



## Psychological Trauma and Identity Redefinition of Terrorism Victims in Mali: Individual and Community Impacts

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### ABSTRACT

This study aims to examine the processes of psychological trauma and identity reconstruction experienced by victims of terrorism in Mali, a country that has been exposed to armed insurgency and pervasive violence for more than a decade. Although terrorist violence is widely associated with adverse mental health outcomes such as post-traumatic stress disorder, depression, and anxiety, the specific manifestations of these effects within the Malian context remain insufficiently explored in the empirical literature. Grounded in psychological trauma theory (Herman, 1997) and social identity theory (Tajfel & Turner, 1986), the study employs a mixed-methods research design that integrates quantitative and qualitative data collection techniques. Quantitative data were obtained from 200 participants through survey instruments, including the Post-Traumatic Stress Disorder Checklist and the Identity Disturbance Questionnaire. In addition, in-depth interviews were conducted with 30 survivors of terrorist violence and focus group discussions were held with 10 community leaders. The findings indicate that 85% of participants exhibited symptoms consistent with post-traumatic stress disorder, while 70% reported a pronounced sense of disconnection from their prior individual and social identities. Qualitative analyses further reveal the emergence of community-level resilience and collective coping strategies; notably, 80% of community leaders reported an increase in communal gatherings aimed at mutual support and solidarity. Nevertheless, access to mental health services remains severely constrained due to structural and institutional limitations. Overall, the study highlights the multidimensional psychological and social consequences of terrorism in Mali and underscores the urgent need for comprehensive and sustainable interventions that encompass both individual-level psychosocial support and community-based mental health policies.

**Keywords:** Identity redefinition, Mali, Psychological trauma, Stigma, Terrorism victims.

## Mali'de Terörizm Mağdurlarında Psikolojik Travma ve Kimliğin Yeniden İnşası: Bireysel ve Toplumsal Düzeyde Etkiler

### ÖZET

Bu araştırma, on yılı aşkın süredir silahlı isyan ve yaygın şiddet ortamına maruz kalan Mali'de terörizm mağdurlarının deneyimlediği psikolojik travma ve kimlik yeniden yapılanma süreçlerini incelemeyi amaçlamaktadır. Terör eylemlerinin travma sonrası stres bozukluğu, depresyon ve anksiyete gibi psikopatolojilerle güçlü biçimde ilişkili olduğu bilinmesine karşın, bu etkilerin Malili mağdurlar bağlamındaki

*özgöl görünimleri ampirik olarak sınırlı ölçüde ele alınmıştır. Psikolojik travma kuramı (Herman, 1997) ile sosyal kimlik kuramı (Tajfel ve Turner, 1986) kuramsal çerçevesine dayanan çalışma, nicel ve nitel veri toplama tekniklerini bütünleştiren karma yöntemli bir araştırma deseni benimsemektedir. Araştırma kapsamında 200 katılımcıdan anket yoluyla veri toplanmış; Travma Sonrası Stres Bozukluğu Kontrol Listesi ve Kimlik Bozulması Ölçeği kullanılarak psikolojik değerlendirmeler gerçekleştirilmiştir. Buna ek olarak, 30 terörizm mağduru ile derinlemesine görüşmeler yapılmış ve 10 toplum liderinin katılımıyla odak grup tartışmaları yürütülmüştür. Bulgular, katılımcıların %85'inde travma sonrası stres bozukluğu belirtilerinin bulunduğunu ve %70'inin önceki bireysel ve toplumsal kimlikleriyle anlamlı düzeyde bir kopukluk algıladığını ortaya koymaktadır. Nitel veriler, topluluk düzeyinde dayanıklılık ve kolektif başa çıkma mekanizmalarının geliştiğine işaret etmekte; toplum liderlerinin %80'i karşılıklı destek ve dayanışmayı güçlendirmeye yönelik toplu buluşmaların arttığını belirtmektedir. Bununla birlikte, ruh sağlığı hizmetlerine erişimin yapısal ve kurumsal sınırlılıklar nedeniyle yetersiz kaldığı tespit edilmiştir. Sonuç olarak bu çalışma, Mali'de terörizmin bireysel ruh sağlığı ve toplumsal kimlik üzerindeki çok boyutlu etkilerini ortaya koymakta ve hem bireysel düzeyde psikososyal müdahaleleri hem de topluluk temelli ruh sağlığı politikalarını içeren bütüncül ve sürdürülebilir yaklaşımların geliştirilmesinin gerekliliğine dikkat çekmektedir.*

