

2020

Risk Perception of Terrorism and Individual Preparedness in Thailand

Pinida Neenlapathna
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Quantitative, Qualitative, Comparative, and Historical Methodologies Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Pinida Neenlathna

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Eric Youn, Committee Chairperson, Human Services Faculty
Dr. Donald McLellan, Committee Member, Human Services Faculty
Dr. Barbara Benoliel, University Reviewer, Human Services Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2020

Abstract

Risk Perception of Terrorism and Individual Preparedness in Thailand

by

Pinida Neenlathana

MA, American Military University, 2011

MCI, Boston University, 2007

BA, Chulalongkorn University, 2005

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human Services

Walden University

May 2020

Abstract

Since 2001, terrorist incidents in Thailand have caused more than 6,600 deaths and nearly 13,000 people have been injured. The Thai government has employed various counterterrorism measures, but there is little attention paid to terrorism awareness and preparedness. Following the tenets of social cognitive theory, the purpose of this quantitative study was to examine the predictive relationship between the risk perception of terrorism (i.e., perceived probability, perceived seriousness, perceived impact, perceived coping efficacy, perceived government preparedness, and perceived frontline responder preparedness) and individual preparedness among Thai people. The study was conducted with a convenience sample of 327 Thai adults who are 20 years old or older and reside in Thailand. Data were collected using an online survey. Multiple regression analysis was performed to determine the relationship between the 6 risk perception variables and individual preparedness. Results of the study revealed that perceived probability of terrorism, perceived coping efficacy, and perceived frontline responder preparedness were significant predictors of individual preparedness. However, the perceived seriousness of terrorism, perceived impact, and perceived government preparedness were not statistically associated with individual preparedness. The study contributes to social change by increasing awareness of terrorism and preparedness among Thai people. It also provides policymakers with new perspectives on terrorism preparedness and ideas for improving counterterrorism policies and risk communication strategies. Knowledge from the study adds to the literature on terrorism awareness, preparedness, and prevention in Thailand.

Risk Perception of Terrorism and Individual Preparedness in Thailand

by

Pinida Neenlapathna

MA, American Military University, 2011

MCJ, Boston University, 2007

BA, Chulalongkorn University, 2005

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human Services

Walden University

May 2020

Acknowledgments

I would like to express my sincere gratitude to my committee, Dr. Eric Youn and Dr. Don McLellan, for their guidance, motivation, and patience. This Ph.D. work would have not been possible without their continuous support. I could not ask for a better committee to work with. I am grateful for the encouragement from my friends, my editor, and all those who have been with me along this long journey. I would also like to extend my appreciation to my current and former supervisors and colleagues for their flexibility, allowing me to take time off to work on this Ph.D. dissertation when I needed it. Most importantly, I would like to thank my parents, whose love and support are with me in whatever I pursue. Special thanks go to my supportive husband, who always keeps me going. Last but not least, I thank myself for not giving up.

Table of Contents

List of Tables	iv
List of Figures	v
Chapter 1: Introduction to the Study.....	1
Background.....	3
Problem Statement.....	8
Purpose of the Study	10
Research Questions and Hypotheses	10
Theoretical Framework.....	13
Operational Definitions.....	14
Nature of the Study	15
Assumptions, Limitations, Scope, and Delimitations.....	17
Assumptions.....	17
Scope and Delimitations	17
Limitations	18
Singnificance of the Study	20
Summary	20
Chapter 2: Literature Review	22
Literature Review Strategy	23
Theoretical Foundation	24
Thailand’s Counterterrorism Efforts and Status of Preparedness.....	32
Risk Perception of Terrorism.....	38

Terrorism Preparedness	47
Summary	62
Chapter 3: Research Method.....	64
Research Design and Rationale	64
Methodology	67
Population	67
Sampling and Sampling Procedures	67
Procedures for Recruitment, Participation, and Data Collection	68
Instrument and Operationalization of Constructs	69
Data Analysis Plan	73
Threats to Validity	74
Threats to External Validity	74
Threats to Internal Validity	75
Threats to Reliability.....	76
Ethical Procedures	77
Summary	77
Chapter 4: Results	79
Data Collection	82
Descriptive Statistics.....	82
Statistical Assumptions.....	86
Multiple Regression Analysis	89
Summary	92

