support/reference-centre-for-psychosocial-support/

[3] Australian Psychological Society, Psychosocial Support in Disasters, retrieved from http://www.psid.org.au/response

[4] The Madrid train bombings were a series of coordinated bombings on the morning commuter train system in Madrid, Spain on March 11, 2004, killing 191 people and wounding 1,800.

[5] The 2008 Mumbai attacks were more than ten coordinated shooting and bombing attacks across Mumbai. The attacks spread over three days in November and resulted in the deaths of 173 people and the wounding of 308.

Terrorism has many definitions, with the League of Nations definition describing it as: "criminal acts directed against a state intended or calculated to create a state of terror in the minds of particular persons, group of persons or general public'' (cited in Aly & Green, 2010, p. 268). There are many forms of terrorism including: suicide terrorism, economic terrorism, domestic terrorism, international terrorism and bio terrorism; these are discussed further in chapter 3. As modern terrorism appears to have common aims and many facets it is difficult to define. However three main characteristics have emerged common to all definitions: the intention to cause death or serious injury particularly to non-combatant civilians; damage to infrastructure and property; and a desire to intimidate a government or population (Michael & Scolnick, 2006; Sheppard, 2009). Consideration of the Madrid train bombings, the London underground and bus bombings[6] and the Mumbai attacks, reveals all three of these aims were achieved to great effect. A more comprehensive discussion of terrorism occurs in the literature review in chapter 2.

1.1.1.1   Global Terrorist Attacks

In recent years, terrorist attacks have occurred in numerous countries across the globe. Between the periods 1994-2003, there were 32 terrorist attacks in 39 countries, resulting in 3,299 deaths (Wilson & Thompson, 2005). These attacks appear extremely well planned and are different to previous strategies employed during wars in that non-combatant civilians become a primary target of violence (Winkates, 2006). The most recent historic and significant example was the terrorist attacks in New York and Washington on September 11, 2001 (9/11). In these attacks 19 terrorists hijacked four airliners and deliberately crashed them into the twin towers of the World Trade Centre in New York, the Pentagon in Washington and into a field in Pennsylvania. The September 11 attacks were the largest human made disaster on American soil with approximately 3,000 individuals reported killed and many thousands more injured (DeLisi et al., 2003). The terrorists had deliberately set out to kill themselves and as many other non-combatant civilians as possible.

In the following year 2002, the Indonesian Island of Bali was targeted. At 11.08 pm on Saturday,12th October in Legian Street, Kuta, a popular bar, Paddy's, was targeted

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[6] Coordinated terrorist bombings on the London underground and bus service on July 7, 2005 (also known as (7/7) in which 52 commuters were killed and over 700 wounded.

by a suicide bomber. Tourists and locals rushed outside the bar into the streets to escape the heat, turmoil and panic that resulted in the explosion. At 11.17 pm a larger bomb secreted in a panel van outside the Sari club was detonated. The bombings resulted in a large fire, which engulfed approximately 200 metres of Legian Street. Many tourists and locals in the vicinity of Legian Street and inside the bar and club were killed and injured. The casualties amounted to 202 deceased and 325 injured (Yayasan IDEP, 2003). These attacks are discussed in further detail in chapter 3.

In October 2005, Bali was again targeted by suicide bombers when terrorists exploded two bombs in Kuta and one in Jimbaran Bay, resulting in 23 fatalities (Australia's Emergency Response, 2005). On both occasions, Australian tourists were amongst the fatalities. The bombings were perpetrated by suicide bombers who perfected the technique of infiltrating deep into their enemies' territory without drawing attention to themselves, a technique which allows for low security risks for the terrorist (Ramasubramanian, 2004).

The bombing and subsequent carnage which occurred in 2002 took the communities of Bali and Perth, Western Australia by complete surprise. Previously Bali had a worldwide image of a peaceful, idyllic holiday destination and its population a reputation of being peace loving and extremely friendly. It is a popular place for Perth holiday makers as it is only a two hour flight away and is considered a relatively low cost tourist destination. The effects on the local and international primary level victims who were in the popular Sari nightclub and Paddy's bar when the bombs exploded was extensive, both physically and psychologically. Family friends and community members rallied to help the victims and were themselves not immune to the effects and became second level victims. Many volunteer and professional responders worked tirelessly in the immediate aftermath and for many days to come; they too were impacted by the emotional effects. The narratives gleaned from semi-structured interviews with all levels of victims form the core of this study. Even though six years had elapsed since the attacks, the participants seemed keen and willing to share their experiences. The multilayered effects, distressful reactions, longer lasting anxiety and depression, in addition to the many types of support victims received, are documented within this study and form a unique and useful insight into the tragic events that occurred.

1.1.2.2   Suicide Terrorism

The bombings of 9/11 and Kuta 2002 were perpetrated by suicide bombers. Although relatively small in number, suicide bombings have contributed to the fear and terror individuals and communities feel following terrorist attacks. Suicide attacks account for 48% of the terror attack death statistics worldwide and have been termed the most aggressive form of terrorism (Pape, 2003). They are a difficult concept to understand as according to Pastor (2004, p. 701), suicide terrorism "defies a basic psychological drive – the need for self preservation." Jane's Intelligence Review defined suicide terrorism as "the readiness to sacrifice one's own life in the process of destroying or attempting to destroy a target to advance a political goal" (as cited in Winkates, 2006, p. 89).   Although considered a relatively new tactic in modern terrorism (Khalid & Olsson, 2006; Turco, 2006), suicide missions first occurred during the Beirut conflicts in 1983, and existed during the 11th century in the Nizari state of Persia and Syria, and in the 16th century in the Philippines (Andriolo, 2002). It is therefore clear that throughout the ages terrorists have aimed to spread fear, terrorise, kill and die with their victims**.** Suicide terrorism is further discussed in chapter 2 of this study.

1.2   Aims and Objectives of the Study

1.2.1 Primary Aim

The overarching aim of this qualitative study was to examine the multilayered effects and forms of support received by victims and their family members in the aftermath of the 2002 Bali bombings. The study proposed to achieve this aim by undertaking a qualitative study in Bali, Indonesia and Perth, Western Australia.

1.2.2 The Study Objectives

In order to address the aim of the study, five objectives were identified:

1. To investigate the effects of the bombings at the individual, family, and community level, both immediately following the attacks and in the intervening period (as it was possible some participants would still be experiencing the effects in 2008).

2. To identify and examine the forms of post attack support received by directly affected victims who were in the Sari nightclub and Paddy's bar at the time of the 2002 attack.

3. To identify and examine the forms of post attack support received by family members and friends of the victims.

4. To document perceptions and comments of the Indonesian and Australian emergency response teams and community volunteers who assisted in the aftermath of the crisis.

5. To propose a set of recommendations that may be used by professionals and non-professionals in the aftermath of a terrorist attack, particularly when needing to choose appropriate and culturally relevant interventions.

1.3   The Study Design and Methodological Framework

1.3.1   Qualitative Design

A qualitative case study approach was used in this study, as it was important that participants told their story in their own words and according to their own unique experiences. The aim was not to "test hypothesis" as a quantitative study would do, but to "elicit understanding" (Poggenpoel & Myburgh, 2005, p. 304). The in-depth interview technique employed in a qualitative study "enables, encourages, and promotes each [person] to provide an account of their experiences in their own words, influenced by their own experiences" (Longden, 2001, p. 15). This study utilised a combination of qualitative techniques including in-depth interviews with primary, secondary and third level victims and key informants, analysis of documentary data, written field notes and a reflective diary which enhanced both the richness, rigour and validity of the data obtained.

1.3.2   The Framework used for this Study

Underpinning this research is the premise that in our everyday interactions we try to achieve a state of emotional, physical and social stability. It is this same state of stability which terrorist attacks challenge and disrupt. There is interplay between individuals and communities, in their ability to feel safe and protected and address issues of mental health and psychosocial wellbeing (Inter Agency Standing Committee [IASC], 2006). When disrupted by a complex emergency the

psychosocial wellbeing of victims will be challenged and disrupted. The psychosocial wellbeing of individuals and communities has been defined by the Psychosocial Working Group (PWG) within three core domains, human capacity, social ecology, and cultural and values (Psychosocial Working Group [PWG], 2003).

The PWG was established in 2000 by a group of academics in the UK and Non-government organisations working in post-conflict areas who were committed to improving the response of humanitarian assistance programs to populations affected by disasters and conflict. Their primary aim was to develop the field of psychosocial interventions (PWG, 2003) as they acknowledged the effects of disasters and armed conflicts encompass the physical, psychological and the social. The Psychosocial framework draws on essential resources within three domains: skills and knowledge of the people (Human Capacity Domain); familial, religious and cultural resources (Social Domain); and cultural values, beliefs and practices (Culture and Values Domain)which will be affected in a complex emergency.

This study explores the effects of the Bali bombings and the analysis of the interviews are underpinned by an extension of this conceptual framework where "the nature and impact of the event and circumstances will be unpacked" (Strang & Ager, 2001, p. 4). Despite the fact communities affected by disasters experience acute depletion of resources, there also lie inherent resources within the same domains which can be utilised by communities in response to traumatic events. Within this present study, the original framework produced by the PWG and further extended by Strang and Ager (2003) was modified to help identify specific key themes. The researcher identified data specific to the multilayered effects of the bombing as "disrupted resources" and data which referred to the types of support participants received in the aftermath as "reinforced resources". The use of the modified framework and its application in the analysis of the participant interviews in Bali and Perth, are presented in chapters 6, 7 and 8. The framework has been explained in further detail in chapter 4 of this thesis.

1.3.3   Study Participants

The participants in this study were men and women from both Bali and Perth who were directly or indirectly affected by the bombing.

- The first group were primary level victims who had been present in and around the Sari night club and Paddy's bar at the time of the terrorist attack. All had been psychologically and physically affected to varying degrees by the attack.
- The second group was selected from secondary level victims who were either family members or friends of those who had been killed or injured in the attack and who rallied to support their primary level family member or friend.
- The third group were professionals and/or volunteers who had responded to help the victims of the attack.

As this was a cross-cultural study, interviews with participants took place in Bali and in Perth. Whilst the primary and secondary level participants from Bali had no connections (other than they lived in Bali), the participants in Perth were all connected in some way to the Kingsley football team. Purposely, no one under the age of 18 was interviewed for the study.

1.3.4   The Researcher's background and impetus for the study

The researcher was born in Lisburn, Northern Ireland, which, during the 1960s, experienced widespread civil unrest. Prior to leaving Northern Ireland as a result of the unrest, the researcher can vividly recall feeling sadness and fear when she saw the damage inflicted by bombings in her hometown. During her many return visits to Northern Ireland, the researcher developed firsthand knowledge of the devastation and fear engendered by terrorist attacks. All of the visits took place during the period of what was colloquially termed the "troubles" [7] [8] (Darby, 2003, p. 3). The troubles began in 1963 and lasted until 1998 when the Good Friday agreement, which was signed by all parties, resulted in an ending to the cycle of violent acts and reprisals

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[7] Colloquial term for the prolonged period of sectarian political violence in Northern Ireland between the mainly Protestant Unionists and the Catholic Nationalists and their paramilitary forces - the UVF and IRA.

[8] Colloquial term for the coordinated terrorist attacks on the World Trade Centre and the Pentagon in the United States on September 11, 2001. The event is described in more detail in section 1.1.2.1

(The Good Friday Agreement, 1998). Little did the researcher know that the feeling of fear and sadness would return many times again in her adult life as she saw the carnage that unfolded in the immediate aftermath of 9/11 in the United States and the terrorist bombings in Bali, Indonesia in 2002.

In 1990, the researcher and her family moved to Perth Western Australia. The researcher is a psychologist in private practice in Perth. She offered to help as a volunteer responder when she heard the news that members of a local Australian Rules Football team in Kingsley, Perth had been involved in the 2002 Bali bombing. The researcher's work within the Kingsley football club meant that she had achieved privileged "insider" status within the club community. The researcher viewed this as positive because she was familiar with a number of the participants, their experiences and the football club's response in the aftermath of the bombing. This personal and professional interest led to the researcher's interest in further exploring this topic. The previously established contacts added to the richness of the data collected, however, the need for ensuring continuous rigor within the research process was acknowledged and a range of techniques such as triangulation, an audit trail and reflexivity were employed in an effort to enhance the overall validity and reliability of the study. These are presented in chapter 4.

Since 9/11, terrorism has been viewed as a modern day phenomenon yet terrorism has been in existence since ancient history. An overview of the history of terrorism follows, as it is an important adjunct to our understanding of the concept, motives and rationale of terrorism.

1.4   Brief Overview of the Major Research Findings

The data analysis revealed that the support of the primary level victim's family, friends and communities was crucial in the initial aftermath of the bombings and continued to be important up to the period the interviews took place in 2008. Whilst primary level victims must always be a priority, the study also confirmed that key responders such as Red Cross personnel and members of the medical teams who responded on the night, were almost forgotten when it came to crucial emotional support in the initial stages of the disaster.

The primary level victims in Bali and Perth appeared to experience similar symptoms of emotional distress. A key difference was seen in the widows in Bali who had little financial support and whose status in some cases resulted in a degree of cultural stigmatisation. In addition, the community response in Bali differed to that of Perth. Culturally the mainly Hindu population believed the natural balance of the island (the *Tri Hita Karana*) was disrupted by the bombing and required remedial action as soon as possible to return the island to its natural state. Therefore cleansing ceremonies were held very soon after the event to restore the island to its original balance and to appease the Gods.

Although most people affected appeared to recover to a functioning level physically and psychologically from the bombing, significant symptoms of distress were apparent in a number of participants some six years following the disaster. Detailed strategic planning to support the victims of a complex emergency in the initial stages and for some years after is essential. A coordinated and planned response based on knowledge and evidence gained from previous emergencies and the research literature is crucial. There is no doubt information gained from attacks in other countries would of helped in the response to the bombings in Bali and in Perth.

1.5   Significance and Contributions of the Research

This study has significance for a number of groups. The first and most important group are the primary, secondary and third level victims of terrorist attacks. This study is unique in that the reports of the multilayered effects and support received came from the directly affected victims' and their families' perspectives. The victims were able to share their experiences in their own words with no preconceived ideas or psychological analysis, just the facts revealed and discussed. All primary victims in the study wanted their voices heard without judgment. The second group for whom this study is significant are organisations such as government and non-government agencies who are involved in policy and planning for an effective and appropriate response to terrorist attacks.

The third group who will find the results and proposed recommendations of benefit are professional and volunteer responders. Often their own needs are neglected, in some instances to the ongoing detriment of their physical and psychological health. In any disaster, the needs of primary level victims must always be attended to first. However it is posited that all level of victims, including third level responders, have a right to appropriate levels of support that increases the probability that they will return to at least their previous level of physical and psychological functioning following a disaster.

The fourth group for whom this study is also significant are psychologists, counsellors and general practitioners who will be called upon to respond in a disaster. Recommendations from this study propose that rather than rush in with an urgent desire to diagnose and treat victims, it is important for psychologists and mental health professionals to adopt a ''watch and wait'' approach, as is the requirement to prioritise and monitor vulnerable groups such as women, children, disabled and the elderly who disproportionately endure a greater disaster burden.

Lastly, the study had great significance for the researcher. As a community member with professional skills, she responded to help the victims from the Kingsley football club in the best way that she could. The experience was professionally and personally humbling and she felt privileged to be allowed to listen to the voices of the injured and bereaved in both Bali and in Perth. At a professional level, the researcher believes the experience extended her knowledge and skill base way beyond what she would have encountered in her usual everyday practice. A detailed overview of research significance is discussed in Chapter 9.

1.6   Recommendations from the Research

The following is an overview of recommendations based on the study and subsequent analysis. A more detailed description of recommendations is included in chapter 9.

Recommendations for Immediate Assistance: A watch and wait approach is the approach of choice for mental health professionals as most people will display normal stress reactions to very abnormal events.

Recommendations for Priority and Marginalised Groups: Marginalised groups, such as those with a pre existing mental illness, women, children and the elderly, must be given priority in any response. Priority should also be given to help victims reconnect with their family members as soon as possible after an event.

Recommendations for Training and Disaster Response: The provision of specific disaster first aid courses for interested members of the general public and community organisations. The training of professional responders and local volunteers to include disaster first aid, fire fighting, psychological first aid and personal and victim safety considerations.

Recommendations for Government: Government, non-government agencies and local volunteer responders form joint committees, which meet regularly to formulate a disaster response plan.

Recommendations for Media: Due to the adverse effects of media described by participants in Bali and in the literature post 9/11 (Park, Aldwin, & Fenster, & Snyder, 2008; Propper, Stickgold, Keeley, & Christman, 2007), there is a need for the media code of conduct to be revised by an independent panel. The recommendations from such a revision should be mandated in Indonesia and Australia and any other country considered vulnerable to a terrorist attack.

Recommendations for Policy and Practice: That Information leaflets are produced to help family members and friends support their injured or distressed family member. A help line be set up for information for all and for referral on if required to mental health professionals. Volunteer and professional responders be given follow up and emotional support by mental health professionals in the public and private sector. Self care and self assessment for signs of distress is an essential component of the training of volunteer and professional responders.

1.7   Overview of the Thesis

The design, methodology, development and findings of this research study are presented in nine chapters.

Chapter One has provided the background to the study, the researcher's professional background, a global perspective on terrorist attacks, the aims and objectives, the study design and framework, and a brief overview of the significance and recommendations.

Chapter Two, presents a review of the literature critiquing current knowledge surrounding the key aims of the study. The multi-layers of effects are explored surrounding the different categories of victims. The concepts of post traumatic stress post traumatic growth and resilience are discussed.

Chapter Three, provides a background and historical overview of terrorist acts to establish current knowledge surrounding terrorist attacks across history. The nature of terrorism is reviewed with country case examples. An exploration of the effects and response to the 2002 bombing within Bali and Australia concludes the chapter.

Chapter Four outlines the background and context of the study followed by a description of the research approach, the conceptual framework, research design and ethical considerations. The chapter concludes with a discussion of the stages of data collection and the data analysis.

Chapter Five commences the data analysis which consists of a socio-demographic profile of the participants, which reveals their socio-economic status, living conditions, religion and education.

Chapter Six and Seven commence the data analysis of the semi-structured interviews conducted in Perth and Bali respectively. The disrupted and reinforced resources under the domains of human capacity, social ecology, culture and values are discussed.

Chapter Eight presents the themes that emerged from the volunteer responders and key informant interviews in Bali and Perth. The participant responses to a number of key themes, are highlighted.

Chapter Nine is the final concluding chapter in which the researcher provides a brief overview of this study. A list of recommendations for agencies to consider when strategically planning a response to major disasters are presented. In conclusion the significance and limitations of the study are discussed.

The following chapter, chapter 2, presents the literature review which examines the effects of terrorism and psychosocial interventions following both human made and natural disasters.

CHAPTER 2

Literature Review

Terrorist Acts and their Multilayered Impacts

The core experiences of psychological trauma are disempowerment and disconnection from others. Recovery, therefore, is based upon the empowerment of the survivor and the creation of new connections. Recovery can take place only within the context of relationships, it cannot occur in isolation (Hermann, as cited in Rowe & Liddle, p. 132).

2.0   Introduction to the Chapter

Following a terrorist attack there are many "layers" of effects at the individual and community level. A review of the literature examined current knowledge with respect to the aims of this study and related topics. Specific literature was examined to address and answer the following questions:

1. What are the multi-layered effects of terrorist acts?
2. Who, in addition to directly affected first level victims, are affected by the terrorist act?
3. What non-medical models of interventions are considered appropriate in post terrorist situations?
4. Are there vulnerable groups who may require special attention in a post disaster situation?

To address these questions, this review gathered important information from the literature regarding the effects of terrorist attacks and, to a lesser extent natural disasters, from disciplines such as psychology, nursing, social sciences and medicine. An overview of key information regarding interventions following mass trauma, especially those that move away from the medical model of post disaster support to studies exploring a contemporary psychosocial approach, are grouped and documented. The information is categorised under the following themes: the effects of terrorist attacks; primary, secondary and third level victims of terrorist attacks; post-traumatic stress among victims; effects on primary, secondary and third level

victims; community level effects; interventions using a psychosocial approach to support; vulnerable groups; support, resilience; and post-traumatic growth.

2.1   The Review Method

A review of literature published between June 1993 and March 2010 was undertaken, as there was a worldwide increase in terrorist acts and natural disasters during this period. Correspondingly, terrorist attacks became a focus of renewed research and media interest. The databases used during this literature review were ProQuest, PsychINFO, Science Direct and Informa Healthcare. Other articles and reports were sourced by snowballing from the initial journal articles. The search terms and key words used were terrorism, first responders, resilience, support, and post-traumatic growth, as these topics of continued interest in the literature. The review was limited to articles published in English during the timeframe listed above.

2.2   Background to the Review

The attacks in the US of 9/11 in (2001), the Bali bombings (2002), the Madrid train bombings (2004), the Mumbai attack (2008) and the Israeli and Palestinian conflicts (1948 onwards), are all examples of conflicts in which terrorism has been used to inflict fear and terror at the individual and community level. The United States (US) Department of State collates national and international statistics on terrorism (Johnston, 2008). In 2006, when the most recent collated figures for national and international terrorism were available, there were 4,981 incidents, 9,175 fatalities and 16,006 injuries. Domestic terrorism contributed significantly to those figures. In Israel alone between September 2000 and January 2006, 7,633 victims were injured in terrorist related attacks (Tuchner, Meiner, Parush, & Hartmann-Maeir, 2010).

It is recognised that terrorist attacks have multilayered effects, both at the individual and community level (Spilerman & Stecklov, 2009.). The 2002 Bali bombing, the focus of this study, exposed multi-layers of both effects and victims. Whilst recognising the difficulties individual victims experience as a result of a terrorist attack, research is now moving away from a focus on the negative effects at the individual level, to studies which include an examination of the effects on the many others affected by such events such as family members and friends (Buesnel, 2004;

Stellman et al., 2008; Taylor, 1990).There is also a proliferation of research which examines the post-traumatic growth (PTG) many victims report following a traumatic event (Park & Helgeson, 2006).

Following terrorist attacks the terrorists, their motives and the victims all become a focus of research, as it becomes important to society and to researchers to understand more about terrorism. By conducting studies which focus on the terrorist and the attacks they undertake, more information has emerged specifically focused on terrorists, what motivates them and the effects of their attacks at the individual family and community level. Evidence based research has also uncovered effective support and treatment protocols based around a psychosocial approach for victims of terrorist attacks. The LINC, ARISE (Laundau et al., 2008), Psychological First Aid (Vernberg et al., 2008), HEARTS (Hanscom, 2001) and the Hobfall et al. study (2007) are all approaches which have been informed by the literature and are designed to primarily empower victims, provide them with a place of safety, practical assistance, stabilisation of their distress and the promotion of connectedness and linkage with their family and their communities as soon as possible.

2.3   The Effects of Terrorist Acts

Increasingly, studies view the effects of terrorist attacks and disasters as multilayered and not limited to the physical or psychological**.** It is not uncommon for individual victims to report effects such as insomnia, nightmares, suppressed emotions, the use of drugs and alcohol and feelings of anger (Meisenhelder & Marcum, 2009). Whilst most of the effects reported are now viewed as "normal reactions" to a very abnormal situation (Fetter, 2005; Forbes, Wolfgang, Cooper, & Barton, 2009), the effects are distressing and unpleasant with some victims reporting significant distress some years after the event. Nightmares, for example, are not an unusual response to trauma as they often contain information related to the traumatic experience. Nightmares on their own are difficult enough for the victim to experience, however they can also lead to a spill over effect where sleep disturbances and an increase in depression and anxiety related symptoms are reported which compound the victim's problems (Davis, Byrd, Rhudy, & Wright, 2007). Difficulty in sleeping and unpleasant memories of the event can be termed "transient" symptoms which most

people will recover from over time (Bonanno, Galea, Bucciarelli, & Vlahov, 2007; Yehudi & Hyman, 2005).

Increases in alcohol, drug use and smoking following a terrorist attack have been well documented; for example following the 9/11 attacks people were found to be self medicating as a way of relaxing or being able to cope (DiMaggio, Galea, & Li, 2009; Moore, Cunradi, & Ames, 2004; Vlahov et al., 2006). It is also not unusual for victims caught up in traumatic events to exhibit strong feelings of anger, particularly towards the perpetrators of the attack (Orth, Cahill, Foa, & Maercker, 2008). In a study of coping and emotional reactions in the aftermath of 9/11, anger was the predominant emotion expressed by the recipients (Orth, Cahill, Foa, & Maercker, 2008). Although some studies equate high levels of anger as a symptom of post traumatic stress disorder (PTSD) (Orth et al., 2008) others positively correlate it with emotional growth and positive coping, and view it as a necessary outlet for the victims distress. In other words, they have a positive and "active engagement with a stressor" (Park, Aldwin, Fenster, & Synder, 2008, p. 307).

The effects of terrorist attacks have been a focus of interest in the literature, particularly since 9/11. Previous studies on the effects of human made or natural disasters concentrated mainly on the psychological distress victims' experience (Adams & Boscarino, 2005; Neria et al., 2008). The most popular focus in past research has been on PTSD, which had over 30,000 citations listed in the US National Center for PTSD database in 2006 (National Center for PTSD, 2009). However, this is just one of the many types or layers of effects individuals may present with following a disaster. Following the Bali bombings, the multilayered effects reported by first level victims included feelings of anger, depression and anxiety but also elements of PTG, such as feeling closer to their families, and revaluating what was important to them. This review presents findings from the literature regarding PTSD, PTG and a number of other effects.

2.3.1 Primary, Secondary and Third Level Victims of Terrorist Attacks

When disasters such as the Bali bombings of 2002 and 2005 occur, many people are adversely affected. A review of the literature suggests there are between four and six identified levels of victims (Buesnel, 2004; Taylor, 1990). The majority of studies

refer to three levels of victims namely: primary, secondary, and third level (Alexander, 2005; Rao, 2006b). The victims are classified usually on their proximity to the disaster with primary level victims identified as those who are killed or injured; they are therefore directly involved by being in or around the vicinity of the attack. Secondary level victims are defined as family and friends of primary level victims and third level victims are the volunteer or professional responders who usually assist the first two levels of victims in the aftermath of the attack. There are variations on this approach with primary level victim classification now including those who have suffered significant property damage and secondary level victim classifications that include professional responders such as fire and ambulance personnel and volunteers. The third level victim classification may now include tertiary or vicarious victims of terrorism such as ordinary citizens not directly caught up in the act but who have experienced fear as a result of it (Cohen, 2002).

Other categories of victims in the community who are indirect victims of the attacks have also been identified. This includes office workers and people who live in the area close to the attack. A significant study by Osinubi et al. (2008) following the 9/11 attacks highlighted the traumatising effects on office workers who were not directly involved, in that they neither witnessed the event nor were in the vicinity at the time of the impacts. Two years after the event the 369 workers were assessed using a 170-item likert scale questionnaire. An unexpected finding was reports of high rates of "new onset psychological difficulties" such as "depression, anxiety disorders and panic attacks" (Osinubi et al., 2008, p. 113). It is thought this occurred in part because the office workers were less likely to have access to psychological or counselling programmes than directly affected victims (Osinubi, et al., 2008).

There has been a small increase, in research which focuses on the effects on the volunteers who respond to help in a complex disaster. This has resulted in a growing awareness that being involved in a disaster response as a volunteer or a professional responder can have detrimental effects. A number of studies exploring this topic took place following Hurricane Katrina in 2005[9] (Adams, 2007; Swygard & Stafford,

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[9] Hurricane Katrina was a Severe Category 3 storm which crossed the coast in 2005, flooding 80% of New Orleans and causing severe damage in coastal areas in the Gulf of Mexico states of the USA; approximately 1,800 people died and thousands were left homeless.

2009) and 9/11 (Kinsel & Thomasgard, 2008). Similarly, there was no shortage of participants to study following 9/11 as it has been calculated that 30,000 volunteers responded to help (Brand et al., 2008). An increase in PTSD symptoms has been linked with first time responders who were unlikely to have been previously exposed to the sights and sounds of a disaster type situation (Park et al., 2008).

In the same study there was a suggestion of a protective effect if volunteers had previous exposure to emergency situations and disaster training (Park et al., 2008), although it wasn't clear how much training or how much exposure was required to produce this effect. However, it appeared the risk of PTSD was reduced if some control was exerted to reduce the amount of time first time responders spent in the disaster situation. Adams (2007) challenges this finding in a study which explored the negative effects reported in the aftermath of a disaster situation by trained volunteer responders attached to the Red Cross and other smaller organisations. Members of the Red Cross received training as an important component of their membership and would, if the above study is correct, be expected to have a reduced incidence of PTSD symptoms. However, the study found the training the responders received did not have a significant protective effect.

Apart from spending too much time at a disaster site, factors such as living near a disaster site (as many did in 9/11), or indirect exposure by working with victims and their family members during long shifts are said to contribute to first responders' distress (McCaslin et al., 2005). The effects in the 9/11 responders were compounded by the fact that a significant number were subjected to additional levels of distress as they lived and worked in the area which had been targeted. It is therefore not surprising that they reported high levels of psychological distress (McCaslin et al., 2005). As so many people are identified as victims of attacks, the view that terrorists aim to go beyond the immediate and, as Jenkins (as cited in Howie, 2006, p. 1) suggests, "to want a lot of people watching, not a lot of people dead" is confirmed. In other words, the aim is to promote fear amongst those of the general population not directly injured in the terrorist event.

Conversely, there are other studies that report on the beneficial effects of working in a disaster area. For example, a longitudinal qualitative study of 9/11 volunteers by

Steffen and Fothergill (2009) surveyed participants over two data collection periods and found benefits included: "personal healing, improvements to the volunteers' self concept, and increased engagement in the community in non-disaster times" (p. 29). The benefits were not limited to the time of the attack but were reported some three years after 9/11. Although there is a growing body of research regarding the adverse effects experienced by volunteer responders, it is not extensive. It is likely that certain personalities will benefit from their volunteering experiences, some may be adversely affected and others may report a combination of both. It is an area worthy of further attention by researchers.

2.3.2 Post Traumatic Stress Disorder among Victims

Previous research investigating terrorist attacks has focused on the individual and has shown that many victims experience some form of reaction to the attack. This can range from slight to moderate distress through to symptoms of post traumatic stress (Mansdorf, 2008) which was first categorised in the Diagnostic and Statistical Manual of Mental Health Disorders in 1980. Following the attacks of 9/11, there was an increase in the number of studies that examined the psychological symptoms of post traumatic stress in victims, particularly in the immediate aftermath of a disaster (Boscarino & Adams, 2009; Jayasinghe, Giosan, Evans, Speilman, & Difede, 2008; Tuchner, Meiner, Parush, & Hartman-Maeir, 2008), with the result that clinicians recommended early psychological interventions for almost all persons exposed to a traumatic event.

PTSD occurs when victims have been exposed to a traumatic event in which the person has experienced, witnessed or been confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others. The person's response involves intense fear, helplessness, or horror. In children it may be expressed instead by disorganised or agitated behaviour (Boscarino & Adams, 2009).

In addition, the person will demonstrate symptoms from each of three symptom clusters, such as intrusive recollection, recurrent distressing dreams, psychological distress and physical agitation, avoidant thoughts, avoidant activities, places and

people that are reminders of the event; numbing and chronic hyper arousal. A fifth criterion concerns duration and a sixth assesses functioning. The diagnosis is usually confirmed when it is accompanied by symptoms such as anger, difficulty in falling asleep and difficulty in concentrating, which last for longer than a month. Additionally the person may revisit the event by way of recurrent distressful images, thoughts or perceptions (Agronick, Stueve, Vargo, & O'Donnell, 2007; Friedman, 2009). There is a growing interest in the literature that correlates initial peritraumatic reactions such as fear, helplessness and horror with the eventual development of PTSD symptomology (Lawyer et al., 2006). Research is continuing in this area as it is hoped it will lead to additional information which will enable public information campaigns to target those at most risk following an attack.

To date, an increased risk of PTSD following a man made or natural disaster has been linked to young adolescents who have been exposed to violence in early childhood; women; old age; having a disability; having a mental health problem; being an immigrant; and residing in a developing country (Agronick et al., 2007; Fjord & Manderson, 2009). Other authors, such as Summerfield, view PTSD as socially and politically constructed, especially during the period following the Vietnam War when in his view there was a need to legitimise the veterans' symptoms (Summerfield, 2001).

Though PTSD does occur within affected populations, it is now more likely to be diagnosed when victims are displaying "significant distress and impairment of functioning after a period of four weeks or more after the attack" (Vijaykumar et al., 2006, p. 226). In the initial stages of any disaster, be it man made or natural, the victims' needs will be for medical attention, removal to a safe place for the survivors and injured, and basic food and materials to sustain life. Once that is in place, what follows in the post event stage is important as it can either improve the mental health of the victims or adversely affect it. In research which does recognise the disorder, it has now been suggested that individuals may be more resilient than was perhaps previously thought. Following 9/11, one group of residents in New York initially exhibited moderate distress and only a few PTSD symptoms, which improved quite quickly to mild distress until eventually they were demonstrating no distress or PTSD symptoms (Norris, Tracy, & Galea, 2009). This indicates that initial symptoms

may reduce in some individuals given time. PTSD and its effects in victims is explained further in the following sections.

2.3.3   Effects on Primary Level Victims

In the aftermath of the 2002 Bali bombings, 9/11 and the 2004 tsunami in the Indian Ocean[10] there were numerous victims who required immediate and ongoing support. The effects of such an event at the individual and community level are complex and often multilayered and have already been discussed above. Currently the focus of research in this area is mainly on the psychological effects on the victims as they get unexpectedly disconnected from their normal routine and their "beliefs about themselves and their world is forever altered" (Miller, 2004, p. 2). Following the 9/11 attacks and the Indian Ocean tsunami the psychological impact of the disaster on directly affected primary level victims was examined (DiMaggio et al., 2009; Mitka, 2008); with a particular focus on PTSD and its psychological sequelae which highlighted reported symptoms such as nightmares, sleep disturbance, flashbacks & dissociation (Giosan, Malta, Jayasinghe, Spielman, & Difede, 2008; Pfeffer, Altemus, Heo, & Jiang, 2009).

2.3.4   Effects on Secondary Level Victims

Increasingly, research is being conducted into secondary level victim effects. Secondary level victims can include family members and friends who gave support to primary level family members, and those who were adversely affected by witnessing the attack on television. Family members of primary level victims receive second hand exposure to the events by virtue of having to hear repeated recollections of the events of the attack (Gregerson, 2007; Pulido, 2007; Shalev, Tuval, Frenkiel-Fishman, Hadar, & Eth, 2006). This indirect exposure can result in the same effects previously discussed as occurring in first level victims, namely: reoccurring painful memories, difficulty in falling or staying asleep, fear and nightmares. They may also describe shock, numbness and disbelief, all symptoms which have been listed in previous studies as symptoms of PTSD (Bride, 2007; Muñoz, Crespo, Pérez-Santos, & Vézquez, 2004; Rao, 2006b; Watchorn, 2001).

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[10] The Indian Ocean tsunami, December 26, 2004 resulted in the deaths of over 230,000 people and devastated coastal communities in 14 countries bordering the Indian Ocean.

Other studies consider this suppression of emotions as a useful coping mechanism which is necessary to promote emotional equilibrium at the time (Rosenthal, as cited in Holmes, 2005, p. 434) and allows the victims to cope with the many roles they have to undertake. Traumatic reactions are observed in indirectly exposed family members, friends and colleagues of the casualties, as well as witnesses to the events (Gregerson, 2007; Shalev et al., 2006).

Painful reoccurring memories known as "flashbulb memories" of the event are not an unusual consequence for secondary level victims (Perina, 2002, p. 1). They too are caught up in the events by having a close family member involved and they are often required to play an intense supportive role with that person, despite their own often high levels of distress. Some researchers are of the opinion that after a year the memories of the event will alter as the emotional reactions to the event are remembered less well than the "where I was when I found out" non-emotional memories (Hirst et al., 2009, p. 163). Emotional numbing and derealisation are symptoms similar to those reported by secondary level victims (Vijaykumar et al., 2006). All are likely to be viewed as normal reactions to a very difficult situation and, despite the difficulties, most people will not be expected to demonstrate any long lasting psychopathology after a traumatic event (Galea et al., 2007; Ruzek et al., 2007).

2.3.5 Effects on Third Level Victims

A recognised gap in previous research has led to new studies which have identified a third level of victims such as recovery and clean up workers (Stellman et al., 2008) and professional and volunteer responders (Perrin et al., 2007). These third level victims are increasingly becoming a focus of research as it is recognised that the difficult tasks they undertake have a detrimental effect on their psychological health. In the aftermath of a terrorist attacks many people are, as a result of their professions, required to attend the scene; these include police officers, ambulance drivers, doctors and nurses, or firemen. Others, such as volunteers who were close by, rush to the scene to help in the rescue efforts. Consequently, the effects on these third level victims are continuing to be a focus of research with a plethora of studies still

emerging from the 9/11 attacks. The events of 9/11 exposed many recovery workers and volunteers to distressing scenes of thousands of deceased victims and body parts.

The PTSD symptoms noted in these workers was said to be comparable to those of returning combatants from the war in Afghanistan and in some victims was still present some five years after the event (Stellman et al., 2008). It has also been noted that the nature of the tasks workers undertook seemed to influence the prevalence of PTSD symptoms. For example, workers who had to hand dig for the many victims and body parts buried in the rubble of demolished buildings demonstrated a higher level of PTSD symptoms than other on site workers such as the security police or rubbish removalists (Stellman et al., 2008).

The first two levels of victims discussed often need support from mental health professionals such as psychologists, mental health nurses and social workers. The support professionals give in disaster situations is often intense and difficult for the mental health practitioner to hear. Post disaster support is not usually a feature of their training. As a result, most would be relying on their professional instincts to support the victims in the best way they could. Even when post disaster support is a feature of training or the health professional has experience in dealing with the clients who have been involved in a terrorist attack, the professional can incur a degree of distress on a personal level. For example, in Israel, where numerous terrorist attacks occur, PTSD and emotional distress have been noted in social workers who treat the victims (Dekel, Hantman, Ginsburg, & Solomon, 2006).

Similarly, social workers in New York reported secondary traumatic stress symptoms after 9/11 (Pulido, 2007). What made 9/11 support work unique is that many of the mental health professionals had been caught up in the disaster themselves as they witnessed the attacks or lived nearby. Many reported they held their own emotions in check in order to support their clients, which is similar to the effects noted in secondary level victims who are required to intensively support their family members. In some professionals symptoms similar to those demonstrated by their clients appeared two or three years after 9/11 (Pulido, 2007).

The title 'third level victim' has also been given to those who live close to the scene of a disaster or who watched traumatic scenes unfold on the television. Living close to the scene of a disaster can be enough to trigger PTSD type symptoms, in some instances three to four times higher than in the general population (Mitka, 2008). Nearby residents in New York and Bali were exposed to the sights, sounds and smell of the disaster in the nearby streets and skyline for days after the attack. Even watching traumatic scenes on the television has been said to contribute to PTSD symptoms in some viewers (Crystal et al., 2008; Propper et al., 2007), as the media (and particularly television) plays a role in disseminating the distressing scenes to our living room. It is important to note that not all the effects of terrorist attacks are deemed negative by the victims. Many report positive emotional growth after the attacks, particularly in relation to closer relationships with their family and friends and a new and positive perspective on life (Walsh, 2007) and embrace new tasks and experiences (Bonanno et al., 2007).

2.3.6 Community Level Effects

The word trauma is used extensively to portray the experience individuals describe when involved in any type of disaster. As discussed previously, research would often concentrate on the effects of a disaster at the individual level and trauma was often seen as an unavoidable psychological problem that most victims would experience. Recent researchers such as Saul and Bava (2008) have moved away from this medical model of trauma at the individual level and have recommended it be viewed as a wider concept which affects not only individuals but families, communities and larger populations and is termed mass trauma. Wieling and Mittal (2008) support this notion and suggest that there is a gap in the literature regarding the effects of mass trauma at the family and community level and that there is even less data on evidence-based interventions to support such victims.

From a trauma perspective, wars in regions such as Afghanistan, Sri Lanka and Bosnia Herzegovina produce mass trauma situations where the effects are not only experienced at the individual level, but there is a degree of collective mass trauma experienced by the families and people who live in the communities and surrounding districts. A recent study by Catani, Schauer, and Neuner (2008) examined the consequences of mass trauma in Afghanistan and Sri Lanka, both countries which

have endured the consequences of mass trauma and war for long periods of time. The study highlighted that a high level of children exposed to war in countries such as these not only had to endure the effects of mass trauma, but were also exposed to high levels of family violence. These findings have implications for interventions in resource poor countries where the population are exposed to war or natural disasters over a long period of time. The suggestion is that interventions need to be tailored to the needs of the wider community and children in a family centred and culturally appropriate way.

In addition to the study discussed above, a review by Gerwitz, Forgatch, and Wieling (2008) into the mediating effects of parental influences on the effects of trauma in children has been undertaken. This review cites studies undertaken in mass trauma war zones around the world such as Cambodia and Israel where a positive correlation has been found between the mother's level of psychological distress and the extent of the children's PTSD symptoms, recovery and adjustment. It is suggested that interventions which help parents provide a stable structured environment for their children and which encourage "security and emotional warmth" will help promote resilience in children exposed to traumatic events (Gerwitz et al., 2008, p. 186).

However these authors consider that the research on this topic has "languished", with few studies conducted on the correlation between parenting practices and children's adjustment to a major traumatic event. To ameliorate this situation they suggest there is a need for further research which investigates the efficacy of preventative interventions with parents in the aftermath of a mass trauma situation. A psychosocial approach to interventions that views families, households and communities is likely to fulfil these criteria. The following section examines disaster interventions based on a psychosocial approach to assisting victims.

2.4   Interventions using a Psychosocial Approach to Support Victims

This section firstly describes the framework for psychosocial intervention putforward by the Psychosocial Working Group (PWG). It is this framework that underpins the analysis of the data gathered in this study. A psychosocial approach to support has been recognised as the approach of choice by organisations such as the Red Cross as

far back as 1993 when they established a psychosocial support centre (IFRC-Psychosocial Support Centre). The Red Cross have also incorporated the approach into their training packages for emergency personnel (Hansen, n.d.). It has also contributed to a joint agency framework of education and training materials aimed at community and health professionals in all states of Australia, who may become involved in a disaster response (Australian Red Cross, 2009). The PWG have produced a number of papers which contribute to the application of psychosocial work in various settings such as East Timor, (Loughry & Kostelny, 2002), Afghanistan, (Loughry, MacMullin, & Eyber, 2005), and Mozambique (Boothby, Crawford & Halperin, 2005).

Within this review four examples of effective evidence based psychosocial interventions are discussed as well as a less favoured approach Critical Incident Stress Debriefing (CISD). Finally a brief discussion of therapeutic approaches is presented. The review then goes on to explore four examples of recognised psychosocial interventions as well as a less favoured approach, Critical Incident Stress
Debriefing (CISD). Finally a brief discussion of therapeutic approaches is presented.

2.4.1 A Framework for Psychosocial Interventions

The psychosocial aspects of any form of disaster are numerous and go beyond the terrible tally of deaths, injuries and damage to the infrastructure of a community. An increase in the rates of depression, anxiety, substance abuse, risky sexual behaviour, child abuse, rapes and family violence are all potential underlying effects within a family unit following a mass trauma event (Landau et al., 2008). For an intervention programme to be effective it is important that strategies are tailored to meet the specific needs of the population. The PWG framework for interventions, which underpins the present study, is one such approach which, if applied, ensures the needs of an affected population can be comprehensively assessed and an appropriate response framework produced. The PWG Psychosocial framework adopts a wide approach to explain the term 'psychosocial wellbeing (PWB)' and suggests it encompasses the "social, cultural and psychological influences on well being" (PWG, 2003, p. 1) and makes several useful suggestions which aim to promote interaction

between the affected community and the external support agency (Strang & Ager, 2003).

Fundamentally, the PWG Psychosocial framework emphasises the need to ensure that the family and community are "brought into the picture" when assessing needs. They postulate that the PWB of an individual is influenced by several key factors and stress the importance of viewing it as part of a wider "social unit" of families, households and communities. The three key factors or domains considered within the framework are human capacity, social ecology and culture and values (these are fully explored in Chapter 4). These three key areas are deemed to be interrelated within the framework, and therefore changes such as disaster effects in one area will have a knock-on effect to another area, and ultimately to the overall wellbeing of people. In addition the PWG views individuals and communities in complex emergencies as active contributors to their own recovery, with the response viewed as an indicator of the community's resilience (PWG, 2003).

It has been noted that in disasters such as 9/11, the Indian Ocean tsunami and the Bali bombing, the response by individuals and communities to help themselves was extensive and evident directly after the event. The PWG suggests that for an intervention programme to be effective it must aim to build the capacity of a community within these three key factors through an effective appraisal process. Such an appraisal process should take into account the resources already within a community and must occur within a process where the external support community "collaborates and negotiates" with the affected community, particularly in a developing country. Without this process the PWG suggests that interventions will be "inappropriate and fail" (p. 2). The three key factors which form the PWB of an individual were used in this study in chapters 6 and 7 to organise and examine the multilayered effects of the Bali bombing and the supportive response victims received.

2.4.2 Psychosocial Interventions following Mass Trauma

As Saul and Baya state, "collective trauma requires a collective response" (2008, p. 5). Any evidence-based supportive intervention to address the issues people may

present with following a terrorist attack will require an approach that helps empower the victims and extends the support systems that naturally occur within communities. By helping victims reconnect with their family, their communities and their culture, there is an easily accessible store of pre-existing resources which help promote victims' resilience.

2.4.2.1 The LINC (Linking Human Systems) community resilience model

Landau et al. (2008) highlight additional benefits, not often considered in the literature, in that reconnecting victims can help mediate against the health dangers which can be triggered by mass disasters, such as heart attacks, depression, and cardiac arrhythmias. Central to this study was the exploration of an evidence based intervention programme termed the LINC approach. In the LINC Model individuals, families, and communities respond to, and recover from trauma, becoming stronger in the process. The Model helps individuals and families regain self-sufficiency rather than remain dependent on social or governmental resources. It is based on Transitional Family Therapy which is also an evidence based best practice model.

Overall it is a systems approach designed to particularly enhance a communities resilience following a major event by mobilising support systems, enabling and providing access to resources, and strengthening community and cultural ties (Landau, 2010,p.516). It is a 3-stage model which firstly engages in community meetings, assessing, mapping and respectfully gaining permission for the professional to be involved in the groups. Workgroups with specific tasks arise from this stage of the model. In Phase Two weekly and monthly meetings of the groups meet with the professional acting as a resource and observer. The third phase creates and eventually evaluates a program of community support deemed by the group as a necessary response to a crisis. This model encourages communities to tap into prexisting resources to enable them to effectively respond to threats such as a human made or natural disaster (Landau, 2010, p.517).

The professional's involvement is purely to provide the link members with coaching training, advice and support (Landau et al., 2008) and to eventually withdraw.

(Landau &Mc Kensie -Weaver,2006,p.12). It is a useful approach particularly when a psychosocial approach to interventions is intended and is of particular of benefit in developing countries when interventions by perceived outsiders might not be culturally or socially acceptable. The approach is similar to that of the PWG and is based on the premise that communities have historical and cultural knowledge that can be utilised to help build group resilience. The LINC approach is cost-effective and primarily involves the recruitment and coaching of an individual or subset of community members who act as "natural agents for change" (Landau et al. 2008, p. 197).

This family or community member is a useful link between professionals and victims, particularly in developing countries were interventions by perceived outsiders might not be culturally or socially acceptable, and is based on the premise that communities have historical and cultural knowledge that will also help build group resilience. The professional's involvement is purely to meet with the family link member and to offer them training, advice and support (Landau et al., 2008). Community programmes based around the LINC approach have been used in various settings such as Argentina, where it was used to reduce the high incidence of violent crime, addictions, and H.I.V./AIDS. It has also been used in Romania where it was used to bring two disparate communities together to help reduce the incidence of serious accidents happening to children and the high crime rate (Laudau, 2010,p.522).

2.4.2.2   Psychological First Aid

To facilitate recovery from disaster, the use of Psychological First Aid (PFA) is often promoted for use by disaster mental health responders and counsellors. This approach is said to have been "informed by the current literature, is applicable in field settings for children and adults and is sensitive to the cultural needs of victims" in a large disaster response (Ruzek et al., 2007, p. 18). It is an approach which has been utilised widely by agencies such as the Red Cross in response to disasters. For example in Australia the agency has co produced online P.F.A literature for first responders, professionals and families who may be involved in a disaster response (Australian Red Cross, 2009). In America on line leaflets for parents, teachers and students was made available in response to hurricane Gustav in 2008, (American Red

Cross, 2008. In addition the International Federation of the Red Cross (IFRC) helped formulate a comprehensive and useful guide to PFA for low and middle income countries (WTF/WVI, 2009). The PFA approach consists of eight strategies designed for use in the immediate aftermath of a disaster. They are:

- Contact and Engagement;
- Safety and Comfort;
- Stabilisation;
- Information Gathering;
- Practical Assistance;
- Connection with Social Supports;
- Information on Coping Support; and
- Linkage with Collaborative Settings.

This approach is said to help reduce the stressful emotions that occur as a response to being involved in a disaster situation such as confusion, fear, helplessness, anxiety and anger (National Child Traumatic Stress Network and National Center for PTSD, 2005). A study by Hobfoll et al. (2007) examined five intervention principles to guide intervention strategies in the initial and midterm stages of a post disaster response at the individual and community level. The principles aim to promote a sense of safety, calming, self and collective efficacy, connectedness and hope. The authors particularly emphasise the need to pilot test the suggestions and for their utilisation in strategic planning for future disaster response. They also caution on the need to not overstate the efficacy of interventions based on these strategies without clinical trials and further analysis. They quite rightly suggest that it is likely there is not "a one size fits all strategy that works" due to the complexities inherent to all disaster situations (Hobfall et al., 2007).

2.4.2.3 ARISE (A Relational Sequence of Engagement)

An extension of the LINC approach described above is "A Relational Intervention Sequence of Engagement" (ARISE) approach proposed by Landau et al., (2008, p. 200). The ARISE approach extends to families who have a member engaged in self-destructing or addictive behaviour which can potentially occur in young victims following a disaster as they struggle to cope with what has happened. The behaviours can either be part of a pre-existing condition which is exacerbated by their

experiences or a new behaviour. Again, in this treatment protocol, a family member is deemed an important part of the support team. Family members are recruited, trained and supported by a professional from the ARISE team. This family member supports the family member in need by utilising natural systems of support within the family unit or extended family system (Landau et al., 2008).

Underpinning the approach is that the individual with addiction problems are encouraged to change their behaviours with the collective support of their family network or friends over a period of at least 6 months. These evidence based models demonstrate the power within a family unit to facilitate change and act as an efficient cost effective resource for communities and professionals to utilise when responding to a mass trauma situation, particularly in a developing country. The studies that support the approach demonstrate the family unit as a useful resource for professionals to utilise when responding to a mass trauma situation, particularly in a developing country.

2.4.2.4 Critical Incident Stress Debriefing (CISD)

A number of contemporary studies concur that most people exposed to terrorist attacks and displaying symptoms of distress will eventually recover and not require clinical interventions (Mansdorf, 2008: Rajkumar, Premkumar, & Tharyan, 2008). In the past it was thought there was a need to offer interventions for all victims exposed to a disaster in the form of psychological debriefing. However, this intervention technique is now disputed, and criticism of the use of the popular seven stage group intervention strategy of critical incident stress debriefing (CISD) for victims who had experienced a traumatic event abounds (Philips, 2009; Sumathipala & Siribaddana 2005). A recent review of disaster recovery literature by Winkworth (2007) documented several studies that argued CISD is an ineffective technique which can actually have an adverse effect on some victims. Instead, strategy based models as described above help "normalise" distressful symptoms as an "understandable reaction to an abnormal event" and encourage reconnection to family and social networks (Philips, 2009, p. 86). Yet supporters of CISD suggest that critics of the approach have misunderstood the model and appraisals have taken place with inaccurate examples of the approach (Everly & Mitchell, n.d.).