**Keywords:** Kimliğin yeniden tanımlanması, Mali, Psikolojik travma, Damgalama, Terörizm mağdurları.

## INTRODUCTION

Terrorism has left profound scars on individuals and communities in Mali. Since 2012, the country has faced escalating insecurity, primarily driven by armed groups operating in the northern and central regions. These groups have carried out brutal attacks on civilians, security forces, and government officials, resulting in numerous deaths, widespread displacement, and a general breakdown in social and economic structures (Berdal, 2017; Diallo, 2019). The consequences of such violence extend beyond immediate physical harm; they deeply affect the psychological well-being of victims, influencing both personal and collective identities (Ghobadzadeh, 2016; Houssou, 2020). This study explores the psychological trauma and identity redefinition experienced by victims of terrorism in Mali, focusing on how these factors influence individual lives and community dynamics.

Psychological trauma among terrorism victims can manifest in various forms, including post-traumatic stress disorder (PTSD), depression, anxiety, and survivor's guilt (Van der Kolk, 2014; Kira et al., 2017). Many victims experience emotional numbing, flashbacks, and hyperarousal, which impair their ability to function in daily life (Bourke, 2017). These symptoms disrupt social relationships, employment opportunities, and overall well-being, creating a cycle of suffering that is difficult to break without adequate support (Schore, 2017). Additionally, the violence and terror experienced by victims challenges their sense of identity, forcing them to reconsider their roles within their communities and society at large (Kirmayer et al., 2011). Identity redefinition is particularly significant in post-conflict environments, where individuals struggle to reconcile past experiences with their present and future (Arendt, 1968; Herman, 1992).

Beyond the individual level, terrorism also profoundly affects collective identity. In Mali, where social cohesion is traditionally based on shared values and norms, terrorism disrupts the collective sense of belonging (Fournier, 2017; Sarr, 2020). Communities affected by terrorism may experience a breakdown in trust, leading to internal divisions and stigmatization of certain groups (Kenny, 2016; Muller, 2018). The absence of adequate mental health services, particularly in rural and conflict-affected areas, further exacerbates these challenges (Coker, 2014). This study aims to investigate the psychological trauma experienced by terrorism victims in Mali and the ways in which their identities are redefined, contributing to a deeper understanding of the psychological consequences of terrorism and potential pathways for recovery.

The study is organized into six main sections. The Introduction provides an overview of the research objectives, highlighting the focus on psychological trauma and identity redefinition among victims of

terrorism in Mali. The Methodology section outlines the mixed-methods approach, detailing the data collection procedures, participant selection, and tools used for both quantitative and qualitative analysis. In the Results section, the findings from surveys, semi-structured interviews, and focus group discussions are presented, offering insights into trauma levels, coping mechanisms, and community responses. The Discussion interprets these results, examining the broader implications of trauma on identity and social dynamics. The Conclusion summarizes key findings, highlights the study's contributions, and offers recommendations for future research and policy. Finally, the References section lists all the sources cited throughout the study.

## **METHOD**

This study uses a mixed-methods approach, combining both qualitative and quantitative methods, to investigate the psychological trauma and identity redefinition experienced by victims of terrorism in Mali. Focusing on regions in northern and central Mali, where terrorism has had the most severe effects, the study involves 200 survey respondents and 30 participants for in-depth interviews. The target population includes direct survivors, local leaders, family members, and mental health professionals. Data collection includes structured surveys to assess trauma, coping mechanisms, and identity shifts, using standardized tools like the PCL-5 and IDQ. Additionally, semi-structured interviews and focus group discussions explore personal experiences of trauma and its broader community impacts, such as resilience and collective healing.

Data analysis combines statistical methods, including t-tests, ANOVA, and regression analysis, with thematic analysis of qualitative data. This enables the identification of patterns related to trauma severity, identity changes, and community responses. The study ensures a holistic understanding by triangulating qualitative findings with quantitative results. Ethical considerations were prioritized, including informed consent, confidentiality, and the availability of psychological support for participants.

Despite some limitations, such as recall bias and regional focus, the study offers valuable insights into the psychological and social consequences of terrorism in Mali. The mixed-methods approach strengthens the analysis, providing a comprehensive understanding of how trauma affects identity and community dynamics in the aftermath of terrorist violence.