Chapter 5: Discussion, Conclusions, and Recommendations	94
Interpretation of the Findings.....	95
Limitations of the Study.....	100
Recommendations.....	101
Implications.....	102
Conclusion	103
References.....	105
Appendix A: Permission to Use Survey Tool.....	124
Appendix B: The Perceived Terrorism Threat and Preparedness Survey (English)	125
Appendix C: The Perceived Terrorism Threat and Preparedness Survey (Thai)	136

List of Tables

Table 1. Participants' Demographic Characteristics.....	84
Table 2. Descriptive Statistics of Individual Preparedness (Dependent Variable).....	85
Table 3. Descriptive Statistics of Independent Variables	86
Table 4. Coefficients for Independent Variables	88
Table 5. Collinearity Diagnostics	89
Table 6. Model Summary for Individual Preparedness	91
Table 7. Coefficients for Individual Preparedness.....	92

List of Figures

Figure 1. Residual scatterplot for individual preparedness.....87

Figure 2. Histogram for normality of individual preparedness.....87

Chapter 1: Introduction to the Study

Introduction

For decades, Thailand has experienced terrorist violence from the Malay-Muslim separatists (Liow, 2004). The conflict has become more complex and increasingly violent since 2001 when the Thai government authorized the use of military force to fight against separatists in southern Thailand (Barter, 2011). Attacks involving bombing, arson, and shooting of Thai government officials, Buddhist monks, school teachers, and civilians have occurred on a nearly daily basis in four southern provinces – Pattani, Yala, Narathiwat, and Songkhla (Chongkittavorn, 2004; Emmers, 2009; Liow, 2004). In Bangkok, there have also been several bombing incidents carried out by international terrorists (Chan, 2015).

Researchers note that the terrorism problem in Thailand is complicated by a combination of ethnoreligious factors, social disparities, and a lack of the Thai officials' understanding of the root cause of the problem (Chalk, 2015; Chan, 2015; Chongkittavorn, 2004). The Thai government has been criticized for using a heavy-handed approach and failing to address underlying issues such as the grievances of the ethnic Malay-Muslim and the ideology driving the violent acts (Barter, 2011; Liow, 2004). Previous studies show that the use of force and other efforts, such as peace negotiations with terrorist groups in the southern provinces and collaboration with neighboring countries, particularly Malaysia and Indonesia, have been counterproductive (Chan, 2015; Liow, 2004).

In addition, Thailand's political instability, a distorted perception of the causes of the problem, and insufficient collaboration efforts from the neighboring countries have hindered its government's ability to address the terrorism problem successfully (Barter, 2011). Researchers and experts agree that the terrorism in Thailand is a complex problem that requires more than political and economic policy improvements and military intervention to solve it (Barter, 2011; Caponecchia, 2012; Liow, 2003; Nanuam, 2015; White, Porter, & Mozerolle, 2013). It also needs public awareness and engagement for the government to effectively intervene and prevent a terrorist threat (Caponecchia, 2012; White et al., 2013).

As the risk of terrorist threats have increased in the country and around the world, the Thai government has urged the public to become its eyes and ears to detect and prevent a potential attack (Chongkittavorn, 2004). However, some have argued that the Thai population still lacks understanding of the risk of terrorism and how to prepare for an attack because the government has not provided sufficient public information to its citizens (Chongkittavorn, 2004; Emmers, 2009). As LaFree, Presser, Tourrangeau, and Adamczyk (2013) noted, the public can play a significant role in preventing terrorism. The level of public understanding concerning the risk of terrorism and emergency preparedness can predict the effectiveness of the government's counterterrorism efforts and public resiliency, which is defined as the ability of citizens and the community as a whole to bounce back to normal from a terrorist attack (LaFree et al., 2013).

When citizens become more aware and more prepared, they will be able to care for themselves and better cope in the face of a crisis (Dillon, Tinsley, & Burn, 2014;

LaFree et al., 2013). Subsequently, the government will be able to direct more resources to contend with other postcrisis demands (Dillon et al., 2014; LaFree et al., 2013). The researchers further pointed out that public understanding of the risk associated with terrorism and proper preparedness might eventually deter a terrorist attack (Dillon et al., 2014; LaFree et al., 2013). Therefore, this study has the potential to inform Thai policymakers and the public of the significance of terrorism awareness and preparedness. It also has the potential to influence strategic counterterrorism plans and policies to focus more on the individual-level terrorism preparedness and prevention.