It would seem that the approaches reviewed advocate for a comprehensive and holistic approach which involves family members, professionals and the community in a collaborative approach to intervention which has moved away from the medical model of preferred interventions. In any mass trauma situation there will many victims who will need some form of support, particularly in the initial stages. Hobfoll et al., (2007) suggest that the level of intervention required in mass trauma situations will quickly "outstrip" what the individual therapists can offer and advocate for community members or "gatekeepers such as mayors, military commanders, school teachers and lay members of the community" to be involved in the response (p. 301). This argument informs in part a number of the recommendations listed in chapter 9 of this study.

2.4.2.5   HEARTS Treatment Model: History, Emotions, Asking, Reason, and Teaching

Hanscom suggested a treatment model for victims exposed to terrorist attacks which he termed "'HEARTS" (Hanscom, 2001). The treatment model was based on his experiences working with adults exposed to torture. HEARTS is an acronym as follows:

- **H** is for listening to the **H**istory in, amongst others, a gentle supportive environment and listening compassionately;

- **E** is for focusing on **E**motions and reactions. This involves using good techniques such as reflective listening, asking gentle questions and naming the emotions;

- **A** is for **A**sking about symptoms with the therapist using his or her own style to investigate current levels of physical and psychological symptoms and suicidality;

- **R** is for explaining the **R**eason for the symptoms. This is explaining the body's reactions to trauma and an emphasis on "normal reactions and symptoms to a very abnormal event"; and

- **T** is for **T**eaching relaxation and coping skills such as abdominal breathing and meditation.

The LINC, ARISE (Landau et al., 2008), Psychological First Aid, (Vernberg et al., 2008), HEARTS (Hanscom, 2001) and Hobfall et al. study (2007) are all approaches which have been informed by the literature and have moved away from the Critical Incident Stress Debriefing techniques previously favoured. What binds all of these suggestions and interventions together is the focus on an advanced emphatic alliance and empowerment of the victims.

2.4.2.6 Therapeutic Approach

To accompany the psychosocial approach to support, therapists in trauma recovery move from a pathology focus (where it is assumed individuals post disaster are likely to present with PTSD) to one where the professional utilises approaches which promote the capacity most individuals have for "healing and resilience" (Walsh, 2007, p. 208). To assist this process following a terrorist attack it is useful if the therapist undertakes an approach which fosters "compassionate witnessing" (Weingarten, 2006, p. 16). Compassionate witnessing involves the therapist fostering a gentle, supportive therapeutic alliance where the therapist recognises the loss and pain the victims experience, but also supports and recognises the victim's strengths and the support mechanisms which are available to them in their family and communities.

It is a collaborative, respectful approach which, if used in the early stages following a traumatic event, will reduce the likelihood of developing PTSD symptoms (Foa et al., 2005). In the case of Bali, many of the first responders were non-medically trained personnel. This occurs in most disaster situations with family, friends, social services and voluntary agencies often being the first point of contact for victims (Bisson & Cohen, 2006). Early social and practical support and the encouragement and facilitation of reconnections with family and friends, within an empathetic and informal environment, are now recognised as the mainstay of the initial response to any major traumatic experience (Bisson & Cohen, 2006).

2.5 Vulnerable Groups

Marginalised groups of people occur within most communities and often endure difficulties such as social isolation and economic hardship. Terrorist attacks are designed to induce fear and cause death or injury to as many people as possible.

Apart from the difficulties they already experience in the community, the disaster burden following such an attack falls disproportionally on marginalised groups (Eisenman et al., 2009). Old age, having a disability, being a teenager, being female, having a mental health problem, being an immigrant or residing in a developing country are all recognised risk factors for being disproportionally affected by disasters (Fjord & Manderson, 2009). The effects on women, older adults and victims with a mental health problem are discussed in the following sections.

2.5.1 Women & Older Adults

Ginige, Amaratunga and Haigh (2009) argue that women are disproportionately affected by disasters in that they are "more vulnerable and the most affected by disasters" (p.23). It is thought this occurs as a direct result of women having less access to resources, and because of their role in fulfilling household duties and providing care for children and elderly relatives (Ginige, Amaratunga, & Haigh, 2009). These direct care roles increase as the women have to respond to the situational crisis within their household. This in turn leads them to more economic hardship within the household particularly in developing countries as the opportunity for formal and informal employment is often lost (The World Bank,n.d.). Women are also disproportionally affected as they experience more mental health problems and mental health conditions (Women's Health Issues,2009,p. 7) which in many instances will be exacerbated by the disaster.

Older adults are also disproportionally affected by disasters of any type. For example, in relation to Hurricane Katrina, a recent study outlined that older adults constituted less than 15 % of the population and yet made up 75% of the deceased (Dyer, Regev, Burnett, Festa, & Cloyd, 2008). Older adults were disproportionally affected was the 9/11 attacks, in which there were a large number of older adults living close to the World Trade Centre who were traumatised by the events (Jellinek & Willig, 2007). The practical and emotional support of older adults was relatively easy only if they were residents of an aged care facility. If they resided in the community in their own homes there were deficits in the distribution of care in the form of basic needs for survival. The older adults were without food, water and essentials for days as care aides were unable to reach them due to damaged

infrastructure and security clamp downs. Additionally, deficits in care were seen in those older adults who were unknown to agencies (Jellinek & Willig, 2008).

Wisner comments that marginalisation of vulnerable groups is not just confined to a disaster situation as they experience high levels of harm every day which disasters then exacerbate (Wisner, as cited in Fjord & Manderson, 2009, p. 65). Several studies highlight not only the vulnerability of older adults in manmade and natural disasters, but also the significant deficits in disaster response. It is clear that in any type of disaster older adults and other marginalised groups need to be given priority in the various stages of response and are listed as a priority in strategic disaster plans. As there is a paucity of studies which examine the effects of disaster on vulnerable groups there is a need for further research in this area.

2.5.2 Victims with Mental Health Problems

Most people with a mental health problem can "benefit from an environment which supports routine, structure, availability of up to date medications and ready access to their mental health professionals" (Milligan & McGuinness, 2009, p. 23). It is therefore likely that, given the effects of terrorist attacks and natural disasters, there will be a disruption to most, if not all, of the above stabilising factors. Consequently there is considerable likelihood that victims with previously diagnosed mental health problems will experience an exacerbation of their pre-existing symptoms and illness (Milligan & McGuinness, 2009). Even in victims with no previous history of mental health problems, most individuals will experience some form of distress, so it follows that those with a pre-existing diagnosed mental health problem are more vulnerable in any disaster situation.

Following the Indian Ocean tsunami, the most vulnerable groups were widows, orphans, the aged, disabled and those subjected to discrimination by caste (Sekar, Pan, Biswas, Bhadra, Jayakumar & Kumar, 2005, p.14; Sekar, Aravindaraj, Roncalli Manoj & Kumar, 2008, p.5). Therefore, it is likely that in resource poor countries, individuals with a diagnosed mental health problem would be particularly vulnerable post attack due to their poor socio-economic circumstances and their minority group status. As well as being particularly vulnerable to an exacerbation of their existing

mental health difficulties, people with a chronic and severe mental illness (SMI) have been shown to have an increased risk of developing PTSD, some 20 to 30 times more than in those of population not experiencing SMI.

Natural or human made disasters have been positively connected with either the development of PTSD in victims with pre existing SMI, or in exacerbating their symptoms of SMI or pre existing PTSD symptoms (Milligan & McGuinness, 2009). Given these facts and the distress which victims experience post attack, it follows that in a post disaster situation there will be an increase in the uptake and need for psychological services. In Hurricane Katrina for example, the number of people who presented with a SMI doubled from 6.15% pre Katrina to 11.3 % following the disaster (Calderron-Abbo, 2008). This one disaster particularly highlighted the lack of mental health professionals available to meet the needs of a large group of victims and informed the basis of a recommendation in Chapter 9 of this study.

Surprisingly, wars, natural disasters and terrorist attacks have also been shown to be a catalyst for change in mental health services people with SMI access. As discussed, people with mental health problems are a marginalised and vulnerable group in most societies and they are likely to undergo an exacerbation of symptoms in complex emergencies. In Aceh, Pakistan and Ethiopia, patients presenting with severe mental health disorders outnumbered those with stress related symptoms (Jones, Asare, Mohanraj, Sherief, & Van Ommeren, 2009). Prior to the disaster, access to mental health services in all these regions was limited.

However, in response to the disaster, agencies such as International Medical Corp and the Red Cross entered the area and as a result there was corresponding increase in access to services. An example given by these authors was of a young man in a refugee camp in Darfur who had severe mental health issues and whose family chained him to a tree in the belief it would protect him and those around him, from his aggressive psychotic outbursts. The family had fled the conflict zone and brought the young man with them to the camp to seek refuge from the conflict. With appropriate assessment, medication and support from the agencies and his family, the young man's condition improved significantly. This supports the hypothesis that if interventions are readily available and are geared to meet the needs of vulnerable

groups, such as those who are separated from their families or children who have lost their parents, progress from the extreme reactions of trauma can be achieved.

Being an older citizen, (Eisenman et al., 2009) having mental health problems (Milligan & McGuinness, 2009) and living in a resource poor country (Cantani et al., 2008) are all factors that predispose these marginalised groups of people to a disproportionate level of the disaster burden (Eisenman et al., 2009) and are important considerations for future research, as well as in a disaster response situation.

2.6   Support, Resilience and Post Traumatic Growth

2.6.1 Support

In the past most of the interventions for victims who had experienced terrorist attacks were focused on mental health issues such as reducing the symptoms of PTSD. That is now changing as the world adjusts to the increase in terrorist attacks and the recognition that the effects are multilayered at the individual and community level and go beyond the purely psychological. It follows therefore that the support offered to victims must be multilayered to maximise its efficacy. This was recognised in the literature some time before the more recent attacks such as 9/11, the Bali bombings and the Madrid train attacks. In 1998, Ayalon suggested that the healing of trauma cannot occur by an individual alone but that it "must take place in all of life's dimensions: family, peer group, community, society and culture" (Ayalon, 1998, p. 224). A more recent extension of this is seen in the paper by Walsh (2007) in which he states "a multi-systemic resilience orientated approach recognises the widespread impact of major trauma, situates the distress in the extreme experience, attends to the ripple effects through relational networks and aims to strengthen family and community resources for optimal recovery" (p. 207).

Stress theory and the concept of resource loss assists in the understanding of symptom severity in the aftermath of any type of disaster. The theory originates from Hobfall's theory of conservation of resources (Hobfall, 1989, p. 517). Within this concept is the premise that individuals strive to acquire and at all times safeguard those things that they value. When terrorist attacks occur, personal and important resources such as housing, optimism, safety, money and companionship are

threatened. Such loss of resources has been correlated with high symptom severity (Norris, et al., 2002).

It is now suggested that many individuals in the initial period following a terrorist attack or natural disaster will display symptoms of acute distress such as emotional numbing, acute anxiety, de-realisation and re-experiencing the event (Vijaykumar, Thara, John, & Chellappa, 2006). All these symptoms are now likely to be viewed, in the main, as a temporary normal response to a very difficult and abnormal situation, which has led to a sidelining of the medical model of health in which stress reactions are pathologised and labelled as PTSD (Becker, 2009). In reality, considering the vast number of people exposed in terrorist attacks such as occurred in 9/11, the rates of PTSD are significantly less than expected (Norris et al., 2009).

There is a lack of available research documenting the use of a psychosocial approach in post terrorist attack settings. Research in countries such as India and Sri Lanka following the Indian Ocean tsunami has revealed that most of the victims' symptoms in the initial post event period will abate, providing the victims receive effective social support from family, friends and their community. Social support is important, as in the aftermath of any type of disaster most survivors will "feel lonely, isolated and afraid" (Rao 2006b, p. 505), and will need the comfort, support and reassurance of others (McGeorge, Samter, Feng, Gillihan, & Graves, 2005; Vijaykumar et al., 2006; Walsh, 2007).

In India following the tsunami community self help groups, relaxation exercises, and the use of cultural metaphors helped victims to come to terms with their experience (Becker, 2009, Bonanno et al., 2007). The World Health Organisation in recognition of the effectiveness of this approach produced a framework for W.H.O. mental health and psychosocial assistance in the tsunami affected areas (W.H.O., 2005). The beneficial effects of a psychosocial approach which included community support was also reported in an Israeli study which argued that Israeli youth were protected from the adverse effects of the many rocket attacks they were exposed to in their schools by the social support they received from family, friends and schools (Henrich & Shahar, 2008).

In a move away from the medical approach to trauma, a psychosocial approach is now seen as a way forward to help meet the multiplicity of victims' needs. This approach is broad reaching and views the victims within a family and community context and builds on existing capacities at the individual and community level. It is a holistic approach which views health and well being as encompassing social, cultural and psychological wellbeing (PWG, 2003). As explained previously in this chapter, and expanded further in chapter 4 of this study, psychosocial wellbeing is defined within three core domains which promote social connection and support, physical and mental health, skills and knowledge (PWG, 2003). A psychosocial approach to the support victims recognises that these three domains will be adversely affected, and emphasises the need to empower people and build on their existing capacities within these domains (Rao, 2006a).

Interventions may not be required for all of the people caught up in terrorist attacks. Many victims do not take up the offers of post attack professional support and, in the main, they do not demonstrate any increase in pathology (Mansdorf, 2008). It appears the instinctive nature of people is to survive and to cope with extreme duress; in essence their resilience has generally been underestimated (Carballo, Heal & Horbaty, 2006, p. 223). This is a frequent area of study in contemporary research, particularly as resilience appears to be an important factor in recovery from disaster.

2.6.2 Resilience

There are a number of definitions of resilience in the literature. One such definition is that of Atkinson, Martin, and Rankin (2009) who defined it as: "the ability to return to the original form and to recover readily from the extremes of trauma, deprivation threat or stress" (p. 137). Others define it as "the ability of adults who are exposed to an isolated and potentially highly disrupted event, such as the death of a relative or a violent or life threatening event, to maintain relatively stable healthy levels of psychological functioning" (Bonanno, 2004, p. 20). Rutter (2007, p. 208) suggests resilience is the phenomenon observed when individuals have "relatively good outcomes despite exposure to adverse life experiences". What binds these definitions together is that they suggest there is an element of recovery of the individual from difficult events. Others agree with Rutter but add that stoicism alone is not sufficient

evidence and suggest that "positive growth" following an adverse event must be present as well (Atkinson et al., 2009, p. 139).

Examples of community resilience and positive growth were witnessed many times in the response to the events of 9/11 and the 1995 Oklahoma bombing[11]. Post 9/11 volunteers came forward in their thousands to help, numerous remembrance ceremonies were organised, volunteers helped in the cleanup of neighbourhoods and many self help support and advocacy groups sprang up (Walsh, 2007). It was an excellent example of communities banding together with "learned resourcefulness rather than helplessness" (Walsh, 2007, p. 222). The irony is that the very nature of the attack that caused the difficulties was the catalyst to motivate people to help each other. It also ties in with the great need that victims have for social connectedness in the aftermath of disasters, as well as the need to do something to help others (Walsh, 2007).

Bonanno, Galea, Bucciarelli, and Vlahov (2007) widen the debate surrounding an explanation of resilience to include what they believe are protective factors that may promote resilience at the individual level such as steady income level, good social supports and lack of chronic disease. This leads to an interesting area where research and interventions may now be targeted to identify those most at risk due to these socio-contextual factors and can be aimed at promoting resilience and capacity building within individuals and communities (Bonanno et al., 2007). The work of the PWG suggests that resilience is the extent to which communities demonstrate their ability to "draw on their own resources" and "meet their own needs" following complex emergencies such as a terrorist attack (PWG, 2003, p. 2).

There is a lack of literature, which explores resilience in differing cultures, despite the suggestion that there are variations between cultures (Rajkumar et al., 2008). In their study of a fishing community in Tamil Nadu, India in the aftermath of the Indian Ocean tsunami, participants demonstrated many individual coping strategies which included: "an individual fatalistic attitude, a collective community approach to

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[11] The 1995 Oklahoma City bombing was carried out by an American militia sympathiser on a Federal building. The bomb was located in a car parked outside the building, destroying the building (and damaging or destroying many others) and resulted in the deaths of 168 people and injured more than 680. Prior to 9/11, it was the most destructive terrorist act on US soil.

their sorrow, plus the adoption of social and spiritual barricades against the ensuing chaos and despair" (p. 851). All are factors observed in many of the Balinese participants in this present study. The villagers in Tamil Nadu appeared to demonstrate what we already know from the literature, that strong connectedness with others and being able to seek reassurance and safety are all variables which can help increase resilience (Walsh, 2007). Saul and Bava's (2008) study suggests that interventions which help victims reconnect with their families, communities and culture will help promote the victims' resilience. Thankfully most empirically based interventions now advocate for a psychosocial approach to the support of the victims. These are all important factors for consideration by outside support agencies and health professionals, particularly when responding to a disaster in a non western setting.

2.6.3 Post Traumatic Growth

Most victims exposed to a disaster or other extremely traumatic event will experience some signs of acute stress (Walsh, 2007). The effects of human made and natural disasters are widely felt from the individual directly involved to their families and the wider community. Victims may experience physical injury, psychological distress and an increase in their alcohol and drug use (Hasin, Keyes, Hatzenbuehler, Aharonovich, & Alderson, 2007; Ford, Adams, & Dailey, 2006). In addition to acute stress, there are a number of studies which document that some victims detail positive effects from exposure to a disaster. There are reports of victims "re-evaluating what was important to them, changing jobs, feeling closer to their family and the emergence of new opportunities and possibilities" (Park & Helgeson, 2006). This phenomenon is termed post traumatic growth (PTG).

Many of the studies that report PTG through use self reported questionnaires. The efficacy of their use and the construct of stress related growth was studied by Weinrib, Rothrock, Johnsen, and Lutgendorf (2006). 163 female participants were studied for stress related growth. In the analysis of PTG and the co-variates of severity of event and time since the event, it was discovered that women who experienced more severe events also reported more PTG on the PTG inventory. The findings supported the notion of PTG as a construct and its assessment via a self

report questionnaire. PTG is a growing area of study and there are a number of studies which now question its validity as a construct. The Canberra Bush Fire Study (Camilleri et al., 2007) was a study of 500 survey respondents and 40 interview participants. This study demonstrated a diversity of responses with some participants reporting more positive ratings after the disaster (family relationships, overall level of support and spiritual beliefs) and some negative effects (friendships, work situations, financial situations and overall health) which felt worse after the disaster. This would suggest that victims may experience growth in some areas and deterioration in others.

Interestingly, other studies correlate PTG with an increased level of stress (Tedschi & Calhoun, 2004) and others such as Hobfall et al. (2007) question the validity of individual self reports of growth. There is a suggestion that participants in studies of PTG which use self report questionnaires deliberately inflate their growth experience in an effort to cope with the terrible events they have experienced (Park & Helgeson, 2006). Other studies suggest it is a cognitive distortion which occurs as victims' recollections of the past is "derogating rather than an improvement from past to present, and is illusory" (McFarland & Alvaro, 2000, p. 340). It is likely that PTG has many facets and will vary depending on the level of the victims' distress and the magnitude of the disaster. It may be it is a coping mechanism during the stressful events and afterwards, or it may occur as victims realise they have actually coped with the event (Zoellner, Rabe, Karl, & Maercker, 2008).

2.7   Conclusion

This review highlights contemporary disaster research findings, particularly those that take a holistic and psychosocial approach. Whilst there is a plethora of research surrounding the effects of a disaster on first level victims, there is a lack of research on the effects on third level volunteer and professional responders. There is also debate surrounding training and experience, with the suggestion that both mitigate the detrimental effects of responding to a disaster in professional responders (Steinberg & Howard, 2007). Due to the significant number of volunteers in large scale disasters it is important that the effects on their physical and mental health are

minimised as much as possible. Additional research will add to the knowledge base of this important topic.

Contemporary research has moved away from studies that view the traumatic effects of disaster at the individual level to ones that take a more comprehensive and holistic view of mass trauma situations to include families, communities and the wider community (Saul & Bava, 2008). In a mass trauma situation there would appear to be differences in how a disaster is experienced in resource poor developing countries such as Cambodia and Afghanistan (Catani et al., 2008) where the mass trauma and effects of war are felt over a long period of time due to the ongoing wars. In these situations studies have demonstrated the mediating effects of parental influences on the disproportionate amount of trauma experienced by children. This is a factor that can be considered especially when planning appropriate interventions to encourage positive parenting practices following mass trauma situations (Gerwitz et al., 2008).

Central to the psychosocial approach is the desire to empower victims, provision of a place of safety and comfort and practical assistance, stabilisation of distress and the promotion of connectedness with family and their communities as soon as possible. Whilst most people will undergo some form of distress in a disaster situation there are a number of victims who will report post traumatic growth (Park & Helgeson, 2006), which is a growing area of study. Each disaster human made or natural brings with it a unique and complex set of effects at the individual and community level. It is likely there is more information to be accessed regarding the topic of terrorist attacks.

Chapter 3 presents a background and historical exploration of the nature of terrorist acts specifically regarding the Bali bombings, its effects in the two settings of the study Bali and Perth, and concludes with an examination of the media coverage of the incident.

Chapter 3

A Historical Overview of Terrorist Acts and the Bali Bombings

3.0   Introduction

In this chapter, a historical overview of terrorists acts was undertaken to establish current knowledge surrounding terrorist attacks from ancient history to the present day and to examine the effects and response to the 2002 Bali bombing within Australia and Bali.   The overview is in three sections. Part one commences with a history of terrorist attacks globally, followed by an exploration of the nature of terrorism and the protracted terrorist situation in: Sri Lanka, Israel, Palestine and Iraq – nations that have experienced protracted ongoing conflict with huge civilian impacts. In addition, modern terrorism and the potential future terrorist techniques are explored.

Part two progresses to discuss the effects of the bombing in Bali and in Australia. It commences with an outline of the history of Bali and charts changes in migration patterns saw Bali begin to emerge from a predominantly Hindu population to a multi-ethnic society. The review continues with an exploration of how the economy of the island moved from a dependency on farming and fishing to one heavily dependent on tourism. It is well documented that it was the tourists in Bali who were the prime targets of the attack.

The history of terrorism in Indonesia is discussed as well as the effects of the 2002 bombing. Of particular focus is the widespread socio-economic effect on the people of Bali, the gradual return of the tourists, and the portrayal of the tragedy in the media reports. The section on Bali concludes with a discussion surrounding the Hindu population of the island and how they considered the bombing had disrupted the natural balance of the island, the *'Tri Hita Karana'*, and the steps they believed were required to redress it. Part three continues with an exploration of the effects in Australia and the response of the Australian government to the attack.

3.1   History of Terrorist Attacks Globally

The word terrorism originates from the Latin word *"terre"*, meaning *"to cause to tremble"* (Oxford Dictionaries, n.d.). In a review of how terrorism affects populations, Howie (2006) highlights "the usage of the word *terrorism* has changed over time" (p. 4) and argues that the word '*terrorist*' has been applied to many groups, such as insurgent anti-colonist revolutionary groups in the post war era in Asia, Africa and the Middle East. However, those fighting against an occupying force in their own country may be termed "*freedom fighters*". Others, such as Gearson (2002), appear critical of labelling a person or group as a terrorist as to some extent it implies a moral judgment and poses the question "is one man's freedom fighter another man's terrorist?" (p. 10). Interestingly Gearson later suggests that actually they may be both.

The term 'terrorism' is not a term solely embedded within modern history as it is thought to have been first used in 1795 to describe the violent scenes which were a frequent part of the French revolution (Mansdorf, 2008). Yet it is likely that terrorist acts occurred long before the French revolution with reports of the Sicarii, an anti Roman movement in AD 66-73, frequently carrying out assassinations of Jewish people in crowded public places by using short swords which they could easily hide in their clothing. It was a historically early version of a political act designed to instil fear and provoke demonstrations against the Roman government (Gearson, 2002).

Kirby (2005) argues that the last century was a century of terrorism beginning with the atrocities of the First World War through to the difficulties in Ireland, Sri Lanka, Israel and Palestine, India and Africa, stating that "not a year of the century was free from terrorist acts" (p. 313). In the period following the Second World War, terrorist acts appeared to become a popular and prominent means to achieve a political goal, with anti-colonial campaigns occurring in Israel, Cyprus, Kenya, and Algeria. Later in Europe in the 1960s and 1970s Germany's Red Army, Italy's Red Brigade and France's Direct Action were ideologically motivated groups who perpetrated many acts of terrorism. In Ireland three main groups formed, the Irish Republican Army (commonly known as the IRA), the Ulster Defence Force (UDF) and the Ulster Volunteer Force (UVF) (Silke & Taylor, 2000). All of these groups committed what

have been described as terrorist acts to support their competing aims. Other ethno separatist groups include the Palestine Liberation Organisation (PLO), Euskadi Ta Askatasuna - the Basque separatist group in Northern Spain (ETA), the Front de Liberation du Quebec (FLO) and the Liberation Tigers of the Tamil Ealem in Sri Lanka (Bhattacharji, 2008; Galster, 2008; Gearson, 2002).

Since the 1970s, terrorists have continued to export terrorist acts and their war directly into numerous countries across the world, causing fear, death and injury throughout their populations. Groups who claim to be religiously motivated and who carry out terrorist acts have been on the rise since the 1990s. Radical elements of religious groups such as Al Qaeda, Hamas and Hezbollah have all been accused of carrying out extreme acts of violence and religion has been termed a "double edged sword" that can either promote peace or "encourage violent activism" (Silberman, Higgins, & Dweck, 2005, p. 762). In 2004, the US State Department identified 37 terrorist organisations in their annual "Patterns of Global Terrorism Report" (US State Department, 2004). The increase in terrorist attacks are reflected in the statistics between the periods 1998-2003 when over 1600 international terrorist attacks across seven continents were reported, with Latin America and Asia recording the highest number of attacks (Johnston, 2008). The attacks appeared extremely well planned and made the non-combatant civilians were a primary target of violence (Winkates, 2006).

In the past decade, there have been several prominent terrorist acts in which the terrorists set out to kill themselves and as many of the general population as possible. These include 9/11 (2001) in the US, the Bali bombings in 2002 and 2005, the 2004 Madrid train bombings, the 2005 London underground and bus bombings, the Mumbai attacks and the Islamabad Marriot hotel bombings in 2008, and the coordinated Jakarta hotel bombings in 2009. In addition there have been ongoing roadside and suicide bombings in crowded venues, such as markets or places of worship, which have targeted civilians in order to cause fear and terror and/or destabilise the government in Pakistan, Iraq Afghanistan, Sri Lanka, Chechnya and Israel.

3.1.1 Nature of Terrorism

As evidenced by the 2008 attacks in Mumbai and the 2009 hotel bombings in Jakarta, the nature of terrorism has changed (Glendinning & Weaver, 2009). In the Mumbai attacks in November 2008, a group of terrorists stormed seven key sights around the city, killed 101 people, and injured 287. It was an attack which again brought terrorism reports into the news headlines around the world. The scenes of carnage and reports of the events unfolding were disseminated almost instantaneously through the modern medium of "Twitter"[12]. Twitter enabled the ordinary citizens of Mumbai to become instant reporters of the news as the attackers spread across the city (Stelter & Cohen, 2008). In the Jakarta hotel bombings the perpetrators targeted both the luxury Marriot hotel, the site of a previous attack, and the Ritz Carlton (Johnston, 2009). It appears that prior to the attack, the bombers had a terrorist working undercover in the hotels for some months. The devastation and havoc brought by the bombings were reported on Twitter almost immediately following the attacks, broadcasting the news globally and thus bypassing the need to wait for official reporters to get to the scene.

It is apparent that terrorist groups do not concentrate their efforts to kill or injure in one country, but now move across nations with the result that ever more nations across the world are subject to terrorist attacks. Al Qaeda has been described as a "global, politico-religious, ideological movement" (Sanderson, 2006, p. 43) which may mean in reality that no country is immune from being a potential target. This has resulted in the need for a revamped and more contemporary definition of terrorism which encapsulates the goals of terrorists in the current climate. Gearson (2002, p. 10) suggests terrorism has a number of characteristics including:

> *"...serving a goal or a cause, is often purposeful and planned, political in its aims and motives, violent or threatening of violence, indiscriminate in its targeting, accepting no restraints in this area, and is crucially designed to have psychological repercussions beyond its immediate target or victim".*

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[12] Twitter is a social networking application and is described as an online instant messaging system that lets a person send a brief text message limited to only 140 characters to a list of followers (PC Magazine Encyclopedia, 2010).

Due to the carnage terrorism brings, the international community has condemned terrorism as unjustifiable. Yet there are others, such as Saul (2005,p.159), who argue there can be exceptions particularly when there is political oppression, and the people of the nation resist it, albeit in the form of "violent resistance". Because there are varying perspectives on terrorism there are difficulties involved in formulating an accurate definition. This was summed up by Lord Carlile from the UK in a Crown report entitled "The Definition of Terrorism", in which he concluded there is no single definition of terrorism that "commands full international approval" (Carlile, 2007,p.47). What is clear is that terrorism kills, injures and frightens many people both inside and outside the target countries.

3.1.2 Suicide Terrorism

Suicide terrorism, as occurred in the Bali bombings, has been defined as "intentionally killing oneself for the purpose of killing others, in the service of a political or religious goal", and is not to be confused with "high risk terrorist missions which inevitably lead in death" (Ramasubramanian, 2004, p.3). Since the late 1980s, suicide bombings have increased each year, with a total of 188 attacks occurring during the period 1980-2001. Suicide incidents have accounted for 48% of the terror attack mortality statistics worldwide, and have been termed "the most aggressive form of terrorism" (Pape, 2003, p.344).

In the western developed world, suicide bombings, where men and women sacrifice themselves and leave their families and friends behind, are a difficult concept to understand. As Pastor (2004) states, a suicide bombing, "defies a basic psychological drive – the need for self preservation" (p.701). Yet the Islamic world sees it from a different lens with the bomber viewed as a martyr or a *jihadi* (Acosta, 2010, p.13). From the bombers perspective it is often viewed as a spiritual act (istishhad) that fulfils a number of purposes such as it purges the world of infidels (Rogan, 2010, p.409) and allows them die an honourable death with the promise of many rewards in the hereafter (Meir, 2010, p.723).

This ideology appears to enable them to disengage from the act and their subsequent demise (Moghadam, 2008, p.255). Contemporary researchers such as Khalid and

Olsson (2006), Turco (2006) and Speckhard (2008) consider suicide bombings a relatively new tactic, which is often connected with attacks such as the suicide truck bombings which occurred in Beruit, Lebanon in 1983. However, a comprehensive search of the literature by Andriolo (2002) reveals suicide missions existed as early as the 11th century in Persia and Syria and, in the 16th century, in the Philippines when the term assassin entered the English lexicon for the first time.

In all eras, assassins appear to have taken great pride in their quest to spread fear, terrorise, kill and die with their victims. Many areas of the world have experienced suicide attacks including Sri Lanka, Chechnya, America, Iraq, Israel, and Indonesia since the 1990s. Groups such as the Liberation Tigers of Tamil Eelam (LTTE), the Palestine Islamic Jihad (PIJ) and Hamas have adopted suicide bombings as a regular tactic (Pape, 2003; Ramasubramanian, 2004). When they occur, they often kill and injure many innocent bystanders. In 2001, it was reported there were 3000 fatalities attributable to suicide attacks (Hronick, 2006).

In some instances the aim is to force foreign troops to withdraw as per the many suicide bombings in Iraq. In others, the aim is to "coerce liberal democracies to make significant territorial concessions" (Pape 2003, p. 344) as per the many suicide missions undertaken in Israel. When the term 'suicide bomber' is used, it is often attributed to male terrorists, yet increasingly female suicide bombers are carrying out attacks. It is argued that this is an extension of the roles women have always undertaken during armed conflicts (Bloom, 2007). A women's suicide division led by a woman is believed to have been established within the Al Qaeda organisation (Von Knop, 2007). It is likely female terrorist bombers will continue to play a role in modern day terrorist attacks; this theme is discussed in more detail in the following section.

3.1.3 Female Suicide Bombers

Female members of terrorist organisations are not a new phenomenon. Women have played significant roles in many terrorist organisations and campaigns in places such as Ireland, Germany, Italy and Palestine (Bloom, 2007). Von Knop (2007) argues that the general public has an ideological assumption regarding the role of women in

terrorist organisations, when in reality women perform multifaceted roles that are crucial to the survival of the terrorist organisation to which they are affiliated. Suicide attacks are just one of the many roles women undertake in modern day terrorism. The Syrian Socialist Party (SSNP), the Tamil Tigers, the Kurdish Workers Party, Chechian rebel groups and Al Qaeda are all terrorist groups recognised as having used women as suicide bombers (Speckhard, 2008; Von Knop, 2007). Suicide attacks by female operatives are increasing; between 1985 and 2006 there were 2002 suicide attacks perpetrated by women (Bloom, 2007). The following sums up the role Islamic women take in modern day terrorist organisations:

> *"A Muslim Woman is a female Jihad warrior always and everywhere. She is a female jihad warrior who wages Jihad by means of funding Jihad. She wages Jihad by means of waiting for her Jihad warrior husband, and when she educates her children to that which Allah loves. She wages Jihad when she supports Jihad when she calls for Jihad in word, deed, belief and prayer"* (Umm Badr as cited in Von Knop, 2007, p. 397).

Researchers have continued to study why men and women carry out this particular form of attack. A number contend that men and women have different motivations. Jaques and Taylor (2008) and Von Knop (2007) argue that men appear to be motivated by religious and nationalistic factors, whereas women are frequently motivated by revenge and personal motivation. What is clear is that the interest in female suicide bombers is increasingly becoming a focus for study and discussion in the media. It is suggested this interest is due to the continued traditional gender stereotyping that still "views women as the gentler sex" (Schewitzer, 2006, p. 8), with the media constructing an image which becomes "newsworthy" purely due to the gender of the perpetrator. In doing so the female bomber becomes almost "an archetype of the women warrior" (Berkowitz, 2005, p. 608) and is portrayed in a somewhat simplistic manner. Studies which review the role of female suicide bomber suggest that this oversimplifying occurs when only one explanation for female suicide bombers actions is offered (Knight & Narozhna, 2005; Schweitzer, 2006).

3.1.4 Political and other objectives of Terrorist Acts

Apart from killing mainly non-combatant civilians and causing general fear and unrest in the community, one of the primary aims of terrorism is to achieve an intense political objective (Ramsubramanian, 2004; Winkates, 2006). For example, on March 11, 2004 a series of 10 terrorist bombs were detonated in early morning rush hour trains in Madrid, Spain. 191 commuters were killed and 1,800 injured, and the incident was declared Europe's worst ever terrorist attack (Madrid Train Bombing Suspect, 2006). The objective in this instance appeared to be political as the bombings occurred just three days before the Spanish general election. At the election, the previously popular ruling conservative party was voted out of office. Connections appeared to have been made by the Spanish voters to the Aznar government's open support for the war in Iraq and the deployment of Spanish troops in Afghanistan (Powell, 2004). The new ruling socialist party was brought to power with a pledge to withdraw all troops from Afghanistan, which they did shortly after winning office. It seemed the bombers had achieved their objective. Terrorist attacks are not new to Spain as the Basque separatist movement has been operating in Spain since 1959. As recently as 2009, they were suspected of planting a bomb which killed two Spanish policemen in the holiday island of Mallorca (Mielniezuk, 2009). The objectives in most instances of terrorist attacks are to force the government to allow separation of the greater Basque region.

3.2   Nations with Protracted Conflict and Terrorist Attacks

Other countries have also endured long standing disputes and terrorist attacks. Sri Lanka, Israel and the Palestinian Territory, are two countries with protracted disputes and whose populations endure frequent terrorist attacks. The brief background in the next section provides an overview of three nations that have experienced protracted ongoing conflict with immense civilian impacts. It provides the reader with a snapshot of terrorist attacks in these nations and the multilayered human, resource and infrastructure impacts.

3.2.1 Sri Lanka

The popular press portrays suicide bombers as mainly belonging to fundamental Islamic groups, yet it is the predominantly Hindu Tamil group which has been listed

as the world leader in suicide terrorism (Ramasubramanian, 2004). The civil war in Sri Lanka has been ongoing for over 20 years and ended in 2009 with a significant military offensive by the Sri Lanka Military. The war resulted in the loss of 60,000 lives, 800,000 displaced persons and a global Tamil refugee population (Acharya, 2007). Over a 30 year period the Liberation Tigers of Tamil Eelam (LTTE), commonly known as the Tamil Tigers, agitated for a homeland for ethnic Tamils in Sri Lanka. The Tamils waged a war against the Sinhalese majority who make up 90% of the population in Sri Lanka and they are thought to have pioneered the use of the suicide jacket, as well as the use of women in lone suicide attacks (Bhattacharji, 2008). They are the only group to effectively use suicide missions to assassinate two world leaders, namely Rajiv Gandhi in India in 1991 and President Ranasinghe Premadasa of Sri Lanka in 1993 (Ramasubramanian, 2004).

Sri Lanka is only one of a small number of countries where suicide terrorism has become a regular occurrence and is a major strategic threat (Moghadam, 2003). There appears to be no shortage of volunteers, with 273 men and women reported to have taken up the role of suicide bombers up to 2006. In Kilinochi, a Tamil stronghold and the previous headquarters of the LTTE, the "martyrdom" of the many suicide bombers was marked by naming July 5th "Black Tiger day" in their honour and a memorial gravesite that is maintained by the LTTE (Mitchell, 2006). Although the war ended in mid-2009, there are continued calls for a Tamil Ealem (state) by the Tamils in India.

3.2.2 Israeli – Palestinian Conflict

The West Bank cities, the Gaza strip and Israel's borders and land divisions have been a focus for occupation and conflict between the Israeli and Palestinian people for many years. The more recent Palestinian and Israeli conflicts began in December 1987 and have continued in cycles up to the present day. The Israelis have controlled the West Bank for 22 years, having made a withdrawal from the Gaza strip in 2005. According to a United Nation special paper, from the beginning of a new cycle of conflict in 2000 until July 2007, at least 5,845 people have died in the conflict. 4,250 of those killed were Palestinian and 1,024 were Israeli. For every person killed approximately seven were injured. Most of those killed have not been involved in the fighting and were therefore civilians; 1,497 of the dead were children, and 626

women [United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), 2007]. Unfortunately, this conflict kills and injures many of the non-combatant citizens of both countries who are caught up in the political and dangerous war that unfolds as they go about their daily business.

Part of that war strategy involves suicide bombings which occur most frequently in Israel. The suicide bombers are highly mobile and organised. They have carried out attacks on civilian targets in places such as shopping malls, cafés, buses and holiday resorts. The missions have been have been undertaken in most of the major towns and cities of Israel (Kaplan, Mintz, & Mishal, 2006) and challenge the citizens' notion of personal safety and freedom from fear. It is a challenge the citizens of Israel have had to endure for over 17 years. Between 2001 and 2007, 542 civilians were killed as a direct result of 140 suicide bombings (Israel Ministry of Foreign Affairs, 2008) and suicide bombings are now the leading cause of death from terrorism in Israel (Kaplan et al., 2006). This particular method is a fear tactic used by Palestinian groups in an attempt to persuade Israel to move out of the Gaza strip. It is a popular method of attack, as the body suits worn by the suicide bombers are difficult to detect but cheap and easy to make and conceal.

3.2.3 The Conflict in Iraq

The United States invaded Iraq in 2003 with the intention of assisting Iraq to become a democracy and as part of the American inspired 'Global War on Terrorism'. Iraq has instead become a country pervaded by a civil war between Sunni and Shiite Muslims and by terrorist attacks (Galbraith, 2006). According to a United Nations Assistance Mission Report (United Nations, 2006) it is estimated that in 2006 civilian deaths numbered 34,452 and civilian injured 36,685. Suicide missions have become almost a daily occurrence in Iraq, where it is utilised as a strategic weapon to persuade invading US and other foreign troops to return home.

One example out of many such tragic events in Iraq is that of a suicide bomber who killed at least 28 people by detonating a suicide belt outside a police recruitment centre Baghdad (Baghdad police attack 'kills 28', 2009)**.** The terrorists usually aim to detonate their bombs in a crowded area to achieve a high number of civilian casualties, in order cause the maximum amount of community fear and unrest. As

most terrorist attacks are designed to kill and injure innocent people and instil fear, suicide bombings of any type appear a quick and economic method of achieving a deadly objective.

Despite a number of suicide bombings and continued threats of violence, Iraq held democratic elections in March 2010. Ayad Allawi's Iraqiya party won a majority share of the vote, yet no single party achieved an outright majority. Mr Allawai has indicated all attempts to build a united government have failed and this may lead to more political unrest, violence and even a new sectarian war (Chulov, 2010). Certainly, the suicide bombings have not abated with at least five killed and 40 wounded in a roadside car bombing near a provincial council member's house in Northern Iraq on June 19, 2010 (Mahmoud, 2010). It is difficult to predict the future for Iraq as President Obama confirmed an election campaign promise in 2009 to initiate a staged withdrawal of American troops. It is proposed that the number of troops will be reduced to almost third of the current level by August 2010, with a total withdrawal planned by the end of December 2010 (De Young, 2009). During this sensitive political period it will be a case of wait and see if Allawai's prediction becomes true.

3.3   Modern Terrorism and Terrorist Organisations

In his seminal assessment of terrorist organisations and methods post 9/11, Hoffman (2003) predicted "the image captured today is not the same as yesterday nor will it be the same as tomorrow" (p. 439). In other words, terrorist organisations and methods will continue to evolve and change. Recently, the terrorist attacks in India again demonstrated a change in terrorist's tactics. In the attacks in Mumbai, a well coordinated trained group of young men from Pakistan almost simultaneously attacked 12 strategic targets across Mumbai including two luxury hotels and the headquarters of a Jewish outreach group (Shekhar, 2009). On this occasion the terrorists were not suicide bombers per se, but men who were heavily armed with machine guns and grenades and who used military tactics to strike at the targets. The aim was to kill as many victims as possible and the terrorists were prepared to die for their cause.

More recently the terrorist attacks in Jakarta saw tactics change again, possibly in an attempt to surprise the already tight security. In this attack suicide bombers returned to the scene of a previous attack in 2003. They posed as legitimate guests and embedded themselves in the general day-to-day life of hotel guests of the JW Marriott hotel. The terrorists manufactured their bombs in the hotel and detonated them in the hotel restaurant early one morning. This attack was coordinated with one similar in planning and execution in the Ritz–Carlton hotel which had not previously been targeted by the terrorists (Unexploded bomb found after hotel bombings, 2009). It is clear is that in order to respond to the modern terrorist, the military and other organisations must plan to be prepared and to think outside the square as terrorists continue to adopt non conventional methods of attack. As Mishal and Rosenthal (2005) state they need to "focus on an organisation that uses non conventional tactics, may be fragmentised, de-territorialised, have fast moving operational capability and infinitive associative connections of Al Qaeda " (p. 290).

3.3.1 State Sponsored Terrorism

The word terrorist in contemporary society is usually attributed to religiously motivated groups such as Al Qaeda, Hamas and Hezbollah. Between May 2003 and May 2004 terrorist acts were recorded in 54 countries of the world and on every continent bar Antarctica (US State Department, 2003), with many of these attacks being attributed to the groups mentioned above. A review of the literature suggests that it is not only terrorist organisations that perpetrate terrorist acts. Rolston and Gilmartin, (2000, p. 10) highlight how in their view the British government sanctioned the killing or, as they state it, "assassinations of insurgents". These authors accuse the British Government of involvement in, amongst others, the killing of a Northern Ireland solicitor who defended in court members of the IRA, and in the carrying out of drive by shootings in Republican areas, and in many other acts of what could be termed "state terrorism". They believe acts of terrorism can be perpetrated by "any kind or person, or organisation or state" and additionally highlight the use of state sponsored terror squads in Uganda who were reported to have murdered "tens of thousands of people" (2000, p. 12). The terror squads were part of Idi Amin's Regime (1971–1979) which targeted the Acholi and Langi people, particularly those in the armed forces (Tripp, 2004).

The recent recurring conflicts in Gaza have resulted in worldwide condemnation of the Israeli policy of the collective punishment of Palestinians living in Gaza, in retaliation for the Hamas rocket attacks of towns in Israel. The International Red Cross (IRC) and UNOCHA are reporting figures of 1,314 Palestinians killed in the conflict (412 of them children) with more than 5,300 injured, 21,000 houses destroyed and 50,000 people displaced (Holmes, 2009). During the Israeli bombing hospitals were also targeted with 13 medical staff killed alongside seven UN staff. The continuing blockade of Gaza by the Israeli government also causes extreme difficulties for the citizens of Gaza. A 2008 Oxfam report captures the essence of the humanitarian crisis in its statement:

> *This humanitarian crisis is a direct result of on-going collective punishment of ordinary men, women and children and is illegal under international law. Isolation and poverty are breeding increasing levels of violence for which Palestinians and Israelis are paying the price* (Oxfam, 2008, p. 6).

This ongoing crisis continues as a flotilla of ships carrying 10,000 tonnes of humanitarian aid designed to ease the blockade to Gaza was attacked in international waters by Israeli forces in March 2010 and a number of passengers were taken to Israel and forcibly detained prior to deportation. There were reports of armed Israeli troops boarding the ships resulting in 19 deaths and dozens injured (As many as 19 killed, 2010). The Prime Minister of Australia at that time, Kevin Rudd, joined other world leaders in condemning the attacks and called for Israel to launch an investigation into the attacks (Global condemnation, 2010). A fact finding mission by the UN Human Rights Council found that under international law, including humanitarian and human rights law, Israeli forces had committed a series of violations (Human Rights Council, 2010, p. 1).

3.3.2 Al Qaeda

The 9/11 attacks in 2001 sent ripples of fear across the world. The attacks were largely attributed to the Al Qaeda terrorist group. Al Qaeda was formed in 1989 in response to the incursion of Soviet forces into Afghanistan. Eventually the group was headed by Osama Bin Laden, in a hierarchical structure based in Afghanistan and initiating terrorist attacks against Western targets across the world (Mishal &

Rosenthal, 2005). The debate flourishes in the literature as to what exactly Al Qaeda is. In his 2003 paper, Hoffman (2003) posed a number of questions regarding Al Quaeda such as:

- *is it a monolithic worldwide terrorist organisation with an identifiable hierarchical command?*
- *has it become a franchise operation with likeminded local representatives independently advancing the parent organisations goals?*
- *is it a concept, a virus, an army or an ideology?* (p. 4)

Regarding its operations, Mishal & Rosenthal (2005) suggest that Al Qaeda has two methods of operation, namely a hierarchical order and networks operation, a view which concurs with the questions posed by Hoffman above. In other words it is possibly "both a hierarchal organisation and a franchise" with a "fundamental aim to hurt America, Russia and Israel in an attempt to free the Arab world from Western domination" (Raphael, as cited in Mishal & Rosthenhal, 2005, p. 278). It would seem from its origins in Afghanistan that Al Qaeda initially had a hierarchical structure but then post Afghanistan moved into a network approach with "transnational features and a willingness of Osama to fight on behalf of multiple causes with similar objectives" (Mishal & Rosthenhal, 2005, p. 280). According to these authors, an example of this is the goal of Jemaah Islamiyah (JI)**,** an extremist organisation which has the primary aim of creating a pan Islamic state in South East Asia arising from Indonesia (Mishal & Rosthenhal, 2005). It was JI who were accused of involvement in the 2002 Bali bombings and were said to have strong links to Al Qaeda.

3.3.3 Bio Terrorism

As in most Western countries, Australian intelligence agencies and policymakers have become increasingly concerned by the potential threat of terrorist attacks employing nonconventional weapons and methods. Much of the focus on this "new" terrorism has highlighted the potential use of Weapons of Mass Destruction (WMD), comprising of Chemical, Biological, Radiological or Nuclear (CBRN) weapons against civilian targets. The Australian Minister for Foreign Affairs and Trade at the time of the Bali bombings, Alexander Downer, has described the threat from WMD terrorism as the "ultimate horror" (Downer, 2002, p. 8).

Biological weapons are not a new phenomenon as the technology to produce these agents has been available to terrorists for a number of years. Bio terrorism appeals to terrorists as the bio organisms are small, easy to carry and can produce mass fear and disarray in the targeted countries. This fear and disarray was noticeable in America following the intentional release of anthrax spores in 2001 (Brookmeyer & Blades, 2003). The Soviet Union reportedly stockpiled biological agents and toxins during the cold war (Dattwyler, 2004), and such agents have already been used by the Aum Shinrikyo sect in Japan (Olson, 2009). Saddam Hussein also used chemical weapons to kill approximately 5,000 Kurdish civilian victims in 1998 (Dattwyler, 2004).

Bio terrorism protection measures were singled out by the Clinton administration in 1995 for special funding and attention. The administration set up training programs for bio terrorism first responders, stock piled vaccines and took measures to improve communication networks (Jones, 2005). By 2002 the Bush administration had spent 1.1 billion dollars to protect its citizens from terrorist attacks with measures such as the protection of food and water supplies (Jones, 2005). The intentional release of agents designed to induce a communicable disease in a country's population is being discussed and planned for by many governments and health departments across the world. Anthrax is not the only biological threat; EEC health departments have discussed from as early as 2003 the need for early recognition of a range of diseases which can be deliberately used as weapons by terrorists, such as anthrax, plague, small pox, botulism and Ebola virus (Fadda & Paola, 2003).

3.3.4   The Future of Terrorism and Terrorist Organisations

Paragraph 4 of the UN Security Council Resolution 1373, Sept 2001, notes with concern "the close connections between international terrorism and illicit drugs, money laundering, illegal arms trafficking and illegal movement" (United Nations Security Council, 2001, p. 3). As discussed, terrorism has evolved and adapted over many hundreds of years and is likely to continue to do so. In a 1994 review of the future face of terrorism Cetron (1994) predicted that the most ominous trend in terrorism would be related to technology. In this paper he postulates that biological or chemical weapons, and the technology that goes with it, will eventually be available to terrorist groups, organised crime and individuals. He further prophesised that these groups would be joined by fanatical single issue terrorist groups and

groups which are motivated by religious fervour, coining the phrase "super terrorism" to describe them. For the most part, Cetron's predictions have come true, with the rise of the modern day terrorist who uses technology and criminal activity to further their cause.

Terrorists have also used the technique of money laundering the proceeds of their crimes to finance their activities. Steps have been taken by countries such as America and Australia to reduce this illegal activity by investing large sums of money in counter terrorism efforts. Since 1999, an annual money laundering strategy has been developed in the US, and following 9/11 staff training has been increased to ensure that staff in banks and other financial organisations were aware of, and able to stop, terrorist money laundering (McCullogh & Pickering, 2005). It has been argued by others that this type of financial hyper vigilance has pushed the terrorist groups to increase their criminal activities (Hutchinson & O'Malley, 2007). Alternatively, others have suggested that due to this increased security, the organisations launder their money through other countries where the financial and legal system is not quite as vigilant, such as Saudi Arabia (Mishal & Rosenthal, 2005). This background provided the reader with an overview of three nations with protracted conflict and a discussion of the types of terrorism. The next section details the terrorist attacks in Indonesia and the Bali bombing.

3.4   The Bali Bombings of 12th October 2002

3.4.1 Terrorist Attacks in Indonesia

Indonesia is the world's largest archipelago, consisting of over 17,500 islands spread over an arc of 3,000 miles. The country is divided into 33 provinces with a population of over 200 million (Hoey, 2006). Indonesia is a former Dutch and Japanese colony which gained independence in 1958. Although the recent attacks of 2002 and 2005 in Bali have been widely published in the popular press, Indonesia has experienced other terrorist attacks such as those in Aceh. Aceh has been a province of Indonesia since its independence in 1949 and since the 1950s there has been a general state of unrest in the province in the fight for independence. The Free Aceh movement has continued to mount terrorist attacks on civilian targets and the Indonesian police and military. The Indonesian military frequently retaliates with

counter insurgency tactics, which have been criticized as "heavy handed reprisals" (Schulze, 2004, p. 74). In addition to the attacks on Bali, other incidents have occurred in the nation's capital, Jakarta, with the attacks being blamed on Islamic militants. Prior to the 2002 bombings Bali was a highly sought after peaceful holiday destination by people from many parts of the world**.**

3.4.2   The Bali Bombings and the Impact on Bali

On 12 October 2002, two bombs exploded on Legian Street in Kuta. In a report prepared by Yanasan IDEP (2003) the sequence of events are catalogued from local and international eyewitness accounts. The first bomb was detonated at 11.08 pm in Paddy's bar and café. Many people ran out of the Sari club, another popular night club opposite Paddy's bar, to see what the noise was. Just three minutes later a second, much larger, suicide bomb was detonated in a large white panel van parked outside the Sari club. The second bomb was clearly aimed at the tourists inside and outside the club and resulted in a large fire which quickly engulfed the flimsy bamboo wooden and straw built club. As a result of the fire the electricity supply was destroyed, resulting in the entire area's lighting system failing. The only available light came from the flames and inferno surrounding Paddy's bar and the Sari club across an area of approximately 200 metres. Locally the area became known as ground zero (Yanasan IDEP, 2003). This comparison with 9/11 continues in Australia with the attacks being referred to as "Australia's September 11" (Australian Federal Police, 2002).