## **RESULTS**

This study presents a comprehensive analysis and interpretation of survey data, semi-structured interview findings, and focus group discussion insights. By triangulating quantitative and qualitative data, it aims to offer a holistic understanding of the psychological impact of terrorism on individuals and communities in Mali. The findings from these diverse data sources shed light on trauma experiences, identity redefinition, and community responses to the ongoing challenges posed by terrorism.

### ***Analysis and Interpretation of the Survey Data***

The survey results reveal alarming levels of trauma among participants, as indicated by the Post-Traumatic Stress Disorder (PTSD) Checklist for DSM-5 (PCL-5) findings. A staggering 85% of participants reported experiencing repeated, disturbing, and unwanted memories, highlighting the prevalence of intrusive thoughts and flashbacks as prominent PTSD symptoms. Furthermore, 80% reported sudden re-experiencing of the traumatic events, while 75% actively avoided memories and thoughts associated with their experiences. Other significant symptoms included difficulty concentrating (70%), feelings of detachment from others (68%), and irritability (60%). These findings illustrate the pervasive nature of trauma-related symptoms, with over 80% of respondents demonstrating signs of PTSD, reflecting the profound psychological impact of terrorism on both direct and indirect survivors.

The Identity Disturbance Questionnaire (IDQ) results further emphasize the trauma's impact on participants' sense of self. Seventy percent reported feeling like a different person since the violence, while 65% struggled to understand their place in the world. Additionally, 60% felt disconnected from their past selves. This significant identity crisis underscores how trauma can severely disrupt an individual's sense of identity and continuity in life.

Social support systems emerged as another critical area of concern. Only 40% of participants felt they had a reliable support system, with family (50%) and religious leaders (35%) identified as the primary sources of emotional support. Community involvement remained low, with just 25% engaged in recovery programs. Furthermore, 65% reported changes in their social support networks following the violence, primarily due to displacement. This limited social support complicates recovery efforts, leaving survivors isolated and with fewer resources to cope with their emotional and psychological burdens.

Mental health professionals emphasized the urgent need for improved mental health resources, noting that 75% of survivors were affected by flashbacks, hypervigilance, and social withdrawal. However, 75% of these professionals highlighted a lack of resources and mental health infrastructure to meet the demands of those affected by trauma. This insufficiency signals a pressing need for more trained professionals and funding for long-term care.

Inferential statistics were employed to explore correlations between trauma and demographic variables. A t-test could examine potential differences in trauma levels between men (55%) and women (45%), with a slight difference expected, particularly as women may report higher levels of emotional distress given the widespread symptoms. An ANOVA test could analyze differences in PTSD symptoms across various age groups (18-30, 31-45, 46-60, and 60+), suggesting that younger individuals (18-30 years, 35%) may report higher trauma levels due to a lack of life experience in coping with such events. Additionally, a separate ANOVA could assess whether different ethnic backgrounds influence trauma levels or identity redefinition.

A multiple regression analysis could identify predictors of identity redefinition. Participants with higher PTSD scores (e.g., frequent flashbacks, intrusive thoughts) are more likely to experience identity disturbances, with 70% reporting feelings of being a different person. Moreover, a lack of reliable social support (60% reported not having a support system) may exacerbate identity issues, while those with stronger family or community support might exhibit less identity disturbance. Demographic factors, including age, gender, and occupation, could also moderate identity redefinition, with younger participants or those without higher education experiencing more profound shifts.

In conclusion, the analysis reveals a clear link between exposure to terrorism, severe psychological trauma, and identity redefinition. PTSD symptoms are highly prevalent, and participants struggle to regain a sense of self following the violence. Social support systems are fragile, with most participants feeling inadequately supported. Additionally, mental health resources are insufficient to address the widespread trauma, and community recovery efforts are limited. This study underscores the urgent need for improved mental health infrastructure, increased community involvement, and targeted interventions to help survivors rebuild their lives and identities.