In Chapter 1, I will discuss the background of the study, the research problem, and the purpose of the study. The research questions, the theoretical framework, and the nature of the study are also included. Additionally, I will provide the operational definitions of the key terms used in the study, as well as the assumptions, scope, delimitations, limitations, and the significance of the research in this chapter.

Background

Thailand is one of the countries in the Southeast Asian region that is highly exposed to terrorism (Chan, 2015; Emmers, 2009; Keling, Shuib, Ajis, & MohdNadzri, 2009). The history of the problem goes back to the 1930s when the “Thaification” policies were set in motion forcing ethnic groups including the Malay-Muslim in the Patani region including Yala, Pattani, and Narathiwat, to assimilate to Thai culture and to follow the country’s central laws and administrative practices (Barter, 2011, p. 218). In the 1950s, the Malay-Muslim nationalist movements began to grow (Barter, 2011; Chongkittavorn, 2004). The Thai government saw the rise of insurgent groups and a

surge in their violent activities. Despite some differences in their goals and ideology, all these groups justified the use of violence and shared similar operational patterns, such as targeting police and military posts, Thai government offices, and schools (Barter, 2011).

The violence resurged after the September 11, 2001 terrorist attacks (Barter, 2011; Chan, 2015; Chongkittavon, 2004). The Thai government has found itself dealing with not only the traditional separatist insurgent groups but also new groups that use more deadly tactics and often remain anonymous (Barter, 2011; Porath, 2011). This has become a challenge for the Thai authorities, who are left uncertain about the identity of the groups responsible for the attacks (Barter, 2011; Porath, 2011). In addition to the separatist insurgency in the south, Thailand has faced the threat of terrorism from the international terrorist groups such as Al Qaeda and its associated groups that use Thailand as a transit spot or a hideaway. Because of its location and lax immigration policies that allow tourists to obtain a visa on arrival without prescreening, Thailand has become a “safe haven” for terrorist groups (Chongkittavorn, 2004, p. 268).

The data extracted from the Global Terrorism Database (GTD) indicated that between 2000 and 2010 there were 1,472 terrorist attacks overall, and 1,304 unique events (White et al., 2013; White, Mazerolle, Porter, & Chalk, 2014). The high risk and volatility in Thailand were consistent with the dramatic increase in the level of terrorist activity. Also, since the September 11, 2001 attacks in the United States, there has been a dramatic increase in deadly violence in the country’s four southern provinces, which resulted in over 6,200 deaths between 2004 and 2014 (Chan, 2015). Furthermore, several

terrorist incidents have occurred in Bangkok, involving independent terrorist groups from other countries (Chan, 2015; Nanuam, 2015).

Although numerous studies and reports have shown that Thailand has faced a high risk of terrorism, it remains unknown how Thai people view the risk of terrorism and whether they are prepared to respond to a terrorist situation. The study conducted by Muttarak and Pothisiri (2013) to examine the risk perception of disaster and preparedness in Thailand found that Thai people had low disaster risk perception due to a lack of awareness and education and thus are low in preparedness. So far, this study is the only one conducted in Thailand that focuses on the risk perception and emergency preparedness of Thai people. However, the study puts more emphasis on natural disasters than terrorism. While the findings in Mattarak and Pothisiri's (2013) study have shed light on Thailand's level of risk perception and preparedness in general, there has been no study dedicated to the area of terrorism.