3.4.3   The Victims

The majority of deaths occurred in the night club, bar and surrounding streets. The Sari nightclub and Paddy's bar had a long tradition of being popular night-time venues for young tourists to visit. On the night of 12 October 2002 many hundreds of international tourists were inside the club and bar. A mix of taxi drivers, tourists, car drivers, street workers, stall holders and security guards were outside in the narrow and busy Legian street. Tourists, staff and those inside and outside the clubs and restaurants of Legian Street became targets of the terrorists and many were killed or injured (See Table 1 below).

In a 2003, a national workshop entitled "Lessons Learnt from the Health Sector Response to The Bali Bomb Blast" (World Health Organisation, 2003) reported that the large number of burns and other patients, in all totalling 300, overwhelmed the available health services, despite a tremendous response from all the personnel involved. Thirteen minutes after the Kuta bombs, a third bomb, which was less reported in the media, was detonated close to the American, Australian and Japanese embassies in the capital Denpasar (Yayasan IDEP, 2003). This bomb only slightly damaged the fences surrounding the buildings and there was no loss of life reported. The three bombs were unexpected as Bali had previously been a peaceful and safe destination for tourists, ex-patriots and residents. Table 1 below provides an overview of the victims and damage to property as recorded in the Yayasan IDEP (2003) report.

Table 1 : Official Total of Blast Victims and Structural Damage
(Yayasan IDEP, 2003)

Victims	Deceased	Injured	Total	Notes
Indonesian	37	205	242	
Australian	91	120	285	
Other Nationalities	74 *	Combined		*Victims included 20 other nationalities
Totals	**202**	**325**	**527**	
Damage/Destroyed	**Destroyed**	**Damaged**		
Buildings	53	400		
Cars	18			
Motorcycles	**32**			

3.5   The Island of Bali

Bali is one of the smallest islands in the Indonesian Archipelago, being just 5,632 square kilometres in size (Figure 1). The island is densely populated and has approximately 3 million inhabitants most of whom reside in the southern coastal areas. Ninety per cent of the Balinese follow the Hindu religion, setting the island

apart from the rest of Indonesia where the predominant religion is Muslim (Eiseman, 2005).
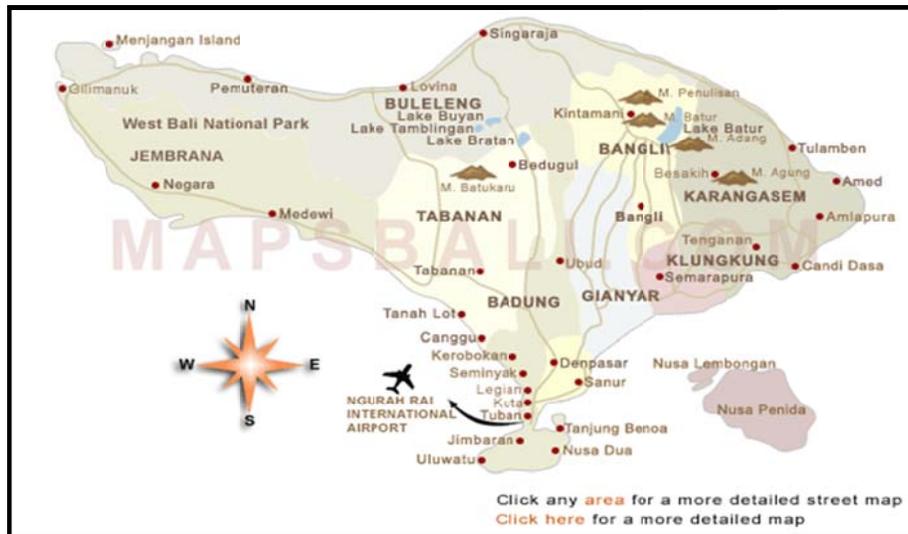
Figure 1: Map of Bali (www.mapsbali.com)

Bali has been described as "the Island of The Gods", as found in this translation of an inscription in the Purana Sada Temple of Kapal Traditional Village:

> *It is said that when the continents and various island had been created on earth, Ida Sang Hyang Widhi/Bathara Pasupati (God), summoned the Gods to gather together on top of Mount Mahameru. Then Sang Hyang Pasupati uttered to the nine Gods occupying the nine directions, to the six Gods (Sad Winayaka), to the group four Gods (Catur Dewa), to God Rsis, to God Dragon, Gods from Trinayaka group and to Gods in the universe, to make a new island known as Bali (History of Bali, 2010).*

3.5.1 Local Migration

Indonesia is densely inhabited with an imbalance in population distribution amongst the islands. Java and Bali are heavily populated in comparison to the less populated islands. To help alleviate this problem, successive Indonesian governments have continued a voluntary, and sometimes involuntary, policy initiated by the Dutch in 1905, to resettle Indonesians from the heavily populated areas to the outer island provinces such as Northern Sumatra, Sulawesi and Kalimantan (Tirtosudarmo, 2009,

p. 4). This social experiment was later supported by the central government of President Suharto and outside interests such as large oil companies and the World Bank. The financial support by outside interests ceased in the 1980s due to the criticism which surfaced because of the wide reaching socio-economic effects of the scheme. For many, the promise of paradise in the outer islands didn't materialise as the schemes (and some of the people administering it) were accused of mismanagement and corruption. Due to increasing regional autonomy, the practice of forced migration has greatly reduced (Hoey, 2003).

Throughout this period Bali continued to thrive economically with the increasing arrival of international and domestic tourists from the late 1960s onwards. As a consequence migrants began to flock to Bali in search of work. In 2007, there were 1,500 non-Indonesians working in tourist related industries, and 100,000 Indonesians from regions outside of Bali who were employed in the small trade sectors such as sales, handicraft, farming and fishing industries (Turker, 2007). This mass input of people produced a change in the demographics of Bali from one of mainly Balinese Hindu, to one of a population of over 3 million people who are described as multi-ethnic and multi-religious (Bali guide, n.d). Tensions do arise from time to time between the residents and new migrants. In the early part of 1998 there were a series of riots across Indonesia including Bali mainly in the form of attacks against Chinese owned businesses as simmering social unrest against migrant workers grew (United Nations High Commissioner for Refugees (UNHCR), 1998). Such tensions were heightened following the bombings in 2002 as the locals became suspicious of outsiders or non Balinese (participant, personal communication, January 15, 2008).

3.5.2   Farming and Tourism

Historically subsistence farming was the primary means of livelihood in Bali (Suartika, 2005). This was mainly in the form of wet rice propagation, fruit and vegetable farming. For centuries the farmers used a land cultivation method known as *sabak,* a traditional and eco friendly irrigation system which does not put excess demands on the land and is sustainable. With the rapidly expanding tourist need for accommodation, shops and recreation areas, as much as one thousand hectares of paddy fields are taken over by developers each year. As a result there is a significantly reduced need for and use of the traditional irrigation system, less land

available for farming and less young people willing or available to carry on the traditional ownership and farming tasks (Sutawan, 2008).

There is a growing discussion within Bali on the need to take action on the effects of tourism on the landscape and people, with Suartika summing up the crisis in his thesis "Vanishing Paradise: planning and conflict in Bali" (Suartika, 2005), in which he argues that Bali, its culture and traditional way of life is under attack from a number of factors. They include the previously discussed tourism development, the continued migration of workers from outside of Bali and under-regulated development (Suartika, 2005). A 2007 report recognised the problems inherent in mass tourism and recommended a need to promote cultural tourism in Bali, which includes "an integral unit of ecosystem, spatial arrangement, physical environment and Balinese culture" (Ashrama, Pitana, & Windia, 2007, p. 125), a concept which is in keeping with the ideals of *Tri Hita Kirana, a* spiritual concept which is widely accepted in Bali (Ardika, n.d.) and is further explained in section 3.5.5 below.

Tourism gained momentum in Bali from the mid to late 1980s, reaching a peak of one million visitors per year in the late 1990s. One thousand hotels were developed to meet the demand and were based around the popular tourist hubs of Sanur, Nusa Dua, Kuta and Ubud, (United Nations Development Programme Fund, 2003, p. 6). Tourism eventually became Indonesia's second largest foreign exchange earner (after gas and oil). According to a World Bank Report in 2003 Bali developed a healthy economy with a poverty rate of only 4%, a stark comparison to the rate of 16% for the rest of Indonesia (United Nations Development Fund, 2003, p. 7).

Tourists in Bali are from overseas and from other parts of Indonesia. The dependency of Bali on the tourism industry was demonstrated by the economic effects of the Bali bombings in 2002. Suartika (2005) reports the number of tourists entering Bali dropped to less than a third of the usual levels in the months following the 2002 bombing, resulting in tourist facilities and businesses closing down and tens of thousands of people being made redundant. The resultant economic and social effect was devastating. Suartika argues it was a prime example of how the previous decades of tourism growth had made Bali "economically and otherwise wholly dependent on tourism" (Suartika, 2005, p. 3)

3.5.3 Socio-economic Impact of the Bombing

The socio-economic effect of the bombing was widespread and not limited to the hotel and tourist industry. Smaller related industries such as the art and handicraft industries, taxi drivers, market traders, t shirt manufacturers and beach vendors were all affected. Overall unemployment levels rose, income levels fell by 43% across the island and, eight months after the bombing, some industries were reporting a decline in turnover of 80% (World Bank, 2003, p. 7). As a result, many families throughout the island were living below the poverty line. They were given food and monetary support from charities, other family members and their villages (participant, personal communication, January 2008). The direct victims of the bombing were also given aid from many local and international organisations for medical follow up, counselling support and daily living needs (participant, personal communication, January 2008).

3.5.4 The Tourists Return

The international experience of terrorist attacks suggests that the effect on tourism is temporary. With time and efforts directed at increasing tourist confidence tourists do eventually return (Maditinos & Vassiliadis, 2008). In Bali, measures such as a visibly increased security presence, and the swift capture of the bombers, resulted in a gradual return of tourists. By 2005 the numbers of tourist arrivals totalled 5,002,101 They continued to increase in the following years with tourist arrivals to Indonesia totalling 6.42 million in 2008, an increase of 13.24% on the previous year (Tourism Indonesia, 2008).

3.5.5 The Wider Effects of the Bombing

If, as suggested by Susser & Susser (2002), the primary target of terrorism is a country's psychological wellbeing, these attacks met their objective. In Bali the effects were perhaps best summed up by a local male resident, who was heard to say at the time "we are all dead now" (Brace, 2003, p. 28). Apart from the physical and psychological damage experienced by the victims and witnesses to the disaster, the bombings deeply affected the Balinese community and their beliefs. Indonesia is a predominately Muslim country, whilst Bali is a mainly Hindu enclave (Solomon, 2002). Many of the Balinese residents considered the bomb had disrupted the

"natural balance" which is traditionally respected in Balinese Hindu culture (Sedana, 2005). To the Balinese Hindu people, life revolves around this natural balance between Bali's material and spiritual worlds. That harmony is termed *"Tri Hita Karana"*, a harmony between heaven, humans and the earth.

Thus to the Balinese, the bombings totally disrupted this natural harmony and deeply unsettled the population who believed that disgruntled Gods and evil spirits had been at work (Solomon, 2002). In mid November 2002, in an effort to restore the balance, the local Hindu priests held a *Tawar Agung Pamarisudha Karipubhaya* ceremony at the bomb sites and the local beach. The Balinese believed that by cleansing the site with holy water and making offerings the world and Bali would regain harmony and balance (YKIP, 2007). Unfortunately for the victims, it would take more than this peaceful religious ceremony to help them recover their social, psychological and physical harmony.

3.6   The Bali Bombings and the Impact on Australia

3.6.1 The Victims

Australian victims made up the largest group of fatalities from one country; an overview of the breakdown of the victims in relation to the present study is depicted below in Table 2. Eighty eight of the deceased were Australian with 16 victims from Western Australia. Twenty members of the local Kingsley football club travelled to Bali on their end of season trip. They were a mixture of players, coaching staff and friends. Seven of the players were killed and 13 injured in the Sari club bombing. The experiences of seven of the injured, their family and friends, the bereaved, volunteers and professional responders form part of this study.

Table 2 : The Victims

Origin	Deceased	Injured
22 Countries	202	209
Australian	88	n/a
West Australian	16	n/a
Kingsley Football Club	7	13

3.6.2 Government Response to the Bombing

Three years prior to the bombings, the number of Australians taking their holidays overseas had been predicted to continue to annually increase (Robins, Hamal, & Rosetto, 1999). The Australian government responded to the bombing immediately with a travel advisory issued through the media and the official Department of Foreign Affairs and Trade (DFAT) web site. The advisory strongly discouraged Australians from travelling to all areas of Indonesia due to the high risk of future terrorist activity (DFAT, 2002-2003; Hill, 2002). Interestingly a revisit to a travel advisory website in October 2009 saw a similar advisory listed (DFAT, 2009). The bombings and government warnings had a detrimental effect on tourism to the region with many Australians cancelling their pre-booked holidays to Bali. These decisions contributed to a stronger domestic travel season with places like Queensland benefiting from an increased domestic tourist market which saw return to positive growth in 2002 (Queensland Government, 2002). Eventually other governments such as Canada, the United States and Japan issued general travel warnings to their nationals regarding travel to Australia and South East Asia, adding to the large downturn of tourism in the region and Australia.

3.7   Summary of the Chapter

The chapter commenced with a historical review of global terrorism and documented how terrorism tactics have been used to create terror and fear in the general population. Suicide terrorism and the related objectives of terrorism were explored. The chapter continued with an exploration of conflicts in which there are protracted territorial disputes, such as in Sri Lanka, the Israeli - Palestinian conflict and Iraq. Modern terrorism and terrorist organisations such as Al Quaeda were also discussed and the changing face of modern terrorism was illustrated and the history of terrorist attacks in Indonesia was highlighted. The effects of the 2002 bombings in Bali and Perth were explored with particular reference to economic impacts in Bali and the travel advisories issued by the Australian Government in Australia. Chapter 4 outlines the methodology used in the study design and implementation and gives an account of the research processes in both Bali and Perth.

CHAPTER 4

Methodology

Conducting qualitative research requires a philosophical shift, training and experience in a unique body of methods and procedure, acquisition of a new scientific language, and ultimately a shift in one's identity as a researcher (Chwalisz, Shah, & Hand, 2008, p. 391).

4.0   Introduction

The methodology chapter begins with an introduction and explanation of the exploratory qualitative   research approach. The conceptual and methodological framework, research design and ethical considerations are also introduced and then explained. The chapter finally concludes with an in-depth discussion of the stages of data analysis used to interpret the data and the quality criteria used in the study.

4.1   The Research Approach

4.1.1 An Exploratory Qualitative Approach

When deliberating on a research approach for this project, a positivist methodology, a dominant research model for many years (Antonesa et al., 2008), was initially considered. Positivist research generates data which gives access to "facts" about the world (Silverman, 2006, p. 86). It requires a scientific method of investigating and reporting where measurement is an important component of an experiment. Quantitative researchers "use the language of objectivity, distance and control because they believe these are the keys to conducting real social science" (Denzin & Lincoln, 2000, p. 92). However, critics of positivist research suggest it is impossible to separate knowledge from ontological and personal experience and argue there is "no neutral knowledge" (Antonesa et al., 2008, p. 13). The critics suggest a different approach is required which is more suited to study feelings, subjective experiences, and the meanings that people attribute to events and situations, particularly in real life settings (Chwalisz et al., 2008; Goering, Boydell, & Pignatiello, 2008; Oliver-Hoyo & Allen, 2006)

Post positivist qualitative research is a way forward which appears to meet the objectives of studying feelings, experiences and meanings, particularly when the purpose of the research is to "elicit understanding and not test hypothesis" (Poggenpoel & Myburgh, 2006, p. 304). A post positivist qualitative approach requires the researcher to employ "a series of logically related steps, believe in multiple perspectives rather than a single reality, and espouse multiple methods of data collection and analysis" (Cresswell, 2007, p. 20). A qualitative post positive research methodology in a real world setting was therefore chosen as the most appropriate method to gain knowledge and insight into the impacts of the 2002 Bali bombings.

Qualitative research has evolved over many decades of research and an increase in its use has been reported in the literature (Daly et al., 2007; Draper, 2004; Lloyd-Jones, 2004). Consequently, qualitative research is now recognised as making a distinctive and important contribution to research and disciplines such as health care, education, social sciences and psychology (Capaldi & Proctor 2005; Dixon–Woods, Fitzpatrick, & Roberts, 2000). The overarching aim of this study was to examine the multilayered effects and forms of support received by victims of the 2002 Bali bombings in Indonesia and Australia and to give "voice" to the victims of the bombings so that they present their story in their own words.

Qualitative interviews in Bali and Perth in 2008, and thematic analysis helped bring the realities of the victim's experiences to the reader and because it is a method which is now widely employed in social science research studies (Longden, 2001; Noor, 2008). There are key components of this approach that were appropriate for this study. Firstly, it tapped into the viewpoints of the participants (Tellis, 1997, p. 3), secondly, it "enabled, and promoted" each participant an avenue to describe their experiences in their own words (Longden, 2001, p. 15), thirdly, it is the preferred methodology when there is a primary need to "closely examine contemporary events" (Yin, 2003. p. 7).

In total, 50 participants in Bali and Perth were interviewed for this study. The participants had an important and unique story to tell. Extensive material obtained

from participant interviews provided a comprehensive view of the participants'
experiences (Cresswell, 2007, p. 96) and to add richness to the data collection (Yin,
2003, p. 7).

4.1.3   The Research Methodology Matrix

Table 3 below presents the matrix outlining the research methodologies used in
response to the research aims.

Table 3 : Aims and Associated Methodology Summaries

Aims	Methodology	Methods	Analysis
To examine the multilayered effects of the Bali bombings at the individual, family and community level immediately following the bombing and in the intervening period.	In-depth interviews with directly affected individuals (victims and family members) and indirectly affected individuals (friends, neighbours, community members).	Semi- structured interviews and open ended questions.	Thematic analysis of interview data.
To identify and examine the forms of post attack support received by directly affected victims who were in the Sari club or Paddy's bar at the time of the attack, and their family members who became indirect victims of the attack.	In-depth interviews with directly affected individuals (victims and family members) and indirectly affected individuals (friends, neighbours community members).	Semi-structured interviews and open ended questions.	Use of qualitative data analysis for emergence of themes.
To document and examine the perceptions of members of the Indonesian and Australian emergency response teams and community volunteers who assisted in the aftermath of the crisis.	In-depth interviews with members of the emergency response team and community volunteers.	Interviews with members of the emergency response team and members of the volunteer community	Thematic analysis of interview data.
To propose a set of recommendations that may be used by professionals and non-professionals in the aftermath of a terrorist attack particularly when needing to choose appropriate and culturally relevant interventions.	Analysis of the participant interviews, researcher observations and collation of documentary data including media and elated literature.	Participant interviews; literature review; frame analysis of media; relevant documentary data; reflective diary and researcher observations	Assessment of the outcomes of the study and development of a possible modified framework

4.2   The Conceptual Framework

In this study the multilayered effects of the bombing and the multilayered post attack support described by participants were examined within a psychosocial framework. The initial framework was developed by the Psychosocial Working Group (PWG), in which the domains of human capacity, social ecology and culture and values were viewed as a way forward in evaluating the trauma experienced by individuals and communities following disasters (PWG, p. 1; Strang & Ager, 2001, p. 5). A psychosocial approach was also embraced by organisations such as the International Red Cross, The World Health Organisation, (Murthy, cited Prewitt-Diaz, Murthy & Lakshminarayana, 2006), and the National Institute of Mental Health and Neuro Sciences Bangalore (Prewitt-Diaz, Murthy & Lakshminarayana, 2006).

The significant domains highlighted by the PWG framework encompass the skills and knowledge of people within the Human Capacity Domain; familial, religious and kinship resources within the Social Ecology Domain; and the final Culture and Values domain that encompasses cultural values, beliefs, and practices. Each of the domains are disrupted when events such as a human made or natural disasters occur (see Figure 2 below).
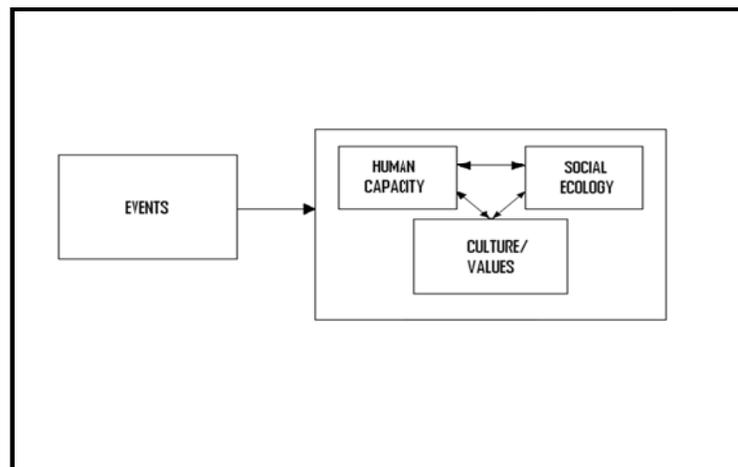
Figure 2: The Three Domains Identified by the PWG (2003)

Underpinning this research is the premise that in our everyday interactions, human beings try to achieve a state of emotional, physical and social stability. Terrorist attacks challenge and disrupt this state of harmonious stability and as a result, in

emergencies there is a "complex interplay between protection, threats and issues of mental health and psychosocial well being" (Inter Agency Standing Committee (IASC), 2006, p. 32). The term 'psychosocial wellbeing' was used as humanitarian agencies and researchers began the quest to develop a conceptual framework which identified the complexities of needs individuals and communities experienced as a result of a disaster (PWG, 2003, p. 1).

Established in 2000, The Psychosocial Working Group comprises five academic partners (Centre for International Health Studies, Queen Margaret University College, Edinburgh; Columbia University Program on Forced Migration & Health; Harvard Program on Refugee Trauma; The Solomon Asch Centre for the Study of Ethnopolitical Conflict at University of Pennysylvanian and University of Oxford Refugees Studies Centre) and five humanitarian agencies (Christian Children's Fund; International Rescue Committee's Program for Children Affected by Armed Conflict; Medecins Sans Frontieres - Holland; Mercy Corps and Save the Children Federation). The work of this group was supported by a grant from the Andrew Mellon Foundation (www.forced migration.org/psychosocial and www.qmuc.ac.uk/cihs).

The PWG group sought to develop a framework which would provide a structure for understanding interventions in complex emergencies such as conflict, mass displacement or natural disasters. Because of its holistic approach, it permits detailed examination of the impact within and across various domains. In this framework, the PWG group looked beyond the usual focus on the mental health needs of individuals, to the wider concept of the individual within their community and the loss of resources experienced, such as disruption to the infrastructure, separation from their families and loss of income. In order to better understand the disruptions experienced by individuals following a disaster, the group defined psychosocial wellbeing as "the social, cultural and psychological influences on wellbeing", (PWG, 2003, p. 1). These are domains which are challenged and disrupted by complex emergencies. Equally, as resources within these domains are disrupted, the PWG suggest there is "a pool of resources" (PWG, 2003, p. 2) within these domains which can be utilised by communities and individuals in their response to such emergencies. For example, human capacity may be engaged to promote social linkage, culture and values.

Therefore the adjustment and resilience of individuals and communities to such events may be gauged by how effectively they exploit these resources (PWG, 2003).

During complex emergencies, aid is often mobilised by the international community, as was experienced following complex natural disasters such as the Indian Ocean tsunami in 2004 and the recent (2011) earthquakes in Japan and New Zealand. In the past criticism of international agencies has occurred as the agencies often attempt to "restore" communities back to their pre-event state (Strang & Ager, 2001, p. 6); as agencies are influenced by their own set of values from their country of origin (Strang & Ager 2003, p. 7) as illustrated in Figure 3 below. These values embedded within the planned interventions, can often conflict with the affected communities' core set of values, particularly in developing countries, resulting in support programs which are culturally insensitive. Current intervention studies suggest it is preferable to assist countries affected by disaster to assess their own needs and utilise their own available resources. The long term aim should be to allow a community to "deploy its own resources and meet its challenges without the need for external (agency) support" (Strang & Ager, 2001, p. 6).
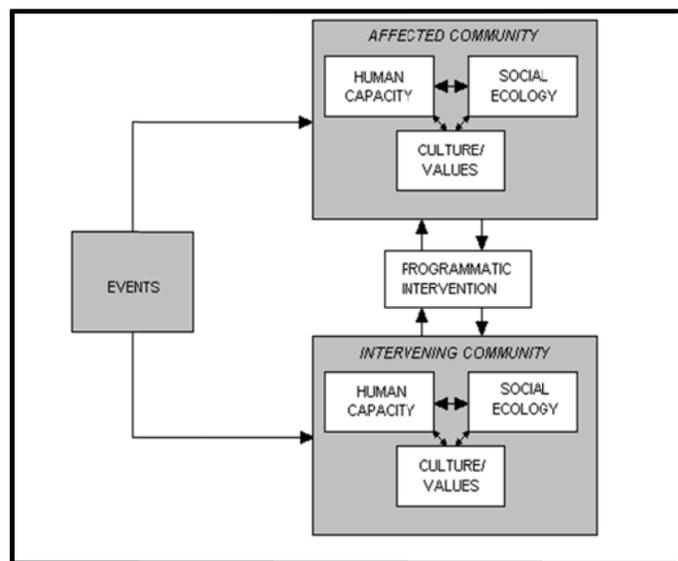
Figure 3: Programmatic Intervention by the Intervening Community
(PWG, 2003)

The original PWG framework was modified within this study and this adapted form was then used to underpin the analysis of the participant interview data from Bali and Perth. In any form of complex disaster there is a depletion of resources at the individual and community level. In the PWG framework the term "diminishes or disrupts" (Strang & Ager, 2001, p. 3) is used to describe the effect on a community's resources. Within this study the term **'disrupted resources'** was used to detail the effects of the bombing on participants' lives, their families, friends and their wider community.

In any post disaster situation, Strang and Ager (2001, p. 1) state that communities utilise their own pre-existing inherent resources in response to rebuild and reconstruct shattered lives. In this study, the term **'reinforced resources'** was used to explore the various resources used by the victims, family, friendship network and community to support the victims. These resources are highlighted within the three domains of the psychosocial framework namely human capacity, social ecology and culture and values. An exploration of the resources within these domains is presented in subsequent chapters.

4.3   The Research Processes: Establishing the Field Study in Bali

4.3.1   Recruitment of Research assistants

At 5,632 square kilometres, Bali is one of the smallest, and most densely populated, of the 17,500 islands making up the Indonesian archipelago and is situated eight degrees south of the equator off the most easterly point of Java. The majority of the 3 million population identify as Hindu (Worldatlas, n.d.). Following the 2002 bombing there was an influx of monetary donations to the island and a number of non-government agencies were established to support the affected population of Bali.

Yayasan Kemanusiaan Ibu Pertiwi (YKIP) is an organisation formed in 2002 in response to the many needs of the Balinese victims in the initial stages of the crisis. Yayasan Kids (YKIDS) was formed initially to fund the educational needs of the children whose parents had been killed or injured in the bombing. In 2003 both organisations entered a memorandum of understanding agreement, with YKIP taking responsibility for fund raising and YKIDS the educational and outreach function.

The YKIP-YKIDS partnership has subsequently grown into an organisation dedicated to serving the educational and health needs of those who live in Bali (YKIP, 2007). YKIP was approached to assist with participant recruitment in Bali as it had been formed to support individuals and families who had been affected by the bombing.

Initial contact with the Chief Executive Officer (CEO) of YKIP occurred via a web search and subsequent email contact. Over a series of emails explaining the study, the CEO agreed to support the study and to help with access to the target population. The YKIP board also approved the assistance of their staff in the project. The first group of participants was then selected from the directly affected population of the 2002 bombings and their affected families.

Two local research assistants were recruited to assist with individual interviews, questionnaire administration and transcribing of the information gathered. One research assistant employed by YKIDs was seconded to assist with the research and the second was recruited via email contact from Perth and a subsequent meeting in Bali. The second assistant was a doctor who had worked with victims in Bali after the bombing and whose name had been put forward by a contact in Perth who had worked with the ICRC in Bali during the crisis. The research assistants also acted as cultural interpreters and accompanied the researcher to each interview location. Clarification of roles occurred prior to conducting the interviews. This assisted in building an effective working relationship with the research assistants (Pitchforth & Van Teijlingen, 2005) which was essential given that the researcher and assistants would be spending many hours working together.

4.3.2 Recruitment of participants

The primary victims were selected from among residents of Bali who were victims of the 2002 attacks in Bali (victims who were in the Sari nightclub or Paddy's bar at the time of the attacks) or secondary level victims (family members or friends of directly affected victims). Participants were identified by using purposive, opportunistic and snowball techniques, using the contacts that had been established in the community over a period of 8 weeks in mid January to March 2008, five and half years after the

event. These sampling techniques are recognised qualitative recruitment techniques that allow the researcher to identify and recruit individuals, or key informants who demonstrate the characteristics pertinent to the phenomenon being studied (Hesse-Biber & Leavy, 2006, pp. 70-73).

Potential primary and secondary level participants were initially invited to take part in the research by the research assistants. The researcher was mindful of the sensitivity of the research and its potential to lead to unintended consequences and to this end the CEO of YKIP had indicated her support and agreed to provide free counselling services should participants require support following their interview. In addition, the researcher liaised closely with YKIP staff and her local contacts with respect to appropriate cultural norms.

Primary level victims were victims who had received maximum exposure to the terrorist attacks (who were in and around the vicinity of the Sari nightclub and Paddy's bar), secondary level victims were close relatives (consisting of family members and close relatives of the primary victims) and friends of the primary victims and third level victims were the rescue, recovery and professional personnel who took part in the emergency response and initial care of the victims (professional and volunteer emergency responders and key informants).

The initial participants were well known to both YKIP and YKIDS and a local doctor who worked part time in private practice. Recruitment of these initial participants was not too problematic; only three potential participants refused to take part in the interview process. Male and female participants aged from 18 upwards were recruited. Participants were required to give written or oral consent for data collection. Due to the sensitive nature of the research topic, and to reduce the risk of further distress to the participants, the following participants were excluded from the study:

- Those who had been diagnosed with a mental health problem within the last 12 months;

- Those who were receiving counselling or psychotherapeutic interventions for a mental health problem or had received such interventions within the past 12 months; and

- Those who were currently prescribed medication for a mental health problem.

All the participants had been directly or indirectly affected by the terrorist attacks in Bali, by being in or around the Sari club or Paddy's bar on the night of the bombing, or by being a family member of a person killed or injured in the bombing. Semi-structured interviews were used as they allowed for greater sensitivity. Local interpreters were used and participants were given the opportunity to use their language of choice (Bahasa Indonesian or Bahasa Balinese) so they could feel as comfortable as possible with the interview process. All documents pertaining to the interview process, namely information sheet, consent form, and both sections of the interview schedule were translated into Bahasa and both the English and Bahasa versions are presented in Appendices 1-11.

The key informants were people who had been indirectly affected by the bombings such as trades people or residents of Bali. In all a total of 33 participants out of the 36 approached partook in the study and interviews continued until information saturation was achieved (as illustrated in Table 4 below).

Table 4 : Participants Recruited for Interview in Bali

Primary Victims	Secondary Victims	Third Level Volunteers	Third Level Professionals	Key Informants
6 Female	11 Female		3 Female	
4 Male		2 Male	4 Male	3 Male

4.4   Data Collection: Bali

4.4.1 Informal In-Depth Interviews

Informal in-depth audio-taped interviews occurred with primary victims (who had been exposed to the bombing), secondary victims (who were the primary victims' close family members or friends) and third level victims (such as emergency responders and volunteers (Adshead, Canterbury & Rose, 1995). The interview schedule consisted of two parts. Part One contained 15 questions relating to demographic data (see Appendices 4 [English] and 9 [Bahasa]). Part Two contained

45 open ended questions relating to key aspects of the participant's experiences and recollections regarding the Bali bombings of 2002 (Appendices 5 [English] and 10 [Bahasa]). The interview schedules are further discussed in section 4.8 of this chapter. Open ended questions were selected as they allowed respondents to reply in their own terms (Silverman, 2006, p. 88) and in their own time. The interviews varied in length from 60 to 90 minutes.

Key informants such as doctors and business owners were recruited by purposeful sampling and snowball opportunistic methods and are discussed in section 4.5.5. All participants were given a choice of venues to enable them to feel as comfortable as possible during the interview process. Except for the key informants, professional responders and three secondary level victims, all interviews took place in the participant's home. Audio-taping occurred with the permission of all of the participants as it was acknowledged a tape recorder can be an intrusion in the interview process and may affect the quality of response.

4.4.2   Research Assistants and Cultural Interpreters in Bali

The researcher was aware the difficulties in working in a cross-cultural setting where the researcher is relying on translators or interpreters to obtain the data, and needs to be mindful of cultural norms, subtle nuances in language, hierarchical structures and power imbalance. The two research assistants were bilingual and acted as interpreters, transcribers and cultural advisors. By using two research assistants, the likelihood that they would become complacent with the process (Kapborg & Berterö, 2002) was reduced. The information they provided about Bali and its people provided an understanding of the participants' social context and cultural norms, an important component of qualitative research (Hassel, Jeffery, Sriprakash, & Singal, 2008). Using local translators and interpreters, greatly enhanced the likelihood of "gaining comparability of meanings" (Birbili, 2000, p. 3).

As there is a power differential between the interviewer and the interviewee, both assistants and the researcher used culturally sensitive interview techniques to reduce the likelihood this would occur and to help facilitate a relaxed and informal interview environment (Shah, 2003). To help with this process both the researcher and

research assistants were careful to foster respectfulness, an essential and standard practice in medical and health care interpreting. The researcher was also keen to foster and ensure respectfulness during the interviews as she felt privileged to be given the opportunity to undertaken this study and interview participants.

Prior to data collection, individual meetings were held with the research assistants for training and an explanation of their roles. The clarification of roles helped to build an effective relationship with the interpreters (Pitchforth & Van Teijlingen, 2005). The training consisted of the researcher sharing her background, explaining the aims of the research, detailing the interview process and the ethical conduct of the interview, reviewing role requirements and the content of the questions. By undertaking this training process the risk of modification of participant responses (Kapborg & Berterö, 2002) was reduced, which helped minimise the potential for an adverse effect on the validity of the research. It also increased the likelihood of interview standardisation and inter-rater reliability. To further enhance validity, a translator outside of the research process was also employed to translate a small number of transcribed interviews. This enabled a cross check of the accuracy of the transcriptions (Pitchforth & Van Teijingen, 2005). In addition, daily briefing and debriefing sessions took place pre and post interview with the assistants to ensure they were not becoming vicariously affected by the interviews.

In Bali, the locally recruited research assistants (who spoke the local languages) conducted the interview with the researcher present at all times. All participants were given the opportunity to use their language of choice (mostly Bahasa Indonesian), although two participants spoke excellent English and requested to have the interview conducted in English. It was noted that if these participants required an explanation of the question they spoke Bahasa to the research assistant. As the doctor's written and spoken English was excellent, she wrote the participant's replies to the questions in English. This slowed the interview process marginally but was useful as the researcher was able to directly understand the participant's answers and, if necessary, request further details.

With such a sensitive subject matter it was inevitable that some participants would become emotional during the interview process. A number of participants, both male

and female, and professional responders, became emotional and cried during the interview or became very quiet. At this juncture the participants were offered some respite from the interview. If participants became emotional when discussing their experiences they were offered the choice of pausing or stopping the interview. No participant took up the offer to discontinue the interview, however three took up the offer to turn off the tape and pause the interview for a short period of time, until they recovered their composure and felt able to continue. Extensive notes were taken by the researcher during the interview process and extra questions were asked if elaboration of answers were required. As well as acting as an interpreter during the interviews, the research assistants were an important source of cultural and local knowledge.

4.4.3   In-Depth Interviews with Primary Level Victims

In-depth semi-structured interviews were conducted with six male victims and four female victims. All but one of the male victims had been working in the Sari club or Paddy's bar on the night of the bombing and had been directly affected by the bombing. As they had directly been affected by the bombings, the term primary level victim was applied (Reyes & Jacobs, 2006). The interviews were conducted in the victim's home in Kuta or Denpasar (which is situated approximately 15 kilometres from Kuta).

4.4.4   In-Depth Interviews with Secondary Level Victims

In-depth semi-structured interviews were conducted with 10 victims whose family members had either been killed or injured in the bombing. As they were family members of primary level victims, the term secondary level victim was applied (Reyes & Jacobs, 2006). This group of participants were all female and lived in Denpasar, Kuta or the village of Tabanan. Seven of the interviews were conducted in the participant's home and three in the participant's place of work. The three interviews that were conducted in the participant's work place involved widows who had set up a sewing co-operative to supply the tourist industry and local traders with t-shirts and bags.

4.4.5 In-Depth Interviews with Third Level Victims

In-depth semi-structured interviews took place with nine third level volunteers and professionals who provided support to the victims. Two were male volunteers who worked for the Red Cross at ground zero (as the locals have termed the bombing sites in Legian Street and the morgue). Three were female volunteers who worked for the Courts group supporting the families of victims. Four were male members of the medical profession, two worked as surgeons on the night and two who worked as psychiatrists supporting victims or family members following the bombing. The volunteer interviews took place in the Red Cross headquarters in Kuta and the Courts group headquarters in Denpasar.

4.4.6 Key Informants in Bali

Three business owners were interviewed at length to help gain further information regarding the economic effects on businesses in the Kuta area. A tailor, a hotel owner and a taxi driver whose businesses had all been adversely affected by the bombing were interviewed. In addition, an in-depth interesting discussion took place with two key members of the Bali Women's Association who gave insights into the cultural aspects of living and working in Bali, as well as the instrumental role members undertook at Sanglah Hospital in the aftermath of the bombing. The information acted as an adjunct to the information collected from participant interviews.

4.4.7 Non-Participant Observations, Site Visits & Photographs

The researcher made four site visits during the course of her eight week stay in Bali. She walked from her hotel in South Kuta to the bombing sites and to the memorial to the victims and proposed memorial garden, on the corner of Legian Street a distance of approx one kilometre. On the walk the researcher made continual observations and field notes reflecting her impressions. She took photographs of the hotel the Kingsley football players stayed in, the Sari Club and Paddy's bar sites, the memorial to the victims and proposed memorial garden. The purpose of taking the photographs was to add to the process of visual reflexivity and memories of the field visits. At the onset of the field trip, the researcher set out to take photographs of the bombing sites, the memorial and proposed memorial garden in an exercise to connect the reader with her observations. The photographs of the Sari club and Paddy's bar sites

are included in the Appendices. Because of her misgivings surrounding the photographs taken in Bali, the decision was taken to include them as a medium to support the literature and findings of the study, rather than to facilitate triangulation of the data.

4.4.8   Participant observations

Participants in Bali mainly chose to have the interviews conducted in their homes. As the researcher was using a research assistant to conduct the interviews, she became a passive observer who made observations and took detailed notes about the participants and their social conditions. Details of these observations have been documented in Chapter 5.

4.5   Research Processes: Perth

Perth, the capital city of Western Australia, is the most isolated capital city in the world and has a population of 1.6 million people (ABS, 2009). As previously discussed, its Mediterranean climate allows for an outdoor lifestyle and a wide range of sporting activities are enjoyed by its population, which include Australian Rules Football (AFL). Two professional teams are in the national competition and there are numerous local clubs, both professional and amateur, which take part in local competitions. The study in Perth was centred on an amateur local club, some of whose members were on the traditional end of season trip to Bali when the bombings took place in 2002.

4.5.1   Kingsley Amateur Football Club

The Kingsley Amateur Football Club was formed in 1994 with a home ground at the Kingsley reserve. As the club's web site states, the club is built on "good leadership with a family and community atmosphere" (Kingsley Amateur Football Club, 2010). It has a good local following with many fund raising activities taking place during the year to support the club and most home and away games are well attended. In 2002 the club had a successful year, reaching the grand final. The players had planned all year for a traditional end of season trip to Bali. In all 20 men went on the trip; 17 were players from the club, two were club officials, and one was a friend of the players. Shortly after arriving the men had dinner and set off to the night spots of

Kuta. They commenced their evening in a discotheque bar and then went on to the popular Sari club. A few minutes after arriving at the club the bombing took place. Seven of the players were killed in the bombing, 13 survived and, as described in chapter 2, the bombing had a devastating impact on the players and their families

4.5.2 Recruitment Procedures in Perth

The initial sample of participants (4 primary level) was selected from victims who had been directly affected by the bombing by being in or around the Sari night club, and their close family members and friends (5 secondary level victims). Additionally, five third level victims were selected from the professional and volunteer responders who assisted the primary and secondary victims in the aftermath of the bombings. Three key informants were interviewed for the study. All had acted as advisors to the Kingsley Football Club response committee. These interviews helped to gain further information regarding the decisions made by the committee, the influence of the wider community as well as the personal effect on the individuals concerned.

The 17 participants in Perth were identified by using purposeful, volunteer, opportunistic and snowball techniques. Two club committee members known to the researcher were enlisted to recruit the participants from Perth. Two informal meetings were held prior to the onset of the interviews to explain the aims of the study and to train the women in recruitment procedures. It was emphasised that participants' had a right to refuse to take part in the study and that participation was voluntary, which complied with the personal ethics of the researcher and the ethical guidelines for the conduct of research in Australia (Australian Government National Health and Medical Research Council, 2007). Additionally, the need for confidentiality in all matters was emphasised. This was particularly important as the football club is a relatively small community of people who live more or less in the same geographical area and meet up at the club or football meetings quite regularly.

The club committee sanctioned the study. All of the primary and secondary level victims were members or officials of the club. Recruitment of the initial sample was not problematic. The two committee members made the initial contact with the potential participants, outlined the study and asked for permission for the researcher to be given the potential participant's telephone number of choice. To comply with

ethical guidelines it was important the researcher did not make the initial contact. Key informants were recruited from the professional contacts of the researcher. The researcher liaised closely with the two committee members at all stages of the interview process. Male and female participants aged over 18 years were recruited. Participants were required to give written or oral consent for data collection. Due to the sensitive nature of the research topic and to reduce the risk of further distress to the participants, the same exclusion criteria were applied as used for participants in Bali (see page 79).

A personal contact of the researcher (a psychologist) in Perth had agreed to provide free counselling services to the participants if they became unduly upset by the interview process. As the participants had been directly or indirectly affected by the terrorist attacks in Bali, the researcher acknowledged the need for sensitivity throughout all stages of recruitment and data collection. Semi-structured interviews and questionnaires were again used as they are methods which allow for sensitivity and tact. Participants were given the local research assistant's telephone number in case of complaint regarding the research, as well as that of the researcher's primary supervisor.

4.5.3 Participant Numbers in Perth

Initially, it was planned to interview eight primary victim participants who had been present in the Sari nightclub when the bombing took place, eight secondary victims consisting of their close family members and friends and eight professional and volunteer responders. The sample was to consist of a mix of age and gender. Overall, 24 participants were approached to take part in the study. Seven potential participants declined to take part in the interview process. Amongst them were a few participants who initially agreed to take part in the interview and then decided to withdraw close to the interview day, the rest when approached declined to be interviewed. However it transpired that all objectives and information saturation were achieved by interviewing 17 participants. An overview of these participants is illustrated in Table 5 below.

Table 5 : Participants Recruited for Interview in Perth

Primary Level Victims	Secondary Level Victims	Third Level Volunteers	Third Level Professionals	Key Informants
	3 Female			1 Female
4 Male	2 Male	3 Male	1 Male	3 Male

As the sample was almost exclusively recruited from the Kingsley football club it was inevitable the sample size would be less than the number recruited in Bali. A small number of key informants were recruited to the study by the researcher, through personal contacts and snow balling opportunistic methods. Individual in-depth interviews were chosen as the primary method of data collection.

4. 6   Data Collection: Perth

4.6.1   In-Depth Interviews with Victims

Informal in-depth taped interviews occurred with primary, secondary, and third level volunteers and key informants. Efforts were made to help the participants feel as comfortable as possible during the interview process. They were given a choice of venue for the interviews, either the participant's home or the researcher's office in the local community. Thirteen interviews were conducted at the researcher's office and four in the participant's home setting. The interviews were transcribed from tape as soon as possible by a locally recruited medical typist with extensive experience in transcribing audio-tapes. The researcher used the opportunity when conducting the interviews to occasionally request an expansion of the answer. As in Bali, cues were picked from the participant's body language and interviews paused if it was suspected that participants were getting emotional. Due to the sensitivity of the subject, a number of the male and female participants did become emotional during the interview process or became very quiet. At this juncture the participants were offered some respite from the interview or to withdraw. However, only two requested the interview be suspended for a short time. Extensive notes were taken by the researcher during the interview process and extra questions were asked if elaboration of answers were required.

4.6.2 In-Depth Interviews with Primary Level Victims

Four primary level victims were interviewed. Three were players who had gone on the end of season football trip and the remaining victim was a friend of a football player who was persuaded to join the trip. Three of the interviews took place in the researcher's office and one in a victim's home. None were victims that the researcher had personally supported during her volunteer counselling role at the club, although they knew the researcher and were familiar with her role at the club during the crisis response.

4.6.3 In-Depth Interviews with Secondary Level Victims

In-depth interviews were conducted with five secondary level victims in Perth whose family members had either been killed or injured in the bombing. Three of the participants in this category were female and two were male. Two of the interviews took place in the participant's home and three in the researcher's office. All participants lived in the inner suburbs of Perth. Although 6 years after the bombing the participants retold their story with amazing clarity and insight

4.6.4 In-Depth Interviews with Third Level Volunteers and Professionals

Three of the volunteers interviewed were male volunteers who formed part of the support team from the Kingsley Football Club committee. All were participants the researcher had previous contact with as part of her role on the Kingsley Football Club response committee. Again, this previous contact seemed to help with the interview process as participants appeared relaxed and ready to be interviewed from the onset of the interview. One of the professionals interviewed was a male surgeon who had worked with many of the burns victims from Bali and Perth in the days following the bombings when victims were evacuated to Perth.

4.6.5 Key Informants in Perth

Three key informants were interviewed. One was a male government employed departmental head, the second a male professional media advisor and the third a senior local female politician. Each of the key informants had acted as advisors to the Kingsley Football Club response committee. These interviews helped to gain further

information regarding the decisions made by the committee as well as the personal effect on the individuals concerned.

4.7   Semi-Structured Interview Schedules

Two semi-structured interview schedules were developed to be used in both Perth and Bali. The first was for directly affected first level victims and their indirectly affected second level victims, that is family members and friends (see Appendix 5). This schedule was divided into two parts. The initial section was designed to collect demographic data (taking between 10 and 15 minutes). The second and main part of the schedule was designed to encourage the participants to talk openly around a list of guiding questions. The interview schedule was designed to elicit information based on the overarching aim of the study. The questions for the first and second level victims provided a basis for exploring 10 key themes: demographics, the effects of the bomb, injuries received, health care, emotional support, financial support, community effect, community support, coping strategies and viewpoints. The interviews usually lasted for 1 to 1.5 hour.

4.8   Documentary and Grey Data

A comprehensive review of documentary and grey literature relating to terrorist attacks, post attack interventions and collation and critical analysis of available documentary data. Available documentary data included newspaper reports from Indonesia and Australia, disaster management reports from Bali and other international web based reports (World Health Organisation, 2003; Yayasan IDEP, 2003).

4.9   Use of Narratives

The primary purpose of narratives in research is to capture personal experience (Hendry, 2007), which the 'voices' that unfolded in the course of this study achieved in many memorable ways. The researcher has used the narratives of the Balinese and Australian participants in the form of vignettes to further enhance our understanding of the victims' experiences connected to the bombings, the resilience they demonstrated, as well as the economic and social conditions participants were experiencing. The narratives present a voice and a platform to share experiences

without restrictions or judgment. It is also a means of encouraging the reader's active engagement with the material (Berger & Quinney, 2004). The first narrative was constructed from information collected from semi-structured interviews with primary level victims, the second from interviews from secondary level victims and the third from interviews with third level victims. Two further narratives were written from a daily log of observations and personal reflections surrounding the field visits. The narratives are presented in Appendix 12.

4.10   Data Analysis

Data analysis and dissemination are one of the most important facets of any study and in this qualitative study the victims' experiences and suggestions were being heard. "Qualitative data analysis is working with data, organising it, breaking it into manageable units, synthesizing it, searching for patterns, discovering what is important and what is to be learned, and deciding what you tell others" (Bogdan & Biklen, 1982, p. 23). Data analysis occurred throughout the data collection phase with the semi-structured nature of the interviews allowing the researcher to modify the direction of the interviews as new concepts and themes emerged.

4.10.1   Analysis of Demographic Data

During the first section of the semi-structured interviews the participants were invited to provide information on basic demographic data. The demographic questionnaire (Appendices 4 and 8) contained questions on age, gender, language spoken at home, education, employment, injuries and support received following the bombing. This section was analysed using basic frequency distribution and is presented in the form of tables in Chapter 5.

4.10.2   Framework Analysis of Interviews

The analysis of interviews was undertaken using framework analysis. The five stages of data analysis in Framework analysis were utilised to analyse the data: familiarisation; identifying a thematic framework; indexing and charting; mapping; and interpretation (Dunican, 2005; Pope, Ziebland, & Mays, 2000). Each of these stage is explained in brief in the next sections.

4.10.2.1 Familiarisation

All the transcribed in-depth interviews were organised into first, second or third level victim and country category. The interview transcriptions from Bali and Perth were read, organised and analysed separately and reread with the aim of gaining familiarity with the information shared and the initial emerging themes. At this stage consistent emerging themes were listed in an informal way to assist with the process of data interpretation. A more formal method of thematic analysis was subsequently followed.

4.10.2.2 Identifying a Thematic Framework

In the next stage of the analysis, thematic framework analysis was used to organise and analyse the data. Each transcription was initially read line by line as immersion in the raw data is an important first step in the framework approach to data analysis (Pope et al., 2000). The data was then colour coded to identify related key ideas and themes. Initial colour coding helped to classify and assign meaning to the data without losing the context of the data (Pope et al., 2000). Repeated ideas and themes emerged and the codes were reorganised and categorised into larger interconnecting themes (Silverman, 2006). The next stage required for the themes arising from the initial analysis of interviews to be examined for likeness and differences in reference to the three core domains identified by the PWG framework (PWG, 2003).

4.10.2.3 Indexing and Charting

This stage involved using this framework (or index) systematically to all the data in textual form, by annotating the transcripts with numerical codes (Pope et al., 2000). The thematic framework was used as a basis for re-arranging, explaining and referencing the data within the three core domains of the Psychosocial framework. The charts contained condensed summaries of the participant's views and experiences relating to the Bali bombings of 2002.

4.10.2.4 Mapping and Interpretation

Finally, the charts were used to define concepts, plot the range of phenomena, create topologies and find associations between themes (Pope et al., 2000). Ultimately, the aim was to provide meaning to the findings.