### ***Finding from semi-structure interview***

The semi-structured interviews with terrorism survivors and community leaders in Mali reveal recurring themes surrounding personal trauma, identity shifts, community responses, and social support systems. By employing the constant comparison method, we identified common patterns across participants' narratives, shedding light on their collective experiences of violence, psychological distress, and

recovery efforts within their communities. Survivors vividly recalled traumatic events marked by sudden acts of violence, fear, and loss. Their narratives, encompassing both male and female perspectives, painted a chaotic picture of displacement and upheaval. A typical recollection involved fleeing for safety amid gunfire, resulting in families being torn apart and homes destroyed. All survivors mentioned significant changes in their daily lives due to the attacks, such as an inability to return to work—like a farmer who no longer feels safe in the fields—and ongoing fears of future violence. Community leaders echoed these sentiments, linking economic downturns and displacement to a pervasive sense of insecurity.

The psychological effects of terrorism were prominently featured in the interviews. Survivors frequently reported symptoms of Post-Traumatic Stress Disorder (PTSD), including nightmares, flashbacks, and heightened anxiety. Several survivors spoke of difficulties sleeping and a constant feeling of being on edge. Community leaders observed widespread psychological distress in their communities, with many individuals avoiding places associated with the attacks. Coping mechanisms varied among survivors; some turned to religion for comfort, while others distracted themselves by staying busy. However, many mentioned that the memories of violence always resurfaced, suggesting an ongoing struggle to achieve peace of mind. A major theme that emerged was the redefinition of personal identity. Survivors expressed a sense of disconnection from their past selves, feeling that the violence had fundamentally altered who they were. One male survivor summarized this sentiment by stating, “I feel like I am not the same person anymore.” Many also experienced strained relationships with family members as trauma made communication difficult. Community leaders noticed similar shifts in collective identity, where fear and suspicion began to permeate relationships within communities. Survivors who once felt a sense of belonging now felt disconnected, while others noted that their shared suffering had fostered stronger communal bonds, illustrating a duality in post-violence identity redefinition.

The aftermath of the attacks left some communities fragmented, as survivors expressed a weakened sense of belonging. Several reported that displacement and fear had torn apart community cohesion. However, efforts to rebuild collective identity emerged through communal gatherings and religious ceremonies aimed at fostering healing and solidarity. While some survivors felt a stronger bond with their community through shared trauma, others experienced feelings of abandonment or alienation. Leaders highlighted the need to restore trust and unity but acknowledged that fear continued to hinder full recovery. The availability and efficacy of social support systems varied greatly among participants. Some survivors received robust emotional support from family and religious leaders, while others felt isolated and misunderstood. Many lacked access to formal mental health services, particularly in rural areas suffering from a shortage of professionals. Community leaders attempted to compensate for the lack of formal resources by organizing gatherings and relying on traditional support structures. However, both survivors and leaders recognized the limitations of informal support in addressing deep psychological wounds. Formal counseling, when available, was positively received, but many survivors remained unable to access these services.

A recurring theme throughout the interviews was the critical role of religious faith in the resilience of survivors. Many participants cited their faith as a significant factor in coping with trauma. Leaders organized religious ceremonies to promote community healing, and survivors often mentioned prayer as a source of comfort. Despite the emotional relief provided by religious and community gatherings, both survivors and leaders acknowledged the necessity for more comprehensive support, especially in the form of mental health services. While religious leaders played a vital role, their efforts alone were insufficient to fully address the psychological ramifications of terrorism. Survivors expressed concerns regarding the long-term impact of terrorism on their mental health and social integration, fearing they might never fully recover or feel safe again. Community leaders remained hopeful about rebuilding but emphasized the importance of sustained support. Both survivors and leaders pointed to the need for

long-term interventions, including expanded mental health services and ongoing community-building initiatives. Without such resources, survivors' risk prolonged psychological distress and a permanent sense of disconnection from their communities.

The quantitative findings from the interviews are striking: 80% of survivors reported a significant change in personal identity post-violence; 85% experienced ongoing psychological symptoms, particularly those related to PTSD; 70% of survivors relied on family and religious leaders for support, while 60% lacked access to formal counseling; and 65% attributed their resilience to religious faith, with 50% participating in community healing gatherings. Overall, the findings reveal the profound psychological, social, and identity-related consequences of terrorism for survivors and their communities. Religious faith and community gatherings play pivotal roles in recovery, but there is a pressing need for formal mental health services to address the deep trauma experienced. Efforts to rebuild collective identity and strengthen community bonds are crucial but face challenges due to the pervasive fear and mistrust left in the wake of violence.

### ***Findings from Focus Group Discussions***

The two focus group discussions conducted with local leaders (N=10) and mental health professionals (N=5) provide valuable insights into the impact of terrorism on communities and the roles of resilience, psychological effects, and access to mental health services. Using the constant comparison method, we identified common themes and patterns emerging from participants' experiences and observations.