As studies suggest, it is crucial that counterterrorism efforts focus on citizens' awareness and preparedness for a terrorist situation because the ability to recognize terrorism is a significant element of risk assignment and management (see Caponecchia, 2012; Lemyre, Turner, Lee & Krewski, 2006; White et al., 2013). Since September 11, 2001, there have been several studies focusing on people's risk perception of terrorism and emergency preparedness. The results have shown the differences in the level of risk perception and the level of preparedness among some of the countries due to various factors (see Bourque et al., 2013; Caponecchia, 2012; Dillon et al., 2014; Donahue, Eckel, & Wilson, 2013; Gibson, Lemyre, & Lee, 2015; Gin, Stein, Heslin, & Dobalian,

2014; Stevens et al., 2011; Stevens et al., 2012; Taylor et al., 2011). However, most of the studies indicate that individuals' awareness and perception of terrorism risk was one of the strongest predictors of preparedness behavior (see Gin et al., 2014; Lee & Lemyre, 2009; Lemyre et al., 2006; Stevens et al., 2012).

Some prominent studies conducted in Canada revealed a positive association between risk perception of terrorism and preparedness among Canadian citizens (see Lee & Lemyre, 2009; Lee, Gibson, Markon, & Lemyre, 2009; Lemyre et al., 2006). These studies found that the risk perception of terrorism among Canadian people was low. Most respondents did not consider terrorism a significant threat to themselves or their communities and did not recognize elected officials and government officials as a useful information source (Lee et al., 2009; Lemyre et al., 2006).

Similarly, in Australia, terrorist threat perception, particularly radiological and nuclear events, and the level of preparedness among Australian people were low (Caponecchia, 2012; Stevens et al., 2012; Taylor et al., 2011). Only 30% of the participants believed that a terrorist attack would occur in Australia, and approximately 10% believed that chemical, biological, radiological, nuclear, and explosive attacks would occur (Taylor et al., 2011). Most participants had no emergency plan and only a small portion had an emergency supply kit (Taylor et al., 2011).

The researchers suggested that the low level of risk perception results in poor awareness and a lack of vigilance, which could possibly affect the preparedness behavior of individuals (Caponecchia, 2012; Stevens et al., 2012; Taylor et al., 2011). One of the studies argued that a combination of high perceived coping and higher concern could, in

fact, predict preparedness behaviors such as having an evacuation plan and a contact plan (Stevens et al., 2012). While they were not very concerned about terrorism and had a low level of personal preparedness, the Australian people reported high confidence in first responders and authorities to respond to a terrorist situation (Donahue et al., 2013; Taylor et al., 2011).

In the United States, the level of individual and community preparedness for terrorism appears to be low even though the American people are reportedly aware of the possibility of a terrorist attack (Donahue et al., 2013; Gin et al., 2014). According to an American national survey conducted after the September 11 attacks, 18% of the American people reported having gathered emergency supply kits. This number, however, decreased by 3% in 2004 and by 10% in 2006 (Donahue et al., 2013; FEMA, 2009; Schuster et al., 2001; Torabi & Seo, 2004).

A few studies in the United Kingdom found a similar pattern of the decreasing levels of perceived terrorist threats and emergency preparedness. One survey conducted immediately after the London bombing in 2005 found that most of the London residents felt threatened by the terrorist attacks but reportedly prepared (Taylor et al., 2011). Fifty-one percent of the residents had emergency plans in place, and 48% had gathered emergency supplies (Taylor et al., 2011). However, another survey conducted 6 months later showed a decline in individual preparedness and avoidance behavior among the residents in London (Dillon et al., 2014).

It is noted that many of the studies related to terrorism risk perception and preparedness were conducted in Western countries. I found no study focusing on the risk

perception of terrorism and preparedness in Thailand, where terrorist violence is high. Investigating the relationship between the risk perception of terrorism and individual preparedness among Thai people will not only fill the gap of knowledge but also help to identify individual capacities to contribute to Thailand's counterterrorism efforts (Caponecchia, 2012; Lee & Lemyre, 2009; Muttarak & Pothisiri, 2013; Stevens et al., 2012).

Problem Statement

Between 2004 and 2016, terrorist violence in Thailand caused nearly 6,600 deaths and 12,200 injuries (Chan, 2015; Nanuam, 2015; United States Embassy and Consulate in Thailand, 2016). Following the September 11 attacks in the United States in 2001 and the 2012 bombing in Bali, Indonesia, numerous reports indicated that terrorist groups linked to Al Qaeda and Jemaah Islamiyah (JI), a regional terrorist group operating in Southeast Asia, used Thailand as a transit point or possibly established cells within the country (Chongkittavorn, 2004; Keling et al., 2009). The reports and data from official and media sources have shown that the threat of terrorism in the country remains steady. Despite these reports, it is unknown whether the public is prepared for a possible terrorist incident.