4.11   Quality Criteria in the Study

Whilst it is important to conduct such a study using insightful and responsive techniques, particularly when exploring sensitive topics, the researcher must also be mindful that such techniques must also be scientifically rigorous. Rigour or the trustworthiness of this study was an important consideration from the outset. According to Brown (2005), sound qualitative research is judged in terms of its dependability, credibility, confirmability and transferability. Other qualitative researchers consider trustworthiness to be an important component as it demonstrates reliability and validity (Cohen and Crabtree, 2008; Graneheim & Lundman, 2003). Therefore, to enhance the credibility and overall trustworthiness of this study, a range of techniques was employed by the researcher. This included prolonged engagement, using participants' language, peer debriefing, participant checks, persistent observation and triangulation (Morrow, 2005).

4.11.1   Methodological Triangulation

Methodological triangulation was utilised to enhance the internal validity and overall dependability of the study (Barbour, 2001) and was an attempt to improve the probability that the findings and interpretations would be considered credible (Golafshani, 2003). Multiple data gathering procedures Multiple data gathering procedures that included semi-structured interviews with three levels of victims and key informants, continual detailed observations by the researcher, documentary data collection from newspapers and official reports, a literature review and memo writing occurred concurrently throughout all stages of the study. This method facilitated triangulation and allowed for interview and field data to be "combined and ….to make better sense of the other" (Silverman, 2006, p. 235).

4.11.2   Use of an Audit Trail

In this chapter an orderly and detailed description of the study (an audit trail) is produced so that other researchers can replicate the study (Shenton, 2004). The written field notes, reflective journal, audio tapes of interviews and subsequent transcripts were well maintained to provide a comprehensive account of the research process in Bali and in Perth. The aim was to supply sufficient descriptive data to

make judgments possible and to facilitate transferability of the study (Brown, 2005) by providing a "thick" and detailed description.

4.11.3   Member Checking

The criterion for member checking was fulfilled by having a selection of transcripts assessed by independent transcribers to assess for consistency and accuracy of interpretation. Respondent validation was also employed to enable cross checking of emerging themes with the target group and to determine accuracy. A selection of trusted peers and the researcher's supervisor were consulted on numerous occasions throughout the research process for debriefing purposes. Presentations were made by the researcher of the research methodology, findings and writings for peer group review and critique at professional meetings, and conferences and colloquiums.

4.11.4   Prolonged Engagement

The notion of prolonged engagement was satisfied by a two month field visit to Bali. This occurred between mid January 2008 and March 2008 over a period of eight weeks in Bali. This gave the researcher adequate time to familiarise herself with the research settings, gain some knowledge of the cultural norms of Bali, practise her Indonesian, visit the bombing sites and conduct the interviews. Prolonged engagement was further enhanced by the time investment set aside for this study. The researcher's private practice was put on hold for many months as she reduced her working hours to a minimum and immersed herself in the literature and data.

4.11.5   Reflective Journal

Cohen & Crabtree (2008) suggest that one of the "hallmarks" of good research is reflexive processing by the use of reflective journal (p. 333). The use of a reflective journal is considered an essential component of any qualitative research study. Reflective journals ensure we talk about our own "thoughts beliefs and behaviours" (Janesick, 1991, p. 521). By writing "in the moment", information was fresh and original and this information helped add to the data for later analysis (Silverman, 2006). The journal also provided information which continued to help with cultural understanding.

A second journal was written cataloguing situations, positive and negative events and interactions, more general observations, the daily course of progressive decision making and reflections of the interview process. This journal became part of an essential nightly routine and debriefing process for the researcher. These personal reflections, notes, observations and cathartic revelations were distilled where appropriate throughout this study and were later matched with data elicited from the interviews to identify key factors.

4.12   Summary of Chapter

A detailed description of the research methodology has been described in this chapter. An audit trail containing the full details of the research approach, conceptual framework, research design, data collection methods and analysis techniques employed to ensure validity, reliability and ethical considerations has been given. The following chapter, chapter 5, presents the analysis of the socio-demographic data of both the Balinese and Perth based participants.

CHAPTER 5

A Socio-demographic Profile of the Participants

5.0   Introduction

The findings that emerged from the data analysis are presented in this and the following three chapters. This chapter presents the socio-demographic profile of the participants. Demographic data was collected from primary and secondary level victims in the initial section of the interviews. Questions relating to marital status, the level of weekly income, and the number of children and other dependents in the household were asked sensitively. These questions were important as they gathered information regarding the financial impact of the bombing, including how the family coped financially both before and after the bombing in 2002 and how they were now coping in 2008.

As a number of the victims had become unemployed due to the injuries they sustained in the bombing or had been retrenched due to the economic downturn, data was collected on the participant's status and place of employment pre and post bombing. For others, their employment was affected as a result of their workplace being destroyed by the bombing (such as those who worked in the Sari club). The demographic data is an important inclusion in this study as it reveals the varying socio-economic status, living conditions and educational level of participants in Perth and Bali, thus providing the background to the qualitative data.

5.1   Socio-demographic Profile of the Participants: Bali

5.1.1 Age and Gender

All study participants were adults over the age of 18 yrs who had either been injured in the bombing, namely primary level victims (PLV), or were family members or friends of those who had been killed or injured, namely secondary level victims (SLV). In total, PLVs numbered 10, of whom five (50%) were female and five (50%) were male; SLVs numbered 11, of whom all (100%) were female. The majority of both PLVs and SLVs were in the age range 37-42 years.

5.1.2 Marital Status

The majority of participants interviewed in both the PLV and SLV groups were married, or had been married. Of the 10 PLVs, nine (90%) were married and one (10%) was separated; of the 11 SLV's, five were widowed (46%) and six (54%) were married.

5.1.2.1 Widows

Five of the SLV participants were widowed. Clearly, the loss of a male partner was extremely distressful for the women. In Bali the loss of a husband and main breadwinner is associated with a myriad of extra pressures for the women. One widow interviewed for this study stated she did not venture out on her own at night to community events for almost two years after the loss of her husband as she thought other women might think she wanted to steal their husbands (Widow 3, personal communication, February 22nd 2008). Delayed marriage, divorce, single parenting and the title of widow are not well accepted in Indonesian society due to entrenched social stigma (Jones & Gubhaju, 2008). For the widows, this altered status and the responsibility of becoming a single parent added to their considerable distress. As they took on the role of the family's primary carer they had to urgently find a source of regular income and financial support. With the global economic downturn and impact on tourism, it was difficult for the women to find gainful work, yet eventually all of the women found employment with the majority working at a local co-operative; one widow subsequently left to return to work as a teacher.

5.1.3 Number of Children

All of the children (PLV, n=17; SLV, n=39) came from families where the parents were married, reflecting the cultural trend, as having children out of marriage is very rare in Balinese society (Hirschman & Teerawichitchainan, 2005). The largest number of children in a single family was eight, with the majority of families having three or less children. This correlates with the total fertility rate (TFR) of 2.21 recorded in the 2007 Bali survey by Sekilas Bali, (Badan Pusat Statistik, 2008). The Balinese TFR is lower than the national Indonesian average of 3.8.

5.1.4 Employment

5.1.4.1 Pre-Bombing

In the period prior to the bombing, six (60 %) of the 10 PLV participants were employed. As they were injured mainly as a result of being employed in and around the Sari club and Paddy's bar, it would follow this would be reflected in a high figure of employment. The 11 SLVs were all female, with seven (64%) reporting that they had been employed prior to the bombing.

5.1.4.2 Post Bombing

Of the PLV participants, two were not working for the employer they had been working with prior to the bombing, but five continued working with their previous employers. Overall only two of SLV participants still worked for the same employer and nine were not with the same employer or were unemployed.

5.1.5 Income Characteristics

Of the PLV seven households disclosed a regular income and three declined. Two victims were earning an excellent wage by Balinese standards. One, a businessman, was earning AUD $1,400 per month, and another approximately AUD $900 per month. Of the rest, five were earning below AUD $400 per month. In the SLV Group, 10 households disclosed an income and one declined. Two were self employed and running well established businesses. However the majority of the women in this group (n=5) were earning less than AUD $ 400 and 3 had no fixed incomes and relied on family support. The majority of participants in both groups were earning less than AUD 400 a month.

5.1.6 Religion

In the SLV participant group the predominant religion was Hindu (64%, n=7), with the remaining participants (36%, n=4) professing to be Muslim prior to the bombing. The majority of Bali's population is Hindu (Edelhäuser, 2005). Hinduism has a long history in Bali as it arrived via Java and India between the 8th and 16th centuries (Bali 123, n.d.). The mainly Hindu population has found a duality of purpose in their religion. It serves not only a spiritual need particularly in a time of crisis, but also

gives them a collective identity, status and a political platform to enable them to be heard without harsh military interventions or oppression (Howe, 2001).

In comparison to the SLV group, only 30% (n=3) of PLV participants followed the Hindu religion, with the majority, 50% (n=5), being Muslim and 20% (n=2) Christian. In general, the Muslim community in Bali is in the minority; however a high proportion of rural Muslims, known as "Bali Siam" or "Bali Muslims", are descendants of long standing island populations (Pedersen, 2009). Recently the numbers of immigrant and "new" Muslims in Bali has been growing steadily, with a report in 2000 indicating the population of Muslims had grown by 6% in the last decade (Pedersen, 2009). Howe (2007) reports that the religious makeup of Bali has been changing, with the emphasis now on individual spiritual development and inner religious experience. During the SLV interviews, two previously Hindu and Muslim participants indicated that they had changed their religion to Christianity, reportedly as a result of their near death experience and the support they received from Christian groups at the time of the bombings.

5.1.7 Level of Education

The demographic data also examined the highest level of education attained by the participants. Of the PLV group, two (10%) had received primary level education only, six (60%) had received secondary level education and one (10%) had attended tertiary level education. Of the SLV, three (27%) had received primary level education only, six (54%) had received secondary education and a two had received tertiary education. Of the two SLV participants who had received tertiary education, both came from middle income families and were now involved in professional occupations and receiving relatively high incomes compared to the rest of the population. In both groups the majority of participants had received secondary level education, probably because of the great emphasis on education in Bali with many parents viewing education as a way to escape poverty (participant discussions, 2008). Please see Table 6 and 7 for details.

Table 6: Demographic Characteristics of PLVs (Bali)

Demographic and descriptive variables	Total Participants n= 10
Age	
31-36 years	4
37-42 years	5
43-48 years	1
Gender	
Female	5
Male	5
Marital Status	
Separate	1
Married	9
Religion	
Hindu	3
Muslim	5
Christian	2
Education	
Primary	2
Secondary	6
Tertiary	1
Did not respond	1
Employment	
Employed	7
Unemployed	3
Income	
AUD $ 200 to AUD $ 400	5
AUD $ 400 to AUD $ 900	1
AUD $ 900 to AUD $ 1400	1
Did not respond	3

Table 7: Demographic Characteristics of SLVs (Bali)

Demographic and descriptive variables	Total Participants n= 11
Age	
31-36 years	2
37-42 years	5
43-48 years	2
49-54	1
55-60	1
Gender	
Female	11
Male	0
Marital Status	
Married	6
Widowed	5
Religion	
Hindu	7
Muslim	4
Education	
Primary	3
Secondary	6
Tertiary	2
Employment	
Employed	7
Unemployed	4
Monthly Income	
AUD $ 200 to AUD $ 400	5
AUD $ 7,000 to AUD $ 9,000	1
AUD $ 9,000 to AUD $ 10,000	1
Did not respond	1
Varied family support	3

5.1.8 Forms of Support

The 10 PLVs and 11 SLVs received medical, counselling, community and spiritual support from a number of sources and in varying amounts. Of the PLV group, five (50%) participants received medical support, mainly for burns and eye injuries, and five (50%) received counselling support. Two (20%) received religious support and

one (10%) received community support. Of the SLV participants, eight (62%) received counselling support and eight (62%) received religious support. Seven (54%) received medical support, and six (46%) received community support.

Counselling and religious support were found to be the most utilised forms of support in the Bali participants. Medical support had also been widely used by both groups. A number of the PLV participants described receiving care initially at Sanglah hospital for their burns and blast injuries. The most severely injured were transferred to Australia for treatment in Perth hospitals. A number of the severely injured also received support in the initial aftermath from their community and eventually local NGOs. Often this support was in the form of food, or small amounts of money to buy food, as this group of people were unable to work due to their psychological and physical injuries. The SLV group reported similar support as they had little or no money in the form of savings or government support to buy basic food staples. The community also supplied support for funeral rituals and ceremonies which form part of an important traditional way of life in the villages of Bali.

In both groups a number of participants (61% of PLVs and 50% of SLVs) took up the counselling support offered. The counselling was delivered in the main by psychiatrists at the hospital in Bali whilst in Perth it was mainly in the form of psychologists provided by the government, Red Cross and volunteers. The Bali participants indicated the psychiatrists' fees were paid by a number of the NGOs set up for support purposes post bombing.

Table 8: Forms of Support received by participant victims in Bali

	Medical	**Counselling**	**Community**	**Spiritual**
PLV	5	5	1	2
SLVS	7	8	6	8

5.2   Non-participant observations in Bali

This next brief section provides a brief overview and analysis of participant housing in Bali. Most participants lived in small, overcrowded and simply furnished homes. The houses consisted of one or two rooms in a compound containing at least three or four other families, often from the participant's extended family. One room was set aside for the inhabitants to cook and eat in and sometimes for the inhabitants to sleep in. Usually the rooms had no air conditioning and at best one fan was shared by all the occupants with basic lighting and toilet facilities.

As it was the rainy season a number of houses had deep pools of stagnant water lapping at the entrance to the house. The participants were mainly unemployed or in low income employment. At some point in the interview process the discussion would turn to the economic hardships they were experiencing. Many times the price of commodities including rice, cooking oil or petrol was discussed as people despondently reflected how expensive and unaffordable these items had become. The global economic downturn seemed much worse in Bali than in Perth as people struggled to provide the basic necessities of life without economic support from the government or charitable organisations.

5.3   Socio-demographic Profile of the Participants: Perth

This section commences with an analysis of the demographic data collected from PLV and SLV participants in Perth and reveals the varying socio-economic status, living conditions and educational level of participants in Perth.

5.3.1 Age and Gender

The lower age limit for participation in this study was 18 or over. The PLV age groupings were split between the ages of 19-24 years (n=1), 25-30 years (n=1) and 31-36 years (n=1) and 37-42 (n=1). The group that travelled to Bali was a mixture of players from the Kingsley Football Club, coaching staff and the players' friends, hence the mix of age groups. The oldest person to go on the trip was a 41 year old member of the club's support team. He was one of the most badly injured members of the team and was airlifted to Darwin for intensive emergency treatment. The PLV were all male (as one would expect in an Australian Rules football team from Perth).

Of the five participants in the SLV group, one participant was in the 25-30 years age grouping, half of the remainder were in the 43-48 years age grouping (n=2), and two were in the 49-54 years age grouping (n=2). Three of the SLV were female and two were male. They were mainly parents of participants who had been injured or killed, hence the older age grouping at 43-54 years (n=4). Three of the participants were on the Kingsley Football Club committee and a fourth was the husband of a committee member. All SLV participants were closely connected to the football club either as past players or as parents of football players who had been killed or injured in the bombing.

5.3.2 Marital Status

A higher proportion of the five SLV participants three were married, one participant was divorced and one was single. In Perth, the pattern of divorce is presently declining. This decline in the rate of divorce is thought to be due to the older age of first marriage (32.1 years for males, 29.5 years for females) and the fact that 75% of couples co-habit before marriage (Australian Government Australian Institute of Family Studies, 2008). In the PLV group, two were in a de facto relationship, one was married and one was single.

5.3.3 Education

Education in Western Australia, as in all the other states and territories of Australia, is compulsory and is provided free by the government in each state. Children must attend school or be home schooled from the age of five years until the end of the year in which they turn 16 (Australian Government, n.d.). Of the PLV group, all attended primary and secondary school with one attending tertiary education. In the SLV group all attended primary and secondary schooling and one attended tertiary.

5.3.4 Income

Of the PLV, 3 declared a regular income. One participant declined to give their income. Their incomes ranged from $2,900 to $5,600. The minimum wage set in Western Australia is $2229.60 per month (West Australian Industrial Relations

Commission, 2007) and the monthly income of all PLV participants was above this minimum wage. The SLVs' monthly income ranged from at the highest $14,000 per month to the lowest at $1,350 a part time worker.

5.3.5 Employment

In terms of employment, all PLVs were employed prior to the Bali bombing (n= 4, 100%) as were all of the SLVS (n=5, 100%). Post bombing and at the time of interview in 2008, all the participants from Perth were employed in a full time or part time capacity (n=9, 100%). Perth is a rich state with the mineral resources contributing to the state's positive wealth and employment statistics (Australian Institute of Company Directors, 2007). Perth's unemployment rate is a low of 3.4 % in 2008, despite the beginnings of the economic downturn (ABS, 2008a).

5.3.6 Religion

None of the PLV group identified with any religion. Of the five SLV participants, all stated they were Christian. A number of the SLV participants did state they prayed or turned to their religion to help cope with the difficulties they were facing. This is not unusual in times of crisis when religion become a coping mechanism for many people (Ai, Cascio, Santangelo, & Evans-Campbell, 2005). Religion does not play such an important role in the daily life of most of the participant's lives in Perth in comparison to the role it plays for the majority of the participants in Bali.

Table 9: Demographic Characteristics of PLVs (Perth)

Demographic and descriptive variables	Total Participants n= 4
Age	
19-24 years	1
25-30 years	1
31-36 years	1
37-42	1
Gender	
Female	0
Male	4
Marital Status	
De Facto	2
Married	1
Single	1
Education	
Primary	4
Secondary	4
Tertiary	1
Employment	
Employed	4
Unemployed	0
Monthly Income	
AUD $ 4,000 to AUD $ 6,000	1
AUD $ 3,000 to AUD $ 4,000	1
AUD $ 2,000 to AUD $ 3,000	1
Did not respond	1

Table 10: Demographic Characteristics of SLVs (Perth)

Demographic and descriptive variables	Total Participants n= 5
Age	
25-30 years	1
43-48 years	2
49-54	2
Gender	
Female	3
Male	2
Marital Status	
Married	3
Divorced	1
Single	1
Religion	
Christian	5
Education	
Primary	5
Secondary	5
Tertiary	1
Employment	
Employed	5
Unemployed	0
Monthly Income	
AUD $ 12,000 to AUD $ 14,000	1
AUD $ 4,000 to AUD $ 6,000	1
AUD $ 2,000 to AUD $ 4,000	1
AUD $ 1,000 to AUD $ 2,000	1
Did Not Respond	1

5.3.7 Forms of Support

The PLVs and SLVs received medical, counselling and spiritual and community support from a number of sources in varying amounts. Of the PLV group, one received support from two sources, namely counselling and community support. Two received support from three sources, medical, counselling and community. The other received support from four sources, namely medical, counselling, community and

religious. Of the SLV participants, three received support in the form of counselling, two in the form of counselling and community support and one in the form of medical, counselling, community and religious. For the SLV participants, counselling was the most popular form of support. From the contact the researcher had with the parents of injured players, most initially sought counselling support in order to gain information to enable them to understand how to best support their injured or distressed family members.

The PLV victims described how they were provided money to attend to bills, buy food and purchase suits to attend funerals, as well as the emotional support they received from the Red Cross, volunteer psychologists, family friends and the pastor from their local church. The SLV participants described a similar mix of support from a number of government agencies, the Red Cross, family, friends, and even people they hardly knew.

Table 11: Forms of Support Perth

	Medical	Counselling	Community	Spiritual
PLVs	2	3	3	1
SLVs	1	6	3	1

5.4   Summary of the Chapter

In Bali the analysis revealed the participants had additional stressors attributed to the effects of the bombing apart from the loss or injury of a loved one or injury to themselves. Due to the downturn in tourism the economic costs to Bali and the participants was extensive. As a result, many lost their jobs and were living below the poverty line. For the widows in the SLV group there were additional hardships as they had to deal with their altered status in Balinese society, the responsibilities of single parenthood and the need to earn a living within an economically distressed community. The predominant religion of the participants was Hindu (64%) and with it came spiritual support during the time of the crisis and a collective identity with their Hindu neighbours, friends and family. All of the participants had attended

primary school and a number of both the PLV (60%) and SLV (54%) had attended secondary school.

In Perth, none of the participants were living below the poverty line and any whose wage was below the minimum had a partner who was also working and whose income was not taken into account in this study. All had attended school up to secondary level (100%), and were employed either full time or part time by choice. In both groups the participants were provided a relatively high level of support, from multiple sources including financial, counselling, community, medical, and religious.

The next three chapters present the data analysis of the second part of the in-depth interviews and are supported by appropriate respondent quotes. Chapter 6 commences with the analysis of the themes that emerged from the interviews with the Perth based participants.

Chapter 6

Analysis of Interview Themes: Perth

> *Language gives expression to experience. It also reveals the effects, albeit fragmented and often contradictory, of the cultural, institutional, and ideological forces that give shape to multiple versions of experiences meaning* (Freeman, M., 2007, p. 925).

6.0   Introduction

The following three chapters present an exploration of the reinforced and disrupted resources within the three domains of the psychosocial framework, using participant quotes in Perth and Bali to illustrate the themes that emerged from the analysis of the data.

Chapter 6 presents the analysis of the data from the semi-structured interviews conducted with the Perth victims. Strang and Ager (2003), two key members of the PWG, extended the conceptual framework and enhanced our understanding of what constitutes psychosocial well being, with reference to appropriate interventions and the importance of community engagement. They suggest that a commonality in any form of disaster is that it "diminishes or disrupts" a community's resources and that in response the community will strengthen and utilise the resources it has (Strang & Ager, 2001, p. 3).

Drawing on Strang and Ager's (2003) extension of the psychosocial framework, the term '**disrupted resources'** was used to describe factors that had a negative impact on the participants' lives, their families, friends and the wider community they lived in. Conversely, the term '**reinforced resources'** was used to map the many resources within the victims' family, friendship circles and community networks which were utilised to provide support. The resources are highlighted within the three domains (human capacity, social ecology and culture and values).

How effectively resources are utilised by victims is an indicator of the extent of their resilience (PWG, 2003). It is suggested following terrorist attacks, linkages within the three domains are activated (PWG, 2003), and in the context of the primary and secondary level participants in this study, this is illustrated in chapters 6 and 7. In these chapters the multilayered effects and support experienced by the victims is discussed.

All three chapters commence with an examination of the domain of human capacity, also termed human capital. Strang and Ager (2003) have defined human capacity as: "the physical and mental health of community members, their existing skills and knowledge, and their household livelihoods" (p. 3), and argue that complex emergency situations can lead to a reduction in human capacity at the individual and community level. As a consequence of an individual's injuries, the community is deprived of an individual's personal resources and skills due to the need for that person to withdraw, either temporarily or permanently, from community life so as to recover physically, and psychologically (Strang & Ager, 2003).

6.1   Human Capacity

The following section, which explores the element of human capacity commences with a description of the three main categories of disrupted resources that emerged from the data and concludes with an analysis of the two categories of reinforced resources depicted diagrammatically in Figure 4 below.

The primary and secondary level victims interviewed were all connected to the Kingsley Football Club, in the northern suburbs of Perth. The participants describe their story and how their lives and resources became disrupted by the bombing. They also describe how resources within their families and community helped them in many different ways in the days and months following the bombing. Their stories catalogue not only the negative aspects of the bombing but also the many positive factors they experienced. Whilst there are similarities identified in a number of the stories and the victims were involved in the same tragic event, it is important to highlight their individual stories are unique.
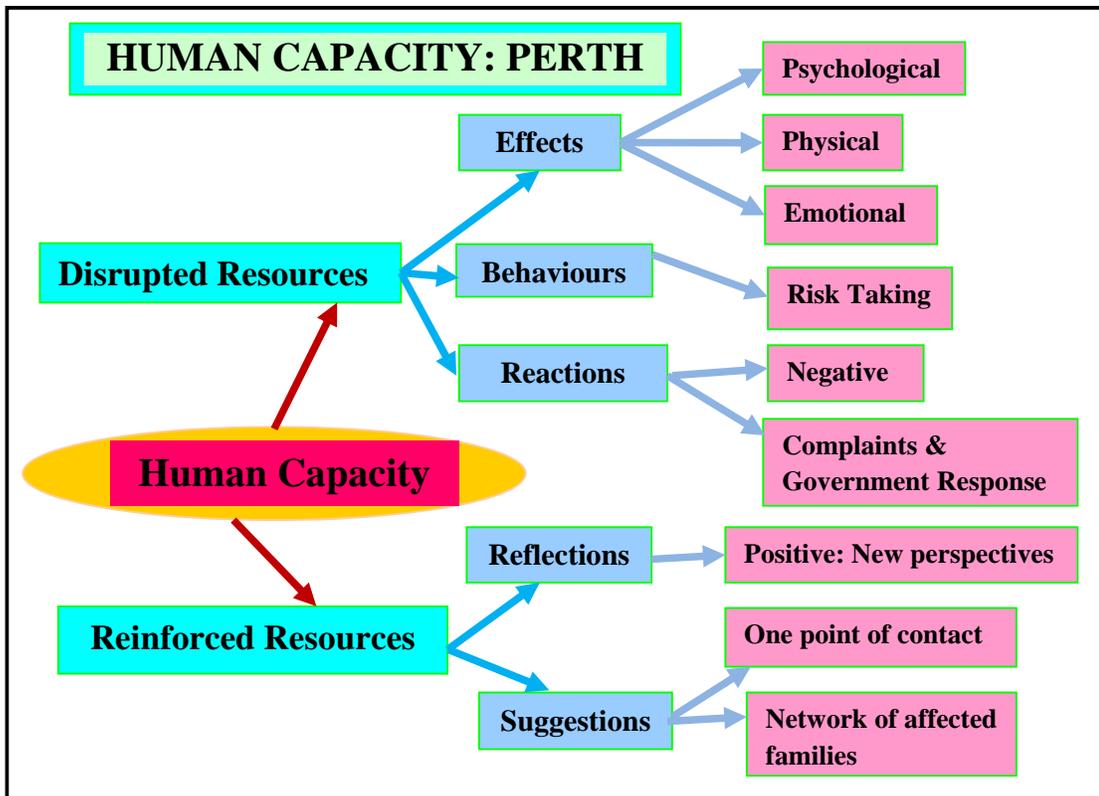
Figure 4 : Human Capacity: Perth

As reflected in Figure 4 above, the domain of Human Capacity draws on the concept of *Reinforced* and *Disrupted* resources used to underpin the interview analysis. The interviews revealed disrupted resources under the categories of effects (psychological, physical and emotional), behaviours (risk taking) and reactions (negative response and complaints). The Reinforced Resources revealed the themes of reflections (having positive and new perspectives) and suggestions (having one point of contact and forming a network of affected families). Each of these resources are further explained in detail below:

6.1.1   Disrupted Resource 1: Effects

6.1.1.1 Sub-Theme: Psychological Effect

A number of the injured members of the Kingsley football club graphically described the effect the bombing had on their lives. From happy tourists celebrating their end of season football final, they became victims of a terrorist attack. Davis et al.,

(2007), report in the initial post event stage, the young participants from the Kingsley football club described their confusion regarding what had happened, including nightmares and a chronic lack of sleep, a normal reaction to a very abnormal experience (Meisenhelder & Marcum, 2009), which would eventually dissipate.

As a result of their shared experiences, the young men felt a great need to be in contact with each other, would sleep with their mobile phone under their pillow, and would contact each other in the early hours of the morning for mutual support when still awake late at night or the early hours of the morning. This social bonding of the young men through a traumatic shared event was an important factor in 2002 and for some that continues to the present day. This social bonding and mutual support was an important part of their psychosocial recovery. For some participants, the lack of sleep and nightmares continued for a year after the event.

> *I think it stopped my normal world almost totally. The hardest thing was dealing with the nightmares and lack of sleep.* (Injured Male, KAFC)

> *For 12 months I had frequent nightmares. I would startle if there was a loud noise or a car backfired.* (Injured Male, KAFC)

> *It was fairly catastrophic; it was gut wrenching horrible.* (Injured Male, KAFC)

6.1.1.2 Sub-Theme: Ongoing Psychological Effect
Six years following the bombings none of the victims interviewed were receiving psychological interventions or counselling support, yet in 2008 the ongoing emotional impact of the bombing was being described in detail by a number of victims across all levels. This occurred across the spectrum of the primary level victims, who were in or around the vicinity of the Sari club or Paddy's bar on that fateful night, to secondary level family members who lost a loved one in the bombing, or family members and friends who supported the injured victims when they returned home to Perth. An injured male participant continues to have nightmares and recognises that the events of the bombing are still with him:

I watched a movie about a year ago called Ladder 49 and at the end it is just a bloke in a building with fire going around. I didn't think anything about it at the time until I woke up in the middle of the night with a nightmare. It's still in the back of my mind and things trigger it off. (Injured Male, KAFC)

A friend of a deceased victim indicated he was grateful to be given the time and space to talk about his feelings. This participant describes how he is unable to share his thoughts and inner feelings with anyone and as a result he tries to *"hold it all in"* in an effort to protect his family members and friends as he believes they want him to move on and not discuss the events any more.

I still get upset over it. My Mum says you have to get over it. I don't really understand what that means... (Friend of Deceased Male, KAFC)

In an attempt to cope with the enormity of what they had experienced victims of trauma will sometimes display a process of denial and suppression which is termed adaptive disassociation (Watchorn, 2001). The following victim vividly described the suppression of his emotions:

Compassion, sincerity, and emotion - I don't really have them. Things don't get to me. Well they do, but not in a personal manner. ... I've suppressed a lot of things. (Member, KAFC)

In the aftermath of a terrorist attack civilians experience "world stopping events, difficult to comprehend and inducing a strong emotional response" (Blanchette, Richards, Meiynk, & Lavda, 2007), all of which have been described in some form by some of the victims in Perth. Within contemporary psychology, there is now a trend towards "positive psychology" (Duckworth, Steen, & Seligman, 2005; Linley, Joseph, Harrington, & Wood, 2006) as the discipline attempts to move towards a more flexible understanding of the range of reactions victims may demonstrate in their response to difficult and traumatic life events (Linley et al., 2006). The initial post event symptoms such as the shock, numbness and despair are normal reactions to very abnormal circumstances (Rao, 2006b, p. 506).

6.1.1.3 Sub-Theme: Physical Effect

Many of the victims were evacuated to Perth with physical injuries received in the bombing. Two of the injured survivors were air lifted to the Eastern states with life threatening injuries. Seven remained in Bali with injuries consistent with the detonation of a suicide bomb. They reported primary injuries caused by exposure to the blast wave such as hearing damage. They also experienced injuries such as lacerations, back and shoulder damage, severe bruising and splinters of glass and wood throughout the body, which were likely caused as a result of flying objects energised by the wind blast, and miscellaneous injuries such as burns caused by the fire which occurred in the aftermath of the explosion (Moore, 2006). The injuries disrupted both the physical and psychological aspects of their health and reduced their ability to work and interrelate in their usual capacity within the community.

Commonly, the young men minimised the extent of the injuries they received. In the aftermath of the attack they appeared to ignore the pain from their burns and other injuries to search for a number of days for their seven missing friends. From the outset those that had survived vowed to bring their friends back home to Perth alive or deceased. The day after the bombing, they organised a search for their missing friends around Bali in hospitals, hotels and the morgue. They searched patient lists, photographic records of the dead and injured, and looked at numerous corpses in the morgue. This type of behaviour is consistent with the "rescue phase" of a disaster when altruism is at its highest and people who have been injured themselves take part in relief work (Rao, 2006b).

> *Well physically there was a bit burnt here and there...* (Injured Male, KAFC who sustained burns to his arm and back)

> *I got a bit of a sore back; I got a few bruises at the top of my legs and a few splinters, and glass in my head from the initial blast, but nothing really.* (Injured Male, KAFC)

> *At the time I still had a big piece of metal stuck in my shoulder blade that I was forced* [by the other players] *to get removed, because I didn't care about it.*

(Injured Male, KAFC who waited until three days after the event to have treatment in Bali)

6.1.1.4 Sub-Theme: Emotional Effect

At the time of their interviews, the young football players reported a range of emotions with anger being the most frequent. The effects of the bombing were still being experienced and described in detail six years following the bombing. One young male player reported the need to attend the trial of the bombers in Bali. He described wanting to confront *"his demons"*, that is the bomber, and afterwards reported *"feeling better"* for attending the trial. Anger particularly towards the perpetrators of an attack is not an unusual emotion for victims of an attack to display or report (Miller, 2004). The following young man's anger may be a necessary outlet for his emotions and lead to eventually achieving emotional stability and growth (Park et al., 2008):

> *There is still a bit of anger there for sure. I went to the initial trials to look Amrosi in the face and I felt better for that, as he is only a little bastard. I was angry and* [am] *still angry they did it.* (Injured Male, KAFC)

One of the friends of a young man killed in the bombing revealed he often visits the graveyard where a number of his friends are buried. He goes when he feels emotions ranging from anger to sadness *"building up"* and "*overflowing*". He reported feeling calmer when he has been to the graveyard. As previously discussed, there is no rule book or linear progression in grief or distress, particularly after a traumatic event. People will move in and out of grief as various anniversaries, birthdays and events remind them of that time in their lives. He was able to release his emotions in what he felt was a safe and significant venue where he could talk to his friends and cry and feel no one would judge him:

> *Late last year it* [2007*] it affected me and it felt like it built up and overflowed and I went down to Pinnaroo* [local graveyard] *and sat down for a bit.* (Friend of Victim, KAFC)

The following participant describes the angry feelings he has regarding the bombing will often be displaced when he is angry and upset about something else. In psychological terms this is termed displaced anger; the participant is unable to lose or channel his anger at the perpetrators and he will displace it when something unrelated to the attack triggers his anger.

I think the anger comes out if I am upset about another situation. (Injured Male, KAFC)

6.1.2 Disrupted Resource 2: Behaviours

6.1.2.1 Sub-Theme: Risk taking behaviours

Over indulgence, particularly of alcohol, was a common coping mechanism for many of the young victims, as was the use of illicit drugs. Risk taking behaviours, an increase in alcohol consumption, or illicit drug use following trauma is not unusual behaviour for young males who have been exposed to life threatening traumatic events (Moore, Cunradi, & Ames, 2004; Vlahov et al., 2006). The young males who had been directly affected by the bombing and some of their fathers appeared to gravitate to the local tavern, which became a gathering point many times during the aftermath of the bombing and the six funerals of their mates in Perth.

Overall, the young men were reporting a loss of resources within the physical and mental health sphere. Due to burns and other injuries most were unable to work for some months after the bombing, which meant their livelihoods were disrupted. This resulted in a disconnection with their work, their work colleagues, and their community. Ultimately having no choice but to stay at home to heal the physical and psychological wounds appeared to produce a reduced sense of control over their lives. The reported boredom, lack of connection with their work and work colleagues and a lack of normal routine may be part of the reason a number of the injured reported using copious amounts of alcohol and/or various amounts of illicit drugs in the aftermath of the bombing. A participant describes being in the pub with his friends from the KAFC. It seemed the group camaraderie and alcohol helped him and others cope with the enormity of what had happened:

I spent a month solidly at the […] tavern and I spent so much money. It was the best form of help I could have. It wasn't just alcohol fuelled emotions; it was stuff that needed to come out. You'd walk out the front [of the tavern] *have a cry, 10 boys would come outside and cry with you, you'd all have a laugh and walk in there and be fine again.* (Injured Male, KAFC)

This participant was using illicit drugs as a form of self medication which also enabled him to cope:

My thing was I used illicit drugs to help get me through it. The way I looked at it, it was taking my mind of things and putting a smile on my face. (Injured Male, KAFC)

Another participant also admitted he was self medicating. It seemed he was unable to talk to his close family members about his experiences. So he joined in with his mates and drank copious amounts of alcohol:

I had my mates. I recognised I was self medicating with alcohol. I've never been able to talk to my parents about it. I have talked to my brothers about once or twice in the last five years about it. (Friend of Deceased Male, KAFC)

6.1.3   Disrupted Resource 3: Responses

6.1.3.1 Sub-Theme: Negative Reactions

The impact of terrorist attacks is multifaceted and not limited to the people or the communities directly affected. Knowing someone who was killed or injured in a terrorist attack has been documented to increase the risk for physical and psychological symptoms such as those listed below. The victims of the Bali attack, their close family members and their friends described vivid reactions which ranged from entering a coping mode, to numbness and shock, or acting as if nothing had happened. As previously stated this is termed 'adaptive disassociation' and it is one means by which some people will attempt to cope with an extremely difficult situation (Watchorn, 2001). Within the domain of human capacity, the participants

reported many interruptions and challenges to their physical and mental well being throughout the crisis. On the day following the bombing, a participant who is a close friend of a missing, presumed deceased, victim described his reaction:

The first day I was pretty casual about it. I was actually pretty clinical about it all. I was like, information is going to start coming in so I'll get all the boys together. (Friend of Deceased Male, KAFC)

Another victim described the dazed state he entered in the first few days which enabled him to cope in the best way he could:

I just closed up, didn't really say anything. I spent three to four days not knowing anyone. ...so I just jumped in my car and left [when back in Perth]. *I don't know where I went. I was gone for a while. I wanted to avoid it, not accept it I suppose.* (Friend of Injured Male, KAFC)

This participant vividly described his numbness and "cutting off" of emotions during the many funerals he attended in the aftermath:

The emotion didn't really hit in, well it did for the extreme parts but it didn't hit in until we got back home. I think the shock covered everything for about a fortnight.....when I went to about 12 or 15 funerals within three months, I felt no sadness at all. ..It's just not real. I'm still waiting. It's probably going to hit me in 10 or 15 years time. (Injured Male, KAFC)

In one of the longest interviews undertaken during this study, a mother described her thoughts and reactions at a very difficult time of loss and tragedy and her grief over the loss of a precious son. She described in detail her daughter's confusion and emotional pain with great clarity, dignity and composure. As this was a new, overwhelming and tumultuous experience, it is understandable that individuals would struggle with their emotions such as grief and disbelief. Grief is a very individual emotion and two people in a household may react quite differently. There is no right or wrongs, just what is right, or feels right, for them at that time.

Feeling numb, reacting as if nothing had happened, or feeling dazed and confused can all be categorised as coping mechanisms that enable people to cope with trauma (Reosenthal, as cited by Holmes, 2005, p. 434). The following participant quotes clearly illustrate this mechanism. This participant explained she had two children and outlined how she and her daughter reacted on hearing the news her son had been killed:

> *I went into coping mode immediately. …I remained like that for about three months basically* ... [her daughter] *was totally dazed, she had no idea. She was confused and lost.* (Mother 1)

The researcher also interviewed a number of women from the same football club whose sons had been injured in the bombing. They outlined how their sons and daughters in Perth had reacted to the news their sibling had been injured in the bombing. These descriptions are similar to the reaction of the young woman above, as they went into a *"zombie like"* state of shock, numbness and disbelief.

> *My youngest son sort of walked around as if all was OK*. (Mother 2)

> *…went into...like a zombie mode. My son … completely went into denial.* (Mother 3)

6.1.3.2 Sub-Theme: Complaints and Government Response

A common theme amongst participants was their perception of the government's slow response in the initial phase of the crisis. It is important to note that a number of participants also stated that the government response was excellent once things *"got going"*. All comments and suggestions were provided by participants in a constructive way and the aim was to genuinely improve the situation for others if a similar event were to ever occur again and impact Australian citizens.

> *This is why I think it's great you're doing this. I didn't know who to talk to about this stuff. I felt that something needed to be done. That plane took an awful long time from Australia to get to Bali to get our people back. …I thought our planes didn't get through quick enough. We've got to stop the*

complacency; that's my biggest thing. They [the government] *were way too slow.* (Mother of Deceased Male, KAFC).

The government were very slow. They were very good once they got motivated. We should have had somewhere to go; we should have had an official to talk to as next of kin, family; we should have had something. We should not have had to initiate it ourselves Monday, and I don't think it should happen again. There should be a quicker response to that sort of disaster… (Mother of Injured Male, KAFC)

I would have liked official notification as soon as I could, even the following day; someone officially to say what happened. (Mother of Injured Male, KAFC)

6.1.4 Reinforced Resource 1: Reflections

6.1.4.1 Sub-Theme: Positives and New Perspectives

As previously reported, just as resources can be disrupted by traumatic events, there are resources inherent within the wider community that can be reinforced and used to support victims. For many, the events of Oct 12th, 2002 were life changing and a number of the participants reported they gained a new perspective on what was relevant, significant and important to life. For one victim in particular the new perspective means he gets less upset at everyday events. Now he does not get angry at small irrelevant things, whereas previously he would have reacted differently. This type of reflection is not unusual following a traumatic experience as many victims strive to make greater meaning out of the experience. The search for deeper meaning, focusing on the positive following traumatic events is thought to be an important coping mechanism and an indicator of personal resilience (Tatar & Amram, 2007).

I still find things like work irrelevant to life, when you sort of learn lessons like this; you sort of realise what is really important... I think it's the only way otherwise I'd still be in a pub drowning my sorrows...I just tried training myself to get some positives out of it. (Injured Male, KAFC)

For me it's given me a new perspective and helped me to grow. I definitely have changed in the last five years with outlooks into certain social and political issues... I really was really upset and it takes a lot more than road rage to get me upset. (Friend of Deceased Male, KAFC)

6.1.5   Reinforced Resource 2: Suggestions

6.1.5.1 Sub-Theme: One Point of Contact

Participants were very willing to comment on strategies that might be useful in the event of a future disaster involving Australians or people from other nations. They were keen to propose suggestions in the hope that something good would evolve out of this terrible event. On return to Perth, most of the injured required a medical assessment, counselling support and financial support and agencies such as Centrelink [the government social support agency which delivers a range of support services, including counselling and financial, for those in need and is the human service portfolio of the Australian Federal Government (Australian Government, Department of Human Services, 2010)]; the Australian Red Cross in Western Australia and their general practitioners (GPs). For some this meant queuing at Centrelink, or waiting in a GP's waiting rooms, which caused the victims some distress when having to retell their story many times. The mother of one of the injured victims suggested reducing this distress by, allocating a building or venue from the outset, in which all the important contacts, such as Centrelink, counsellors and doctors, were available 24/7 for the returning victims.

Some of the boys were a bit agro that they had to keep explaining. Every time you went to Centrelink you'd get someone different. You don't have to explain to a thousand different people. Later on they could branch out but initially there should have been one point of contact. (Mother of Injured Male, KAFC)

6.1.5.2 Sub-Theme: Network for Affected Families

One participant felt that it would be useful to create a network for those who had been affected by the bombing so that families could support each other, especially those who had little or no family support of their own. An injured male reflected on

the fact the injured young men at the football club had a large network of support around them. He felt concerned for the other families who had people injured or killed in the bombing, and did not have a close support network around them:

> *My main concern and always has been for the families that were on their own. So I think there should be a bit of a network where people can get together.* (Injured Male, KAFC)

6.2 Social Ecology

This section continues with the analysis of the data from the semi-structured interviews within the context of social ecology which encompasses familial, religious and cultural resources. Within this domain there lies a pool of resources which can be utilised by individuals and communities in response to the demands and stresses experienced during complex emergencies. Figure 5 below illustrates the disrupted and reinforced resources as described by the study participants from Perth within the Social Ecol
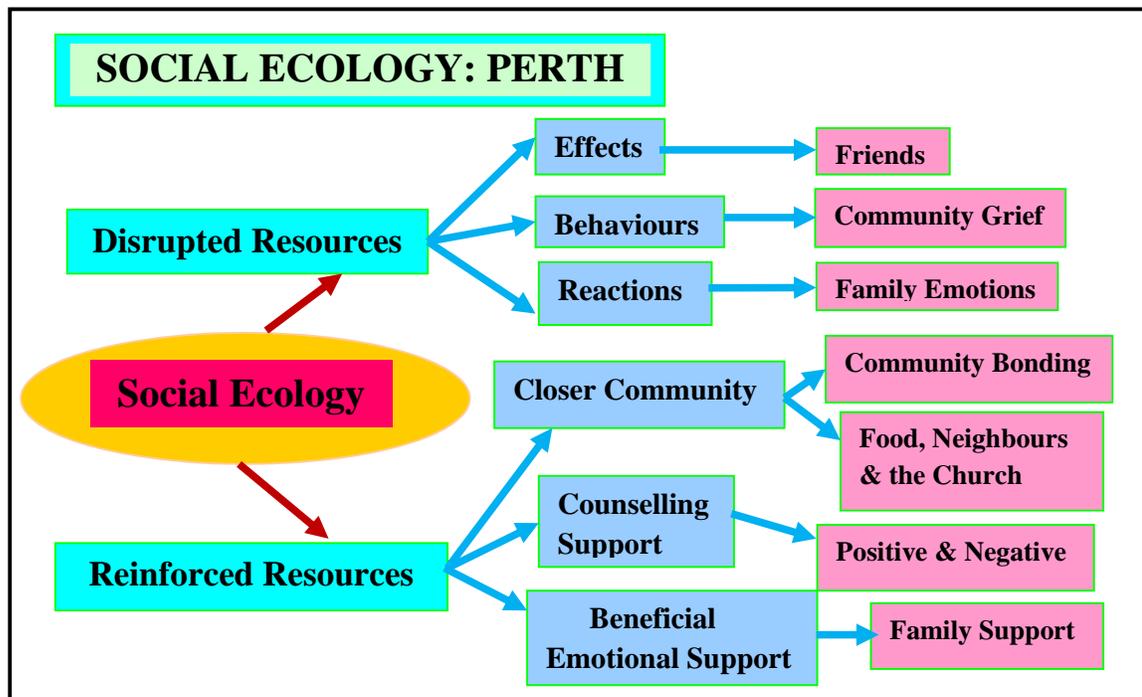
Figure 5: Social Ecology: Perth

Figure 5 represents the disrupted and reinforced resources within the Social Ecology Domain. The analysis revealed the categories of effects (the role played by friends), behaviour (community grief) and reactions (family emotions). The reinforced resources documented the categories of community support (bonding, making of meals, support of neighbours), spiritual support); counselling support (positive and negative reflections) and beneficial emotional support (family support). Each of these are further explained in the next section:

6.2.1 Disrupted Resource 1: Effects

6.2.1.1 Sub-Theme: Friends

The players who travelled to Bali had a wide circle of friends from their school days, work environments, neighbourhood and football club. On hearing the news surrounding the dead and injured players in Bali, many young people became deeply distressed and concerned for their friends. They gathered together, near the family homes of the deceased or injured to grieve, to wait for further news, and to collectively support each other and the affected family members. This group of people are termed the secondary level victims (Alexander, 2005; Rao, 2006b). They displayed reactions such as sadness, confusion, and needing to be together for support. They too had become indirect victims of the attack, illustrating the terrorist aim of going beyond the direct victims of the attack to spread fear amongst civilians (Miller, 2004). The mother of a son killed in the bombing describes how her son's girlfriends and friends came to collectively grieve and support her:

> *She … [grieving girlfriend] turned up with some of … [deceased son's] friends that I hadn't met. She and … one of my son's other friends turned up and they were there from the word go and they were there for three weeks.* (Mother of Deceased Male, KAFC)

Another mother described how her son's friends reacted to the news her son had been injured and others had been killed:

> *… [her injured son] had a very close friend who lived on the other side of Kingsley and I almost heard his car start up at about 5.30am. He'd heard it*

on the news and he came screaming over. He was sitting on the front fence crying. We'd go out and three or four young men would be sitting in the car crying. (Mother of an Injured Male, KAFC)

This mother describes the reaction of a previous coach of her son:

One man who was a previous foot ball coach of ... [her injured son] *and he was in his car across the road. He said "I don't know what to say to you. Is he alright?" He couldn't get out of the car; he couldn't walk across the road.* (Mother of Injured Male, KAFC)

6.2.2   Disrupted Resource 2: Behaviours

6.2.2.1 Sub-Theme: Community Grief

Whilst the community were extremely sympathetic and supportive of all of the victims and family members, the Kingsley and surrounding communities also grieved for the loss of the young men from the football club. At times this made life difficult for bereaved families and appeared to compound their grief, almost every time they stepped out of their house to attend to everyday tasks. Communities of Perth, and Kingsley didn't have any previous experience in dealing with victims and families of those affected by a terrorist attack, so they offered well meaning support in the best way they could. At times participants described it as overbearing and it meant that the community almost took over as "ownership" of the grief and distress – as described by one mother. The following quotes by two mothers, one a mother of a young injured male and one a mother of a young man who was killed in the bombing portrays this ownership.

If anybody in the community realised that you were directly involved and they asked you how you were, they usually burst into tears before you did. (Mother of Injured Male, KAFC)

If a car accident happened people would commiserate with you. And they move on with their lives, but Bali was owned by many Australians. It's quite a different thing, so the emotional impact was different. People just thought

they owned you. It was like everybody had to share the bad for me and felt
bad for themselves and felt bad for Australia with me. I'd go to the shops and
someone would go oh … [mother's name] *and put their arms around me in*
the middle of the shopping centre or the middle of Dewson's [local grocery
store] *and I found myself getting a phobia about shopping... we as a family*
had to deal with the wider community's grief. (Mother of Deceased Male,
KAFC)

6.2.3 Disrupted Resource 3: Reactions

6.2.3.1 Sub-Theme: Family Emotions

Family members back in Perth were also deeply affected by the events and were
struggling to cope. Accurate information was initially scarce and was limited to a
single player's mobile phone. As a volunteer counsellor with the football club, the
researcher's advice was constantly sought to provide phone support and respond to
queries from family members, friends of the victims and club officials. The stress of
the event seemed to take its toll on family members psychological wellbeing. For a
number of families the situation made for difficult relationships and for some that
continued for several years.

Like the primary level victims, life would not be quite the same again for the affected
family members and friends. They all described the enormous shock of being
informed their sons had been involved in the bombing. This was detailed in the
words they were expressing and also in the pain etched on their faces as they retold
their story. There seemed to be a mixture of initial shock and horror regarding what
had happened, and also despair and confusion surrounding how they should react to
their injured, or in some cases their grieving, sons and daughters. They worried about
what to say, what to do, whether their actions or words would cause more harm to
their sons. There was a sense that they were 'learning on the job' and 'responding as
they received information'.

My Dad is not an emotionally dramatic guy but he was upset. Everyone in my
family was so upset... Family wise we were emotional, irrational and
turbulent. (Injured Male, KAFC)

We were very snappy with each other. Our concentration level suffered. You don't know how to react or respond in that situation. (Mother of Injured Male, KAFC)

They were terribly shaken. My Dad was just a mess. (Friend of Deceased Male, KAFC)

Sadly, in one family the stresses and strains continued and eventually it created an emotional distance that to date has not been repaired. This is the young man who reported his family didn't understand why he was feeling so bad and were suggesting it was time he moved on. This has resulted in him experiencing some distance from his family. The young man reported:

I'm not so close with my parents. I'm not saying we weren't close before but I have noticed a major distance [in 2008] *amongst my family.* (Friend of Deceased Male, KAFC)

6.2.4   Reinforced Resource 1: Closer Community

6.2.4.1 Sub-Theme: Community Bonding

Community members were in shock but rallied behind the young men their families and the families of the bereaved. This stage of psychosocial care in the form of community support and consolation is part of what is termed 'psychological first aid' (National Child Traumatic Stress Network and National Center for PTSD, 2005) discussed in chapter 2 4.3. A prime example of how the community responded to the tragedy was the memorial service which was held shortly after the surviving members of the football club returned to Perth. A number of participants described their surprise at the extent of the community support they received, and how there seemed to be a bond which they had not experienced previously. They cited the memorial ceremony as a good example of the bonding together of the victims, family members and the football club. It seemed the entire local community of Kingsley and surrounding districts turned out to celebrate the return of the injured men and offer support for the families of the missing young men.   The emergency support committee who organised the memorial service presumed the number of attendees

would be around 300 and were surprised when approximately 10,000 people turned up. The quotes below document the extent of the overwhelming support:

> *Anyone who lived in Kingsley was affected because it was like the football club. I was directly affected but I'm sure the entire community was definitely affected.* (Injured Male, KAFC)

> *It gave everybody something in common... People seemed to be communicating more. It did make the community feel closer at the time.* (Injured Male, KAFC)

> *The big thing* [the memorial ceremony week 2] *at the footy club had 10,000 people turn up...* (Injured Male, KAFC)

6.2.5   Reinforced Resource 2: Community Support

6.2.5.1 Sub-Theme: Food - Neighbours and Churches

The community support was intensive and varied and included food, emotional and spiritual support, and information. It seemed as much as the shocked community members were helping the victims, the helpers also derived benefit from their actions. Helping others affected by the tragedy appeared to help them deal with their own emotions and gave them a sense of purpose and direction at such a difficult time. Neighbours, close friends and family members undertook multiple helping roles by shopping or cooking food for the victims, giving emotional support, and acting as chauffeur when needed. Close friends who had grown up with the primary level victims were a particular source of almost constant emotional support. Many stayed with the victims in their homes or were available at a moment's notice to offer support. The local churches gave spiritual support in the form of prayers and also food and accommodation for out of town family members who rushed to Perth on hearing the news a family member had been injured.