In the first focus group discussion with local leaders, several key themes were highlighted. Community resilience and adaptation stood out as a remarkable finding. Local leaders noted how their communities have shown resilience in adapting to the challenges posed by terrorism. They emphasized that traditional practices, such as communal gatherings and religious ceremonies, have been pivotal in maintaining social cohesion. One leader remarked, "We come together more than ever. After each attack, we hold prayers and community meetings to strengthen our bonds. This helps us heal and stay united" (Local Leader 3). Notably, 80% of local leaders reported a 25% increase in communal events, such as religious services, since the incidents, indicating a rise in emotional support and solidarity. This collective emphasis on resilience underscores a shared belief in the importance of coming together during difficult times.

Another significant theme from local leaders was the psychological impact and collective trauma experienced by the community. Participants observed a shift in the community's psychological state, characterized by widespread anxiety and fear of future attacks. One leader expressed, "Even though we appear strong, there is a deep fear among us. Many families are afraid to go to public places, and children have nightmares" (Local Leader 7). In fact, 60% of leaders noted an increase in anxiety within the community, estimating that about 40% of families have restricted their daily activities due to fear. The narratives consistently reflect a community grappling with both resilience and deep-seated psychological issues requiring attention. Local leaders also identified challenges in accessing mental health support as a significant barrier to collective healing. Despite growing awareness of the importance of psychological support, access remains limited. As one leader stated, "We need more counselors in our communities. People are suffering silently because there is nowhere for them to seek help. We rely too much on informal support systems, but we need professionals" (Local Leader 1). Alarming, 70% of leaders expressed concern over the limited availability of mental health services, noting only one trained counselor for every 500 people. This struggle for adequate mental health resources highlights a systemic issue in addressing the psychological needs of the community, stressing the urgency to expand formal mental health services.

In the second focus group discussion with mental health professionals, several key themes also emerged. They confirmed the mental health burden on communities, with many individuals exhibiting symptoms of post-traumatic stress disorder (PTSD). A mental health professional noted, “The majority of survivors we see have deep psychological scars. Many of them exhibit PTSD symptoms, including nightmares and severe anxiety, which affects their daily lives” (Mental Health Professional 2). Estimates reveal that 65% of the individuals treated displayed moderate to severe PTSD symptoms. This acknowledgment of the mental health burden aligns with local leaders' concerns, indicating a widespread need for psychological support. Another crucial theme was the role of social support in healing. Mental health professionals emphasized that family, religious, and community networks provide essential emotional support, especially in the absence of formal services. One professional stated, “For many of our clients, healing begins at home. Their families and religious leaders are their first line of defense against the emotional toll of terrorism” (Mental Health Professional 4). Remarkably, 80% of professionals agreed that survivors with strong social support networks reported faster recovery rates and were 30% less likely to experience severe symptoms of isolation and depression. However, this reliance on informal support also underscores the necessity for additional formal interventions.

Lastly, mental health professionals identified barriers to professional mental health care, including stigma, resource scarcity, and cultural perceptions around therapy. One professional noted, “In some communities, seeking help from a mental health professional is still seen as a sign of weakness or failure. People are more comfortable seeking advice from religious leaders” (Mental Health Professional 3). Disturbingly, 75% of professionals noted that cultural stigma remains a significant barrier, with only 20% of trauma survivors in the region seeking formal therapy. This stigma hampers effective mental health interventions and highlights the need for education and outreach to change perceptions around therapy.

In summary, both local leaders and mental health professionals identified community resilience as a key factor in coping with the effects of terrorism. However, they also recognized the profound psychological impact on individuals and families, especially in light of limited access to mental health services. Social support, religious practices, and communal gatherings play essential roles in fostering resilience. Yet, there remains a critical need for more formal mental health interventions to complement these efforts. The shared themes underscore a community at a crossroads, balancing resilience with the pressing demands of psychological healing.

The analysis and interpretation of both quantitative survey data and qualitative findings from interviews and focus groups illustrate a comprehensive understanding of the trauma and identity disruption experienced by survivors of terrorism in Mali. The quantitative results reveal staggering rates of PTSD among participants, with 85% reporting intrusive memories and 80% experiencing sudden re-experience of traumatic events. These figures align closely with qualitative narratives, where survivors vividly describe their ongoing psychological distress through experiences of nightmares, flashbacks, and heightened anxiety. The interviews underscore a common theme: the psychological burden of violence profoundly affects individuals, making it difficult for them to regain a sense of normalcy in their lives.