The Thai government has been reluctant to publicly admit the growing terrorist threat to the country due to concerns about the impact on the country's tourism and economy (Chongkittavorn, 2004; Chan, 2015; Liow, 2004; United States Department of States, 2015). This has often caused the public to go uninformed about actual national security situations and possible attacks (Chan, 2015; Chongkittavorn, 2004; Liow, 2004).

While the Thai government has put significant effort into intervening and mitigating terrorist violence, its measures are centered on political and socioeconomic policy improvement (White et al., 2013; White et al., 2014;). Little attention is paid to terrorism awareness and emergency preparedness at the individual level (Caponecchia, 2012; Mutarak & Pothisiri, 2013).

Many scholars and educators have conducted studies in an attempt to understand the cause of terrorism in Thailand from a political standpoint (e.g., Chongkittavorn, 2004; Keling et al., 2009; Liow, 2004). They have also sought to investigate the effectiveness of the Thai government's counterterrorism policy and measures using specific variables such as the use of military intervention, political conditions, socioeconomic situations, and the involvement of neighboring countries (e.g., White et al., 2014). However, the problem of terrorism is more than political affairs. Rather, it is compounded by a number of factors that require not only security and socioeconomic policies but also public awareness and engagement to mitigate and prevent terrorist threats (Barter, 2011; Caponecchia, 2012; Chongkittavorn, 2004; Keling et al., 2009; Lee & Lemyre, 2009; Stevens et al., 2012; White et al., 2013).

Although the aforementioned research regarding Thailand's counterterrorism efforts illuminated significant findings, I have found no research that examined Thai people's risk perception of terrorism and individual preparedness. Therefore, further research is warranted that could examine the relationship between Thai people's perception of personal vulnerability to terrorism and the extent of their awareness and engagement in emergency preparedness as a means to address the problem of the Thai

government's counterterrorism policy and measures (Chan, 2015; Chongkittavorn, 2004; Emmers, 2009 Keling et al., 2009; Liow, 2004).

Purpose of the Study

Some previous studies found the risk perception of terrorism to be positively associated with individual preparedness, while other studies found no relationship between the two variables (see Bourque et al., 2013; Donahue et al., 2013; Lee & Lemyre, 2009; Stevens et al., 2011). Therefore, the purpose of this quantitative survey study was to examine the relationship between the risk perception of terrorism and individual preparedness among Thai people in Thailand to find out whether the results shared similar findings to any previous studies.

Research Questions and Hypotheses

I aimed to examine the relationship between Thai people's risk perception of terrorism and individual preparedness. In this study, the risk perception of terrorism included perceived probability, perceived seriousness, perceived impact, perceived coping efficacy, perceived government preparedness, and perceived frontline preparedness. The research questions and hypotheses were as follows:

RQ1: What is the relationship between perceived probability of terrorism and individual preparedness among Thai people in Thailand?

H_01 : There is no relationship between perceived probability of terrorism and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

*H*₁₁: There is a relationship between perceived probability of terrorism and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

RQ2: What is the relationship between perceived seriousness of terrorism and individual preparedness among Thai people in Thailand?

*H*₀₂: There is no relationship between perceived seriousness of terrorism and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

*H*₁₂: There is a relationship between the perceived seriousness of terrorism and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

RQ3: What is the relationship between perceived impact of terrorism and individual preparedness among Thai people in Thailand?

*H*₀₃: There is no relationship between perceived impact of terrorism and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

*H*₁₃: There is a relationship between perceived impact of terrorism and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

RQ4: What is the relationship between perceived coping efficacy and individual preparedness among Thai people in Thailand?

H₀₄: There is no relationship between perceived coping efficacy of terrorism and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

H₁₄: There is a relationship between perceived coping efficacy and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

RQ5: What is the relationship between perceived government preparedness and individual preparedness among Thai people in Thailand?

H₀₅: There is no relationship between perceived government preparedness and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

H₁₅: There is a relationship between perceived government preparedness and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

RQ6: What is the relationship between perceived frontline preparedness and individual preparedness among Thai people in Thailand?