The football club, its members and the committee, gave much needed emotional support and supplied crucial information to the victims regarding counselling support, financial assistance, made funeral arrangements and organised wakes via a weekly newsletter. The football club rooms became a focal point for emergency

meetings and for distressed victims, family and club members to congregate for mutual support. This enormous and continued outpouring of support for the participants is part of the community becoming an active contributor to the recovery process and an indicator of the community's resilience (PWG, 2003).

People I hardly knew left food on the door step. I didn't cook for almost three months. The local churches were very supportive too. Most of the schools in the area were affected. As each of the boys came home they had a banner up with thoughtful things on it. (Mother of Deceased Male, KAFC)

It became a close little network down there [football club rooms]. *You could talk without having to explain and there were newsletters.* (Mother of Injured Male, KAFC)

The Kingsley church was very good and very subtle. The Kingsley footy club themselves were very genuine and very honest and very good. You sort of felt like you were part of a community. Random people would come up and give you a hug. (Injured Male, KAFC)

6.2.6   Reinforced Resource 3: Counselling

6.2.6.1 Sub-Theme: Positive and Negative

The survivors, family members and all close relatives of the deceased were offered counselling but a fragmented supply and take up of the counselling services evolved. Services such as psychologists in private practice, psychologists from the department of Community Development, and the Red Cross were made available. In the aftermath of the bombing, and for a number of months following, the psychologists worked long and irregular hours and gave up much of their free time in an effort to intensively support the victims their family members and friends.

The participants' experience of counselling varied. The mothers interviewed tended to report positive experiences, whilst some o the injured males tended to report negative experiences of counselling. For example, an injured male described his visits to a government provided counsellor as negative. Unfortunately, the victim's

perception of what happened in the counselling sessions discouraged him from attending further sessions and deprived him of the support he needed. Another described the physical and psychological reactions he experienced following his appointments with the counsellor. Regrettably, due to his own experiences, he admitted discouraging others from attending counselling sessions.

A mother described the support group she attended at the football club which was run by two local psychologists who volunteered to help the victims:

> *Yes I found it helpful* [the support group for family members whose son had returned injured] *because it gave me something to do. Just talking, be it about the Bali bombing, or what the kids have done at home. I just found it was something I needed to do at the time.* (Mother of Injured Male, KAFC)

There were positive comments regarding the Red Cross, volunteer and Department of Community Development counsellors. The negative comments surrounded the approach of the Centrelink counsellors and the emotions displayed by a government provided counsellor.

> *All of you did an amazing job in the first few weeks. We had people from the Red Cross everybody who needed to be there was there. My Centrelink counsellor that they assigned me to in Western Australia wasn't that great, more prying than supportive. I didn't feel the person they assigned me to was adequately trained to cope with the depth of emotions.* (Mother of Deceased Male, KAFC)

> *I tried it twice. The first time* [he attended] *the counsellor broke down more than I did; that was a government one.* (Injured Male, KAFC)

It is important to note that the information revealed in the counselling sessions during this crisis due to the horrific nature of the tragedy was very difficult for most psychologists and counsellors to hear. All were encouraged to seek peer debriefing to help them cope with the enormity of what they were hearing.

I went there for a couple of months and every week you feel sick in your stomach when you turned up because you're back there and they look at their watch, "Thanks a lot, we'll see you next week." The problem is you're stuck on the last sentence for the whole week. (Injured Male, KAFC)

The reality is that most government bodies that offer counselling have a wait list and weekly sessions are often arranged as part of the overall therapeutic approach as more than one session in a week in some instances may be counterproductive to the client's progress. As a rule most therapists advise the client that if they have a problem in between sessions a phone contact is available.

I went to a group session. I really didn't get a lot out of it for me personally and then I think I went to one individual session after that. (Injured Male, KAFC)

My therapy was talking to the boys [the other victims]. *That's what helped me. When I thought I needed someone to talk to, I would ring the boys* [other victims, KAFC]. (Injured Male, KAFC)

6.2.7 Reinforced Resource 4: Most Useful Emotional Support
6.2.7.1 Sub-Theme: Family Support
Apart from needing medical care for their injuries, the victims were emotionally distraught and needed support due to the emotional trauma they had experienced. The following statements are in reply to the question asking participants to detail what was the most useful non medical emotional support. Initially primary and secondary level victims seemed to withdraw and seek support from within the immediate family unit. Eventually support also came from outside sources such as neighbours and the wider community. This support became was a reinforced link with the wider community and other extended family members.

My family, because I have got such support I think anybody that didn't have any family support or a unit out there would have been very isolated. (Mother of Injured Male, KAFC)

If you've got good family support I think that makes a huge difference in the way you react to anything like that because they gathered immediately. My family support made a huge difference. My brother turned up… two sisters and their husbands and kids. Mum and Dad were there by 11am in the morning. (Mother of Deceased Male, KAFC)

The effect on the siblings of victims was profound and many took time off work or school to take on a supportive role within the family unit. The following mother tells a story that was repeated in many families. She described how her son and daughter became a major source of support for her and almost a traditional role reversal. Interestingly this is the same family who reported earlier in this chapter that they *"became very snappy with each other"*.

You tell one and then my household was full of support. My youngest son became more supportive. My daughter went into a supportive role with me. She took two or three weeks off her work and ran my business for me. Because I had so much support I think anybody that didn't have any family support or a unit out there would have been very isolated. (Mother of Injured Male, KAFC)

Family members often helped with practical aspects of running a household. They cooked, cleaned, did the shopping and generally looked after the victims as best they could. They also drove them to appointments in the weeks and months following the bombing during which time there were many visits to doctors, medical specialists, psychologists and Centrelink.

6.3   Culture and Values

In this section the analysis of the data from the semi-structured interviews of the victims of the 2002 Bali bombings in Perth continues in the context of the domain of culture and values. According to the work of the PWG (2003), this domain encompasses human rights, cultural values, beliefs and practices and these elements are disrupted in complex emergencies. This disruption can result in an "undermining of values beliefs and practices" (Strang & Ager, 2005, p.3) which is understandable

as people struggle to comprehend why such catastrophic events occur. As the victim's human right to safety had been severely disrupted by the Bali bombing, in Perth many turned to the comfort of their beliefs and practices, which form the core of most societies, particularly in difficult times. The resources within this domain are illustrated in Figure 6 below.
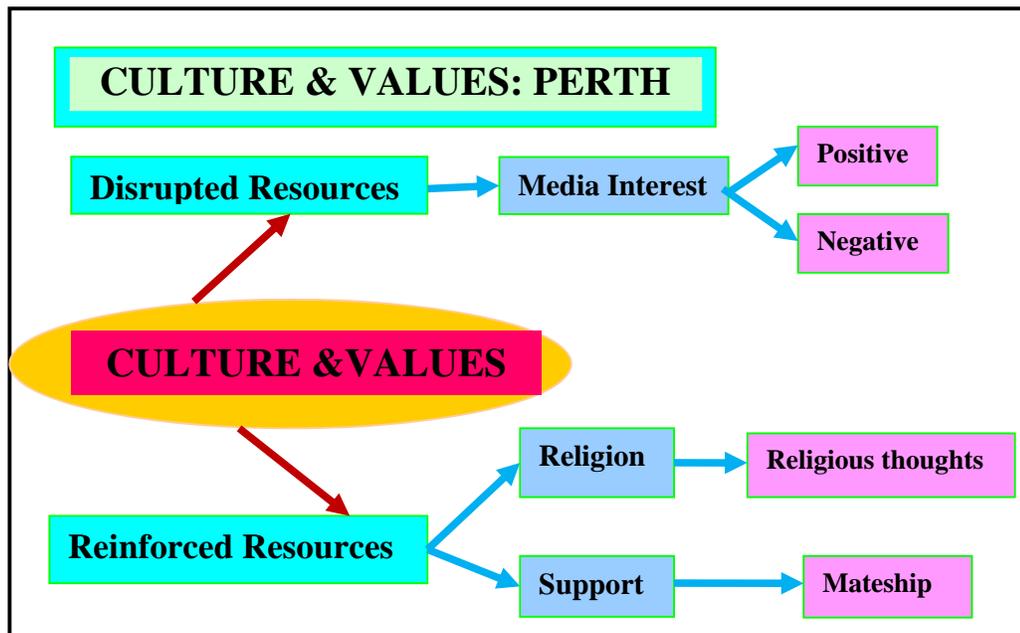
Figure 6 : Culture and Values: Perth

Figure 6 above the Disrupted resources under the category of media interest included the positive and negative aspects of the media's involvement with the tragedy and victims. The reinforced resources are those of *religion* which included the return of victims to spiritualism and *support* which included the mateship and *camaraderie* that evolved among primary level victims. These resources draw and build on the Culture and Values Domain and are further explained in the sections below:

6.3.2 Disrupted Resource 1 Media Interest

6.3.2.1 Sub Theme - Positive and Negative Experiences

The local and worldwide media interest in the story was intense for days and months following the bombing. The victims, family members and friends were frequently

and constantly asked for media interviews. The victims and family members reaction to the media interest was mixed.

> *"The West Australian was amazing they let me write my own story. Some were real cowboys and no respect for anybody.... I just believe in a little ethical training and some respect. They need to have some kind of training so they can approach grieving people appropriately".* Mother of son killed in Bali

> *"I hated the media and the way they acted. Especially when you are trying to have breakfast and they are up next to you. None of us really ate we all tried to"* (Injured Male K.A.F.C. referring to the time in Bali).

6.3.3   Reinforced Resource 1: Religion

6.3.3.1 Sub-Theme: Religious Thoughts

Most participants had attended church at some juncture in their lives. A number of participants reported returning to religious thoughts or conversations with God. Members of churches from all dominations were involved in the support of individuals and families. All recollections regarding this type of support were positive.

> *I had a few conversations with God. I suppose that helps. It's a sort of love/hate relationship we have. I felt the religious groups, regardless of their religion, were very supportive.* (Mother of Deceased Male, KAFC)

> *I didn't go back to church, but you went back to thanking God that you were the lucky one.* (Mother of an Injured Male, KAFC)

6.3.3   Reinforced Resource 3: Support

6.3.3.1 Sub-Theme: Mateship

The young men in Perth spent many hours in each other's company in the days and months following the bombing. They supported each other by sharing their innermost thoughts, by their own admission drinking copious amounts of beer together, and rallying to support each other when any one of the 'team' reported feeling down. They kept their mobile phones on day and night for months following

the event and would often talk into the early hours of the morning. If they went out, they went out as a group, as being in a group afforded them the feeling of security and safety. This was an example of what Australians call 'mateship' at its best, despite recent research which suggests this characteristic is in decline in Australian culture (Butera, 2008).

> *Yes, all the guys were fantastic. If one guy is down, one guy won't get around to him, we'll all get around to him and help him out.* (Injured Male, KAFC)

> *We stayed as a group. We were safe. We were all exactly the same way. We would not leave that little area until we went out as a group. No one went out by themselves. It went on for days, at least six or seven months.* (Injured Male, KAFC)

6.4   Summary

This chapter explored the analysis of the interview data from the victims in Perth. The analysis using the lenses of disrupted and reinforced resources has revealed that the participants' experiences are not all negative and emotionally charged. Emerging from the reports of disrupted resources such as the physical, psychological and emotional distress, the risk taking behaviours, and community grief are stories and experiences of reinforced resources such as churches, friends, family members, neighbours and the government who rallied to offer practical, emotional, and financial support. The information shared within this chapter have been a valuable source of information in developing the recommendations and developing the modified framework outlined in chapter 9 of this study. Chapter 7 presents a similar analysis of the Balinese primary and secondary level victims' interviews.

Chapter 7

Analysis of Interview Themes: Bali

7.0   Introduction to the Chapter

This chapter presents the data analysis of the semi-structured interviews of the Balinese primary and second level victims of the 2002 Bali bombings. It is the second of two chapters which gives voice to the personal experiences of primary and secondary level victims. The data analysis from the semi-structured interviews was used to provide an "in depth picture of the case" (Cresswell, 2007, p. 96) and to add to the depth and quality of data collection. The participants in Bali tended to give relatively shorter answers to the questions asked than the participants in Perth. Despite this, their answers more than adequately relay their loss, emotional pain and extreme financial distress.

The terms disrupted and reinforced resources were again used to organise and analyse the data using the psychosocial framework of human capacity, social ecology and culture and values. Disrupted and reinforced resources have been explained in greater depth in chapters 3 and 6.   The participants' accounts of their experiences formed an important and unique insight into their experiences of the Bali bombing. The analysis again commences within the domain of human capacity.

7.1   Human Capacity

As with the interview analysis of victims in Perth, the human capacity domain was used to examine and organise the Bali participants' descriptions of the effects of the bombing and the types of support they received. Within the sphere of disrupted resources, two main (effects and reactions) and three sub-themes (psychological, economic distress and fear) emerged from the analysis of the interviews, whilst two main (reflections and suggestions) and four sub-themes (communicating with friends and neighbours, practical and economic support, counselling and employment, no more bombs) were revealed within the reinforced resources context. These findings are illustrated diagrammatically in Figure 7 below:
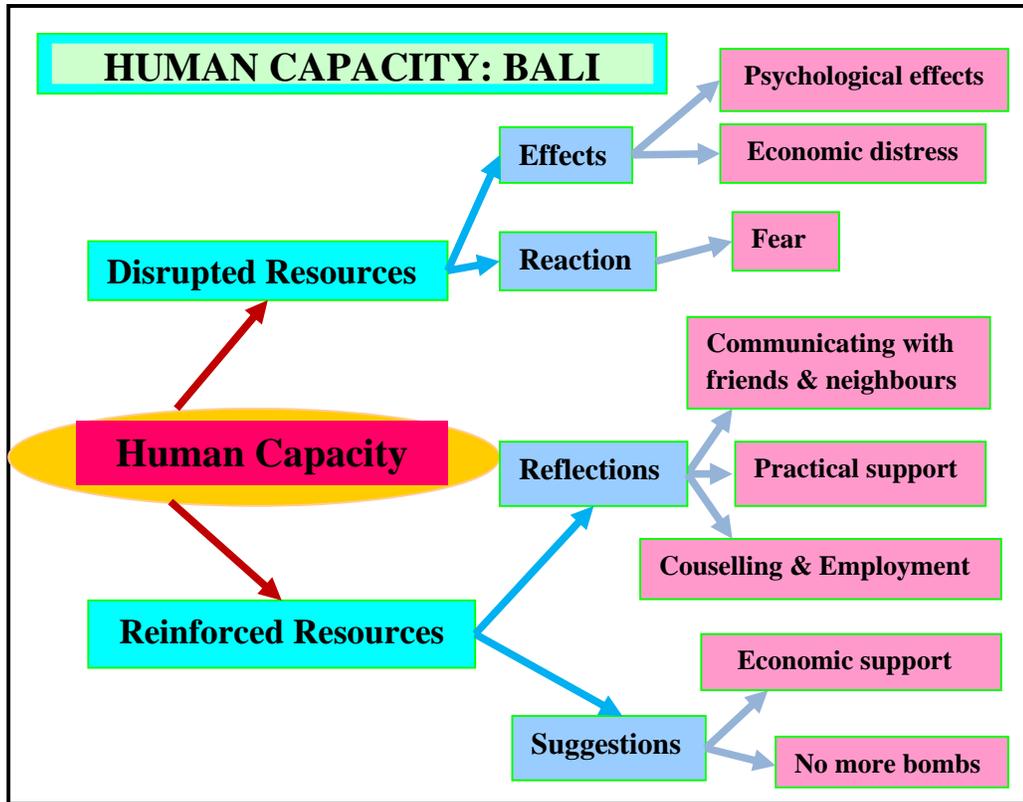
Figure 7: Human Capacity: Bali

7.1.1   Disrupted Resource 1: Effects

7.1.1.1 Sub-Theme: Psychological Effect

The psychological effect of the bombing on the primary level victims was extensive. As a primary aim of a terrorist attack is to inculcate fear at the individual and community level (Saul, 2008) it is not surprising that in the aftermath of the attack the Balinese victims described symptoms of depression, suicidal ideations and loss of their self confidence. As most lived near the disaster zone and had received injuries due to the attack, the stress they experienced in the aftermath was at a "macro" level (Richman, Cloninger, & Rospenda, 2008, p. 114). A participant vividly described the rush of emotions she felt following the bombing and which she described as lasting for six months after the event. In most cases if symptoms last for longer than a month, the person is more likely to be assessed and diagnosed with PTSD (Vijaykumar et al., 2006).

Feeling sad, absent minded, withdrawing from society were important indicators that this participant required further professional help, which she did eventually receive.

> *I* [was] *feeling helpless, I can't believe it, a bad dream, angry, sad, absent minded. It lasted for six months ... I isolate* [ed] *myself. After that I receive therapy.* (Female Victim)

The following participant described how he became withdrawn and depressed partially due to his extensive burns and hearing loss. He also believed his friends had rejected him when he most needed them. His apparent withdrawal from society and the isolating effects of his deafness would have reduced this participant's overall quality of life and he lost confidence in his abilities. As most survivors will "feel lonely isolated and afraid" (Rao 2006b, p. 505), they need the comfort, support and reassurance of others (MacGeorge et al., 2004; Vijaykumar et al., 2006; Walsh, 2007).

> *I feel so shy and lose self confidence. I feel my friends reject me.* (Injured Male)

Another victim felt that life wasn't worth living and he wanted to commit suicide. Fortunately this feeling subsided with the support of his family and friends. For him the comfort and support of others was a crucial part of his recovery process.

> *Two months after the bomb blast I wanted to commit suicide... Talking to family and friends help*[ed]. (Injured Male)

7.1.1.2 Sub-Theme: Economic Distress

In the weeks following the bombing, the occupancy rate of hotels fell and the impact on the economy was estimated to be in the region of 0.5% to 2% of GDP in the period 2002-2003 (Asian Development Bank, 2003, p. 4) in Indonesia. As a result many hotels and restaurants closed for business and laid off staff. The average weekly wage for hotel workers in Bali is AUD $36 and there are no unemployment or welfare benefits provided by the government. Whilst hospital fees and medicines were covered by the government, on leaving hospital the victims and their families

had little or no income. There were times when they didn't have sufficient rice or other food to feed their family, or money to purchase petrol for their motorbikes to enable them to attend job interviews. This meant they were dependent on NGOs, family members and friends for food and monetary donations. For the victims, the economic effect compounded their physical and psychological injuries. The following accounts highlight the victims' experiences under the theme of disrupted economic resources.

> *I lose the job. It affects my daily life a bit hard because I don't have steady job.* (Injured Male)

This victim's account documents that many were unable to afford the basic food and were worried about their survival and where they would find a job. They returned to their villages as they knew the community would rally round to help them. It was an excellent example of how a village would "draw on its own resources "and "meet their own needs" (PWG, 2003, p. 2).

> *The most* [effect] *about economic aspect was so bad. Because the source* [of jobs] *was the tourists. Everyone complain about the economic problem. My neighbours concern re economic aspects, whether they could survive. If not working in Bali where can I get job? Many of the neighbours go back to their village as could not afford daily life anymore.* (Injured Male)

7.1.2 Disrupted Resource 2: Reactions

7.1.2.1 Sub-Theme: Fear.

Three of the participants reported being fearful in certain situations like loud sounds or thunderstorms which, given their experiences, would not be unusual. In this instance the terrorists had certainly instilled ongoing fear and anxiety in the victims. A female participant refers to the severe weather Bali experiences in the wet season and describes how she still gets frightened during thunderstorms. Her ongoing fears also result in her avoiding attending large gatherings for special ceremonies, such as prior to *Nyepi* day. Instead she leaves Bali and attends the ceremonies in her home town of Jakarta where she feels she and her children will be safe. The second quote

below is from a participant who is also afraid of the ceremonial occasions in Bali as firecrackers are often a part of the celebrations and they remind him of the sound of the bombs going off at ground zero.

Now [in 2008] *sometimes if there is thunder I feel afraid if it like a bomb. Now I just thinking about my children. If there is a special ceremony I prefer to go to my home in Jakarta.* (Injured Female)

I am still afraid [in 2008] *at Imlek* [Chinese New Year] *or other ceremonies because of terrorist.* (Injured Male)

7.1.3   Reinforced Resource 1: Reflections

7.1.3.1 Sub-Theme: Talking to Friends and Neighbours.

As discussed before, most of the victims in Bali had overwhelming financial difficulties due to loss of earnings and the downturn in tourism. The positive experiences described by participants about the types of support they received in the aftermath of the crisis. In many cases the support of friends and neighbours was recognised as extremely beneficial. This support included emotional support in the form of a chat about their problems especially when the victims were feeling sad and lonely. Friends and neighbours also supplied crucial help with child care when the participants needed to look for work. This type of positive social support is now seen as a crucial element in an individual's recovery.

When victims are able to access and share their experiences with others a sense of communal openness evolves which can help mediate the effects of a disaster (Steury, Spencer, & Parkinson, 2004), decrease their levels of depression, and has been correlated with an increase in levels of resilience (Moscardino, Scrimin, Capello, & Altoe, 2010). If victims experience a low level of social support following an attack an increase in depressive symptomology has been observed (Moscardino et al., 2010). The following statements are examples of how friends and neighbours rallied to emotionally support the participants.

When I meet my sister I usually talk about life, talked about my children who often get sick. My sister sometimes gives me food, money, and look after my children. (Wife of Injured Male)

I feel better after I talk with my best friend. (Injured Female)

I feel my neighbours' moral support really useful to me because I look after the two of my children by myself. (Injured Female)

The most useful support was moral support from my neighbours. (Injured Male)

Friends often come, they pick me up and went to friend's house or camping with many friends. (Injured Male)

7.1.3.2 Sub-Theme: Practical Support

For some participants practical support in the form of food, money and help during special ceremonies was very important as they had little money and what they had was required to feed the family. Help during ceremony time was important as in Bali they are elaborate and expensive affairs, which all members of the village usually attend.

I receive help with white material, rice and money and they putting energy [volunteer] *into ceremonies.* (Mother in Law of Victim)

My neighbours at the village came to ceremony. Neighbours gave money and rice. (Bereaved Female)

Neighbours came to help, rice, sugar, coffee, and help looking after the corpse. (Bereaved Female)

The above type of community support reflects the findings of Hobfoll et al.'s (2007) study into trauma interventions, which highlighted the need for interventions which emphasise self and collective efficacy, connectedness and hope.

7.1.3.3 Sub-Theme: Counselling and Employment

The tragedy saw a number of women and children, lose their husbands and fathers respectively. The effects for this group of women were particularly sad and tragic as their loss extended across a number of areas. They lost not only their husband, the family's main breadwinner, but also their married status in Balinese society. The women bravely tried to cope and plan for the future of their family with great pride and resilience. Resilience in this instance meant that the women displayed some signs of distress, but recovered enough from their initial symptoms to go about their daily life and function at a reasonable level. Most of the women accepted their fate as in the Hindu notion of *Karma* (Hobfall et al., 2009; Norris et al., 2009).

One of the participants - a woman and her teenage son and daughter were devastated by the loss of their husband, father and breadwinner. Economically, they struggled to survive and the woman was unable to buy her children clothes, mobile phones or shoes. She described the deep sadness she and her children felt. Fortunately, free counselling was available and the family received it free once, sometimes twice, a month for a year. Once a month, she meets up with other widows who also lost their husbands in the tragedy. These support mechanisms have helped the family; however, an improved economic situation would continue the progress to a brighter future for all:

> *It could convince me that I could survive and don't need to be sad all the time.*
> *From other widows we have the same destiny and that many more people have*
> *more bad destiny than me. If I could find a good job I will not be drowning in*
> *sorrow.* (Bereaved Female)

Another widow aged 37 years, with three children aged 17, 11, and 8 years, described how she felt in 2002 shortly after she had received the news that her husband had been killed. In 2008, when the interview took place, this participant's outlook on life and personal circumstances had changed due to a number of support factors. A good family and community support network has given her and her family the vital support it needed. She has received money for school fees from YKIDS and also secured employment at a sewing co-operative set up for the women who lost

their husbands in the bombing (See photograph appendix 14). All of this gave her *"the spirit to live again"*:

> *I lost the family my breadwinner. I was sad, lost, don't know what to do, was empty and hollow. I must support three children but have not got a job and am sick. It was difficult to accept what happened. I lost the spirit of life because children made it hard. Don't know what to do as husband and car wrecked in the event... I can accept losing husband, can now bring up children, can continue with the future. Now lots of support from family and many parties* [people]. *I have friends and can work in the co-op although am feeling sick. I have spirit to live again. Thankful that kids got school because of YKIDS help.* (Bereaved Female)

7.1.4   Reinforced Resource 2: Suggestions

7.1.4.1 Sub-Theme: Economic Support

Participants in Bali were also keen to offer suggestions for support that may be helpful in similar circumstances. The issue of economic support was at the forefront of comments. The disruption to human capacity in the form of livelihood was a regular discussion in all sections of this chapter. To help remedy their dire financial circumstances victims suggested there was a need for job creation or money from the government to set up businesses. The government encouraged banks to be sympathetic to businesses particularly when it came to late repayment of loans (hotel owner, personal communication, 2008). For others their comments reflected their need for continued health care and their anger at the perpetrators. Many wished for a safer future for Bali with no more bombs. Overall the participants seemed to be expressing hope for the future of Bali and for themselves, an important part of the recovery process supported by the findings of Hobfall et al, (2007).

> *Money for life support and a job for continuous family life* (Bereaved Female)

A female participant, who had been affected by the bombing, wanted help from the government to start a business. She had asked (as did a number of the participants) if the victims in Perth got monetary support from the government. In Bali, the

government helped with medical care initially, but after that phase it appears that the support ended. It was left to the NGOs, friends, family members and neighbours to practically and financially support the participants who were unable to return to work or who had lost a loved one in the bombing (see section 7.1.3.2 above).

> *The government in Bali (need to) provide help to set up new business, with financial support to set up own business.* (Injured Female)

7.1.4.2 Sub-Theme: No More Bombs

A number of participants wanted no more bombs in Bali so that they, their families and friends could feel safe again and so that tourists would return. This would lead to a return of economic stability for the island and an improved economy at a macro and micro level. More businesses would be created and existing businesses would feel more economically secure in continuing to employ their existing staff. The business sector confidence would subsequently increase and investment in new and existing businesses recommence. The jobs created would result in more families having economic stability, which all participants wanted. Other participants wanted the perpetrators severely punished and for the tourists to return.

> *If economics would be fine Bali would be safe...I need more medical and financial support. I don't like Amrozi, execute as soon as possible... I hope for a better future for Bali with no more bombs. I hope Bali could get back trust of the world.* (Injured Female)

> *I hope no more bombs so a lot of tourist will come to Bali so the salary will rise and more easy to find a job. Why the people who did this till now haven't got the execution?... If it not* [happen] *they could do anything they want.* (Wife of an Injured Male)

The following participant felt that the community should also be more proactive in policing the activities of strangers in the community to help avoid a recurrence of a similar event:

I can't judge someone who create bomb, but their intellect is narrow mind to give a point of view to judge others. The banjar [type of community police] *should be more community active especially with people who come to Bali without any clear purpose.* (Injured male)

7.2   Social Ecology

In this section, the analysis of the data from the semi-structured interviews continues within the domain of social ecology which is the social capital of a community and encompasses social relationships within families, peer groups, religious and cultural institutions, and links with civic and political authorities (PWG, 2003). It is the links and connections with these groups which are often disrupted in complex emergencies such as terrorist attacks and natural disasters as family members are killed, go missing or get injured and vital infrastructure such as roads, telephone communications and businesses are damaged and destroyed. As these resources are disrupted, communities and their members respond and unite to support each other in a process of adjustment to the challenges they face. This process is called "social bonding" and its effectiveness is an indicator of the resilience of the community (PWG, 2003). This section commences with a Figure 8 which illustrates the disrupted and reinforced resources within the context of social ecology followed by a discussion of each theme supported by relevant participant quotes.
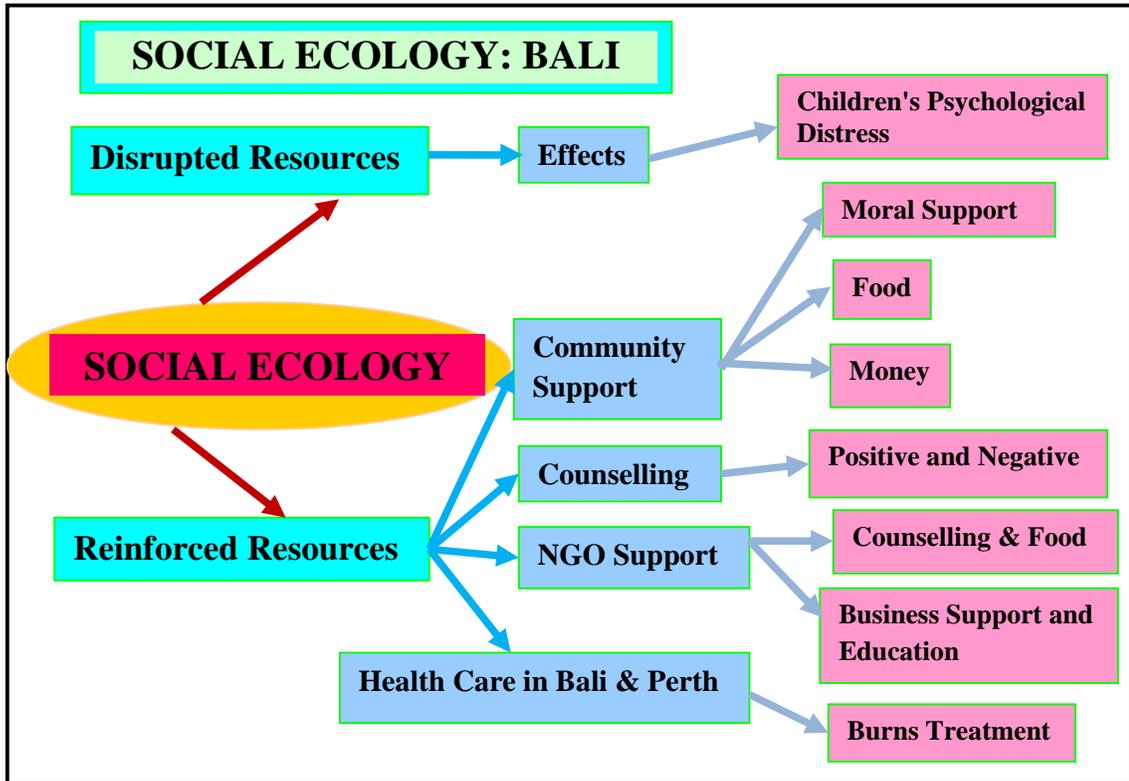
Figure 8 : Social Ecology : Bali

7.2.1 Disrupted Resource 1: Effects

7.2.1.1 Sub-Theme: Children's Psychological Distress

As many of the Balinese victims were married with young children, the children's emotional distress in the aftermath of the bombing was extensive. The children became secondary victims of the disaster as a number of them lived in the area with their parents and heard the bombs detonate and saw burning buildings. To compound their trauma, in many instances one of their parents was injured in the bombing, and they could see for themselves the injuries and discomfort their parents were experiencing. In some cases the victims who had received extensive burns in the attack reported their children were quite distressed when they visited them in hospital, as their limbs or faces were initially quite swollen.

In addition, many of the participants and other informants in Bali reported that the television and newspaper coverage of the attack was extremely graphic (personal communication, February 2008**).** A new television station had just commenced operations in Bali when the attack occurred and was on the scene and at the main

hospital very soon after the attack. Anecdotal reports reveal that graphic and bloody scenes were filmed at the bombing site and the hospital without any degree of censorship. In some instances their parents were not at home to censor their initial viewing of the event. These graphic scenes added to the children's considerable distress; it is now recognised that victims who were not directly exposed to critical incidents but who view them on television or in print may also present with some distress, and depression, nightmares and anxiety (Dougall et al., 2005; Park et al., 2008; Propper et al., 2007). The children's considerable distress and fear a result of these factors is evident from their parents' descriptions below. In one instance the child continues to be afraid in 2008, and for another their distress continued for three years.

My daughter [seven in 2002] *always afraid every time she watch TV and saw a show about criminal and dead people. When the bomb blast she quiet for a month; didn't want to play or eat; she was really trauma*[tised]*.* (Wife of Injured Male, re her daughter)

My daughter always feel afraid [in 2008]. *If she need to go to the toilet she always afraid and ask me to take her.* (Injured Male Victim, re his daughter)

His mental state became really down. He didn't want to go out he was afraid with people and afraid when the lights went out [continued for three years]. (Injured Female Victim, commenting on the effects on her son, aged six)

7.2.2 Reinforced Resource 1: Community Support

7.2.2.1 Sub-Themes: Moral Support, Food and Money

The economic effect on Bali and individuals was difficult to assess. Many struggled to buy the basic necessities of life and to feed their families. As in Perth, the community members in Bali rallied to help individuals and families in the aftermath of the bombing. Many of the Balinese victims reported their gratitude for the moral and practical support they received in the form of donations of food and money from their family, friends and neighbours.

There was no material support just moral support. I feel the moral support was really useful for me because I look after the two of my children by myself. (Injured Female)

The head of the village gave me 50,000 IDR and neighbours and friends gave me moral support; they came to talk. (Injured Female)

My neighbour gave me noodle and rice. My neighbours visited my husband in hospital. Some of them gave money as well. (Wife of Injured Male)

7.2.3   Reinforced Resource 2: Counselling Support

7.2.3.1 Sub-Theme: Positive and Negative

As in Perth, the primary victims and family members were offered counselling at Sanglah hospital by the resident psychiatrists. Victims in Bali tended to have more contact with psychiatrists, whilst in Perth it was mostly counsellors and psychologists with a few victims and family members referred to a psychiatrist. A number of participants were advised by their psychiatrist to pray to their God so they feel comforted. The following respondent disclosed how her psychiatrist encouraged her to pray; this would be culturally and clinically appropriate as religion plays a very important part in the lives of most individuals in Bali.

He suggests me to pray to the God. If I do believe in God everything will be fine. **(**Injured Female, commenting on her psychiatrist's approach)

It is likely the approaches described were culturally appropriate and appeared to have been helpful to most of the victims.

So I could feel confident to meet friends and not just stay alone in my room. He told me a nice story about his children and family, so I could feel better, so I could sleep. (Injured Female, commenting on her psychiatrist's approach)

The psychiatrist in this instance revealed some personal details about his family. In this instance the disclosure may of been part of an approach termed 'compassionate witnessing' which is an approach favoured in the literature in which the therapist

fosters a gentle, collaborative and respectful approach which, in the early stages of therapy, will reduce the likelihood of clients developing PTSD symptoms (Foa et al., 2005). On this occasion it seemed appropriate and reassuring to the participant.

However one of the male victims had mixed reactions to the counselling he had received and shared the one negative report of the counselling offered in Bali. His therapist had also suggested the participant pray and revisit the scenes mentally. However, this request seemed to cause the participant some distress as he did not agree with mentally revisiting the scenes as they upset him. He complied initially then discontinued as he found the action of visually revisiting his experiences very disturbing.

> *They asked me to pray to the God and to take enough rest. They asked me to forget that moment* [at first]. *...the counsellor said "don't forget the moment* [when the bomb went off] *and imagine it in detail", but when I tried it I feel like an unpleasant surprise. I didn't do it.* (Injured Male)

7.2.4   Reinforced Resource 3: NGO Support

7.2.4.1 Sub-Theme: Counselling and Food

Bali received a significant quantity of financial donations to aid the victims and their families from within Bali and around the world (YKIP, 2007). All of the victims and family members interviewed had received financial support from a community organisation. The money was usually directed to an existing organisation such as Rotary, Bali Haiti, the Red Cross, or a new organisation was set up to match a perceived need and cope with the influx of money donated (YKIP, 2007). Basic necessities such as food and medicine were also donated and helped the victims and their family members to survive. It was a classic case of the Balinese and world community responding to share resources in response to the crisis.

> *The Bali Haiti Foundation* [NGO] *gave me money and the John Fawcett Foundation* [NGO] *gave me medicine.* (Injured Male)

7.2.4.2 Sub-Theme: Business Support and Education

The donated monies were also used to provide business support and education to affected victims. These stories indicate how the support of communities and community organisations was extremely helpful in the aftermath of the bombings as victims struggled to survive and support their families. As previously stated, there is no government unemployment benefit in Bali and therefore the community and NGO support was not only useful, it was essential.

> *Rotary supplied money and rice, Bali Haiti* [NGO] *foundation supplied medicines for the health of children and YKIDS* [NGO] *paid for the children's school fees*. (Mother-in-Law of Deceased Female).

> *Bali Haiti supplied money for rice and food for almost two years and YKIDS pay my daughters school fees.* (Wife of Injured Male)

7.2.5 Reinforced Resource 4: Health Care in Bali and Perth

7.2.5.1 Sub-Theme: Burns Treatment

Similar to the victims from Perth, many of the victims in Bali received blast and burn injuries. Initially they received treatment at Sanglah hospital in Bali and a number of the more severely injured who required specialised burns and hearing treatment were airlifted to Perth. As described by the participants below part of the treatment was paid for by the Balinese Red Cross and the Bali Haiti Foundation. In addition many of the specialists in Perth worked for no fee or a lower than usual fee, although there were some who charged the full price for their services (Participant communication, February, 20th 2008), The participants below asked the researcher to thank the people of Australia involved in the care and expertise they experienced in Perth.

> *I got treatment at Sanglah for one month then in Oct 2002 I was treated at Perth for ear operations and cosmetic surgery*. (Injured Female, who received severe burns to her face and hearing damage)

> *In 2002, I had burns treatment at Sanglah hospital in I.C.U for three days and a burns operation. Seven days later I went to Perth for burns treatment. In May*

and July the next year I had further treatment in Perth. (Injured Male with severe burns)

In Dec 2002 I went to Perth for an eye operation paid for by Bali Haiti. (Injured Male with eye injuries)

Although the initial burn treatment was swift and efficient, a number of the burn victims required further treatment due to the thickening of their scars over the years causing restricted movement. For the first victim above this entailed two further all expenses paid trips to Perth for further treatment.

7.3   Culture and Values

This final section is the analysis of the interview data within the domain of culture and values that encompasses human rights, cultural values, and beliefs which are disrupted in complex emergencies. These disruptions generate a sense of violation of human rights and an undermining of cultural values" (Strang & Ager, 2003, p. 3). The people of Bali struggled to understand why this terrible event had occurred on their idyllic island. Many questioned *"Why are the Gods angry?"* and *"What have we done to deserve this?"*
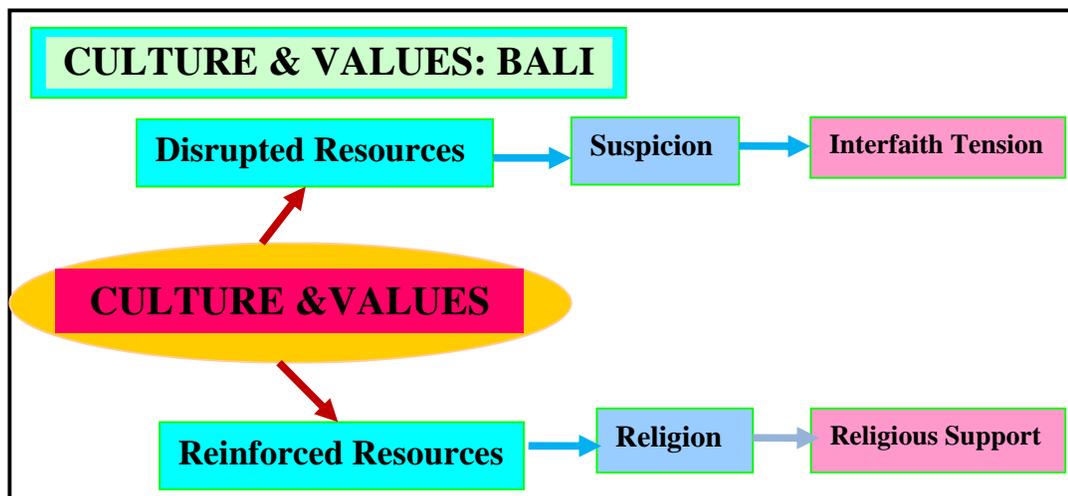
Figure 9 : Culture and Values: Bali

As reflected in Figure 9 above under the domain of Culture and Values, the interviews documented disrupted resources under the category of suspicion, which included Interfaith Tensions that occurred directly after the bombing. The reinforced resources documented Religion as sustaining victims in the aftermath of the crisis. Each of these resources are further explained in detail below.

7.3.1 Disrupted Resource 1: Suspicion

7.3.1.1 Sub-Theme: Interfaith Tension

Many of the participants were surprised and very disappointed by what had happened to "their" Bali. They were confused, frightened and in many cases felt it was a sign they had done something wrong, possibly in this life or a past life. To counteract these feelings many people sought comfort in their religious beliefs and practices. The majority of participants were Hindu and prayed and attending religious ceremonies. For many others, the events in 2002 would leave them with a deep suspicion of Muslims as the bombers who carried out the bombing were Muslims.

The Muslim members of the community admitted to being angry and emotional and many believed the bombers had misunderstood their religion – Islam; this aspect is further in Chapter 9. The Muslim participants deplored the attacks and the widespread ramifications it had had on interfaith relationships in Bali. This sentiment was also expressed by non-Muslims who reported a weakening of links with the Muslim community. The wider community in Bali firmly believed the bombings had been carried out by Muslims, communities become suspicious of each other in the aftermath of a crisis. In this instance, the community suspicions were correct; the three men eventually convicted of the attack were Muslim.

This is illustrated by the following participant who explains that after the bombing he initially felt hate for Muslims, but that this has now has dissipated because he believes the majority of the Muslim community also feel what the bombers did was wrong:

> *I had a hate feeling. I don't feel it* [hate] *anymore because from other Muslim community they feel what the terrorist did was wrong.* (Injured Male)

This participant, like most of the Balinese participants, endured economic hardship following the attack. He also explained how the image of the Muslim in Bali was (negatively) affected as the perpetrators were believed to be Muslim:

> *It reduced the economics and the image of a Muslim in the community.* (Injured Male)

The following Muslim participants question why the bombing occurred in Bali. The first asks why a Muslim group would carry out such an attack in a community which had a long standing history of harmonious relationships between the various faiths. The second finds it difficult to comprehend that fellow Muslims would knowingly target members of their own religious community:

> *I wonder why it happened. I think the relationship among the religion in Bali is really good. Why from one group did this?* (Injured Female)

> *Why in Bali was there a bomb and I became a victim? I wonder who did it and didn't believe it was people from the same religion with me did it.* (Injured Female)

7.3.2 Reinforced Resource 1: Religion

7.3.2.1 Sub-Theme: Religious Support

Most of participants from Bali were practicing Hindus - a predominant religion on the island. The participants almost universally expressed a religious belief and that religion and religious practices sustained them in the aftermath of the crisis. A smaller section of interviewed participants were Muslims who described how their religion had also supported them through the difficult times. Interestingly a number of participants who were not practicing their religion seemed to find some comfort by returning to prayer. When faced with difficult life events it is not unusual for people to report that religion gave them comfort; recent research now suggests there may be a link between post traumatic growth, religion and/or spirituality following traumatic events (Wilson and Boden, 2008). The following participant, who was injured in the bombing, reveals that his religion was a comfort to him and had helped him understand why he should have suffered such injuries.

As a Hindu I think this is my Karma; I should accept it. (Injured Male)

Others shared that their religion has been a significant source of support in the aftermath of the bombing.

Religion helped me spiritually, without religion I feel terrible (Injured Male)

By praying to the God there is a way. Yes we always pray so we are protected and shown directed out of the negative. (Injured Muslim Victim)

If there is not a God I think I [would of] *died. It helped me a lot.* (Injured Female)

This victim believed he had been "*chosen by God*" so he could improve his life and be a better person than he was before the bomb:

God chose me to be special [to be in at the bombing] *so I could improve your life and doing everything good.* (Injured Male)

The following is one of two participants who changed faith subsequent to the bombing. She reveals that, as a result of the counselling and support she had been proffered following the bombing, she had converted from the Muslim to Christian faith:

Most [of the counselling] *came from the priest and two friends at church. When I was unconscious Jesus came to me. I change my religion from Muslim to Christian.* (Injured Female)

7.4   Summary

This chapter presented the analysis of the interviews conducted with the Balinese primary and secondary level victims underpinned by the dimensions of human capacity, social ecology and culture and values. The narratives of disrupted resources, the psychological distress of the victims and their family members, the

economic hardship, and suspicion surrounding the Muslim community, are interspersed with stories of reinforced resources and support gained from religious beliefs, medical personnel, employment, counselling, educational, economic, practical and emotional support from NGOs, friends, family and the local community.

The narratives demonstrate the strength and resilience of the human spirit and give a unique insight into the multilayered effects of terrorism and the types of support needed. The interview data was an invaluable source of information and helped in the development of a framework of recommendations for professionals and non-professionals and agencies working in complex emergencies such as terrorist attacks. The proposed recommendations and framework are outlined in detail in chapter 9. Chapter 8 provides a description of the analysis of the volunteer responders and key informant interviews in both settings of Bali and Perth.

Chapter 8

Analysis of Volunteer Responders and Key Informant Interviews

8.0   Introduction

This chapter examines the role and contribution of volunteer responders and key informants in Bali and Perth. The domains of human capacity, social ecology and culture and values (PWG, 2003), have again been used to underpin the interview analysis of the volunteer responders and key informants. The initial discussion explores the role volunteers undertook in Bali either at ground zero very soon after the bombing occurred or undertook roles in the hospital or the morgue. The volunteers described working in very difficult circumstances with little or no specialised equipment, direction or training which prepared them for their roles. Trained and untrained volunteers came to help in the confusion and melee of the night. Most struggled to comprehend what had happened.

The volunteers in Bali are the forgotten heroes of the disaster. As the researcher had personal experience as a volunteer here in Perth, she was interested to gain some insight into the roles people undertook in Bali and the subsequent effect this experience may have had on the volunteers.   The following accounts are representative of the many hundreds who responded in Bali. It is a privilege to present their story as it is a unique insight into the events of 12th October, 2002 and the days, months and years following.

8.1   Profile of the Bali Volunteers: Ground Zero and Hospital

Many community members and members of groups such as the Red Cross responded to help during the crisis. They worked tirelessly without regard for their own needs and sometimes safety. When reference is made to 'ground zero', the participants are referring to the area in and around Paddy's bar and the Sari club which were destroyed during the bombing and where most of the dead and injured were found. Six volunteer responders were interviewed for this study.

- Two were male Red Cross members who initially worked at ground zero and later at the morgue in Sanglah hospital.
- One female volunteer worked at Sanglah hospital in an administration role dealing with telephone and face to face enquiries from relatives and friends of the victims. Another volunteer was a counsellor at the hospital who also helped on the wards with clinical duties.
- The remaining volunteers, one male and one female, were members of the Courts organisation who helped fundraise and distribute basic goods to the families of first level victims who were killed or injured in the bombing, particularly in the first few weeks following the bombing.

The volunteer reports catalogue episodes of significant psychological distress whilst undertaking their volunteer roles in the days, months and even years following their interventions. As with the previous chapters, the analysis of their interviews commences within the context of human capacity.

8.2 Human Capacity: Volunteers: Bali

The following accounts describe this group of volunteers' distress and significant disruption of resources within the context of human capacity. Figure 10 below illustrates the disrupted and reinforced resources that emerged from the analysis of the interviews with the volunteers in Bali. Effects included the emotional numbing, flashbacks, nightmares discrimination and scapegoating victims experienced. Behaviour was extended to include the confusion and conflict which occurred at ground zero and in the main hospital plus the anxiety some victims experienced in crowded places. The Reinforced Resources documented the categories of Positive Reflections - the excitement of helping, and suggestions for improved co-ordination of volunteers and the notion of no more fighting. Each of these resources are further explained in detail below:
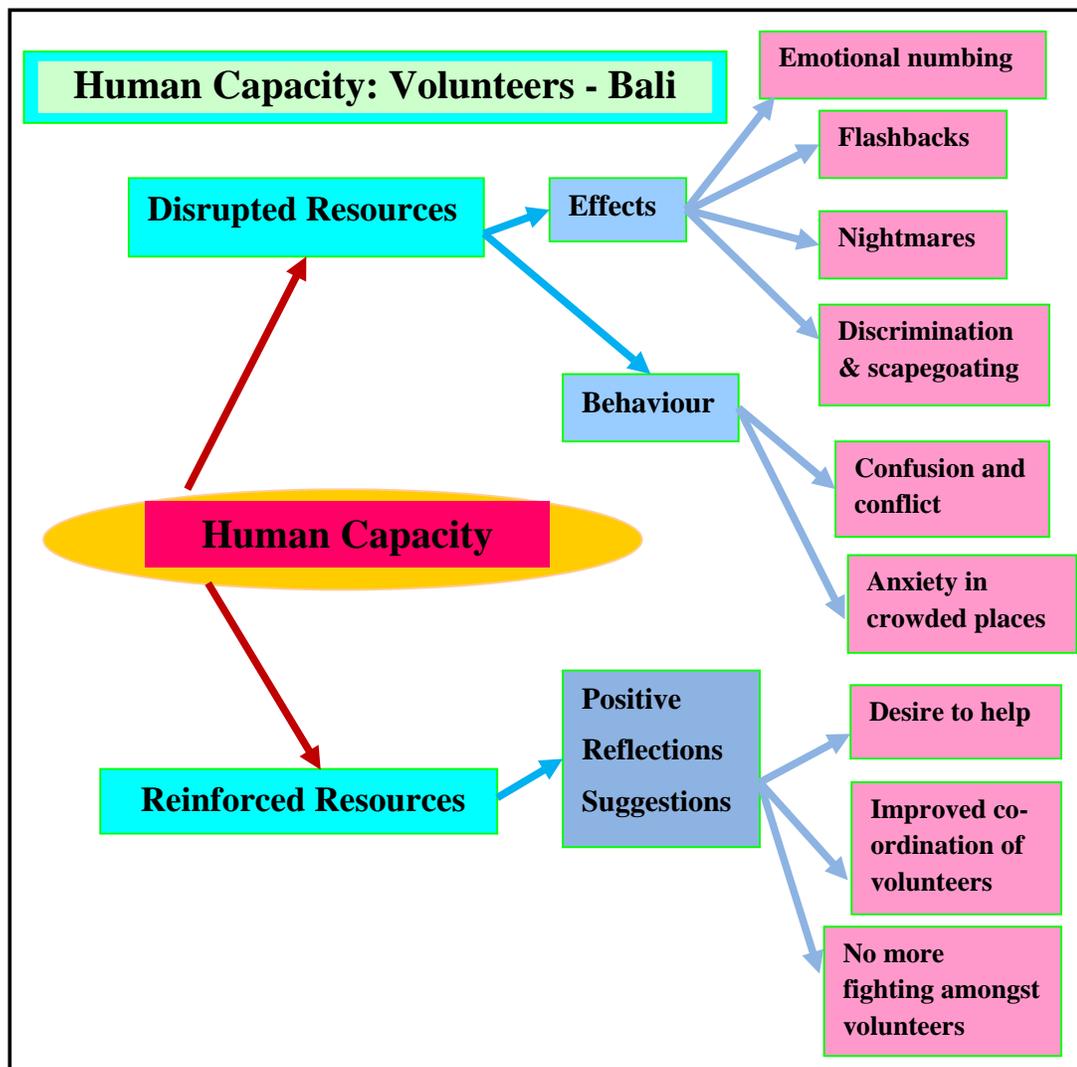
Figure 10: Human capacity: Volunteers: Bali

8.2.1   Disrupted Resource 1: Effects

8.2.1.1 Sub-Themes: Emotional Numbing; Flashbacks; Nightmares

Although they were not direct victims of the attack, the conditions they worked in and the scenes that they witnessed on the night, suggest that some form of emotional first aid would have been a useful form of support for this group of responders. In any complex emergency situation it is the victims who need to be given priority in the initial stages. However, emergency first responders can be emotionally and sometimes physically harmed by the tasks they are required to undertake. Following

the second Bali bombing in 2002 and 2005, and the Indian Ocean tsunami counselling support was made available to all Red Cross volunteers.