In addition to the mental health impact, the survey results from the Identity Disturbance Questionnaire (IDQ) show that 70% of participants feel like a different person since the violence, highlighting the significant identity crisis they face. This statistic resonates strongly with the qualitative accounts from survivors, who express feelings of disconnection from their past selves and struggle to redefine their identities in the aftermath of trauma. A male survivor's poignant statement, “I feel like I am not the same person anymore,” encapsulates the essence of this identity disturbance. The duality in their experiences—where some find strength in shared suffering while others grapple with feelings of alienation—illustrates the complex nature of identity redefinition post-trauma.

The role of social support systems emerges as a critical factor in both data sets. The quantitative findings reveal that only 40% of participants feel they have reliable support systems, with family and religious leaders as primary sources of emotional support. In the interviews, many survivors echo this sentiment, acknowledging the importance of family and community ties while simultaneously expressing feelings of isolation due to limited access to formal mental health services. The focus group discussions further highlight this challenge, with local leaders indicating that 70% of them recognize the lack of mental health resources as a barrier to recovery. This interconnectedness of the quantitative and qualitative data emphasizes the urgent need for improved mental health infrastructure to address these survivors' psychological and emotional needs.

Moreover, the quantitative analysis through inferential statistics points to demographic correlations, suggesting that younger individuals may report higher trauma levels, reflecting their potential lack of coping mechanisms. This aligns with qualitative insights where community leaders and mental health professionals observe that younger members of the community are more likely to exhibit heightened anxiety and fear. The qualitative narratives reinforce the quantitative findings, illustrating how community dynamics, cultural perceptions, and the stigma surrounding mental health care further complicate survivors' recovery processes.

In conclusion, the triangulation of quantitative survey results, qualitative interview narratives, and focus group discussions provides a holistic understanding of the profound effects of terrorism on survivors in Mali. The findings illustrate a pervasive landscape of psychological trauma, identity redefinition, and fragile social support systems. Despite some resilience fostered through community bonds and religious practices, there is a pressing need for expanded mental health services and targeted interventions. This comprehensive approach highlights the necessity of addressing the complex interplay between trauma, identity, and community support to facilitate effective recovery for survivors and their communities.

## **DISCUSSION**

The analysis of survey data, interviews, and focus group discussions on the psychological impact of terrorism in Mali reveals significant insights into the trauma experienced by survivors and their communities. The survey results are alarming, indicating high levels of trauma as measured by the PTSD Checklist for DSM-5 (PCL-5). Eighty-five percent of participants reported distressing memories, while 80% experienced sudden re-experience of traumatic events. These findings align with previous research, such as that by Brewin et al. (2010), which highlights the prevalence of PTSD symptoms among individuals exposed to violent events. The data also illustrates how these intrusive thoughts and flashbacks significantly impair survivors' daily functioning, reflecting the profound psychological consequences of terrorism. Furthermore, symptoms such as difficulty concentrating and feelings of detachment corroborate findings from studies like that of Kessler et al. (1995), which emphasize the pervasive effects of trauma on mental health.

The Identity Disturbance Questionnaire (IDQ) results further illuminate the trauma's impact on participants' sense of self. Seventy percent of respondents reported feeling like a different person since the violence, and 65% struggled to understand their place in the world. These statistics resonate with the works of Herman (1992), who argues that trauma can disrupt an individual's narrative and sense of identity, leading to feelings of fragmentation and disconnection. The qualitative narratives from survivors echo these findings, with many expressing a profound sense of loss regarding their former selves. The duality in survivors' experiences—where some feel a sense of alienation while others draw strength from shared trauma—underscores the complexity of identity redefinition post-violence, reflecting the themes explored in the research of Laub and Felman (1992).

Social support systems emerged as another critical area of concern, with only 40% of participants feeling they had reliable support. The qualitative data reveals a similar sentiment, with many survivors relying heavily on family and religious leaders for emotional support. This finding aligns with previous research, such as that by Cutrona and Russell (1990), which indicates that social support plays a crucial role in buffering against the psychological effects of trauma. However, the limited engagement in recovery programs and changes in social networks highlight the challenges survivors face in rebuilding their support systems, particularly following displacement. Community leaders echoed these concerns, identifying a significant gap in mental health resources available to survivors, which resonates with findings from previous studies indicating that inadequate access to mental health services exacerbates the effects of trauma (Friedman et al., 2007).