A middle aged female hospital volunteer, felt justifiably proud at how she coped with the difficult tasks she undertook. As with most of the volunteers interviewed, it was not without personal cost, as it was 12 months before she could as she describes *"leave it"* (her thoughts) behind. This volunteer also admitted in a statement later that some of the images she saw in the morgue are still with her and are distressing. She described a shutting down of her emotions *"not being able to feel anything"*, a form of emotional numbing which was her emotional response to the scenes she witnessed, especially in the morgue and the work she had to undertake. A young deceased girl she saw there reminded her of her own daughters. She said:

> *I felt strong. I never imagined I could do a thing. I didn't feel anything at that time...It took me a year before I could leave it behind* [the images]... *I remember a young girl* [in the morgue] *she was beautiful. I felt sad and left after 10 minutes; the images are still there.* (Hospital Volunteer 1)

The Red Cross volunteers interviewed undertook a number of roles at the morgue and ground zero in an extremely difficult environment. They assisted with body and body part recovery at ground zero, in addition to the initial forensic examinations at the morgue. According to hospital volunteer 1, the morgue was hot, humid and overcrowded with insufficient cooling, ventilation, storage space for the deceased or personal protective clothing. Stress reaction in Red Cross workers is not uncommon as they are often the first workers to attend a disaster scene. McCaslin et al. (2005) found that Red Cross volunteers experienced extreme stress due to prolonged exposure to the event by virtue of working long tiring shifts which entailed dealing with bereaved relatives and survivors of the event. The following responses during interview give some insight to the effects at the individual level.

A Red Cross volunteer was significantly distressed following his role in the response. He said when he closed his eyes he repeatedly *"saw"* the awful sights he witnessed at ground zero and in the morgue and as a consequence he was afraid to close his eyes due to flashbacks of the scene.

For six months after the bomb I was unable to close my eyes, I had rapid hair washes. I got angry very easily. I wanted to stay alone; sometimes I cried alone. (Red Cross Volunteer 1)

These symptoms lasted for six months after the bombing. The volunteers and workers exposed to this level of exposure become third level victims (Alexander, 2005; Rao 2006b). Stellman et al (2008) report that the distress and level of PTSD symptoms of volunteers in 9/11 disaster was comparable to combatants returning from a war rotation in Afghanistan. The study reported significant and ongoing symptoms of flashbacks, anxiety, anger and withdrawal.

A female hospital volunteer also described having significant signs of psychological distress which lasted for some months after the bombing. She has recurrent trauma that is triggered each year at the anniversary of the bombing. The bombing also changed this volunteer's long term overseas study plans as she decided to remain in Bali, and started up her own low cost counselling practice.

It did change my life. I didn't go back and take that wonderful job. I didn't go on to finish my prospectus [complete her counselling thesis in America]. *I think for four or five months after the bombing I had my own case of PTSD. I had a lot of nightmares a lot of difficulties... It's almost like there is another tragedy, someone else can deal with it because I can't handle it. Every year on the anniversary it all comes back.* (Hospital Volunteer 2)

8.2.1.2 Sub-Theme: Discrimination and Scapegoating

The volunteers were asked to comment on the community effect of the bombing. The communities in Bali are tight knit especially in the small villages where everyone knows everyone else. Migrants from other regions of Indonesia who come to live in the villages in Bali are not easily included into village life and it takes time to earn community trust. Even before the bombing, there was pre-existing mistrust and suspicion between communities particularly between the Hindu and Muslim communities (Participant personal communication, 29th January, 2002). This type of mistrust had previously been aroused in many nations following 9/11 when the ''War on terror" campaign was launched with a "global crusade" against "Islamic

terrorism" (Noor, 2006, p. 30). The bombing in Bali magnified this mistrust and it was a theme highlighted in a number of volunteer and victim interviews:

> *If not from Bali, there is discrimination between communities.* (Red Cross Volunteer 1)

> *In some areas there is still* [in 2008] *discrimination,* [between the Balinese and Muslim communities*] some deep emotion*. (Red Cross Volunteer 1)

> *Still strange,* [in 2008] *the community does not trust the government as much, and we suspect newcomers when they come to Bali from outside*. (Volunteer 2)

> *Some society still feels offended with one and other* [meaning between Hindu and Muslim community members]. (Red Cross Volunteer 2)

Inspite of the obvious distressing effects of the bombing on volunteers, none received any formal counselling support as it wasn't available. One of the key recommendations from the workshop on disaster management held in Bali was that a trauma counselling service for victims, volunteers and others be included in any future emergency plan (World Health Organisation, 2003, p. 160).

8.2.2 Disrupted Resource 2: Behaviours

8.2.2.1 Sub-Theme: Confusion and Conflict

This section details responses to the question as to who took overall charge of the situation. Often in the initial stages of a disaster there is confusion as many professional and volunteer personnel rush to the area to help in a dangerous and difficult situation with little time for support and comfort as the work needs to get done. It became clear in the interviews that volunteering was not without emotional cost. Previous research has indicated that first responders, especially in disaster situations, experience intense emotional and sometimes physical responses as a result of their work (Galea et al., 2007).

The hospital and ground zero was overwhelmed by the number of people who responded to help, as well as relatives and friends of the dead, missing and injured. The situation in both venues was emotionally charged, physically demanding and difficult. There was a lack of co-ordination of volunteers at Sanglah and this was noted at the disaster management workshop held in Bali in June 2003 (Van Bemmelen 2003; World Health Organisation, 2003). The following statements explain some of the problems the volunteers experienced on the night:

> *It wasn't clear who took charge. There was conflict* [between volunteers]. (Hospital Volunteer 1)

> *It wasn't clear who took charge; there were many people: police, local rescue, Red Cross and local security.* (Red Cross Volunteer 1)

Although this seems a contradictory statement this volunteer and the one above explained that, whilst the head of the Red Cross was in charge of his members at ground zero, in the initial stages of the response no one took overall responsibility at the site.

> *There was no one responsible for this. My team was headed by the head of Red Cross.* (Red Cross Volunteer 2)

8.2.2.2 Sub-Theme: Anxiety in Crowded Places

Volunteer participants reported that for a period following the bombing they were anxious when going into crowded public venues. A Red Cross volunteer describes his ongoing fears and anxiety where he was afraid to eat grilled foods or visit public areas because it reminded him of the sights and smells at ground zero. Yet he was able to report that not all his experiences were negative as he beamed with pride when describing how he believed he was now a "professional" volunteer and could now work in any disaster situation:

> *I was always afraid to go to the public area, tourist destination and shopping centre. I was also afraid to eat grilled food like chicken or others, but in a*

positive way I was really happy to be a professional volunteer and have more motivation. (Red Cross Volunteer 2)

One of the first volunteer responders at ground zero reveals he is still fearful of crowded places. However, he can now walk around Kuta without feeling uneasy, which he was unable to do for some time after the bombing:

Generally I can walk [around] *normal already but still have the feelings of uneasy* [frightened] *in restaurants crowded places like bars and restaurants.* (Volunteer Responder)

8.2.3   Reinforced Resource 1: Positive Reflections /Suggestions
8.2.3.1 Sub-Themes: Excitement of Helping; Improved Coordination of Volunteers; No More Infighting amongst Volunteers

Volunteers reflected on their positive reflections on their experience during this event and offered suggestions to improve the experience for volunteers responding to disasters in the future. For the following volunteer, it was less about the support she received that helped her, and more about having the skills and ability to help. This was a unique and isolated comment.

My belief for whatever reason that I could do something other people couldn't do at that moment. I have to say there is a bit of voyeurism of being involved, in the excitement. (Hospital Volunteer 2)

Another volunteer wanted to offer suggestions for the future in the event of a similar crisis. She had been particularly distressed by the lack of co-ordination and infighting she observed when she worked at the hospital. She described how many people would take *"ownership"* of certain tasks like telephone calls from relatives from overseas or meeting relatives when other people had been assigned to that role. She described how women would often verbally disagree amongst themselves as to how best to undertake a task. The women had come together as a group of women from the Bali International Women's Association (BIWA). They all had particular linguistic skills and spoke a number of different European languages. This was useful in dealing with distressed relatives from several European countries who were calling

the hospital from overseas or attending the hospital in person looking for their missing relatives.

> *If something like this happened again that there be coordination and put behind your organisation. Move along and do what you can – with no fighting.* (Volunteer 3)

8.3   Social Ecology: Volunteers: Bali

Most of the emotional support for the volunteers came from their family, friends and conversations with other volunteers. This form of "non invasive emotional support'' and engagement with their social networks is seen as a critical steps in managing stress in volunteers (Van Ommeren et al., p. 73). The type of support reported by the volunteers represents the reinforced resources available in most communities, and especially in Bali, in the aftermath of a disaster. In Bali there already existed within the community a willingness to come together and assist each other and a pooling of resources (especially financial), particularly during religious ceremonies. These support mechanisms represent a series of reinforced resources which fall under the auspice of the previously discussed domain of social ecology. This domain encompasses familial, religious and cultural resources and is illustrated in the following diagram, Figure 11. It is of note that within this domain, the volunteer participants in Bali recorded only reinforced resources.
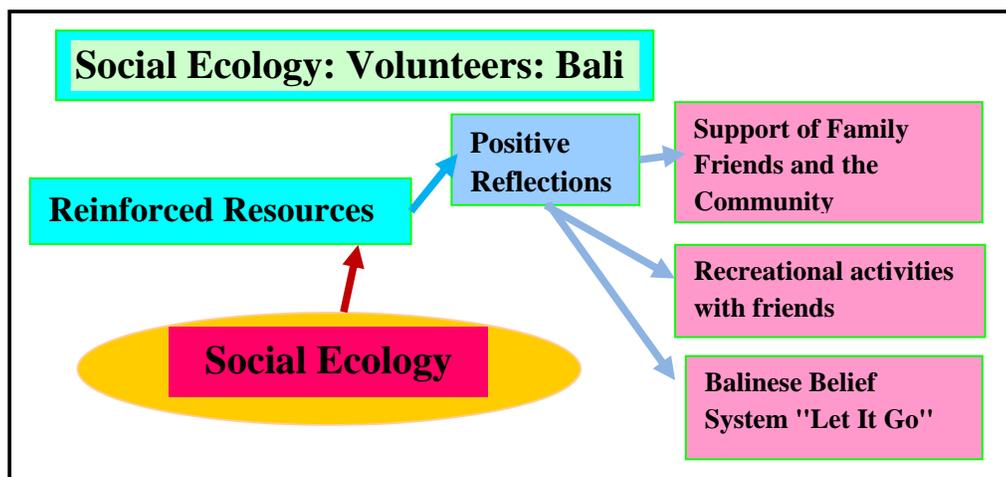
Figure 11: Social Ecology: Volunteers: Bali

In Figure 11 above under the domain of Social Ecology the interviews documented reinforced resources of positive reflections which were expanded to include the benefits of the support of family, friends, and the community as well as recreational activities with friends and the Balinese belief system of "Let it Go" are further explained in detail below:

8.3.1 Reinforced Resources: Positive Reflections
8.3.1.1 Sub-Themes: Support of Family Friends and the Community; Recreational activities; 'Letting it go'

When asked about the most useful form of emotional support they received, several volunteers emphasised the importance of the support of family, friends and fellow volunteers and the benefits of being able to unwind and relax. One volunteer commented about his visit to the Water Bomb Park and a camping trip with friends who were not involved in the response:

> *My family and friends who supported me very much. We went to Water Bomb Park* [with a voucher supplied by Australian government] *and camping with friends.* (Red Cross Volunteer 1)

Hospital volunteer 2, who is a counsellor in private practice, was also grateful for the support of her family and friends. Her work with clients, some of whom were involved in the tragedy, also seemed to be of benefit.

> *I have family support here and friends, also the people, the clients and the patients I saw here and still see*. (Hospital Volunteer 2)

A volunteer from the Red Cross sought the support of a friend who was not involved in the tragedy as it was important for him to get away from the other volunteers who wanted to continually discuss their role in the rescue efforts, which the volunteer found distressful. He described a need to get away from it all so he could try and forget.

I talked with others involved, also a friend who wasn't involved, outside of Red Cross. I slept in my friend's house and he in mine (Red Cross Volunteer 2).

Another hospital volunteers indicated having the support of her Balinese husband who was also a volunteer helped her cope, as he understood what she was feeling. She also stated her Balinese family's belief system was useful in helping her come to terms with what happened. It taught her about accepting what had happened and letting go of the painful emotions.

The feeling of being with my husband; that helped a lot. It might have been different if he hadn't been involved. Also my Bali family, their belief system that things happen for a reason, this happened, so let it go (Hospital Volunteer 1).

8.4 Culture and Values: Volunteers: Bali

In Bali, religion and spiritual beliefs play an important role in the everyday lives of the volunteers. Several participants expressed that they felt the bombing had violated the spiritual balance of the island, with Muslim volunteers expressing sorrow that the actions of the bombers did not represent the religious tenets of Islam. Many participants also expressed that their religious beliefs had assisted them to cope with and recover from the effects of the bombing. These disrupted and reinforced resources are illustrated in Figure 12 below:
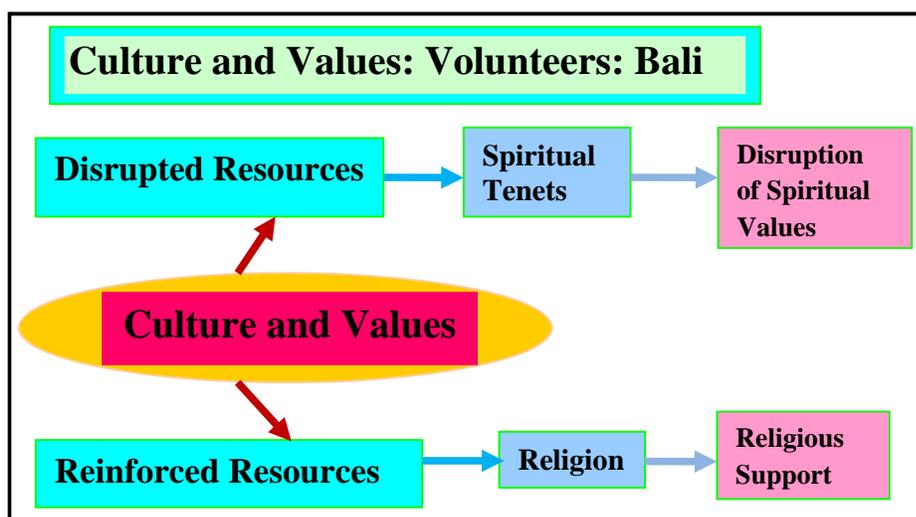
Figure 12: Culture and Values: Volunteers: Bali

8.4.1 Disrupted Resource 1: Spiritual Tenets

8.4.1.1 Sub- theme: Disruption of Spiritual Values

The following participant is expressing the cultural viewpoint of *Tri Hita Karana* which is the natural balance of everyday life based on what people do and believes the natural balance of the island had been disrupted by the bombing. He is still struggling to understand why his island, the previously peaceful island of Bali, had been a target:

> *Bali is not a sacred place any more ...I still can't take it why Bali was the target.* (Courts volunteer)

This Muslim participant was sad about the bombing, particularly as the perpetrators were believed to be Muslim. As a Muslim he believed the bombers had misinterpreted their religion, had "*got it wrong*". This viewpoint was echoed by a number of the Muslim participants and other Muslims the researcher encountered during her stay on the Island.

> *They* [the bombers] *got their religion wrong.* (Hospital Volunteer)

8.4.2 Reinforced Resource 2: Religion
8.4.2.1 Sub theme: Religious Support

As seen in the following quotes, in common with the primary and secondary level Balinese victims, religion played an important supporting role and assisted the recovery of these volunteers:

> *I am not very religious but very helpful in overcoming the problem by calling the God.* (Hindu Volunteer)

> *No, I am not religious. I prayed several times with my friend and with the victims and I felt good about that.* (Christian Volunteer)

8.5   Key Informants: Bali

Three key people were interviewed from Bali to help gain further insight into the effects of the bombing. The first informant was a Kuta village elder and local

politician who arrived at ground zero very soon after the bombing and was an instrumental part of the village/community response. The second informant was a senior physician and surgeon, who had operated on many of the victims throughout the night. The last informant was a senior Red Cross official who was in charge of the Red Cross response on the night.

8.6   Human Capacity: Key informants: Bali

Figure 13 is a diagrammatic representation of the emerging themes from the key informant interview analysis in the domain of human capacity. The disrupted resources included emotional numbing of victims, and fears for their children and insomnia, anxiety in the village of Kuta and burnout respectively.
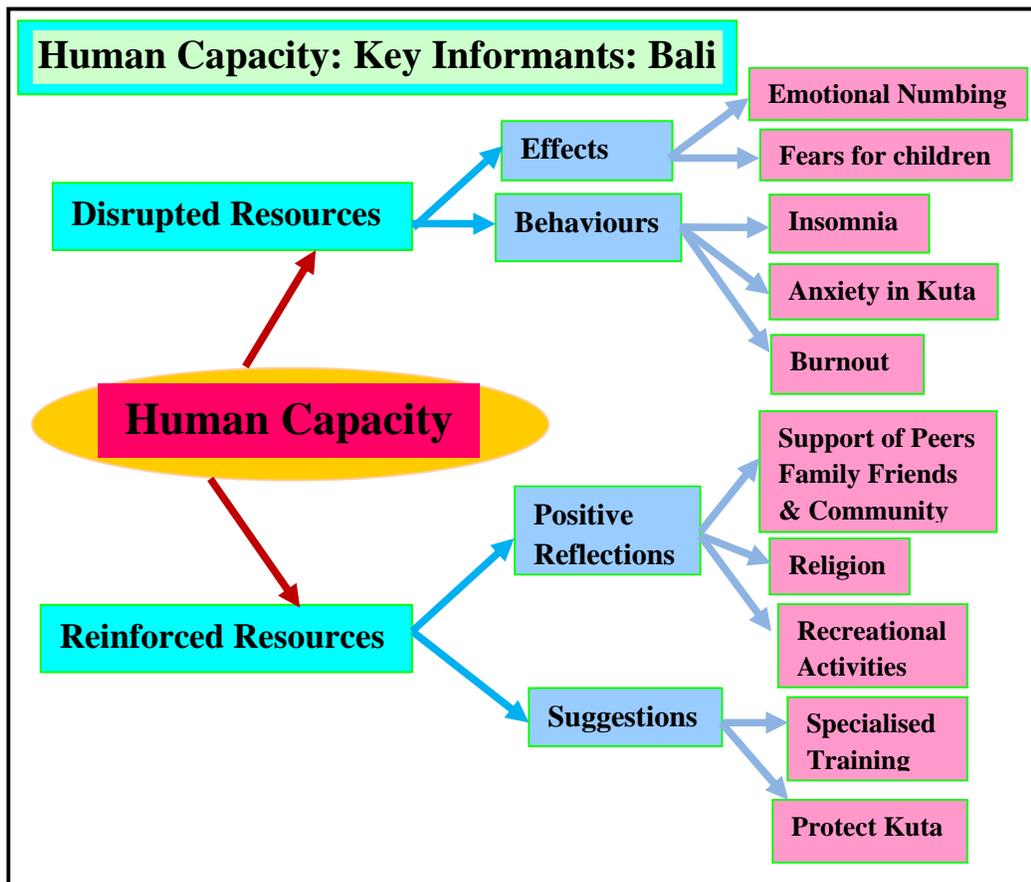
Figure 13: Domain of Human Capacity – Key Informant: Bali

The reinforced resources revealed the categories of positive reflections that included benefits of support from peers, family friends and community as well as recreational

activities and suggestions such as the need for specialist training and protection of Kuta.

8.6.1   Disrupted Resource 1: Effects

8.6.1.1 Sub-themes: Emotional Numbing - Fears for Children

Like other respondents who were at ground zero and other key places, the village elder described having to suppress his sadness and fear for Bali in order to do his job. He was very proud of the way the villagers responded to the disaster, such as attending ground zero on the night, undertaking fire-fighting roles, rescuing the victims, and donating food and rice to the victims who were unable to work. As he was a leader, he felt he had to be an example to those around him and keep control and describes having to keep his own emotions in check. Similarly, the Red Cross official describes that he felt he "*had to hold onto it* [his emotions]". These effects fall under the domain of human capacity as they have experienced a disruption to their resources, in this instance their psychological health.

The elder also appears concerned about another attack and his children being caught up in it and gave his daughters instructions to keep away from crowded places in an effort to keep them safe.

> *I tried to control the emotion …The Kuta people were very good to the area. The villagers stood by for about one and a half months to care of the people because they were very scared. The people the villagers are normal. They must understand terrorists are everywhere. I tell the children* [his daughters] *"Don't go to a crowded place, especially with a lot of tourists."* (Village Elder)

Studies have shown that due to their involvement in a disaster, volunteers and responders often become more protective of their family members. For example, anxiety regarding their children's safety has been reported in Israeli nurses in a busy Emergency Room department which deals with terrorist bomb victims on a regular basis (Riba & Reches, 2002).

8.6.2   Disrupted Resource 2: Behaviours
8.6.2.1 Sub-Themes: Insomnia; Anxiety in Kuta; Burnout

The doctor gave an in-depth account of his role in the immediate aftermath of the bombing as the injured casualties, the dead and dying came into the emergency room. The horrific scenes and treating the wounded and burnt victims was a difficult experience for the doctor and his staff. The doctor recognised his symptoms of stress were serious and sought peer support. Being so involved in the treatment of so many seriously injured patients took a personal toil on him and he was very emotional when he recalled the events and his role in the response at Sanglah hospital. The researcher stopped the tape and the questioning and gave the doctor time and space to recover. Offers were made to stop or abandon the interview which he declined. A return to the interview occurred only when he indicated he was ready to continue. The doctor recognised the toll treating bomb victims had on the medical and nursing staff involved. He described how they worked tirelessly for days in extreme conditions which, their training had not prepared them for. He also thought that some staff may be were living with PTSD. His thoughts are encapsulated in his quote below:

> *I couldn't believe that something like that could happen. I've never seen things like that in my life. I felt burnout and needed peer support. In terms of my profession, you have to be prepared for anything. The psychological impact to nurses, doctors and victims is ongoing. I think some of us live with post traumatic stress disorder. I'm still deeply hurt but I try not to think about it and just work.* (Senior Doctor, Sanglah Hospital)

The head of Red Cross operations on the night of the bombing was responsible for coordinating 20 salaried staff and 71 volunteers. Here was another official who took a major role in the aftermath of the bombing, who was emotionally distressed, and who also chose to carry on. In the early days he exhibited lack of sleep and fear of loud noises, are typical stress reactions to being caught up in very distressful situations. Despite his recovery from the initial symptoms the official still avoids ground zero as it has too many memories for him.

I got trauma and scared with noises. I kept things in because I have a job to do [So no emotional support]. *My emotions were high. I had a sleep problem* [in 2002]... *If I have a choice* [in 2008] *I pass by [Kuta] and do not want to go there.* (Senior Red Cross Official)

As in Perth, participants expressed a need to see some positive impacts come out of the Bali bombing and to that end they made suggestions and strategies to assist others in any future disaster.

8.6.3   Reinforced Resource 1: Positive reflections

8.6.3.1 Sub-Themes: Peer, Family and Spiritual Support; Religion; Recreational Activities

Reflecting and discussing the emotional support he received, the doctor referred to an informal arrangement he had with a colleague and friend. He acknowledged the support and comradeship from the many doctors who volunteered their services from Australia and the Philippines. A casual game of ping-pong as a recreational activity appeared to help. Previously a Red Cross volunteer had mentioned a visit to Water Bomb Park that had been a really useful way for him and his fellow volunteers to unwind. Praying was also comforting to the doctor, a devout Hindu. All of the doctor's sources of support were reinforced resources already present in his friendship network, community and faith.

I talked to a psychologist friend and I got peer support...Talking to friends [helped] *and we faced this together and peer support...The support from everyone, the volunteers the medical staff from Australia and the Philippines who came to help us... My friends and how we helped played ping-pong. My wife and I are Hindu. It was a big help. I just prayed by myself.* (Senior Doctor, Sanglah Hospital)

The Red Cross official was very conscious of his role as a manager within the Red Cross. He believed his role as leader involved the need to keep control of his emotions and not to show his distress to his staff. The officer reported, however, that he had received professional counselling following the Indian Ocean tsunami, when

the Red Cross offered counselling to its volunteers. The official was also a deeply religious man who took a senior role in village ceremonies.

> *I tried to hold onto it, I don't want to burden. Especially as a leader I never talk. No counselling I just kept it to myself. I try to manage it myself. I asked the God, "Don't let it happen again"...Yes, it helped after the bombing. I am head of the ceremony like a priest. We have to trust.* (Senior Red Cross Official)

8.6.4   Reinforced Resource 2: Suggestions
8.6.4.1 Sub-Themes: Specialised Training; Protect Kuta

The doctor and the elder shared their viewpoints as to why the bombing had occurred and   inn addition, the doctor made some important and useful recommendations for any future disaster response. The elder being deeply religious believed that everything can be managed through faith in God. He thought the bombing was bad "Karma" – a reflection that the islanders had done something wrong and felt that the bombers had tried to start a war (between the different religions) in order to destabilise Bali.

> *Whatever happens they just live it and leave it to the Gods. Everything can be managed. Love to the people and love to the Gods and everything can be managed. This group was successful in bombing Bali but not successful in making Bali a war.* (Village Elder)

The doctor made an important suggestion regarding the need for specialised training and support of nursing and medical staff. Suggestions for change form an important part of the reinforced resources which can bring about change in any future response. The doctor was at the forefront of the response at the hospital and recognises the psychological effects the work had on him and other staff members.

> *We need specialised training...For family members it was a difficult time and a big trauma and also for the doctors who try to fix the situation... They* [the doctors and nurses] *need psychological support. We need a specialised training*

programme and we need more medical doctors with specialised counselling training. (Senior Doctor, Sanglah Hospital)

The village elder suggested there was a need to be vigilant with security for Kuta:

To keep Kuta prepared. To protect Kuta with security and support. (Village Elder)

The above sections have explored the themes that emerged from the volunteer and key informant interviews of the Bali participants. The remainder of this chapter will go on to report on the themes that emerged from the key informant interviews of the Perth respondents.

8.7 Key Informants: Perth

The Perth key informants (KI) were all members of the Perth and Kingsley Football Club (KAFC) response team. At the football club a committee was formed to coordinate the response to the disaster. Three of the key informants interviewed for this study were committee members. One was a politician who lived in Kingsley, the other was a media advisor in the government sector, and the third was a manager of a key government department with the main responsibility of coordinating a response to the Bali crisis. The two remaining informants interviewed were directly involved with the committee or the victims through their respective professional roles. One was a religious minister of a local church and the other a senior health professional employed in a major teaching hospital in Perth. The key topics discussed reflected those that were asked in Bali and covered their role and training, the effects, emotional support, coping strategies and suggestions. To preserve confidentiality, the informants have been randomly allocated the label K1 to K5.

8.7.1 The Response

All of the key informants were professionals people who were most likely able to deal with difficult situations as they arose in their everyday occupations. However the Bali bombing and its effect on the football club and the local community was not something any of the members had previously experienced. The club initially responded to the disaster without outside support until a team of local volunteers and

professionals with experience in social work, psychology, media and public relations and politics slowly came together to coordinate a response. Initially open meetings were frequently held at the football club with concerned parents and relatives of players who were seeking information and support as they feared their sons had been killed or injured. Access to valid information is a form of mutual social support and was an essential component of reducing the families' level of anxiety and distress. It was also a useful means for the families affected by the tragedy to share their experiences and seek support from others similarly affected (Van Ommeren et al., 2005; Litz, Gray, Bryant & Adler, 2002).

A committee of key people evolved to help with arrangements to evacuate the players who were injured or deceased back to Perth. Other tasks involved dissemination of information by word of mouth and newsletter, the legal aspects of handling the large amount of monetary donations which came flooding in, and arranging counselling support for club members who requested it. Later the committee would be involved in arranging the memorial service for the seven dead and missing members of the club which was attended by approximately 10,000 people from the local community. After the 13 players and members were repatriated to Perth, it was clear that many required medical treatment for their burns and other injuries. Hospital teams in Perth were put on alert immediately the news came through of the bombing. Once casualties arrived in Perth, the medical teams worked tirelessly for many days to repair the injuries and burns sustained by the Perth victims.

Despite being busy professionals, the key informants were supportive of the study and agreed to participate in the interviews. In most cases the participants were relaxed and were able to converse freely. In a few cases this appeared difficult and the researcher felt they were constrained by their professional and departmental guidelines and seem to provide 'official' answers rather than the personal responses. Regrettably, despite numerous efforts on the researcher's part, a meeting with a key member of the medical team did not eventuate.

8.7.2 Role and Training

All of the key informants played an essential role in the aftermath of the bombing. Three out of the five informants were connected with the KAFC, or lived in the locality. The fourth informant was a medical professional and the fifth a religious minister. Their particular roles meant that their contact with the injured and deceased victims' families was mainly at a professional level. At a professional level, a number of participants felt they were adequately prepared for a response due to disaster protocols and training (KI 3), and training in crisis management (KI 2). However, as one would expect, the reality of a real life crisis was quite different to the situations that occurred in the training situation. One participant summed this up really well when he said: *I don't know that any amount of training makes you ready for "it"*, however another declared it to be *"useful"*. As with the previous interviews, the analysis of the key informant interviews of the Perth participants commenced with the domain of human capacity and is presented in the following section.

8.8 Human Capacity: Key Informants: Perth

The personal and emotional toil of their roles was not initially evident to the informants. Their roles mainly involved dealing with the parents and family members of players who had been killed or injured. They were all members of the football club response committee set up to plan and organise the type of support required for the affected club members. In the initial stages, the parents and family members had no definite information if their sons and relatives had been either injured or killed in the bombing. Most of the information was coming from the media and mobile phone calls from a few of the injured players. The toll was immeasurable on the committee members who had to operate in very difficult and sensitive situations, as tempers and emotions took over in the turmoil. The professional key informants, the medical professional and the local minister equally had to deal with difficult situations, as they comforted or treated victims of the bombing. This is well summed up in this participant quote:

> *I think I felt like everyone else shock at what happened. I remember going to the club, it must have been the day after because I had a feeling of the impact*

of war. It struck me at the time it was like a war zone; it was that sort of emotion. (KI 2)

The personal effects on key informants in 2002 and any still present in 2008 were a key focus for discussion during the interviews. Figure 14 below illustrates the themes that emerged from these discussions within the domain of human capacity.
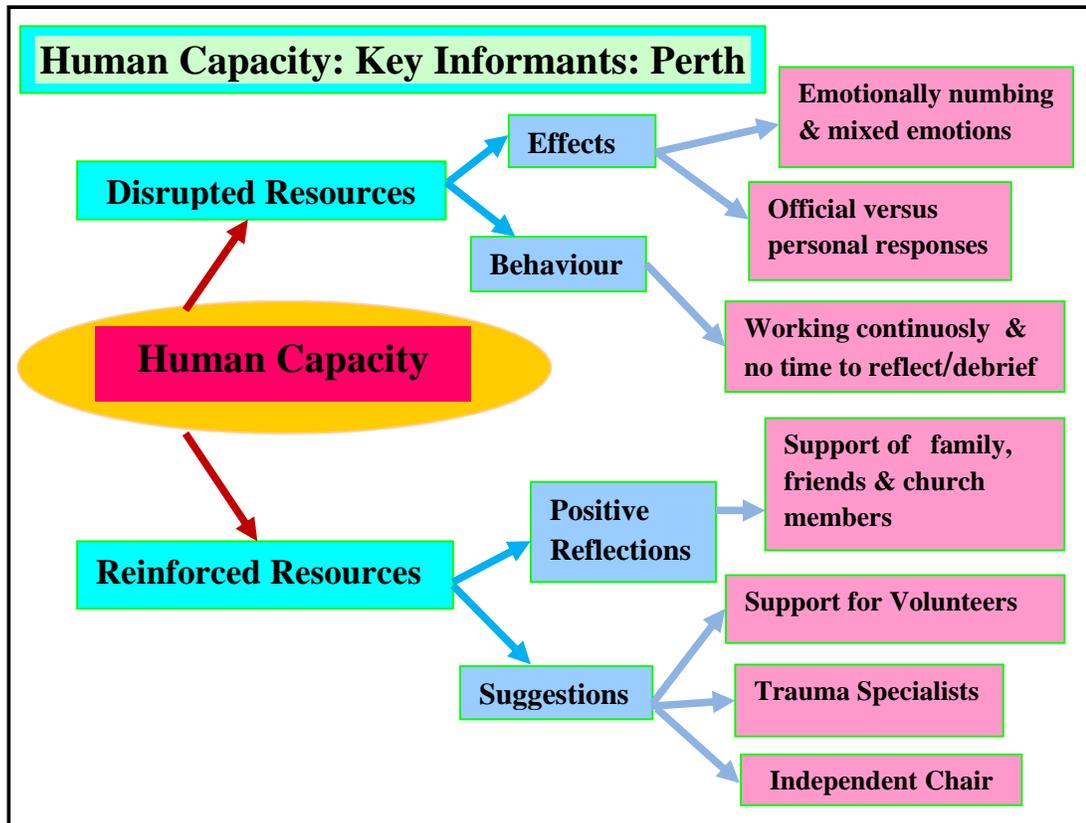
Figure 14: Human Capacity: Key Informants: Perth

Figure 14 above draws on the interviews of the key informants under the domain of Human Capacity. The effect category included emotional numbing and official versus personal response. Behaviours revealed how informants and volunteers kept working and had no time to reflect. The Reinforced Resources revealed the categories of Positive Reflections (the benefits to informants of the support of family, friends and church members) and Suggestions (the need for support for volunteers, trauma specialists and an independent chair for committees). Each of these resources are further explained below:

8.8.1   Disrupted Resources 1: Effects

8.8.1.1 Sub-Themes: Emotional Numbing and Mixed Emotions

A number of informants shared, not surprisingly, that during the crisis they did not have time to process the effect. One participant reflected that 12 months after the bombing, she was emotionally drained and needed to seek emotional support as she had internalised the grief and hurt she felt. She felt she was on a treadmill and personally realised she needed debriefing until 12 months later when her role at the football club reduced. She suggested a need for support for the volunteers and committee members. This delay in processing and debriefing is reiterated by another key informant.

> *With two weeks absolute full on, I refer to that two weeks where I actually stopped breathing. I didn't know until about 12 months later that I needed to be debriefed. I needed support.* (KI 1)

> *I was pretty vulnerable at the time* [due to personal difficulties]. *You don't tend to think of things* [the bombing] *when you are in the thick of it...I didn't process it until much later. It was draining and there probably was great sadness more than anything else. It was a time of mixed emotions. I don't think anything huge, whereas I know a lot of people were hugely affected but I don't know, maybe I have become desensitised.* (KI 3)

8.8.1.2 Sub-Theme: Official versus Personal Responses

Most key informants were quite sad when they discussed and reflected on the tragedy and their role in 2002. Yet when asked if there was an effect now five years on, most appeared to deflect the question and talked instead about the effect on the victims and families in 2008. As is illustrated in the following respondent quotes, it was this question which particularly seemed to encourage an 'official' rather than personal response.

> *I almost feel a little emotional, but the overriding effect for me is my concern for the families*. (KI 2)

Five years on the effect is still with us. I don't have direct involvement with these people but you hear snippets of some people still suffering. (KI 4)

I find it cathartic to talk about things you think about specifically. I was incredibly sad with what happened. It's something that will always be an emotional thing. (KI 3)

8.8.2 Disrupted Resource 2: Behaviours
8.8.2.1 Sub-Themes: Kept on Working & No Time to Reflect
None of key informants received official support or counselling or, as in the case of KI 2, felt they needed it. Their responses in some ways echoed the Balinese volunteers in that when in the midst of it (the response) the primary concerns are for the victims, and any personal needs are ignored or overridden. The emotional impacts appear only when their roles reduce or cease that the personal effects become evident.

I internalised the grief and hurt, I didn't have an outlet. You are on a treadmill which is just going faster and faster. (KI 1)

I don't know how it affected me in the sense I just kept going and I had the benefit of being well removed. (KI 4)

For this participant his extensive training and getting *"lost"* in the job in hand helped him cope:

No I didn't have any counselling. I don't recall being offered any...You don't tend to think of things when you are in the thick of it. The training and going into surgery [helped]. (KI 3)

8.8.3 Reinforced Resource 1: Positive Reflections
8.8.3.1 Sub-Theme: Support of Family Friends and Church Members

Despite the reported emotional difficulties, key informants discussed several positive outcomes associated with the experience of helping with the Perth response to the Bali bombings. Some suggested they didn't need emotional support and what helped them cope was the fact they were helping others. The beneficial aspects of volunteering, particularly to self esteem, have been noted in the literature (Steffen & Fothergill, 2009).

> *What helped me cope was feeling that I was doing something for someone else.* (KI 4)

As has been reported by other participants in this study, families, friends, church members and colleagues of the participants all provided an avenue for emotional support:

> *Conversations and chats* [with family and church members]... *As far as encouragement you know when you are going 24/7 it is very draining, and they watch out for you and say "Look, you need at least a couple of hours sleep".* (KI 5)

> *My family, particularly my wife,* [gave support] *and from certain colleagues, there was support and frequent contact and discussion of some of the issues.* (KI 2)

8.8.4 Reinforced Resource 2: Suggestions

8.8.4.1 Sub-Themes: Support for Volunteers; Need for a Trauma Specialist and Independent Chair

At the conclusion of all the interviews the participants were asked if they had any further comments to make. A number of the informants' responses are included here as it was then they appeared to relax and lose the caution that previously seemed to be present.

A need for support for the volunteers and committee members was expressed by key informants. This is a useful point as the professional counsellors involved, including the researcher, were working long hours within the football committee, along with

their normal day occupations. Most volunteers were not alert to their need for support and debriefing as the focus and priority was on the victims, the injured players, and their immediate families and friends.

> *One of the professionals could have made it their job to actually provide support for other volunteers.* (KI 1)

The government officer made an important point in relation to the football club. He commented it was a very tight knit group of players and families and it was difficult for the professionals involved to assume a directing role. He summed it up by suggesting there was a need:

> *To take account of the structure and work as part of it* (KI 2)

This is a very important point which ties in with Strang and Ager's research (2001, p. 6) that documents that the affected and external community will have their own "ecology and values". It is important, therefore, for the external community (in this case the committee) to not try to pursue its "own goals", but to preferably work within the affected communities values, in the case of the Perth victims, the KAFC. Football communities are a very tight knit group of people with strong bonds that evolve as the players and families graduate through the various levels (junior to senior level) of the club over a period of time.

A third of the committee was known by the football club community as they were members of the club. The remaining members, including the researcher, were not, and in some cases had no knowledge of a football community's norms and values. This resulted in the non- committee members, including the researcher, being viewed initially with suspicion. rapport was at times a little difficult between some of the club and committee members. It took time and patience to build up a relationship and be accepted into the football club community. Once accepted and trusted within the community, it was (and still is) like being part of a large and friendly community whose warmth and generosity is limitless.

Another informant touched on the difficulties of having members of the affected community (the football club) sitting on the committee and being part of the decision making process. He suggested that it is preferable and beneficial for an outsider to chair the committee meetings:

> *There wasn't one sole person group or agency which took charge. An outside agency or person to chair the committee might have been beneficial as some of the people on the committee were dealing with their own demons. Not that it didn't work, but it was like tip toeing through the tulips sometimes.* (KI 2)

As in Bali, Perth participants identified that a lack of leadership as a problem. Many times grief and distress were affecting the decision making capacity of some of the members of the committee, and this made interpersonal communications difficult, especially when tensions arose. Equally, it is not clear if the committee or football club would have responded well to outsiders taking over the chairmanship of the committee. Non-members of the club were eventually accepted as most were from the local community and/or had some form of expertise which was extremely useful in the crisis response.

A third informant also mentioned the stress within the committee and suggested a experienced trauma specialist might be useful. It is not clear if he had thought of the issue of funding for such a specialist:

> *It seems to me although there were people out there, the stress of the thing probably lends itself to having a top rate trauma specialist involved.* (KI 4)

8.9   Summary of the Chapter

The participants in this section offered their stories freely and willingly as they all wanted to be heard. For some it was the first opportunity to tell their story or revisit it. In 2008, when interviewed some six years after the incident, a number of the participants in Bali were still reporting considerable psychological distress. However with the help of their family members, their communities and the government's support they all were optimistic about their future and Bali's economic survival.

In Perth, the key informants all helped with the response to the disaster in Perth and reported varying degrees of distress whist undertaking their professional or volunteer roles. As in with the volunteers and key informants in Bali, no informant received formal counselling support, and family, friends and colleagues seemed to be the main emotional support. With regards to their training the informants suggested that, in the main, their training and background was *"adequate"* to help them cope with the demands of the roles they undertook in the crisis. However most acknowledged there was no training that could totally prepare them for the tasks they undertook. It was acknowledged that everyone did the best they could to respond to a very difficult situation and that improvements to the response could have been made by making support for the busy responders more available. It was also acknowledged there were difficulties of non football club members working within an already tight knit group of people, with the result no one person or agency with expertise took charge of the committee.

In Bali and Perth a number of the volunteers and key informants reported they held their emotions in check in order to support their clients, and get on with the job they had to do. Inevitably in any disaster situation a number of volunteers and first responders will need some form of basic psychological support. Others may need psychological assessment if symptoms persist longer than a month. This information will was useful for the in construction of the framework of suggestions presented in the next and final chapter of this study.

CHAPTER 9

Discussion and Conclusions

Constructive crisis management needs to be integrated, holistic and sustainable, rather than simply reactive (Gurtner, 2004, p. 57).

9.0   Introduction

This final chapter commences with a response to each of the key objectives of the study. Key components of the modified Psychological Working Group (PWG) model underlying the study is presented. Recommendations aimed at various levels of both government and non-government agencies is offered for consideration. Further to this the significance and limitations of the study are discussed and a final conclusion draws the chapter to a close.

9.1   Response to the Research Objectives.

The overarching aim of this study was to examine the multilayered effects and forms of support received by victims and family members in the aftermath of the 2002 Bali bombings in Bali and Perth and in the intervening period. In order to address this aim, five objectives were identified and this section responds to each objective of the study.

9.1.1 Response to Objective 1:

To examine the multilayered effects of the Bali bombings at the Individual, Family and Community Level

The psychosocial framework provided an efficient and useful conceptual format for investigating the effects and the types of support received of the bombing across all levels of victims of the Bali bombings. The participant interviews and the subsequent analysis revealed multi-layers of effects. In the initial aftermath of the bombing, primary level victims in Bali and Perth reported multiple symptoms of "depleted resources" including sleeplessness, confusion, nightmares and anger. According to Trappler (2010), 90% of terrorist attack survivors experience such symptoms. Most

of the distressful effects reported are normal distress reactions to a very abnormal event in the immediate aftermath. The family members of victims in Perth received second hand exposure to the experiences the primary level victims endured by listening to their recollections and recounting of the tragedy (Gregerson, 2007; Pulido, 2007; Shalev et al., 2006).   This indirect exposure of family members resulted in a number of them reporting shock, numbness and disbelief, listed in previous studies as symptoms of post traumatic stress disorder (Bride, 2007; Munoz et al., 2004; Rao, 2006b; Watchorn, 2001). It is likely that unless these symptoms lasted several months (Vijaykumar et al., 2006) they are viewed by most mental health practitioners as normal reactions to a distressful event. A number of third level victims, namely the volunteer and professional responders, reported similar distressful symptoms such as emotional numbing and derealisation which is likely to be related to the variety of difficult tasks they had to undertake. The poor economic situation in Bali appeared to compound the effects for the victims, leaving many families economically destitute and a number of victims described distressful reactions similar to those described by the Perth victims.

It is recognised in the literature that there are vulnerable groups who endure a disproportionate share of a disaster burden (Fjord & Manderson, 2009). The widows and children of victims in Bali were disproportionately affected by the bombing. The widows endured an excessive portion of the disaster burden due to the loss of their main economic provider, their husband, and loss of the higher status being married accords in traditional Balinese society. Thus they described problems in providing the basic necessities of daily life, finding a job and looking after their children without a partner's support. Children were particularly affected by the events in Bali, as apart from potentially hearing the explosions and witnessing the following devastation and injuries to family members, they were also exposed to graphic images of the aftermath of the bombing relayed on the television without any noticeable degree of censorship. This resulted in a number of the children presenting with depression, nightmares, and anxiety. In one instance a child was still fearful in 2008, and for another their distress continued for three years after the event. Thus the study documented that there were multilayered effects of the bombings as seen in primary, and secondary victims and professionals who assisted in the aftermath of the disaster.

9.1.2 Response to Objectives 2 & 3:

To identify and examine the forms of post attack support received by victims following the Bali Bombings

In terms of support received by the victims, a large proportion of support came from within the communities of Bali and Perth. For the young men in Perth, support came from friends who had either been with them in Bali, or were closely involved with them through the football club, as well as their other friends and family members. For the family members it came from their neighbours, friends and other family members who supplied items such as food and emotional support. The Kingsley football club, the victims, family members, churches and local community appeared to become closer in a collective response to the tragedy. This was particularly demonstrated when 10,000 local people attended a memorial service shortly after the injured returned home.

The participants in Bali described the importance of practical, economic and spiritual support from their families and community. Positive social support was abounding in the form of empathetic discussions, basic food supplies, money, child care and help during the elaborate burial ceremonies. Counselling support and education costs for the children came from the many NGOs in Bali such as Bali Haiti, Yayasan Kuta International Disaster Scholarship (YKIDS) and Yayasan Kemanusiaan Ibu Pertiwi (YKIP). Due to a pre-existing "pool of resources" (PWG, 2001, p. 2.) in their community, the participants were able to tap into vital support quite soon after the bombing.

This type of community support is seen as crucial to an individual's recovery as a sense of "communal openness" evolves which can help mediate the effects of a disaster (Steury et al., 2004), decrease the individual's level of depression, and has been correlated with an increase in levels of resilience (Moscardino et al., 2010). The PWG suggests any external agencies that respond to help in an emergency situation should take into account the pre-existing resources within a community and that the external support community "collaborates and negotiates" with the affected community (PWG, p. 2). The results of this research identified and examined the multiple sources of support received by the victims of the bombing.

9.1.3   Response to Objective 4:

To examine the perceptions of members of the Emergency Response Teams and Community Volunteers

The contribution of volunteer responders and key informants in Bali was extensive. In Bali the volunteers took key roles at ground zero or at Sanglah hospital. The work they undertook was long and arduous and most of the volunteers were untrained for the roles they undertook such as victim identification at the morgue, dealing with distressed relatives, and comforting the injured and dying. A number were adversely affected by the roles they undertook, and in the researcher's view became third level victims of the attack (Alexander, 2005; Rao, 2006b). The symptoms they reported included emotional numbing, fear of crowded places, anger and sadness. These symptoms were also reported in a number of the professional responders in Bali, and are not unusual for first responders who are involved in the initial phase of a disaster response (Stellman et al., 2008).

In Perth the volunteers and key informants role consisted mainly of membership of a volunteer committee with key responsibility to respond to the crisis and support of the injured and family members. The effects were less dramatic than Bali as these were volunteers who were not at the front line of the response. It was an intense few weeks of committee meetings, as well as individual and group meetings with primary and second level victims. One volunteer summed it up as *"being on a treadmill and internalising the grief"*. It was 12 months later before this volunteer realised she needed support.

For most of the volunteers and key informants there was sadness for the bereaved and injured, with little time left for self reflection. It appears just knowing they were helping negated any of the negative effects that might have occurred. These results have shown that third level responders require consideration and emotional support and are consistent with studies that have emerged from the effects of 9/11. Whilst the priority should always be the primary or first level victims, this study has documented that it is important that the needs of volunteers and professional responders are not overlooked or ignored.

9.1.4   Response to Objective 5:

To develop a Framework and Propose Recommendations for Future Disaster Management

Underpinning this research is the premise that in our everyday interactions we try to achieve a state of emotional physical and social stability. Terrorist attacks challenge and disrupt this state of stability. As a result, in emergencies there is a "complex interplay between protection threats and issues of mental health and psychosocial wellbeing" (Inter Agency Standing Committee, 2006, p. 32). In chapters 6 and 7 the analysis of the first and second level participant interviews were discussed within the psychosocial framework domains of

- human capacity: the skills and knowledge inherent in people;
- social capacity: the familial, religious and cultural resources in the community;
- culture and values: namely cultural values, beliefs and practices within the community

The three domains of the PWG framework are challenged and disrupted by complex emergencies. The Bali incident caused death, physical injury and pain to victims. However, significant impacts such as the loss of a job or being unable to work caused victims additional socio-economic distress and ongoing hardship. In Bali there was also widespread external infrastructure disruption to the victims' community as electricity and water supplies were lost for several weeks following the bombing. As mentioned previously, there exists a "pool of resources" (PWG, 2003, p. 2) that can be utilised by communities and individuals in response to emergencies. For example, human capacity may be engaged to promote social linkage, and culture and values (PWG, 2003). However the effectiveness of resource utilisation by the individual and community reveals the extent of their response, adjustment and resilience to the situation. By using this framework to study the Bali bombings, the "nature and impact of the event and circumstances" was examined and documented (Strang & Ager, 2003, p. 4). A modified framework has been developed drawing on the findings of the study and the recommendations that emerged from the findings are presented in the next sections of this chapter.

9.2   The Modified Framework

The modified framework developed from the findings in this study has been produced for International, Government, Non-government and Community organisations who may wish to develop a strategic and psychosocial approach to disaster planning. The modified framework is also culturally sensitive and contextually relevant to post disaster interventions. It is based on the premise, as demonstrated in the experiences documented in this study that the unexpected often happens. When it does, it is important for organisations to be prepared and ready to respond and manage the hazards to prevent unnecessary loss of life, injury or distress, and reduce the time it takes for post-event decision making (Hollis, 2007).

This framework is not intended to replace a needs analysis or a comprehensive assessment plan for a disaster response. It is purely a framework and/or a starting point, which organisations may wish to base their strategic plans and initial response strategies around. Use of this framework would inform planners and allow them to predict the possible impacts using the powerful lenses of human capacity, social ecology and culture and values and accommodating the varying needs at the organisational, geographic and cultural levels.

Broad outlines provide a reference to the domains listed to illustrate how the framework can be utilised pre and post disaster. When formulating a response plan it is important for the relevant agencies to assess what resources pre-exist in the local community, what may be utilised by the community in response, and where there may be shortfalls. Any psychosocial response to a disaster must consider collaboration and inclusion of the local community within its disaster plan and intervention approaches. This is because communities form an essential part and play a vital role in contemporary disaster approaches where regional knowledge is utilised, contextual issues are addressed and cultural nuances respected (El Haq, 2007).

It is posited within this framework that the immediate needs of disaster victims are best assessed and planned for initially under the domain of human capacity as there is a rich and reinforcing set of resources available for support in the aftermath of a

disaster within the affected community. The remaining domains of social ecology and culture and values are also considered in assessing the possible impact of the disaster. Within the modified framework the domains are interrelated and are discussed in terms of disrupted and reinforced resources.

The proposed framework illustrated in Figure 15 below, is followed by a discussion illustrating how the framework may be utilised. It is important to note the framework can be fluid and evolving taking into consideration the contextual needs of an affected community. These contextual needs will vary in the immediate aftermath and in the days and months following the disaster. The context, availability of local and external resources, and the extent of the affected communities capacity to respond are all factors for response agencies to consider when implementing interventions or responses. Elements of disaster planning and response are interlinked within the three domains of human capacity (HC); social ecology (SE); and culture and values (CV) and are nested within the larger domains of environmental, economic and physical resources .

Figure 15 on the next page, the Modified Framework proposed for use in Disaster Planning draws on the concept of Reinforced and Disrupted resources. Under the Disrupted Resources the need to prioritise and address the physical, & psychological well being of the victims, their fear and safety concerns and the disruption to family livelihoods is discussed. Under Reinforced Resources the ability of communities to utilise existing resources is highlighted. The sharing of resources, the training of volunteers and the crucial support provided by family members is discussed. The importance of managing monetary, in-kind and asset donation is also highlighted. Each of these resources is explained with reference to pre-event planning and intervention and the need for post event audit and planning.

Figure 15: Modified Framework for use in Disaster Planning

9.2.1   Disrupted Resources

9.2.1.1 Disrupted Resource 1: Physical Wellbeing

In any disaster situation, the immediate priority is to remove casualties and by-standers to a place of safety (HC). This requires some planning to have a sufficient and efficient number of professionals and volunteers trained to respond effectively and administer triaging and transportation of victims to hospitals and morgues. The physical integrity of the area needs to be safe guarded prior to any first responder

entering the area. In some instances specialist engineers and equipment may be required to ensure the area is structurally safe. The necessary equipment and should be available to carry out the recovery work along with sufficient vehicles and open roadways to transport the casualties to hospitals or a place of safety.

Once these priorities are met, the immediate basic needs of survivors in mass disaster situations will be for food, safety, shelter and financial support. These needs can be met partly through the community support by the sharing of resources such as food, water and shelter (SE) as occurred in Bali. In large scale disasters, further food and emergency provisions and supplies will need to be supplemented to ensure the maintenance of emergency supplies at outreach posts. There needs to be drop off of emergency supplies of food to the seriously ill, the disabled, vulnerable and the elderly members of the community. In addition, in a large scale disaster situation temporary housing, clean water provision and sanitation will need to be distributed - basic necessities required for the physical needs (HC) of the affected population.

9.2.1.2 Disrupted Resource 2: Psychological Wellbeing

Following a catastrophic event, psychosocial symptoms (HC) will be evident in most survivors, their families, some community members and first responders. Rather than rush into "mental health diagnosis", health care workers, mental health professionals and support people need to be trained (HC) to adopt a minimalist "watch and wait approach", and be encouraged of the need to initially use a basic empathetic and supportive approach with the victims. Priority must be given in reuniting people to their families, friends and communities, (SE) as it is here the victims are most likely to receive the emotional support they require, as evidenced by the study participants in both Bali and Perth and the literature.

A specialised trained group of volunteers will be required to coordinate this reunification with family members. Health professionals, family members and victims will need to be provided with information to enable them to recognise the signs of prolonged mental health symptoms particularly after the first month. The Australian Red Cross have produced an information booklet for victims and families in a major crisis (Valent et al., 2008). Those victims experiencing on-going symptoms will require referral to an appropriate mental health professional.

9.2.1.3 Disrupted Resource 3: Family Livelihoods

At the individual and family level there will be a disruption to economic resources (HC). Victims may be unable to work due to personal injury or because their job no longer exists as a direct consequence of the disaster such as the destruction of the place of employment or economic fallout (as occurred in Bali). Families lose the economic provision of victims who were killed or injured in the disaster and the economy and businesses are depleted of the victims' skill input. Local and federal governments therefore need to include adequate financial provision for families and the up skilling and training of existing workers to replace the skills of workers lost or injured, particularly in essential industries such as water, electricity and oil and gas supply. In a large scale disaster or terrorist attack they may also need to provide for the downturn in the economy such as occurred in Bali when tourists stopped arriving.

9.2.1.4 Disrupted Resource 4: Fear and Safety Concerns

Post event the victims and many community members will fear for their safety as well as the safety of their family members (CV). Effective decision making and appraisal of their own and others safety is often compromised by their involvement in the disaster. Links and announcements to reassure individuals, families and communities in addition to information regarding support, could be made through churches, newspapers, television, newsletters, community radio announcements, the internet, mobile phones, tweeting and texting. The reporting of continuing investigations and efforts to catch the perpetrators will also help to allay the fears of the population.

9.3   Reinforced Resources

9.3.1.1 Reinforced Resources 1: Sharing of Resources

In the immediate period following a disaster, the community outpouring of assistance is a time when there is a "wave of compassion, goodwill and care" (Rao, 2006b, p. 502). Food, medicines, shelter, and monetary donations and promises of help abound. In Bali and Perth the local communities rallied with food, monetary donations and emotional support. Many participants in this study described the benefits they felt from the practical and emotional support of family, friends and neighbours. This widespread sharing of resources is a prime example of the social

connectedness of a community and collective response to the disruptions and impact caused by a disaster (SE). Effective collation, coordination and distribution of donations is an important consideration for response agencies. In Bali this was one of the areas where volunteers reported stress and tension as large quantities of donations had to be stored, catalogued and distributed and looting and theft needed to be prevented.

9.3.1.2   Reinforced Resources 2: Volunteering

It is also recognised that as a result of a disaster or complex emergency that there are beneficial effects as people feeling motivated to altruistic actions (HC). As a result of the motivation to assist and help in any way, it is not unusual to see many local people who live near a disaster scene, often arrive at the scene first to take on the role of first responders to an attack (Bisson & Cohen, 2006). Hence, it is recommended that community training courses, particularly in basic first aid, be available to community members to ensure that responders can administer first aid in a safe and efficient manner, in an effort to minimise loss of life. In cases where there is a large influx of volunteers, there will be a need to take charge of the organisation and allocation of tasks appropriate to a volunteer's skill levels. Hence a roster, pre-registration and training of a disaster emergency response corps would be beneficial.

9.3.1.3   Reinforced Resources 3: Emotional support

Victims turn to family and friends as soon as possible in the aftermath of a disaster. Victims in Bali and Perth reported the emotional support of family and friends as a crucial element of their recovery. This "social bonding" is considered a form of "unity against a common enemy" namely the perpetrators (Strang & Ager, 2001, p. 4). As a result of the stress endured in providing emotional support, family members and friends can become secondary victims. As a preventative measure they require detailed, practical and easy to read information from mental health and relief agencies which encourages self care, and tips on how to support family members in a crisis.

9.3.1.4   Reinforced Resources 4: Donations

As well as local communities sharing food shelter and monetary donations, the national and international communities will make donations in disasters of

medicines, personnel, tents, food and clothing. In Perth the monetary donations to the Red Cross alone amounted to AUD $15.3 million (Australian Red Cross, 2005). In Bali the donations of medicines from the local and international community was overwhelming. Most medicine donations were extremely useful, although a few were not as they were out of date, labelled in a language other than Indonesian, or inappropriate for the immediate needs of the victims (World Health Organisation, 2003). The management, logistics and legalities surrounding the storage and timely distribution of the donations especially vital medical aid is an important consideration for planning organisations.

9.3.1.5. Post Event: Assessment, Evaluation and Planning

This modified framework is formulated in response to the Bali disaster in 2002. Its recommendations are based on a comprehensive analysis of the participants' experiences and recommendations in Bali and Perth. The rationale behind the framework is that in any large scale disaster existing organisations are often overwhelmed with the tragedy they are faced with and need all the support that is offered. The first step is to form a task force consisting of community members, ambulance and police officials, community organisations, volunteers and engineers. Their task will be to form a comprehensive psychosocial approach to a disaster response in their area. The modified framework presented above in Figure 18 and the subsequent discussion provides some guidelines on how the framework may be used. It is recognised that each disaster has its own set of local specific demands. It is essential to work methodically and assess the existing local resources. Where there are potential deficiencies, it is important that sufficient resources are provided to build the resource to a level that would meet the stresses and demands that occur in a disaster. If used appropriately the framework enhances the chances of an efficient and culturally appropriate response.

9.3.1.6 Post Disaster

The above framework may again be utilised to assess and evaluate the effectiveness of the response. As survivors and their relatives have essential insights into disaster response, they should be invited to participate in a post disaster assessment team. The team should also include those people and organisations that formed the initial

planning team. Information from key stakeholders in the response is essential and should include police, ambulance officers, the fire brigade, community organisations, victims and family members. Reports and information from interviews and focus groups would form part of the audit. The key purpose of the team would be to audit the response to the disaster as well as formulating a new strategic plan in emergency response should another disaster occur.

The framework and domains could be a starting point to assess the type of resources that were depleted and reinforced during the disaster. The audit could reveal ways in which the planning team could build and replenish these resources. For example under the domain of human capacity, the physical needs of the victims include safe and timely triaging to hospital. A simple number of casualties whose condition deteriorated following identification by first responders may help in the assessment of the effectiveness of the initial emergency response and the first aid administered (Brown & Robinson, 2005). If the number was high this could lead to further investigation and remedial actions within the plan. Further examples of strategies to enhance the planning and response are contained in the next section which presents the recommendations arising from the study.

9. 4   Recommendations from the Study

During the response to any type of disaster, governments will turn to professionals who have the expertise to help in the immediate aftermath of a crisis. In most countries these include paramedics, the police, health practitioners, non-government agencies and in many instances the armed forces. This study was based on a terrorist attack and the recommendations are primarily for agencies that plan for the aftermath of a terrorist attack, however the recommendations can be generalised and can be used by any agency involved in complex emergency planning. The recommendations are derived from an in-depth analysis of the participant interviews, researcher's observations, and the literature and will assist governments and agencies to be more informed and prepared.

The Bali disaster revealed the strength of human spirit and the willingness of people and countries to help each other in times of extreme distress, it also highlighted

aspects of the response which could be improved. It is recognised that each disaster is unique with unique effects and requirements for support (Larson, Metzger & Cahn, 2006) and therefore no one type of framework will fit all. This framework of recommendations may not contain all the answers, but if it helps one person or one organisation in any way, this research journey will have been justified.

It is imperative in any crisis situation that any disaster intervention must take into account the setting, culture and context. Within each recommendation is information which explains some background to the recommendations. It is not intended for the recommendations to take the place of a detailed emergency management plan. The aim is for the recommendations to be considered by the organisations or individual that undertake such work and to encourage them, if they are not already doing so, to take a psychosocial approach to their work.[13]

9.4.1   Recommendations for Immediate Assistance

- Priority to be given to the injured who require efficient and timely triaging. In Bali this was not undertaken well and it is likely this resulted in a number of casualties (World Health Organisation, 2003) that may have been prevented had the some of bystanders who were first on the scene been trained in disaster first aid.

- In the immediate post event stage the next priority is for provision of food, safety, water, shelter and support that enables reunification of surviving victims with their family, and friends who will also need information with regular updates about the unfolding disaster.

- Professional mental health workers and response personnel need to take a 'watch and wait' approach with victims of the disaster as most individuals will recover from their symptoms over a period of time. It is likely to be clinically inept to make a diagnosis within the first month post event, as it is too early to distinguish between victim trauma symptoms.

- It is important that all emergency responders are aware of the range of responses that can be considered normal reactions to very abnormal circumstances, and be

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[13] Where aspects of the recommendations were previously utilised in Bali or Perth due acknowledgement is made. Where this occurs there is a tacit recommendation for improvement in these areas.

ready to give the basic levels of emotional and practical support required to help the victims in the initial stages.

9.4 .2 Recommendations for Priority and Marginalised Groups

- In any response, priority must be given to marginalised and vulnerable groups, such as those that have a pre-existing mental illness, women, children and the elderly. Priority will also need to be given to help victims reconnect with their family members and local community as per a psychosocial approach to a disaster response (Landau et al., 2008), an approach which underpins this study.

- Administering questionnaire or supportive interviews may be required to identify those at risk within these groups and targeted interventions and specialised referral instigated where necessary (Valent et al., 2008; Bisson, 2007).

9.4.3 Recommendations for Training and Disaster Response

- There needs to be provision of specific disaster first aid courses for interested members of the general public and community organisations. This could occur under the usual first aid training organisations such as the St John's Ambulance Brigade or a specially formed training organisation in the country.

- Volunteers and professionals need to be taught the importance of self regulation so that they operate within their own safety skill levels.

- The training of professional responders such as the police, ambulance drivers, and local volunteers to include disaster first aid, fire fighting, psychological first aid and personal and victim safety considerations is paramount.

- The use of self-help leaflets, newspaper and television advertising can help in the post disaster stage. These may facilitate the identification of those victims that require further assistance and progress them onto the next phase of specialised assessment and support from mental or other professional health providers.

- The basics of self care such as regular breaks, regular fluid and food intake and signs of undue psychological and physical distress need to be emphasised in any specialised first response training.

- A response team trained to give practical support as well as psychological first aid should be made available for the duration of the emergency, as well as post

event, to monitor the response team. Personnel who show significant signs of distress should be temporarily removed from the situation.

- Training for professional and volunteer responders regarding the need to be respectful of each other's knowledge is essential. Neither group can cope with a large crisis situation on their own and in an emergency, professional and volunteer responders should support and help each other to help victims of the disaster.

9.4.4 Recommendations for Government

- A joint committee of government and non-government agencies and local volunteer responders should be formed which meets regularly to formulate a response plan. The recommendation is for this to be established in any major city that may be vulnerable to a terrorist attack.

- In a disaster situation a number of one-stop emergency venues need to be set up to assess and support victims close to the disaster site or in local community centres.

- The local community needs to be included in any future planning as they are often first on the scene, be it a terrorist attack, natural disaster, train derailment or fire. As Shover suggests: "each disaster response begins with the individual's preparedness at the local level and all disaster preparedness must incorporate training of health professionals, citizens and families in disaster drills" (Shover, 2007, p. 4).

- A task force can be formed with the prime aim of calling for volunteers willing to help in an Australian based volunteer force of emergency responders. Whilst NGOs such as the Red Cross have a roster of emergency volunteers they are unlikely to have sufficient personnel to be available to help in a mass casualty situation.

- A call for general as well as specific volunteers would be helpful. This would be a similar concept as Kevin Rudd's announcement of an overseas civilian corps of 500 volunteers willing to help in disaster affected areas overseas (Civilian corps, 2009). The specific community members required might include nurses, doctors, psychologists, engineers, plumbers, electricians, builders, fire-fighters, ambulance drivers, and members of emergency response teams such as members

of the fire brigade. General volunteers would consist of local people who are willing to help in any part of the response. For example this may be those willing to dig or search for survivors, such as occurred in the recent disaster in Haiti, or those willing to take charge of telephone enquiries or provide food for the responders.

9.4.5 Recommendations for Media

- The media of all types need to reconsider their code of conduct and their role in reporting a disaster type situation. They need to be mindful of the harmful effects graphic images or descriptions can produce in victims of terrorist attacks, their relatives and the general public, as well as the effects, a probing investigative interview may have on a distressed victim who may have consented to the interview whilst in a highly distressed state. In addition to reporting the event, the media could also become a vehicle for sharing public health information such self-help or coping skills, when to seek help, how to support a family member caught up in the crisis or how to recognise when a family member may need to seek professional mental health assistance.

9.4.6 Recommendations for Policy and Practice

- Information leaflets to be produced to help family members and friends support their family member who is injured or distressed. A ''hint list" and "what to do if" tips based around the principles of psychological first aid can be included. A similar form was issued during the Bali disaster, although help lines and volunteer counsellors and professional organisations still received a high level of calls from concerned relatives. Sufficient help lines need to be operational as soon as possible after the disaster as a source of information for all who may require it as well as a referral base if callers need to be assessed by mental health professionals.
- Coordination and registration of volunteers is essential. The responsibility for this could be undertaken by a specially formed organisation consisting of members of other emergency response organisations such as the Red Cross, St John's Ambulance brigade, the police, church and community organisations.

- Registration prior to volunteering in a crisis is important. If not before, then registration should occur at an emergency operations centre close to the disaster. Collation of volunteer contact details makes coordination and recruitment of volunteers to the scene easier in the initial stages. An electronic and written register of names address and telephone numbers is crucial.

- Follow up of volunteer and professional responders be included in the response plan. The plan should include compulsory staggered breaks for all professional responder and volunteer personnel involved in a disaster response.

- Educational material and training should be given to emergency response personnel to enable them to self monitor for signs of undue distress, particularly for signs of excessive fatigue. A confidential help line should be set up to enable volunteers and professional responders to call for support during and after the event.

- If the response is prolonged, some downtime for volunteers and professional responders is essential. In the initial busy stages of a response just a few moments of downtime away from the site if possible would be useful, as first responders tend to override the signs of their own physical and psychological exhaustion and their need for food and fluids. This was evident during the response to the Bali attack in volunteers and professional responders in Bali and Perth.

- The provision of simple recreational activities is a useful consideration if the response continues for several weeks. A number of the volunteers in Bali mentioned the usefulness of basic recreational activities in helping them relax and de stress.

- An information pack with leaflets regarding psychological first aid should be produced by all authorities involved in pre planning a disaster response and community organisations could be issued with a stockpile of information packs now.

- Due to variations in the media's conduct during the aftermath of the attack the code of conduct for all media should be reviewed and mandated.

- All of the above recommendations need to be funded by a combination of federal and state government budgets and emergency contingency funding to provide for disaster planning.

9.5   Limitations of the Research

9.5.1   Limitations of the Field Work in Bali

The study was conducted over a two month period in Bali. Some of the difficulties of conducting the field work in Bali have been discussed in chapter 1, point 1.7. The researcher's lack of fluency in Balinese and limited understanding of cultural norms was counteracted by using Balinese research assistants who acted as interpreters and allowed for a relaxed atmosphere in which to conduct the interviews. The researcher also had to adjust her scheduling and learn to accept that the "Western" concept of time often does not translate to other cultures where there is much more relaxed approach to time. There were some initial difficulties in maintaining research standards. On the first day of the data gathering the researcher suspected one of the interpreters was initially abbreviating the questions and coaching participant responses in a number of the questions, despite a number of training sessions and briefing discussions. Once the issue was raised and discussed in detail the interpreter adhered to the interview guidelines discussed. The participants were selected by opportunistic and convenience sampling which limited the number of participants who were willing and available. There were no dropouts although in Bali and Perth a few participants declined to take part despite initially indicating they would.

9.5.2   Financial Cost

The cost of conducting this research has been significant. Whist initially it was not a consideration it became so as the costs mounted. Whilst the contributions from the Centre of International Health at Curtin University are gratefully acknowledged, the cost in terms of putting a relatively successful private practice and consultancy business in a holding pattern for three years is difficult to quantify, as is the cost of over-all field research expenses in Bali and Perth.

9.5.3   Dependency on the Research Assistants from Bali

The initial interviews were arranged by a doctor from Bali who had been voluntarily involved in treating the victims in the initial response. She was recruited as the YKIDS research assistant was unable to help initially as she was in hospital with dengue fever for the first 10 days of the study. All of the participants were either ex-patients of the doctor or were receiving support through YKIDS for their children's

education. Once the YKIDS assistant came into the team she recruited the majority of the participants. There could have been possible bias in the participant responses because of their association with YKIDS or the doctor, although this was not detectable in their responses. In addition they were informed at the outset they would not be penalised in any way by the YKIDS organisation.

9.5.4 Initial Concerns and Number of Participants in Perth

Prior to undertaking this study the researcher did have some concerns about the research. Firstly she knew the football club, a number of its members, first level victims and their families. As a therapist, she had heard firsthand what many had to endure and did not want to add any unnecessary pain in the process of what she was seeking to undertake, nor did she want anyone to feel pressurised into participating because of this association. Having sought counsel from a number of sources, she decided to continue with the study. Support for the study was overwhelming from the participants and the 'insider status' in Perth seemed to help, although the researcher had not worked as a therapist with any of the first level participants, they had knowledge of her work at the club.

Despite significant efforts in Perth, the number of participants interviewed totalled 17 although initially it had been anticipated that there would be a greater uptake. During the study a few potential participants decided at the last minute they did not want to take part and retell their story. In the end the 17 participants who did participate gave wonderful moving accounts of their experiences and the support they received, which added to the richness of data received, however it is acknowledged that the small sample size needs to be taken into consideration whilst generalising results. Those most psychologically affected, receiving mental health treatment or psychotropic medications had been excluded for recruitment due to their vulnerability.

9.6   Significance and Implications of the Study

9.6.1 Significance for Policy and Advocacy and Funding

A terrorist attack challenges the individual and the community in many ways, and it is clear there is much more work to be done and research funding needs to increase

in this all-important area. Bushfire disasters are increasing in Australia with Australian Research Council funded research now aimed at understanding the long term disaster needs for individuals affected by the Black Saturday bushfires (Melbourne Sustainable Society Institute, 2010). The distress victims and family members endure after terrorist attacks, the reactions reported by first responders in undertaking their role and responsibilities, and the conflict that interferes with the efficiency of the volunteer response are worthy of further consideration and funding.

Funding needs to be set aside for advance preparation in the event of a terrorist attack and for the training of both local first responders and professional responders such as the police and St John's ambulance brigade. Whilst bush fire and natural disaster training may transfer to a terrorist attack response, terrorist attacks bring with them a unique set of response requirements that Australia has not previously experienced. Local residents require training in disaster first aid and disaster response, as they are usually the first to respond to a terrorist attack. The training will equip them with the necessary skills to enable them to give the best support they can in a disaster response and to help reduce the loss of life. It is training which will also be invaluable in other first aid situations which they may become involved in.

Whilst Australia has not been a target of a large-scale terrorist attack, it is important the government does not become complacent. Recently the government announced an AUD $1.1 billion input to enhance Australian protection capabilities in Afghanistan (Faulkner, 2010, p. 1). It is also proposed that targeted funding is also required to support the training of local volunteers, mental health experts and police, fire and ambulance personnel in preparation for a disaster response. Family and friends have been shown to be the main source of emotional support for victims of terrorist attacks. Sufficient funding is required to undertake research and disseminate information that enables them to carry out this important task. Such research could also inform the production and dissemination of information to help those in this support role.

Whilst not all victims of a disaster will require the services of a mental health professional, those that do will need a professional who is trained and equipped with specialised skills to support those that require their services. All who respond to help

in a terrorist attack can experience compassion fatigue, burnout and vicarious trauma. The effect can be severe and long lasting. Free specialised mental health support must be available to all responders in the initial and subsequent stages of a disaster. Government funds are required to provide subsidised training for health professionals interested in training in post disaster medicine and counselling. Teaching and training schools in university departments of medicine, psychology and sociology may need to extend the postgraduate courses they provide to include specialised courses in disaster response and supporting terrorist victims.

9.6.2   Significance for Psychologists and Counsellors

This study has highlighted that not all victims of terrorist attacks require professional mental health support. Instead of responding immediately with a pathology focus, psychologists need to adopt a 'watch and wait approach' for at least for one month as until then most victims will be exhibiting normal distress reactions. The term compassionate witnessing explains the focus of this gentle supportive approach (Weingarten, 2006, p. 16). In a large scale disaster psychological services will be overwhelmed, therefore it is important that community members, voluntary groups and other first line agency personnel be trained in psychological first aid. Psychologists will need to work collaboratively with these personnel. To enhance their effectiveness in large scale disaster response, psychologists will need specialised training to equip them with the knowledge to respond in these complex situations. During their response to a disaster, psychologists will urgently need to prioritise and seek supervision and emotional support, to help ensure they too do not become victims themselves.

9.6.3   Significance for Future Research

Terrorist attacks kill, injure and induce fear in many countries across the world. Research which centres on the subject of terrorist attacks, especially in developing countries has seen gradual increase in the last decade. Terrorist attacks have multi-layers of effects and require multi-layers of support. Further research is required surrounding the resources and resiliency that pre-exist in communities and how they can be mobilised in the event of a large scale terrorist attack or disaster.

When attacks occur many bystanders and volunteers rush to help. Research which examines how we can best equip the first responders to reduce the loss of life that occurs in such attacks is an urgent necessity. As we have seen in Bali, Perth and the recent bushfire response in Australia, too often there is a lack of leadership and confusion particularly in who takes charge of the situation (Teague, McLeod, & Pascoe, 2010), and uncoordinated reactions to the response occur. Planning and joint coordination is the key to an orderly response to any form of disaster and is worthy of further study. Finally, there is a need for research which examines the effects and types of support required for those who endure a disproportionate amount of the disaster burden such as women, children, the sick, those who have a mental illness and those who from a low socio-economic background.

9.6.4   Significance for Global Citizens and Human Rights

As global citizens face the challenges that terrorist attacks bring, it is important that they receive the best response that current research and practice can bring. In this endeavour it is important that there is global co-operation and sharing of the knowledge that comes not only from research, but also from the experience of those who have been involved in the response to a terrorist attack. In Bali, an international development agency sponsored a review by Yayasan IDEP (2003) of the response to the terrorist attack. It was an open and honest reflection which catalogued the weaknesses in response. One of the key recommendations is that countries need to have in place a disaster plan that helps mitigate the effects of a disaster. Therefore it is important that strategic plans be made for Australia and that these, in addition to expertise, personnel, resources and funding, are shared and made readily available to resource poor countries.

9.6.5   Significance for the Study Participants

This study would not have been made possible without the generosity of time and information given by the participants in Bali and Perth. The participants have been given a voice and an avenue for their views to be heard some six years after the event. For many this was information that they had withheld for some time and they needed the time and space to express it. Most of the recommendations in this study have come from their thoughts and their experiences in conjunction with current

literature. The inclusion of their thoughts and opinions in this study is intended not only to give them a voice but also to emphasise their bravery and resilience in the face of so many challenges. Whilst all the participant voices were pertinent and essential elements of this study, in Bali it was important the voices of the widows in Bali and others living in such low socio-economic conditions were heard, as so often their voices are not truly represented in the media or examined in the literature. In Perth it was the young victims of the attack in Bali who shared their experiences, who bravely looked for their mates in the hospitals and morgues of Bali inspite of being unsure of their own safety.

9.6.6 Significance for the Researcher

It was an enormous professional and personal opportunity to undertake this study. The experience was humbling and at times emotionally difficult for the researcher, particularly in Bali when she was hundreds of miles away from her social support of family and friends. Yet she benefitted in so many ways, she gained a unique and wonderful insight into another culture beyond the tourist hotels in Bali. She heard firsthand what the victims experienced and not all of those experiences were negative. She listened to measured and pertinent descriptions of what type of response was useful and what was not. Despite the researcher's initial concerns her confidence grew as she overcame the difficulties of language, culture, mosquitoes, energy sapping humidity and loneliness. In Perth, the bravery and humility of the victims was inspiring. The community response and support was wonderful and a reflection of the Australian way of helping those in trouble. All of the original objectives were met and the researcher is hopeful the results and recommendations will be useful for strategic planners and organisations. It is also stands as a testimony to the resilience and bravery of the many people she met on her journey.

9.7   Conclusion

In the past, the topic of terrorist attacks has not been a regular focus for research. Since 9/11 and the Bali and Mumbai attacks, research interest in the area has increased. Yet it does not seem sufficient, as there is a sense there is much more knowledge to be uncovered regarding the effects and types of support which best suits the needs of the different levels of victims. This thesis has attempted to add to

the body of knowledge on this subject. The participants' experiences, the literature, the researcher's observations and the reports analysing the efficacy of response in Bali, have all helped to add to our knowledge of the multi-layers of effects of terrorist attacks, as well as the types of response. It is poignant that we have to wait for another attack before research such as this can be repeated. All terrorist attacks and disasters are unique and carry with them the need for a unique and monumental response from professional and volunteer responders, the victims' family and communities. Yet it is the only way we can learn, learn from the response, the responses that worked well, the responses that did not work so well, and the gaps in the research, which add vital and important information to this relatively embryonic area of study. It is also important that we strategically plan for a terrorist attack on Australian soil with the knowledge that current research brings with it. By tapping into existing resources, learning from other attacks, training as many people and professionals in disaster response, and recruiting local volunteers, it is likely the efficacy of response will be enhanced, lives will be saved and all level of victims volunteer and professional responders will be given the level of support they richly deserve.

Epilogue: August 2010

What a long and interesting journey this has been. Here I am in the wilds of the West Coast of Ireland having been to Belfast in Northern Ireland to present at what is likely to be my last conference prior to submitting my thesis. It seems fitting that my last conference and write up occur in Ireland, my homeland that I left so many years ago because of the 'troubles'. My journey has been a challenge, physically, emotionally and socially. Bali was energy sapping and emotionally draining. Yet I achieved what I set out to do, to record participants' experiences in the gentlest way that I could without causing undue harm. In so many cases I was comforted that a number of people appeared relieved and able to at last tell their story.

Undertaking this type of research is a long and isolating process. At times I have felt disconnected from my family and close friends. Fortunately, I am blessed with immediate family and friends who understood what I was trying to do and supported me all the way. They knew there were days I was concerned about my progress and whether I would be able to complete what I set out to do. Emotionally there were days when I had to stop; stop what I was doing to re-energise physically and emotionally because what I was reading and what I was writing was just too much for me to absorb. Family, friends, a long walk by the ocean and a cuddle and play with the newest addition to our family, my lovely grandson Archie, was usually enough to help me return to the processes. The reality was that my difficulties paled into insignificance when compared to what I was hearing from the participants and what they and their families had to endure. I am so grateful for all the inputs from the participants and although one should not isolate anyone, I cannot help but admire the bravery of those who lost their loved ones, and yet composed themselves with enormous levels of dignity and composure to help with this study.

In Bali, the socio-economic situation was dire and I felt powerless to help. The stories of the loss of life, the destruction of livelihoods and position in society were at times very difficult to process. In Perth the situation economically was not so dire, yet the stories were just as sad and traumatic as young men described being caught in an attack which was to kill and injure so many. The effect on their families, their

losses, the sights and sounds the victims described were something no one should have to endure. It seemed the young men grew up very quickly and became ambassadors for the brave and the good that we don't often hear attributed to young men.

After listening to the victims' stories I couldn't help recall the old Irish saying: "Dance as if no one were watching, sing as if no one were listening and live each day as if it were your last". It is a saying I want to shout from the rooftops as so often we get caught up in the minutiae and trivia of life.

Update August 2011

As I revise and refine this thesis, 2 natural disasters have taken place closer to home. From December 2010 until January 2011 Queensland, Australia was subjected to unprecedented heavy rainfall which lead to severe flooding in lowland areas. This resulted in the deaths of 35 people,with 3 people still reported missing and a large proportion of the state declared a disaster zone. Over 2.5 million residents were affected (Queensland Floods Commisssion, 2011). On March 11, 2011 an earthquake measuring a magnitude of 9.0 occured off Honshu island, Japan. This massive earthquake generated a tsunami that hit the Eastern coast of Japan and resulted in large areas of damage and loss of life, as well as a serious nuclear incident at the Fukushima Daiichi Power Plant,150 miles North of Tokyo. Confirmed deaths number 9,811, with 17,541 missing persons and a trail of destruction across 3 prefectures resulting in 245,394 people living in evacuation centres (USAID, 2011). Again the response by the emergency service personnel and local volunteers was tremendous with many hours and days spent in the disaster zones, with the response and rebuilding continuing. Through a network of interested psychologists and health professionals with knowledge and expertise in the area of natural and human made disaster response, I was privileged to offer email advice and support to a small number of volunteer and professional responders operating in both Queensland and Japan.This advice was based on pre-exisiting experience and knowledge gained through the undertaking of this thesis. This makes the 3 year thesis journey definitely worth the effort and reveals the impact it will have on my professional practice.

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APPENDIX 1

Ethics Approval

Curtin ✦
University of Technology

Office of Research and Development

memorandum

To	Dr Jaya Earnest, Centre for International Health
From	A/Professor Stephan Millett, Executive Officer, Human Research Ethics Committee
Subject	Protocol Approval **HR 84/2007**
Date	27 September 2007
Copy	Dr Jaya Earnest, Centre for International Health Dr Julie-ann Pooley (Psychology ECU), Gwendoline Brookes Graduate Studies Officer, Division of Health Sciences

Human Research Ethics Committee

TELEPHONE	9266 2784
FACSIMILE	9266 3793
EMAIL	hrec@curtin.edu.au

Thank you for your application submitted to the Human Research Ethics Committee (HREC) for the project titled "*The Multilayered Effects and Support received by Victims of the Bali Bombings: A Cross Cultural Case Study in Indonesia and Australia*". Your application has been reviewed by the HREC and is **approved**.

- You are authorised to commence your research as stated in your proposal.
- The approval number for your project is **HR 84/2007**. *Please quote this number in any future correspondence.*
- Approval of this project is for a period of twelve months 27-09-2007 to **27-09-2008**. To renew this approval a completed Form B (attached) must be submitted before the expiry date **27-09-2008**.
- If you are a Higher Degree by Research student, data collection must not begin before your Application for Candidacy is approved by your Divisional Graduate Studies Committee.
- The following standard statement **must be** included in the information sheet to participants:

  This study has been approved by the Curtin University Human Research Ethics Committee (Approval Number HR 84/2007). The Committee is comprised of members of the public, academics, lawyers, doctors and pastoral carers. Its main role is to protect participants. If needed, verification of approval can be obtained either by writing to the Curtin University Human Research Ethics Committee, c/- Office of Research and Development, Curtin University of Technology, GPO Box U1987, Perth, 6845 or by telephoning 9266 2784 or by emailing hrec@curtin.edu.au.

Applicants should note the following:

It is the policy of the HREC to conduct random audits on a percentage of approved projects. These audits may be conducted at any time after the project starts. In cases where the HREC considers that there may be a risk of adverse events, or where participants may be especially vulnerable, the HREC may request the chief investigator to provide an outcomes report, including information on follow-up of participants.

The attached **FORM B** should be completed and returned to the Secretary, HREC, C/- Office of Research & Development:
When the project has finished, or
- If at any time during the twelve months changes/amendments occur, or
- If a serious or unexpected adverse event occurs, or
- 14 days prior to the expiry date if renewal is required.
- An application for renewal may be made with a Form B three years running, after which a new application form (Form A), providing comprehensive details, must be submitted.

Regards,

A/Professor Stephan Millett
Executive Officer
Human Research Ethics Committee

Information Sheet for Semi Structured Interview: English

<u>Information Sheet for Semi Structured Interview</u>

Research Project

The Multilayered Effects and Support received by Victims of the 2002 Bali Bombings:

a Cross Cultural Case Study in Indonesia and Australia

Information Sheet for Participants: English Version

My name is Gwen Brookes. I am a PhD student at Curtin University in Perth, Western Australia. I am asking for your help in my study to help understand the effects of terrorist attacks and the type of support people receive following attacks. As well as this individual interview I am asking groups of people about their experiences surrounding the bombings in 2002. Your help in this project is completely voluntary. Information for the study will be collected via:

    a.   audio-recorded individual interviews

    b.   audio recorded focus group discussions

You are asked to participate in _____

- You will not be paid for taking part in this project, and you can stop taking part and leave at any point of the group discussions without penalty. The group discussions will take up approximately 60minutes of your time.

- I would like to record the discussions on audio tape so I can be accurate when reviewing the discussions. You may ask me to turn the tape off at any point. The discussions and tapes will be kept safely in a locked cupboard, and I will hold the only key to that cupboard. The tapes will be erased following study completion.

- If at any time during or after the interview you find you feel unusually upset or distressed you may leave the interview at any point. If the feelings continue for more than 24 hours please inform the researcher as soon as possible as free counselling sessions may be available to assist you.

- I will be transcribing your answers onto my computer however you will only have an identifying number; your name will not be entered next to your answers. All transcripts will be kept for 5 years and then shredded. No one will be able to match your name to the answers.

- The identifying number and restricted access to the data are measures to help keep confidential the information discussed within the individual interviews.
- If you are willing to help with this interview, I will ask you to read the next page. After this I will ask you to sign the consent form or make your mark.

This study has been approved by the Curtin University Research Ethics Committee, (Approval Number HR 84/2007). The Committee is comprised of members of the public, academics, lawyers, doctors and pastoral carers. Its main role is to protect participants. If needed verification of approval can be obtained either by writing to the Curtin University Human Ethics Committee c/- Office of Research and Development, Curtin University of Technology , GPO Box U 1987, Perth, 6845 or by telephoning 089266 2784 or by e mailing hrec@curtin.edu.au

My contact details are:

Gwen Brookes

Centre for International Health

Curtin University of Technology

PO Box U 1987

Perth Western Australia

Phone 011 61 2 92063432

Email: Gwendoline.brookes@student.curtin.edu.au

My supervisor's details are

Dr Jaya Earnest

Centre for International Health

Curtin University of Technology

PO Box U 1987

Perth Western Australia

Phone 011 61 2 92664151

J. Earnest@curtin.edu.au

APPENDIX 3

Consent Form for Interview: English

Consent Form Interview

I,_____**of,**

_____

Have read the information sheet or had it explained to me in my language of choice. I understand that by signing or making my mark on this form means that

- I have read the information sheet and understood it.

- I consent to participate in the interview and having the discussions recorded.

- I understand that all information recorded or information collected will be used in a report regarding the effects of terrorist attacks on individuals and their family members and the support people require following a terrorist attack, and it will be written in such a way as to hide my identity.

- I will not receive gifts or money for participation in this project

- I have received a copy of the consent form

- I understand my participation is voluntary and I may withdraw at any time without penalty

- I understand that if I feel unusually upset by taking part in this interview and if those feelings last for longer than 24 hours that free counselling services may be available to me on request.

- If I have any complaints regarding the research I understand I can contact an advocate by telephoning (tel no tba)

- My name and address will only be recorded on this consent form. Code numbers will be used to identify me on all other forms and tape recordings. Gwen Brookes and her supervisor will be the only person with access to all of the codes.

Signature Participant   Signature Researcher

Date   Date

APPENDIX 4

Demographic Data Interview Schedule Perth

Before we commence this interview I want to repeat that you can choose at any point to leave this interview without penalty. The interview will commence with some general questions about yourself and your family. We will then move into questions about the 2002 bombings. The subject of the bombings may be upsetting for you so if there is a point when you want to stop either the interview, or the taping, or there is a question you don't want to answer please say so. We will move to the next question when you are ready and wish to do so. Thank you very much for your participation.

A. Demographic Data

Date of Interview …/…/… **Name of Interviewer** ----------------------

Is the Participant Directly Affected ☐ **Indirectly Affected?** ☐

Language of Interview_____

1. **Identification Number** _____

2. **Age** | 19-24 | 25-30 | 31-36 | 37-42 | 43-48 | 49-54 | 55-60 | 61-66 | 67-72 | 73-78 | 79-84 | 85-90 |

3. Gender M ☐ F ☐

4. Language Spoken at home _____

5. Main place where person lives Rural ☐ Semi urban ☐ Urban ☐

6. Number of Children _____

7. Age of Children _____

8. Other dependents _____

9. **Education**

   Have you ever been to school? Yes ☐ No ☐

   If "Yes" how many years did you spend in

   Completed Primary School _____

   Completed Secondary School _____

Graduate_____

Other _____

10. Socio Economic Structure

Are you?   Single   ☐

Married   ☐

Widowed   ☐

Living Together   ☐

Separated   ☐

Unmarried   ☐

Choose Not To Answer

11. Income Level and Employment

If you don't mind please tell me your weekly income_____

How many   people are dependent on this income?   1-3   4-7

If more   please specify _____

Do you have a main place of employment?   Yes ☐   No ☐

If Yes: Is this the same employment as before the bombing?   Yes ☐   No☐

If Yes did you? : Have time off sick due to the bombing?   Yes ☐   No ☐

If Yes : How long were you sick from work   0-3 weeks   4-7weeks   8-11weeks

If More Please specify (_____)

If No (You are not in the same employment as before the bombing

Did you change jobs voluntarily   Yes ☐   No ☐

Did you loose your job   Yes ☐   No ☐

Did you change jobs as a result of the bombing   Yes ☐   No ☐

Did you loose your job as a result of the bombing? Yes ☐   No ☐

Choose Not To Answer ☐

Does your partner/husband/wife have a main place of employment? Yes ☐   No ☐

If Yes: Is this the same employment as before the bombing ?   Yes ☐   No ☐

If Yes did they?   Have time off sick due to the bombing?   Yes ☐   No ☐

If Yes : How long were they absent from work ? | 0-3 wks | | 4-7wks | | 8-11wks |

If More Please specify (_____)

If No (They are not in the same employment as before the bombing)

Did they change jobs voluntarily?   Yes ☐   No ☐

Did they loose their job   Yes ☐   No ☐

Did they change their job as a result of the bombing?   Yes ☐   No ☐

Did they loose their job as a result of the bombing?   Yes ☐   No

Choose Not To Answer   ☐

12. Support

After the bombing, did you receive any support   Yes ☐   No ☐

 If Yes was it: medical   counselling   community   religious

Choose Not To Answer   ☐

After the bombing, did a family member receive any support   Yes ☐   No ☐

If Yes was it : medical   counselling   community   religious

Choose Not To Answer   ☐

13. Injuries Received

Were you injured in the bombing?   Yes ☐   No ☐

If Yes: Please specify (--)

Was a family member injured in the bombing?   Yes ☐   No ☐

If Yes: Please specify (--

Choose Not To Answer   ☐

14. Religion

Do you have a religion   Yes ☐   No ☐

If Yes, are you ?   Buddhist   ☐

                               Muslim   ☐

                               Christian   ☐

                               Hindu   ☐

Did it help you after the event   Yes ☐   No ☐   Please specify (_____)

Choose Not To Answer   ☐

15. Ethnicity

Caste/Tribe   Brahmana   ☐

                               Ksatriya   ☐

                               Craftsman   ☐

                               Other   ☐

Appendix 5

Semi Structured Interview Schedule: Directly and Indirectly Affected Victims: English

Before we commence this part of the interview I want to repeat that you can choose at any point to leave this interview without penalty. The interview will commence with   questions about the effect the 2002 bombing had on yourself and your family.

The subject of the bombings may be upsetting for you, so if there is a point when you want to stop the interview or the taping, or there is a question you don't want to answer please say so. We will move to the next question when you are ready and wish to do so.

Thank you very much for your participation.

**Date of Interview   …/…/…/   Name of Interviewer   -------------------
------**

A. Identification Number _____

B. Age | 19-24 | 25-30 | 31-36 | 37-42 | 43-48 | 49-54 | 55-60 |

| 61-66 | 67-72 | 73-78 | 79-84 | 85-90 |

C. Gender   M ☐   F ☐

1. Problem Analysis – Effect of the bombing

   a. Tell me about the initial effect the bombing had on your life
   b. Tell me about the effect, if any now 5 years after the event
   c. Tell me about the initial effect the bombing had on your family
   d. Tell me about the initial effect the bombing had on your relationships
   e. Tell me about the effect on your family now 5 years after the event.
   f.   Tell me about the effect on your relationships now 5 years after the event

A. Injuries Received.

    a. Did you receive any physical injuries in the bombing?
    b. If yes : what health care for those injuries was available to you immediately after
    c. the event
    d. What health care do you require for those injuries now 5 years after the event
    e. Was the health care adequate?
    f. Tell me about the health care that was most useful to you.

2. Emotional Support

a. Tell me about the initial emotional effect the bombing had on your life
b. Tell me about the emotional effect now 5 years after the event
c. Did you receive counselling soon after the event
d. Tell me about the initial counselling
e. If you are still receiving counselling tell me about it
f. Was the counselling adequate?

A. Did you receive any (non medical) emotional support?

    a. If yes tell me about it
    b. Tell me about the non medical emotional support that was **most** useful to you
    c. immediately after the event and who provided it
    d. Tell me about the non medical emotional support that is useful to you now 5 years
    e. after the event
    f. Was the non medical emotional support adequate?

B. Other forms of support

Did you or your family receive any form of support from a community organization?

a. Tell me about that support
b. Are you still receiving support from the organization now 5 years after the event
c. Tell me about that support
d. Did you receive any financial support after the event from any source
e. Tell me about that support
f. Do you have any suggestions for a type of support that might be helpful in similar circumstances

3. Community

a. Did the bombing have an initial effect on your community?
b. If yes tell me about that effect

c. What effect if any does the event have on the community now 5 years after the event
d. Tell me about the initial help and support that was available in your community
e. What help and support is available in the community now 5 years after the event
f. Tell me about the community support that was most useful to you

4. Coping Strategies.

a. What helped you cope with the bombing
b. Tell me more about that
c. What helped your family cope with the event
d. Tell me more about that

A. Religion

a. If you follow a religion
b. What religion do you follow?
c. Did it help you at any point after the event?
d. Tell me about it

5. Viewpoint

a. Immediately or soon after the bombing did you have a view point as to why the
    it happened

b. Tell me about it
c. Has your view point changed now 5 years after the event?
d. Tell me about it

6. Do You Have Any Further Comments?

Appendix 6

Semi Structured Interview Schedule: Volunteers and Professional Responders: English

Before we commence this part of the interview I want to repeat that you can choose at any point to leave this interview without penalty. The interview will commence with questions about the effect the 2002 bombing had on yourself and your family.

The subject of the bombings may be upsetting for you, so if there is a point when you want to stop the interview or the taping, or there is a question you don't want to answer please say so. We will move to the next question when you are ready and wish to do so.

Thank you very much for your participation.

Date of Interview …/…/…/ **Name of Interviewer** -------------------
------

A. Identification Number _____

B. Age   19-24   25-30   31-36   37-42   43-48   49-54

                55-60   61-66   67-72   73-78   79-84   85-90

C. Gender   Male   Female

D. Occupation in 2002 prior to the bombings

E. Occupation now

1. Role after The Bombing

a. What role did you take during the emergency?

b. Who took overall charge of the situation?

c. Was your training adequate for that role?

Choose not to answer.

2. Problem Analysis – Effect of the bombing

a. Tell me about the initial effect the bombing had on your life

b. Tell me about the effect now 5 years after the event.

c. Tell me the initial effect the bombing had on your family

d. Tell me the initial effect the bombing had on your relationships.

e. Tell me the effect on your family now 5 years after the event.

f. Tell me about the effect on your relationships now 5 years after the event

Injuries Received

a. Did you receive any physical injuries in the bombing

b. If yes: What health care was available for those injuries was available to you immediately after the event?

c. What health care do you require for those injuries now 5 years after the event?

d. Was the health care adequate?

e. Tell me about the health care that was most useful to you?

3. Emotional Support

a. Tell me about the initial emotional effect the bombing had on your life?

b. Tell me about the emotional effect now 5 years after the event?

c. Did you receive counselling soon after the event

d. Tell me about the initial counselling

e. If you are still receiving counselling tell me about it

f. Was the counselling adequate?

A. Did you receive any (non medical) emotional support?

a. If yes, tell me about it?

b. Tell me about the non medical emotional support that was most useful to you immediately after the event and who provided it

c. Tell me about the non medical emotional support that is useful to you now 5 years after the event?

B. Other forms of support

a. Did you or your family receive any form of support from a community organisation

Tell me about that support

b. Are you still receiving support from the organization now 5 years after the event, tell me about that support

c. Did you receive any financial support from any other source? Tell me about that support

d. Do you have any suggestions for a type of support that might be helpful in similar circumstances?

4. Community

a. Did the bombing have an initial effect on the community?

b. What effect if any does the event have on the community now 5 years after the event?

c. Tell me about the initial help and support that was available in your community?

d. What help and support is available in the community now 5 years after the event?

e. Tell me about the community support that was most useful to you.

f. Did the community hold any special ceremonies after the event?

f. Does the community hold any special ceremonies now 5 years after the event?

5. Coping Strategies

a.   What helped you cope with the bombing? Tell me more about that.

b.   What helped your family cope with the event? Tell me more about that.

A. Religion

 a. If you follow a religion, what religion do you follow?

b. Did it help you at any point after the event? Tell me about it.

6. View Point

a. Immediately or soon after the bombing did you have a viewpoint as to why it happened. Tell me about it.

b. Has your viewpoint changed now 5 years after the event?

Do you have any Further Comments?

Appendix 7

Information sheet for semi structured interview Bali: Bahasa

KETERANGAN UNTUK WAWANCARA SEMI STRUKTUR

Projek Penyelidikan

Pengaruh yang bertingkat-tingkat dan tunjangan yang diterima korban-korban bom Bali 2002: Suatu campuran kebudayaan yang dipelajari di Indonesia dan Australia

Keterangan untuk pengikut-serta:

Nama saya Gwen Brookes. Saya mahasiswa PhD di Universitas Curtin, Australia Barat. Saya ingin minta pertolongan Anda dalam pelajaran saya tentang serangan teroris dan akibat-akibatnya serta bantuan yang diterima karena serangan itu. Bersama dengan wawancara perseorangan (individu) saya minta kelompok-kelompok orang untuk memcritakan pengalaman-pengalaman mereka di sekitar bom 2002. Pertolongan Anda dalam projek ini, tentu saja, sukarela. Keterangan-keterangan untuk penyelidikan ini akan dikumpulkan lewat:

a. wawancara tersendiri yang direkam

b. perundingan-perundingan kumpulan yang dipusatkan dan direkam.

Anda diminta ikut dalam wawancara perseorangan dan direkam

- Anda tidak akan dibayar untuk ikut dalam proyek ini dan Anda dapat meninggalkannya tanpa berdiskusi lebih dahulu dan tidak ada hukuman.
  Diskusi ini akan makan waktu kira-kira 40 sampai 60 menit.

- Perundingan (diskusi) ingin saya rekami di "digital recorder" karena saya
  ingin ketelitiannya kalau meninjau diskusi-diskusi itu kembali.
  Anda bisa meminta saya mematikan rekaman dalam saat tertentu. Diskusi dan
  Disc akdn disimpan dengan aman dalam lemari yang terkunci dan kunci itu
  hanya saya yang pegang. Disc akan dihapus setelah penyelidikan saya selesai.

- Sementara wawancara berlangsung dan Anda merasa terganggu (kurang senang)
  atau menderita, Anda dapat minta berhenti dalam wawancara ini kapan saja.

Kalau program ini masih terus mengganggu perasaan Anda, sesudah 24 jam sejak diwawancarai, beritahukanlah kepada pewawancara secepatnya supaya Anda diberikan nasihat oleh seorang ahli penasihat.

- Jawaban-jawaban Anda akan saya masukkan kedalam komputer saya, walaupun begitu, nama Anda tidak akan terdaftar, hanya nomor pengenal Anda saja. Semua catatan akan disimpan selama 5 tahun lalu dicarikkan (dirobek-robek). Tak seorangpun yang dapat mencocokkan nama Anda dengan jawaban-jawaban.

- Nomor pengenal dan batas masuk data adalah rahasia untuk menyimpan keterangan-keterangan pribadi yang diwawancarai.

- Kalau Anda siap menolong saya dalam wawancara ini, saya minta Anda membaca halaman berikut. Sesudah itu saya minta Anda menandatangani formulir persetujuan atau buatlah tanda Anda sendiri

- Penyelidikan ini telah disetujui oleh universitas Curtin Research Ethics Committee, (bukti nomor HR84/2007). Komiti terdiri dari anggota-anggota umum (publik), akademi, hakim-hakim, dokter-dokter dan pendeta-pendeta. Peranan utamanya adalah melindungi pengikut-pengikut yang berpartisipasi. Kalau verifikasi pembuktian dibutuhkan, itu dapat diperoleh dengan menulis kepada Universitas Curtin :

Curtin University Human Ethics Committee c/-Office of Research and Development,
Curtin University of Technology,
GPO Box U 1987, Perth 6845; Atau telepon ke:089266 2784
Atau email ke   hrec@curtin.edu.au

Alamat saya:	Alamat pengawa saya:
Gwen Brookes	Dr Jaya Easrnest
Centre for International Health	Centre for International Health
Curtin University of Technology	Curtin University of Technology
PO Box U1987	PO Box U1987
Perth Western Australia	Perth Western Australia
Telepon: 01161 2 92063432	Telepon 011 61 2 92664151

Email: Gwendoline.brookes@student.curtin.edu.au

Appendix 8

Consent Form for Interview Bali: Bahasa

Formulir Ijin untuk Wawancara

Saya,_____

Dari,

_____

Sudah membaca lembaran keterangan atau, sudah diterangkan kepada saya dalam bahasa yang saya pilih. Saya mengerti bahwa dengan menanda-tangani atau menandai formulir ini, berarti

- Saya telah membaca lembaran keterangan-keterangan dan mengertinya.
- Saya setuju mengambil bagian (ikut serta) dalam wawancara ini dan perundingan direkam.
- Saya mengerti bahwa keterangan-keterangan yang direkam, atau keterangan-keterangan yang dikumpulkan akan dipakai dalam laporan tentang akibat serangan teroris pada pribadi masing-masing dan keluarga mereka, dan menyumbang orang-orang yang perlu sesudah serangan teroris. Saya mengerti bahwa itu akan ditulis sedemikian rupa sehingga saya tak dikenali.
- Saya tidak akan menerima pemberian atau uang untuk turut dalam projek ini.
- Saya sudah menerima salinan formulir ijin.
- Saya mengerti keikutsertaan saya adalah sukarela dan saya dapat keluar dari ini kapan saja tanpa didenda.
- Saya mengerti kalau saya merasa terganggu (tidak enak) dan ini berlangsung lebih lama daripada 24 jam, saya akan diberikan nasihat oleh ahli penasihat, kalau saya minta.
- Kalau ada keluhan tentang penyelidikan ini, saya mengerti bahwa saya dapat menghubungi penyokong (advokat), dengan menelepon Linda Teasedale, Secretary Research Ethics Committee; Curtin University. No. telepon: 92669266.
- Nama dan alamat saya hanya direkem di formulir ijin. Nomor kode akan dipakai untuk mengenal saya dalam formulir-formulir yang lain dan tape. Hanya Gwen Brookes dan pengawasnya adalah orang-orang yang bisa membuka kode itu.