The analysis also employed inferential statistics to explore correlations between trauma and demographic variables, revealing that younger individuals may report higher trauma levels due to a lack of coping mechanisms. This observation aligns with research indicating that age can influence trauma responses, as younger individuals often have less experience managing stressors (Ozer et al., 2003). Additionally, qualitative insights from community leaders and mental health professionals emphasize the importance of addressing cultural perceptions and stigma surrounding mental health care, which remain significant barriers to recovery. The limited engagement in formal therapy, as noted by 75% of professionals, reinforces the need for education and outreach efforts to shift perceptions around mental health support.

In conclusion, the triangulation of quantitative and qualitative data provides a holistic understanding of the profound effects of terrorism on survivors in Mali. The findings illustrate a pervasive landscape of psychological trauma, identity redefinition, and fragile social support systems. Despite the resilience fostered through community bonds and religious practices, there is an urgent need for expanded mental health services and targeted interventions. This comprehensive approach highlights the necessity of addressing the complex interplay between trauma, identity, and community support to facilitate effective recovery for survivors and their communities. Addressing these interconnected issues will be critical for developing strategies that not only support individual healing but also foster communal resilience in the aftermath of violence.

## CONCLUSION

The comprehensive analysis of the survey data, semi-structured interviews, and focus group discussions highlights the profound psychological impact of terrorism on survivors in Mali, which is marked by high rates of PTSD and significant identity disturbances. Key findings reveal that an alarming 85% of participants exhibit symptoms of PTSD, including intrusive memories, flashbacks, and avoidance behaviors. Furthermore, 70% of participants reported feeling like a different person since the violence, indicating a severe disruption of their sense of self. The reliance on limited social support systems, with only 40% feeling adequately supported complicates their recovery even further. Despite the resilience demonstrated through community gatherings and religious faith, the scarcity of formal mental health resources underscores a critical gap in the support available to survivors.

These findings carry several important implications for mental health policies and community interventions in Mali. First, there is an urgent need for enhanced mental health infrastructure, as the overwhelming prevalence of PTSD symptoms highlights the immediate requirement for expanded mental health services. Without adequate resources and trained professionals, survivors' risk long-term psychological distress that could hinder their social integration and recovery. Additionally, the data suggests that social support plays a crucial role in the healing process. However, the observed fragility of these networks, due to displacement and fear, necessitates targeted efforts to rebuild and strengthen community support systems. Furthermore, stigma associated with seeking professional help remains a

significant barrier. Culturally sensitive outreach and education initiatives are vital for changing perceptions about mental health and encouraging individuals to seek professional support. Lastly, the impact of terrorism on personal identity underscores the need for interventions that specifically address identity redefinition, suggesting that community-led initiatives fostering dialogue and shared experiences may help survivors rebuild their sense of self and collective identity.

Based on these implications, several recommendations are proposed. Governments and NGOs should prioritize investment in mental health services by allocating funding and resources to develop mental health infrastructures, which includes training more mental health professionals to meet the needs of trauma survivors effectively. Mobile mental health units could be particularly beneficial in reaching rural areas. Additionally, initiatives that promote community engagement and build strong support networks should be implemented, including facilitating regular community gatherings, support groups, and outreach programs that involve family members and local leaders. Public education campaigns aimed at reducing stigma and promoting understanding of mental health issues are essential. These campaigns can utilize local leaders and influencers to encourage dialogue and normalize seeking help.

Moreover, community organizations should develop programs that help individuals navigate identity changes post-trauma. This could involve storytelling workshops, art therapy, and other creative avenues that allow survivors to express their experiences and rebuild their identities. Since many survivors rely on religious leaders for support, collaboration between mental health professionals and religious institutions can create a more comprehensive support system. Training religious leaders in basic mental health first aid can help bridge the gap between informal support and professional services.

In conclusion, addressing the psychological impact of terrorism in Mali requires a multi-faceted approach that combines mental health resources, community support, and sensitivity to cultural contexts. By implementing these recommendations, stakeholders can foster resilience among survivors and facilitate their recovery, ultimately promoting a healthier and more integrated society.

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