Tanda tangan Pengikut   Tanda tangan Penyelidik

Tanggal   Tangga

- Perundingan (diskusi) ingin saya rekami di "digital recorder" karena saya ingin ketelitiannya kalau meninjau diskusi-diskusi itu kembali.

  Anda bisa meminta saya mematikan rekaman dalam saat tertentu. Diskusi dan

  Disc akdn disimpan dengan aman dalam lemari yang terkunci dan kunci itu

  hanya saya yang pegang. Disc akan dihapus setelah penyelidikan saya selesai.

- Sementara wawancara berlangsung dan Anda merasa terganggu (kurang senang) atau menderita, Anda dapat minta berhenti dalam wawancara ini kapan saja. Kalau program ini masih terus mengganggu perasaan Anda, sesudah 24 jam sejak diwawancarai, beritahukanlah kepada pewawancara secepatnya supaya Anda diberikan nasihat oleh seorang ahli penasihat.
- Jawaban-jawaban Anda akan saya masukkan kedalam komputer saya, walaupun begitu, nama Anda tidak akan terdaftar, hanya nomor pengenal Anda saja. Semua catatan akan disimpan selama 5 tahun lalu dicarikkan (dirobek-robek). Tak seorangpun yang dapat mencocokkan nama Anda dengan jawaban-jawaban.
- Nomor pengenal dan batas masuk data adalah rahasia untuk menyimpan keterangan-keterangan pribadi yang diwawancarai.
- Kalau Anda siap menolong saya dalam wawancara ini, saya minta Anda membaca halaman berikut. Sesudah itu saya minta Anda menandatangani formulir persetujuan atau buatlah tanda Anda sendiri.
- Penyelidikan ini telah disetujui oleh universitas Curtin Research Ethics Committee, (bukti nomor HR84/2007). Komiti terdiri dari anggota-anggota umum (publik), akademi, hakim-hakim, dokter-dokter dan pendeta-pendeta. Peranan utamanya adalah melindungi pengikut-pengikut yang berpartisipasi. Kalau verifikasi pembuktian dibutuhkan, itu dapat diperoleh dengan menulis kepada Universitas Curtin :

- Curtin University Human Ethics Committee c/-Office of Research and Development, Curtin University of Technology,
GPO Box U 1987,

Perth 6845

Atau telepon ke:

089266 2784

Atau email ke

hrec@curtin.edu.au

Alamat saya:	Alamat pengawa saya:
Gwen Brookes	Dr Jaya Earnest
Centre for International Health	Centre for International Health
Curtin University of Technology	Curtin University of Technology
PO Box U1987	PO Box U1987
Perth Western Australia	Perth Western Australia
Telepon: 01161 2 92063432	Telepon 011 61 2 92664151

Email: Gwendoline.brookes@student.curtin.edu.au   Jaya.Earnest@curtin.edu.au

Appendix 9

Demographic Data Interview Schedule Bali

Pengaruh langsung dan tidak langsung dalam ikutserta (berpartisipasi):

Sebelum kita mulai dengan wawancara ini saya ingin mengulangi bawa Anda dapat memilih pada saat kapan juga untuk meninggali wawancara ini tanpa didenda.

Wawancara ini akan dimulai dengan pertanyaan-pertanyaan umum tentang diri Anda sendiri dan keluarga. Lalu pertanyaan-pertanyaan dilanjutkan dengan bom 2002. Pembicaraan bom mungkin akan mengganggu Anda, kalau begitu, pada titik tertentu Anda ingin wawancara atau rekaman dihentikan, atau ada pertanyaan-pertanyaan yang tidak ingin Anda jawab, katakanlah! Kita akan pindah ke pertanyaan berikut kapan Anda sudah siap dan ingin mulai lagi. Terima kasih untuk wawancara ini!

A **Demographic Data**:   Data demogravis:

Tanggal Wawancara …/…/…/   Nama Pewawancara:

Apakah pengikutserta langsung terpengaruh?   Tidak langsung terpengaruh

Bahasa Wawancara:

1. Nomor Pengenal :
2. Umur : 19-24 25-30 31-36   ……
3. Jenis Kelamin:
4. Bahasa yang dipakai di rumah:
5. Tempat tinggal utama: desa

   diantara desa dan kota

   daerah kota

6. Jumlah Anak:
7. Umur Anak-anak:
8. Tanggungan yang lain:
9. Pendidikan:

   Berapa lama Anda belajar (lamanya Pendidikan sekolah):

   Tamat S.D.:

Tamat Sekolah Menengah:

Lulusan :

Lain-lain:

10. Struktur Sosial Ekonomi:
Apakah Anda :   bujangan /belum menikah?

Menikah?

Janda?

Tinggal bersama?

Sudah bercerai?

Belum menikah?

Tinggal dengan pasangan Anda?

Tidak ingin menjawab ..

11. Tingkat Pendapatan dan Pekerjaan:
Kalau tidak berkeberatan, ceritakan berapa pendapat Anda dalam seminggu?
Sebulan?

Gaji ini untuk membiayai berapa orang? 1-3, 4-7, kalau lebih dari ini, berapa?
Ada tempat pekerjaan yang utama?
Ya   Tidak
Kalau ya, apakah ini pekerjaan yang sama sebelum bom terjadi?
Ya   Tidak
Kalau ya, apakah Anda diberi waktu bebas (absen) karena bom?
Ya   Tidak

Kalau ya, berapa lama Anda absen?   0-3 minggu
                                        4-7 minggu
                                        8-11 minggu
Kalau lebih, tolong uraikan berapa lama,

Kalau tidak, (Anda tidak bekerja di tempat yang sama sebelum bom terjadi)

Apakah Anda menukar pekerjaan secara sukarela?
Ya   tidak

Apakah Anda kehilangan pekerjaan
Ya   tidak

Apakah Anda menukar pekerjaan akibat bom?
Ya   tidak

Memilih tidak memberi jawaban

Kalau Anda berpasangan (suami-istri) sejak bulan Oktober 2002, apakah pasangan Anda mempunyai tempat pekerjaan utama?
Ya   tidak

Kalau ya, apakah ini pekerjaan sama sebelum terjadinya bom? Ya   tidak

Kalau ya, apakah mereka diberi waktu bebas sesudah bom?   Ya   tidak

Kalau ya, berpa lama mereka absen dari pekerjaan?

0-3 minggu, 4-7minggu, 8-11 minggu.

Tolong uraikan kalau waktunya lebih:

Kalau tidak, (mereka tidak bekerja di tempat yang sama sebelum bom terjadi)

Apakah mereka menukar pekerjaan mereka secara sukarela?   Ya   tidak

Apakah mereka menukar pekerjaan mereka akibat bom?   Ya   tidak

Apakah mereka kehilangan pekerjaan?   Ya   tidak

Apakah mereka kehilangan pekerjaan akibat terjadinya bom? Ya   tidak

Memilih tidak menjawab

12. Support
Sesudah bom, apakah Anda menerima tunjangan?   Ya   tidak

Kalau ya, apakah itu dalam hal pengobatan, pemberian nasihat

Dari masyarakat, agama   Ya   tidak

Tolong tegaskan, siapa yang menerima tunjangan (pertolongan) ini.

Memilih tidak menjawab

13. **Injuries received (Terluka):**

Apakah Anda terluka pada waktu bom?   Ya   tidak

Kalau ya, uraikan (   )

Apakah anggota keluarga terkena /terluka akibat bom?   Ya   tidak

Kalau ya, uraikan (   )

Memilih tidak menjawab

13. Religion (Agama)
14. Anda menganut agama ?   Ya   tidak

Kalau ya, Anda   beragama:

Budha

Islam

Kristen

Hindu

Apakah Anda menolong sesudah kejadian ini?   Ya   tidak

Uraikanlah (   )

Tidak ingin menjawab

Appendix 10

Semi Structured Interview Schedule: Directly and Indirectly Affected Victims Bali: Bahasa

Acara semi-struktur untuk wawancara Sukarelawan dan Ahli Penyaran (penjawab)

Sebelum kita mulai bagian wawancara ini, saya ingin mengulangi bawa Anda dapat memilih berhenti dengan wawancara in kapan saja, tanpa didenda. Wawancara akan dimulai dengan pertanyaan-pertanyaan mengenai peranan Anda sesudah bom tahun 2002 dan akibatnya pada Anda dan keluarga. Persoalan bom ini mungkin mengganggu perasaan Anda, jadi, kalau Anda ingin menghentikan wawancara atau tape-nya, atau jika ada pertanyaan yang tidak ingin Anda jawab, katakanlah, kita akan maju ke pertanyaan berikut, begitu Anda siap dan ingin mulai lagi.

Tanggal wawancara: / /   Nama Pewawancara ._____

A. Nomor Pengenal :_____

B. Umur : 19-24☐   25-30☐   31-36☐   37-42☐   43-48☐   49-54☐ 55-60☐   61-66☐   67-72☐   73-☐79-☐85-90☐

Jenis kelamin: Pria ☐   Wanita ☐

D. Occupation in 2002 prior to the bombings

   Pekerjaan dalam tahun 2002 sebelum terjadi bom

E. **Occupation now**

   Pekerjaan sekarang

1. **Role after The Bombing**

1. **Peranan sesudah bom**

What role did you take during the emergency?

a. Peranan yang mana Anda lakukan pada waktu darurat?   Ceritakanlah

b. Who took overall charge of the situation?

b. Siapa (kepala) yang bertanggung jawab dalam keadaan ini.

Ceritakanlah

c. Was your training adequate for that role?

c. Apakah Anda cukup dilatih untuk peranan ini?

Choose not to answer.

d. Tidak ingin menjawab

2. Problem Analysis – Effect of the bombing

Analisa persoalan akibat bom

a. Tell me about the initial effect the bombing had on your life

A. Ceritakan mengenai akibat utama yang terjadi dalam hidup Anda sesudah bom

B. Tell me about the effect now 5 years after the event.

b. Ceritakan kjepada saya tentang akibat, kalau ada, sekarang, dan 5 tahun sesudah kejadian itu.

c. Ceritakan kepada saya mengenai akibat utama bom pada keluarga Anda.

c. Tell me the initial effect the bombing had on your family

d. Tell me the initial effect the bombing had on your relationships.

d. Ceritakan bagaimana akibat bom dalam hubungan keluarga Anda

e. Tell me the effect on your family now 5 years after the event.

e. Ceritakan bagaimana akibatnya pada keluarga Anda sekarang, 5 tahun sesudah bom terjadi.

f. Tell me about the effect on your relationships now 5 years after the event

f. Ceritakan akibatnya dalam hubungan dengan pasangan Anda, sekarang, 5 tahun sesudah kejadian itu.

Injuries Received

Luka-luka yang terjadi

a. Did you receive any physical injuries in the bombing

a. Apakah Anda terluka (badan Anda terluka) dari bom?

b. If yes: What health care was available for those injuries was available to you immediately after the event?

b. Kalau ya: pengobatan macam apa yang segera Anda terima waktu kejadian itu

c. What health care do you require for those injuries now 5 years after the event?

c. Jaminan Pengobatan (kesehatan) macam apa yang Anda terima untuk luka-luka itu sekarang, 5 tahun sesudah peristiwa bom itu?

d. Was the health care adequate?

d. Apakah jaminan kesehatan itu cukup?

e. Tell me about the health care that was most useful to you?

e. Katakanlah jaminan kesehatan mana yang paling berguna untuk Anda

3.Emotional Support

Pembelaan emosi (Perasaan)

a. Tell me about the initial emotional effect the bombing had on your life?

a.Ceritakan mengenai emosi yang utama akibat bom itu dalam kehidupan Anda.b.

Tell me about the emotional effect now 5 years aftyer the event?

b. Ceritakan tentang emosi (perasaan) itu sekarang, setelah 5 tahunc. Did you receive counselling soon after the event

c. Apakah Anda diberikan penasihat (perambuk) sesudah kejadian itu?

d. Tell me about the initial counselling.

d. *Terangkan kepada saya mengenai pokok nasihat itu*

e. Apakah Anda masih ditolong penasihat?

e. If you are still receiving counselling tell me about it

f. Was the counselling adequate?

f. Apakah cukup penasihat itu?

A. Did you receive any (non medical) emotional support?

A. Apakah Anda menerima pembelaan emosi (bukan pengobatan)?

A. If yes tell me about it?

a.Terangkan

b. Tell me about the non medical emotional support that was **most** useful to you

immediately after the event and who provided it

b.Ceritakan tentang tunjangan emosi yang paling berguna untuk Anda segera setelah kejadian itu dan disediakan oleh siapa?

c. Ceritakan tentang tunjangan emosi yang berguna untuk Anda sesudah 5 tahun kejadian itu.

c. Tell me about the non medical emotional support that is useful to you now 5 years

after the event

d. Apakah tunjangan emosi itu cukup?

d. Was the non medical emotional support adequate?

B. Other forms of support

Tunjangan lain macam

a. Did you or your family receive any form of support from a community organization. Tell me about that support

a. **Apakah Anda dan keluarga menerima bantuan tunjangan macam apapun dari organisasi masyarakat?**

Bantuan macam apa?

b. Are you still receiving support from the organization now 5 years after the event

Tell me about that support

b. **Apakah Anda masih menerima bantuan (tunjangan) itu sekarang, 5 tahun sesudah kejadian? Bantuan apa? Ceritakanlah**

c. Did you receive any financial support from any other source ?

Tell me about that support

c. Apakah Anda menerima bantuan keuangan sesudah kejadian ini dari sumber manapun. Ceritakan

d. Do you have any suggestions for a type of support that might be helpful in similar circumstances?

d. Apakah Anda ingin mengusulkan semacam bantuan yang berguna dalam keadaan yang sama?

4. **Community (masyarakat)**

A. Did the bombing have an initial effect on the community?

a.Apakah bom membawa akibat tertentu dalam masyarakat Anda?

Kalau ya, akibat yang mana?

b. What effect if any does the event have on the community now 5 years after the event?

b. Akibat macam apa, kalau ada, yang terjadi dalam masyarakat sesudah 5 tahun kejadian ini

c. Tell me about the initial help and support that was available in your community?

c.Ceritakan tentang pertolongan utama dan tunjangan yang terdapat dalam masyarakat Anda.

d. What help and support is available in the community now 5 years after the event?

d. Pertolongan macam apa dan tunjangan yang mana terdapat dalam masyarakat sekarang, 5 tahun sesudah kejadian itu.

e. Tell me about the community support that was most useful to you.

e. Katakanlah bantuan masyarakat yang paling berguna untuk Anda

f. Did the community hold any special ceremonies after the event?

f. Does the community hold any special ceremonies now 5 years after the event?

5.Coping Strategies

Mengatasi strategi

a.   Bantuan mana yang menolong Anda mengatasi perasaan dengan bom itu
a.   What helped you cope with the bombing? Tell me more about that.

b. Pertolongan mana yang membantu keluarga Anda mengatasi kejadian itu? Ceritakan

b.   What helped your family cope with the event? Tell me more about that.

A. **Religion**

Agama

a. If you follow a religion what religion do you follow?

a.Anda penganut Agama? Agama apa?

b. Did it help you at any point after the event? Tell me about it.

b.Apakah itu menolong Anda pada titik tertentu sesudah kejadian itu? Ceritakanlah

6. **View Point   Segi pendapat (pandangan)**

a. Immediately or soon after the bombing did you have a viewpoint as to why it happened. Tell me about it.

a.Segera atau begitu bom terjadi apa pendapat Anda dan mengapa itu terjadi? Ceritakan

b. Has your viewpoint changed now 5 years after the event?

b.Apakah pandangan Anda berubah sesudah 5 tahun kejadian itu?

 Ceritakan

Do you have any Further Comments? Ada komentar yang Semi Structured

Semi Structured Interview Schedule: Volunteer and Professional Responders Bali: Bahasa

Sebelum kita mulai bagian wawancara ini, saya ingin mengulangi bawa Anda dapat memilih berhenti dengan wawancara in kapan saja, tanpa didenda. Wawancara akan dimulai dengan pertanyaan-pertanyaan mengenai peranan Anda sesudah bom tahun 2002 dan akibatnya pada Anda dan keluarga. Persoalan bom ini mungkin mengganggu perasaan Anda, jadi, kalau Anda ingin menghentikan wawancara atau tape-nya, atau jika ada pertanyaan yang tidak ingin Anda jawab, katakanlah, kita akan maju ke pertanyaan berikut, begitu Anda siap dan ingin mulai lagi.

Tanggal wawancara: / /   Nama Pewawancara ._____

   A. Nomor Pengenal :_____

   B. Umur : 19-24☐   25-30☐   31-36☐   37-42☐   43-48☐   49-54☐ 55-60☐   61-66☐   67-72☐   73-☐79-☐85-90☐

Jenis kelamin: Pria ☐   Wanita ☐

1. Problem Analysis – Effect of the bombing

   Analisa persoalan akibat bom

a. Tell me about the initial effect the bombing had on your life

A. Ceritakan mengenai akibat utama yang terjadi dalam hidup Anda sesudah bom

B. Tell me about the effect now 5 years after the event.

b. Ceritakan kjepada saya tentang akibat, kalau ada, sekarang, dan 5 tahun sesudah kejadian itu.

c. Ceritakan kepada saya mengenai akibat utama bom pada keluarga Anda.

c. Tell me the initial effect the bombing had on your family

d. Tell me the initial effect the bombing had on your relationships.

d. Ceritakan bagaimana akibat bom dalam hubungan keluarga Anda

e. Tell me the effect on your family now 5 years after the event.

e. Ceritakan bagaimana akibatnya pada keluarga Anda sekarang, 5 tahun sesudah bom terjadi.

f. Tell me about the effect on your relationships now 5 years after the event

f. Ceritakan akibatnya dalam hubungan dengan pasangan Anda, sekarang, 5 tahun sesudah kejadian itu.

A. *Injuries Received*

Luka-luka yang terjadi

a. Did you receive any physical injuries in the bombing

a. Apakah Anda terluka (badan Anda terluka) dari bom?

b. If yes: What health care was available for those injuries was available to you immediately after the event?

b. Kalau ya: pengobatan macam apa yang segera Anda terima waktu kejadian itu

c. What health care do you require for those injuries now 5 years after the event?

c. Jaminan Pengobatan (kesehatan) macam apa yang Anda terima untuk luka-luka itu sekarang, 5 tahun sesudah peristiwa bom itu?

d. Was the health care adequate?

d. Apakah jaminan kesehatan itu cukup?

e. Tell me about the health care that was most useful to you?

e. Katakanlah jaminan kesehatan mana yang paling berguna untuk Anda

2. Emotional Support

Pembelaan emosi (Perasaan)

a. Tell me about the initial emotional effect the bombing had on your life?

a.Ceritakan mengenai emosi yang utama akibat bom itu dalam kehidupan Anda.b. Tell me about the emotional effect now 5 years aftyer the event?

b. Ceritakan tentang emosi (perasaan) itu sekarang, setelah 5 tahunc. Did you receive counselling soon after the event

c. Apakah Anda diberikan penasihat (perambuk) sesudah kejadian itu?

d. Tell me about the initial counselling.

d. Terangkan kepada saya mengenai pokok nasihat itu

e. Apakah Anda masih ditolong penasihat?

e. If you are still receiving counselling tell me about it

f. Was the counselling adequate?

f. Apakah cukup penasihat itu?

A. Did you receive any (non medical) emotional support?

A. Apakah Anda menerima pembelaan emosi (bukan pengobatan)?

A. If yes tell me about it?

a.Terangkan

b. Tell me about the non medical emotional support that was **most** useful to you

immediately after the event and who provided it

b.Ceritakan tentang tunjangan emosi yang paling berguna untuk Anda segera setelah kejadian itu dan disediakan oleh siapa?

c. Ceritakan tentang tunjangan emosi yang berguna untuk Anda sesudah 5 tahun kejadian itu.

c. Tell me about the non medical emotional support that is useful to you now 5 years

after the event

d. Apakah tunjangan emosi itu cukup?

d. Was the non medical emotional support adequate?

B. Other forms of support

Tunjangan lain macam

a. Did you or your family receive any form of support from a community organization

Tell me about that support

a. **Apakah Anda dan keluarga menerima bantuan tunjangan macam apapun dari organisasi masyarakat?**

Bantuan macam apa?

b. Are you still receiving support from the organization now 5 years after the event

Tell me about that support

b. Apakah Anda masih menerima bantuan (tunjangan) itu sekarang, 5 tahun sesudah kejadian?

Bantuan apa? Ceritakanlah

c. Did you receive any financial support from any other source ?

Tell me about that support

c. Apakah Anda menerima bantuan keuangan sesudah kejadian ini dari sumber manapun. Ceritakan

d. Do you have any suggestions for a type of support that might be helpful in similar circumstances?

d. Apakah Anda ingin mengusulkan semacam bantuan yang berguna dalam keadaan yang sama?

3. **Community (masyarakat)**

A. Did the bombing have an initial effect on the community?

a.Apakah bom membawa akibat tertentu dalam masyarakat Anda?

Kalau ya, akibat yang mana?

b. What effect if any does the event have on the community now 5 years after the event?

b. Akibat macam apa, kalau ada, yang terjadi dalam masyarakat sesudah 5 tahun kejadian ini

c. Tell me about the initial help and support that was available in your community?

c.Ceritakan tentang pertolongan utama dan tunjangan yang terdapat dalam masyarakat Anda.

d. What help and support is available in the community now 5 years after the event?

d. Pertolongan macam apa dan tunjangan yang mana terdapat dalam masyarakat sekarang, 5 tahun sesudah kejadian itu.

e. Tell me about the community support that was most useful to you.

e. Katakanlah bantuan masyarakat yang paling berguna untuk Anda

f. Did the community hold any special ceremonies after the event?

f. Does the community hold any special ceremonies now 5 years after the event?

4. Coping Strategies

Mengatasi strategi

a. Bantuan mana yang menolong Anda mengatasi perasaan dengan bom itu

a. What helped you cope with the bombing? Tell me more about that.

b. Pertolongan mana yang membantu keluarga Anda mengatasi kejadian itu? Ceritakan

b.   What helped your family cope with the event? Tell me more about that.

   A. **Religion**

   Agama

a. If you follow a religion what religion do you follow?

a.Anda penganut Agama? Agama apa?

b. Did it help you at any point after the event? Tell me about it.

b.Apakah itu menolong Anda pada titik tertentu sesudah kejadian itu? Ceritakanlah

5. **View Point   Segi pendapat (pandangan)**

a. Immediately or soon after the bombing did you have a viewpoint as to why it happened. Tell me about it.

a.Segera atau begitu bom terjadi apa pendapat Anda dan mengapa itu terjadi? Ceritakan

b. Has your viewpoint changed now 5 years after the event?

b.Apakah pandangan Anda berubah sesudah 5 tahun kejadian itu?

 Ceritakan **Do you have any Further Comments? Ada komentar yang lain?**

Appendix 12

The Interview Process in Perth and Ethical Considerations

The purpose of audio-taping was explained to the participants and permission was sought from the participants to audio tape the interview. Each participant was then issued with an information sheet in English (see Appendix 2) which outlined:

- The purpose of the research;
- That they would not be paid for taking part in the interview;
- Confidentiality provisions;
- Storage arrangements for the interview tapes; and
- Contact details of the principal researcher and her supervisor were listed.

When ready and willing to proceed, participants were given a consent form to sign (see Appendix 3). Participants were then asked an initial set of questions relating to demographic data. At this stage the participants were given the choice to write their answers or have them written by the research assistants or principal researcher. Once the demographic details were completed, participants were informed that the next set of questions focused on their experiences following the bombings in 2002. Participants were reminded they could stop the tape or leave the interview without penalty and that the interview would take approximately an hour. All participants agreed to the interviews being taped and no participant requested to leave the interview.

Privacy was ensured as far as possible for all participants. As most interviews occurred in an office setting there were no interruptions, other than the occasional mobile phone call received by the participants. During the interview process data was also collected in the form of notes and observations by the principal researcher. Following the interview an informal debriefing process occurred, led by the researcher. An informal debriefing process was an included as an essential part of the research process to ensure that no participant was left unduly upset by taking part in the interviews. On an informal basis the researcher was in contact with the two female assistants from the Kingsley Football Club who were in a position to assess if

any participant experienced problems following the interviews. No adverse reactions were reported. As in Bali, the researcher had some discomfort conducting interviews in a home setting. This initial awkwardness was quickly dispelled as the participants were extremely welcoming and hospitable at all times. As the researcher highly valued the trust and privilege of being given permission to conduct the interviews, she endeavoured to undertake the interviews in an atmosphere of respect and courtesy. As a result as much time as was necessary was devoted for initial rapport building with participants to help them feel more at ease with the process. Audio-taping of all interviews occurred with the permission of the participants. It is acknowledged that a tape recorder can be an intrusion in the interview process and possibly affect the quality of response. However, after an initial settling in period when the tape recorder was switched on and checked, the participants appeared to forget a tape recorder was being used in the room. The tape recorder did not appear to influence the length or quality of the interview.

As the participants had been directly or indirectly affected by the terrorist attacks in Bali, the researcher acknowledged the need for sensitivity throughout all stages of recruitment and data collection. Semi-structured interviews were used as they were methods which allowed for sensitivity and tact. If participants became emotional when discussing their experiences they were offered the choice of stopping or leaving the interview without penalty. No participant took up the offer to leave the interview, however two took up the offer to pause the interview for a short period of time until they recovered their composure and felt able to continue. As the researcher came from the same cultural background as the participants, she felt more in control of the interview and at ease with the interview processes.

The Interview Process in Bali

The purpose of audio-taping was explained to the participants and permission was sought from the participants to audio-tape each interview. Participants were then issued with an information sheet in Bahasa Indonesian or English which they were requested to read (Appendices 7 and 2). The information sheet outlined:

- The purpose of the research;
- That participants would not be paid for taking part in the interview;
- Confidentiality issues;

- Storage arrangements for the interview tapes; and
- Contact details of the principal researcher and her supervisor.

If participants were willing to proceed they were then given a consent form to sign (see Appendices 8 and 2). Participants were then asked to answer an initial set of questions relating to demographic data. Participants were given the choice to write their answers or have them written down by the research assistants or principal researcher. Once the demographic details were completed, participants were informed that the next set of questions focused on their experiences following the bombings in 2002. They were reminded they could stop the tape or leave the interview without penalty and that the interview would take approximately an hour. All participants agreed to the interviews being taped and no participant requested to leave the interview. Privacy was ensured as far as possible for all participants. This was easier to access in Perth as most interviews occurred in an office setting whereas in Bali they occurred mostly inside or outside homes with a reduced opportunity for privacy.

In Bali there were many instances when this privacy was breached, as participant's neighbours, friends and other family members would occasionally walk in and out of the room, sit and listen to the proceedings and add their views to the discussion. From the onset, this became a serious concern to the researcher, as this may have been a breach of confidentiality parameters. The interviews were always suspended when this happened and participants were asked if they wished to continue with the interview with their friends or neighbours present. The researcher's concerns were also explained. In all cases participants wished to continue. The researcher and research assistants were reassured by participants that having other parties in the room during the discussions was fine. It appeared that in Bali, friends or neighbours walking in and out of one another's houses was accepted as a cultural norm. Neither did it appear to adversely affect the richness of the data collected. The researcher quickly realised that in Bali she would have to set aside her viewpoint and professional standpoint regarding such matters. During the interviews, data was also collected in the form of notes and observations by the principal researcher.

Following the interview an informal debriefing process occurred (led by the researcher) and the participants were thanked for their participation. An informal debriefing process was included as an essential part of the research process in order to ensure that no participant was left unduly distressed by taking part in the interviews. It was also deemed an important part of the letting go of the information gained for the research assistants, as from an early stage of gathering data it became clear that information would be shared that was emotive, sad and, at times, disturbing. This process was extended at the end of each day to ensure the research assistants were not unduly upset by the interviewing process. On an informal basis, the research assistants continued to monitor the participants for a period of approximately three months to ensure they were not unduly disturbed by the research process. No adverse reactions were reported.

Transcription of the Digital Recordings

To facilitate transcription of the digital recordings two transcribers were recruited in Perth. One was a female medical secretary who transcribed the Perth interviews. The other translator and transcriber was a teacher who taught Indonesian at a local high school. An initial meeting took place separately with each woman to explain the focus of the research and outline the requirements and methods of transcription and translation. Time was taken by the researcher to carefully explain to both women that the information detailed in the interview tapes and interview sheets was at times quite graphic and possibly confronting.

The transcriber, who was a medical secretary, reassured the researcher that as she was a medical secretary, she daily transcribed information of a medical and difficult nature which she did not find upsetting in any way. The high school teacher indicated she was unlikely to be unduly upset by the information she would be translating. From time to time the researcher 'checked in' with the women to ensure they were coping with the difficult information they were transcribing. Neither woman reported any difficulties or adverse reactions. Additionally, the need for confidentiality was emphasised to both women as they lived in the northern suburbs of Perth, as did most of the participants from Perth. A confidentiality form was prepared and a copy signed by both women.

Appendix 13

The Socio-cultural Milieu Narratives and Photographs

The interviews I undertook in Bali had a significant impact on a personal and emotional level almost on a daily basis. The stories were always sad and emotional. I do not mean to give the impression that the Bali stories were vastly different or less tragic than the Perth stories. It is just the Bali stories were from a socio-economic perspective so very different for many reasons. As I was embedded in the country for two months I could see and experience the very poor socio-economic circumstances most participants had to endure. I could walk out of my hotel behind the shops and restaurants and see the housing conditions of the hotel workers and other victims who had experienced the bombing at close quarters. They lived well below the poverty line in sparse and usually overcrowded houses.

As a result there was more to the stories in Bali than the obvious grief that abounded and this section of the study will reveal a little of that for the reader. This time the stories contain my personal reflections and are based on my daily notes and personal reflections. The following is an overview of just one day of interview and data collection in Bali. I wrote the stories in narrative form because it hopefully gives an insight into the socio-cultural milieu the interviews were conducted in. They are also a snapshot into my emotional journey in Bali and catalogue a few of the real life situations I experienced in my role as a researcher.

The Fifth Day

I remember the fifth day of the interviews as being particularly draining both physically and psychologically. It was a very hot humid and energy sapping day. I hadn't slept well and we were having trouble locating a number of the people and their houses. The driver was unable to negotiate the narrow streets which lead to the housing compounds by car. As a result we all had to walk a few blocks each time in the hot humid conditions. My hair was often stuck to my face with sweat and my face was glowing red with the heat. I must of looked quite amusing to all as I was dressed in long sleeves, long pants, socks and closed shoes in an effort to protect myself from the mosquitoes which were around during the daytime and at dusk. The

houses in Bali are not well lit as lighting and electricity is another drain on the already sparse finances. I found that mosquitoes tended to congregate in dark corners of the houses to emerge once humans appeared. I was quite fearful as periodically a stray dog would take it upon itself to bark and terrorise us, well me in particular. I have a fear of dogs and was terrified of being bitten and contracting rabies. This was not as farfetched as it sounds as in 2009 rabies was diagnosed in many of the island's dog population. The doctor and our driver used to laugh as I would often refuse to get out of the car until they had shooed the dogs away or would try and run for cover as the dogs circled and barked at us.

This was the third interview of the fifth day overall. We were in a poor inner city area of Denpasar. It was pouring with rain and the occasional clap of thunder seemed to add to the drama of the dogs and the day. The drains were overflowing and large pools of stagnant water were everywhere. It was overlapping at some of the front door steps of the houses and the smell of dampness and stagnant water was everywhere. There were a number of thin and hungry looking dogs wandering up and down the road. All of the houses, of which there were about six, were built of hardboard and a tin roof.

We were searching for the first address and a young woman stopped to ask in English whether we were the people who wanted to talk to the Bali victims. We said we were and she said she had been injured in the bombing and eagerly offered to be interviewed. As she fitted the interview criteria I agreed to her being interviewed as she seemed very keen to talk to us. This unexpected participant followed us to Jayu's house and told her she was going to be interviewed there too. When I queried this from the privacy point of view the doctor and everyone smiled and reassured me that this was fine. By the end of the interview I realised that there seemed to be an open door policy in this participant's house, as a number of people arrived unannounced throughout the interview to listen to what we were doing for a while and then would leave as unannounced as they arrived. I thought they were relatives of Jayu's, but when I queried who they were, they were friends and neighbours who were curious and just wanted to listen in to the interviews. I quickly realised that privacy as we knew it in the West was not an issue.

It just seemed natural for us all to pile into the one house to conduct the interviews. There were two rooms in the house. It was typical of most of the houses in Denpasar in that one room was for cooking, watching television and socialising in, and the other for sleeping in. The conditions were cramped and sparse. There was little decoration except for a few pictures on the wall and little furniture except for a table with plastic flowers on and a small lounge suite with a few low cane chairs on one side of the room. This was more furniture than the other houses I had visited that day. The furniture in those houses consisted of a mattress on the floor, two plastic stools and a small table. During the interview Jayu's seven year old son fell asleep across her lap. So we had two participants, myself and the research assistant, two neighbours, and the interviewee's son all crowded into a small house to conduct the interviews. This didn't seem ideal and constantly plucked at my psychologist and researcher's notion of privacy at all times. As it didn't seem to be bothering the interviewees we continued the interviews one at a time.

As we commenced one interview yet another neighbour joined us and brought jack fruit and bread for us all to eat. It was becoming quite a social occasion and I had to relax and just go with the moment with what was happening. Before we commenced drinks were purchased for myself and the research assistant from the outside shop. I couldn't refuse and neither could I pay for the drinks. My interpreter was quite firm on this and told me it would be deemed as disrespectful when I quietly offered. Yet I knew this participant could not afford them. It was not unusual for this to happen as it is an important part of Balinese hospitality and culture to look after guests by offering them drinks and sometimes food.

The two interviews took quite a long time as everyone would break into a chat about the bombing or other often non related topics. It was hard to ignore the street activities that were going on outside: the noisy barking dogs, people on motor bikes driving around the neighborhood, children happily playing in the street, and the street seller selling food and other goods announcing his arrival by ringing a bell. I felt privileged to be given an insight into the Bali that was far removed from the glitzy hotels I and many other Australians would stay in. I almost felt guilty to be returning to my four star hotel to live in a very comfortable large room that was probably similar in size to where this participant was living with four of her family.

The Interviews Continue

The next interview of the day was in an even poorer part of the city. There were four houses placed in a square, although in reality they were just rooms. I sat on a bench outside as the woman of the house said it was best. I got the feeling she didn't want me to go inside. I didn't mean to peek but when one of the curtains was moved to allow someone to come outside I could see a mattress on the floor and that it was very dark looking inside. All around me were pigeons hanging in cages, chickens roaming freely, large birds in cages and an angry looking dog chained to the ground just a few metres away from us. In total there were four rooms with 10 people living in close proximity to each other. There were no doors just curtains across each opening and no windows that I could see.

A Family Courtyard

This participant was a woman the same age as myself who looked about 10 years older than me. We couldn't speak each other's language but still were able to communicate. It was almost like a spiritual and emotional connection. Again the family sent out for drinks for me which I knew they could not afford. It seemed a noisy, dusty and difficult environment to conduct an interview in and I wondered how on earth people survived in such an environment. There was a young girl who was about 12 months old in a baby stroller darting in and out, skilfully avoiding the chickens who roamed freely in the small court yard. The baby had a bad cold and

chesty cough and a constantly streaming nose. I couldn't help thinking the conditions she was living in would not have helped. Yet the families seemed happy, the children were well cared for and the interview was filled with much laughter.

The last interview of the duty was conducted in the back streets of Sanur some miles from Kuta. The village was completely flooded so that water lapped up to the front step of the houses. There were large ponds of stagnant water everywhere. In the house I conducted the interview in, the children were sick with Tuberculosis (TB). I felt sorry for this participant as I knew she had financial difficulties which compounded her problems. Once I learnt the children were at school and were on medication for TB I felt quite relieved they were at least getting the treatment they needed. Unkempt sick looking dogs roamed up and down the street. There were clouds of mosquitoes hovering over the pools of water and in dark corners of the house. I felt physically very uncomfortable and emotionally very sad that the people were so poor and had no choice but to live in these conditions.

Time and time again at each interview the dire economic plight of the participants and the need for more money, food and employment would be raised. This participant's plight seemed much worse than any of the interviews I conducted that day. She was a widow struggling to bring up her two sick children in very poor conditions. The poverty this family was enduring is difficult to describe and writing about it does not really capture their plight. She was trying to make a living by taking in sewing and selling some basic items at the front of her house. There wasn't more than a dozen items for sale such as soap, razors and sachets of washing powder. I had to hold back the tears at this interview. Suffice to say they were one of the poorest families I have ever met. A baby kitten was at the front entrance to the house and it was clearly sick and dying. My driver seemed to sense my extreme sadness as we left the house. What he said to me almost seemed to sum up the day. He said "life goes on, yesterday is yesterday, today is today and tomorrow is tomorrow". I think this was the Balinese equivalent of "tomorrow is another day" I couldn't help think that the sadness was all my sadness, as most of the people seemed to have accepted their plight. There really wasn't any other option.

Entrance to the Houses

Summary

The areas I visited that day seemed even more economically depressed than any I had ever visited in my many travels around the world. I have never seen such poverty and I felt a pang of guilt at having so much and being relatively wealthy by comparison. I wanted to empty my purse and give the families whatever money I had. I knew I couldn't and anyhow it wouldn't be enough to help much at all. My rescuing mode was in full swing and yet ethically deep down I knew it was not something I could or should do.

The descriptions I have given are an insight into life in Bali beyond the tourist hotels and beaches. Yet in many ways they are not sad stories, they are stories of hope, resilience and determination which all the participants demonstrated in abundance. They are the women, men and children whose lives have been touched by tragedy, and who are doing their best to recover and move on with their lives. I saw communities that share and care and where kinship and friendship abounded. At times there seemed to be a different concept of space and privacy. Yet I couldn't help thinking these communities, although not ideal in terms of housing conditions, held a mirror up to the many things which we in the West may have lost in our communities as we rush about in the hustle and bustle of our busy lives.

Appendix 14

Documentary data

This section overviews and discusses two reports which emerged following the Bali Bombings. They were : *Technical Report: Lessons Learnt from the Bali Bomb Blast*, prepared by Sanglah Hospital with the assistance of the WHO (World Health Organisation, 2003); and *The Bali Bomb 12th October, 2002, Kuta, Bali, Indonesia: A Consolidation Report on Disaster Management, Occurrences, Lessons Learned, Effectiveness* prepared by Yayasan IDEP financed by USAID, (Yayasan IDEP, 2003). The disaster stretched an already under resourced health service to its limits. It appeared no professional response service was ready or able to cope with the vast quantity of casualties, the type of blast injuries they received or the large number of volunteers, friends and relatives that arrived at the hospital on the night and in the days that followed. It was a difficult time for the victims as well as for those involved in the disaster response.

The first report prepared by Sanglah hospital critically reflects on the difficulties in response in two areas, the disaster site and the response at Sanglah hospital. Report two also includes an analysis of the response at the disaster site and the hospital setting. It also adds a third section, an analysis of the recovery phase of the response when there was a phasing out of rescue groups, hospital personnel and volunteers. The reports are a unique and valuable insight of the events in 2002 from a Balinese perspective. The findings are of great value to the Balinese authorities, as well as authorities worldwide who may be required to respond to a future human made or natural disaster.

<u>**Report 1**</u>

Technical Report: Lessons Learnt from the Bali Bomb Blast, prepared by Sanglah Hospital with the assistance of the WHO (October, 2003)

Introduction

This is lengthy comprehensive WHO sponsored 131 page report produced by the Sanglah hospital staff. Sanglah hospital is the largest main provincial teaching hospital in Bali. It was the hospital which received most of the casualties and deceased in the aftermath of the bombing (p. 41). Most of the people who contributed to the report were clinical staff whose respective departments were heavily utilised during the night of 0ct 12th 2002 and for many days thereafter. The overarching aim of the study was "was to assist the hospital to improve its response and management of mass casualty incidents and to advocate for improvements in emergency preparedness on a national scale" (p. 2). This links in with one of the key premises of this study that preparedness is a fundamental necessity when responding to any disaster. The report findings were a useful source of information for the framework of suggestions formulated at the end of this study (Chapter 9), particularly for key agencies involved in developing strategic plans for a disaster response.

The findings

Key areas of difficulty were highlighted from the initial site of the disaster, to the hospital, and the morgue. The services that worked well and those that struggled (p. 121) were examined closely in an effort to learn valuable lessons. Words such as "inadequate and chaotic" were used to describe the facilities and response (p. 86). The volunteer situation was a primary focus for the report. Terms such as "uncoordinated, uncontrolled and difficult to manage" (p. 108) were used to describe the volunteers. At least one of the volunteer participants in this study confirmed the volunteers were largely uncoordinated, as no one person seemed to take charge. This particular volunteer also reported conflict amongst the volunteers (Chapter 8, Section 8.2.3.1) which would of contributed further to the difficult situation the volunteers were working in. As in other disasters such as 9/11 and the Oklahoma bombings, the report highlighted the chaos as one thousand people, 600 of whom were Balinese,

registered at the hospital to help (p. 131). In the 9/11 disaster it was calculated 30,000 volunteers responded to help (Brand et al., 2006, p. 4). The volunteers at the hospital consisted of community members, medical and nursing staff from Indonesia and other countries. The vast majority were non-clinically trained and stayed for days. The logistics of managing and feeding a large number of volunteers was difficult for the hospital staff to manage. How does the chain of command work?; who takes command?; who looks after the volunteers safety?; what are the priorities for the response teams? All were the type of questions the report attempted to answer.

In order to cope with any future influx of volunteers, the report recommended preparedness plans should include the control of volunteer rosters and the need to manage clinical and general volunteers. The difficulties in managing the volunteers links in with two key recommendation in this study. Often the keystone to any disaster response will be the local volunteers who respond to help. In Bali it was local people and holidaymakers who were first on the scene. Most had little or no medical training. It was local people with local knowledge and skills who helped to transport the injured and dying to the various hospitals around the island. Hence the present study recommends there is a need to train local volunteers in the basics of a disaster response such as disaster first aid, triaging of casualties, fire fighting, safety considerations and psychological first aid.

Most of the criticisms and difficulties described by the report are supported by details related in the participant interviews conducted with key informants and volunteers in Bali and Perth. The lack of coordination, the lack of equipment, the distress experienced by volunteers in sensitive areas and the friction between volunteers, local and overseas medical staff, are well documented in the interviews in chapter 8 of this study.

Recommendations

The report contained 51 detailed recommendations ranging from, for example: the recruitment and training of a hospital volunteer auxillary; the need for an upgrade of emergency communication systems; the formation of a single disaster control body; effective triaging of patients; specific training of staff; and a recruitment drive for

volunteers at hospitals. There is also a recommendation for a disaster management plan which is tested regularly, which ties in with a key recommendation of this study (Chapter 9). The report is an extremely frank and honest overview of the factors which contributed to difficulties in the response phase of the disaster. Overall the report parallels a key focus of this study which is the need to gain knowledge from disasters. It is important to know what aspects of a disaster response were successful and how they were achieved. Equally important is the need to know what aspects of the response were not well accomplished. This report goes some way to achieving this aim.

In reality no small hospital could cope with such a large influx of casualties, volunteers, relatives, police and ambulance staff. The large influx of people put an enormous strain on the hospital systems. The hospital, its staff the volunteers and the community of Bali did the absolute best they could in extremely difficult situation. All disasters are unique to the area and people experiencing it. Training preparation and planning will help to reduce the mistakes that will be made. When disasters occur it is important that they are investigated and recommendations are made, so that improvements to response plans can be recommended, more lives can be saved and the potential for distress minimised for all. This report forms a unique contribution to the body of knowledge surrounding the disaster, and provides some very useful recommendations for disaster response planners.

Report 2

The Bali Bomb 12th October 2002 Kuta, Bali, Indonesia: A consolidation Report on Disaster Management: Occurrences, Lessons Learned; Effectiveness

Introduction

This is a report of 198 pages. It was produced with the financial support of the Development Alternatives Inc. and the US Agency for International Development (USAID, 2003). The report is largely derived from the reports of organisations within Bali. There were two editors involved in the project, Sita von Bemmelow, a historian from Holland who has lived in Bali for 22 years, and Graeme Stevens, an Australian management consultant who has lived in Bali for five years. The

objectives of the report are similar to report 1, namely to examine and detail the preparedness of the island prior to the disaster and the actual response. The difference in this instance being there is a heavy emphasis on community based responses as the report recognises that it was the community of Kuta which initially responded to the disaster and that "valuable lessons will be available to apply at the community level" (p. 5). This concurs with a key recommendation in this study that non-professional volunteers and community members will often be the first to respond in a major disaster situation and must be considered an important element in any strategic disaster response planning. They require up to date training, practice and support to help optimise their effectiveness in a disaster.

The report examined the emergency preparedness, the response at the disaster site, the hospital, and the recovery process. It is a clear and organised report free of the technical jargon which often pervades such reports. This report, as did the previous report, highlights the benefits of emergency preparedness for any type of disaster, as it will help in the establishment of a "safe community" (p. 9) for both Balinese citizens and the many tourists that visit the island as "lives will be saved".

Also in line with the previous report, it catalogues the uncoordinated response, the unacceptable length of time it took the emergency services to arrive at the disaster scene, and the uneven distribution of the injured to hospital (p. 38). The report authors recognise, as the present study does, that volunteer assistance was an essential need during the crisis. Equally it recognises that there were times their presence was both "appreciated and resented by the hospital" (p. 113). This is probably a reflection on the fact the volunteers were largely uncoordinated and sometimes difficult to deal with. Overall the report concurs with the previous report that the community of Bali was "totally unprepared for the disaster" (p. 119).

It recommends, as does the current literature (discussed in chapter 3), that in the initial post disaster phase there is a need to prioritise and re-establish "the basic needs of individuals such as physical and psychological health in addition to basic needs such as food" (New Zealand Government Ministry of Health 2007, p. 23). Such an approach correlates with a psychosocial response to a disaster. The core of the report recommends many important changes to the emergency services policies and

procedures plus clinical recommendations to improve services at the hospital, including better equipment and improvements to policies for registration of patients. It differs from the previous report in that it also discusses the long term plans for Bali and the need to improve the difficult economic circumstances. The report recommends a focus on economic recovery regarding provincial and national budgets, alternate businesses for income generation, the retraining of individuals and major capital works.

Summary

The reports appear an accurate reflection of the emergency response in Bali. The chaos, the lack of coordination, the difficulties in managing the large influx of volunteers and overall lack of preparedness are well documented. The difficulties are consistent with the reflections of victims and volunteers detailed in chapter 6, 7 and 8 of this study. Overall, the reports concur with a key element of the present study which is the need for strategic planning for future disasters based around the "lessons learnt" from the disaster response in 2002. It is also crucial that the plan is tested, critically reviewed and altered accordingly at least once per year and includes a review of equipment available to emergency teams, specific training of professional responders and volunteers in the community and hospital setting, as well as a review of key services at the hospital such as the engineering, support services, pathology department and the morgue. There is also recognition of the "early and ongoing need to provide counselling and support for stressed members of staff and volunteers". All are recommendations which have been extremely useful to the framework of suggestions for strategic planners outlined in Chapter 9 of this study.

DVD Review

The Healing of Bali: The Balinese response to the Terrorist Bombing of October 2002. An Intimate, Personal Story of Grief, Recovery and Tolerance in an Age of Terrorism

The next section details a different form of documentary data, a film produced in Bali and which reflects the responses of a number of victims of the bombing as well as the community.

"We all share the same destiny and there is no difference in our hearts".

  (Grieving Father, Bali)

This is a documentary film of 52 minutes duration, produced by an Australian film maker John Darling. Darling has produced films in Bali for 17 years and the 2002 Bali bombings induced him to return to Bali to produce a film that gives the viewer a unique and moving insight into the Balinese response to the bombing and its aftermath. At times it is a difficult film to view, and sets the viewer off on an emotional roller coaster, but leaves you with a sense of the strength of spirit that came through on the night of October 12th 2002. In the film a number of key people are interviewed who became victims or volunteers on the night. The victims interviewed are mainly widows whose husbands were killed in the bombing. What is noticeable in the film is that there are no tears, just a quiet sense of acceptance of what has happened. The widows particularly described a strong bond as they worked in a co-op set up to support them economically and socially.

We know from the literature that strong connectedness with others and being able to seek reassurance and safety from others are all factors which can increase resilience (Walsh, 2007, p. 208). The women have all received the support of others in their community which would have helped in their recovery process. For example, cremations in Bali are elaborate and expensive affairs, which whole villages attend. They can cost up to the equivalent of AUD$6000, and when approached to help, the film records the local Banjar (community elders) agreeing to help collect money for the cost of the cremations. This financial help would have helped reduce the degree of financial and other stressors the women were experiencing.

Rajkumar et al.'s (2008) article considers how " an individualistic fatalistic attitude, a collective community approach to sorrow, plus the adoption of social and spiritual barricades against the ensuing chaos and despair" (p. 851) were coping strategies which victims adopted in a village in Tamil Nadu in response to the Indian Ocean tsumnami. These are all factors experienced by the victims interviewed in this film and in the Balinese participants interviewed in the present study. Overall the film gave a unique insight into the grieving processes of the Balinese victims and the cultural practices and beliefs that helped. The film confirms in the victims' words

that the psychological support of fellow victims, family members, and friends are crucial aspects of support and an important component of the psychosocial recovery process. The findings confirm a number of the multi-layers of support the victims in Bali described when interviewed for this study. The participant interviews in Bali are described in Chapters 7 and 8 of this study and highlight further layers of support experienced by the victims.

Appendix   15

Research Commentary

The photographs in this and the previous section were taken during my field trip in Bali. It is intended in this set of photographs to capture the essence of Bali beyond the usual tourist venues and to visually represent the difficult socio-economic circumstances a large proportion of the population have to endure on a daily basis. These circumstances were made even more difficult by the Bali bombings of 2002 and the subsequent economic downturn.

Women's Co-op

Two months after the bombing a women's sewing co-operative, "Adopt a Co-Op", was set up by an Australian couple to enable five widows with ten children between them to set up a business making tee shirts and polo shirts for hotels, tourists, sports groups and schools. The photographs below illustrate their workshop, equipment and some of the members. I went there on a number of occasions to interview participants and to purchase some tee shirts to bring back home. I couldn't help noticing how cramped the conditions were and how ancient some of the sewing machines appeared. Yet the goods produced were of a very high standard and the women were always smiling and laughing with noisy chatter rising above the busy sounds of the machines at every visit. The income from the business is modest but vitally important as it helps the women to earn an income to support their families and to maintain a sense of pride and independence. The co-operative is also a place for mutual understanding and support when needed.

A Women's sewing co-operative, "Adopt a Co-Op",

Research Assistant and YKIDS staff

The photograph below portrays Shirley hard at work. Shirley was one of the workers seconded from YKIDS to be my research assistant. Shirley was an invaluable source of information regarding the cultural norms in Bali as well as a patient, efficient and cheerful research assistant. The second photograph is of the team of staff from YKIDS who shortly after the bombing became volunteers to fund raise for money to pay for the education of the children of victims killed or injured in the bombing in Bali.

Research Assistant and YKIDS staff