H₀₆: There is no relationship between perceived frontline preparedness and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

H₁₆: There is a relationship between perceived frontline preparedness and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

Theoretical Framework

The theoretical base for this study was the social cognitive theory (SCT). Based on the review of relevant literature, SCT has been used extensively to explain risk perception of all types of disasters, which includes terrorism, and the behavioral responses of individuals (Cave, 2014; Lee & Lemyre, 2009; Paton, 2003). The theory holds that human behavior is influenced by both individual and environmental factors (Bandura, 1978).

Based on the social cognitive perspective, the way individuals view risk and their motivation to prepare for terrorism is a function of the cognitive and affective reactions to a terrorist event (Cave, 2014; Espina & Teng-Calleja, 2015; Lee & Lemyre, 2009). Gin et al. (2014) further explained that individuals undergo cognitive processes such as contemplation, motivation, and intention information before taking action. When informed and motivated, the individuals' intent to prepare for terrorism are formed on the basis of their outcome expectancies and self-efficacy (Espina & Teng-Calleja, 2015; Lee & Lemyre, 2009).

Being aware of a situation and knowing where to obtain information are cognitive processes that suggest that the individuals are paying attention to the problem and these cognitive factors have direct effects on preparedness behavior (Cave, 2014). Thus, the individuals who are educated on the risk of terrorism and aware of their peers' preparedness activities are more likely to undertake preparedness actions even though they are uncertain whether preparedness is effective (Gin et al., 2014). Cave (2014), Espina and Teng-Calleja (2015), and Lee and Lemyre (2009) noted that SCT allows for

insight into the relationship between the risk perception of terrorism and individual preparedness behavior.

Operational Definitions

Counterterrorism efforts: Operations or measures to prevent, deter, and/or respond to terrorism and to minimize the impact of terrorism on the public where an attack occurs (LaFree et al., 2013).

Individual preparedness: Individuals' state of readiness to respond to terrorism, which includes knowing how to access information and resources, having emergency supplies, establishing emergency communication, and learning an evacuation plan (Espina & Teng-Calleja, 2015).

Perceived coping efficacy: Individuals' beliefs about their capabilities to exercise control over crises that affect their lives (D'Amico, Marano, Geraci, & Legge, 2013).

Perceived frontline preparedness: Individuals' subjective judgment of frontline organizations and first responders' state of readiness to respond to terrorism (Donahue et al., 2013).

Perceived government preparedness: Individuals' subjective judgment of the government institutions' state of readiness to respond to terrorism (Donahue et al., 2013).

Perceived impact: Individuals' subjective judgment of the consequences of terrorism that affect their lives (Weinstein, 2000).

Perceived probability: Individuals' subjective judgment of the likelihood of a terrorist incident (Weinstein, 2000).

Perceived seriousness: Individuals' subjective judgment of the extent of the negative consequences of terrorism (Weinstein, 2000).

Risk perception: The subjective judgment that individuals make about the characteristics, possibility, severity, and impact of a terrorist risk (Kapusinski & Richards, 2016).

Terrorism: A premeditated act involving the unlawful use of force or violence against a noncombatant population or property in order to achieve political, religious, or ideological objectives (Schmid, 2012). Bombing, shooting, kidnapping, arson, mass destruction, and assassination are some examples of terrorism (Schmid, 2012).

Thai population: 68.8 Thai citizens residing in Thailand.

Nature of the Study

In this study, the independent variables included the perceived probability of terrorism, perceived seriousness, perceived impact, perceived coping efficacy, perceived government preparedness, and perceived frontline preparedness. Individual preparedness was the dependent variable of the study. To examine the relationship between these variables, I used a correlational research design involving a cross-sectional, online survey. Not only did these research designs and methods enable measurement of multiple variables and how they are correlated, but they also allowed for data collection at a single point in time.

The target population of the study was Thai nationals, aged 20 and older, living in Thailand. Due to the large size of the Thai population, which comprises roughly 68 million people across 76 provinces, and the inability to access a complete list of the

population's contact information, the most practical sampling method to use in this study was convenience sampling. Subjects were invited to participate in the survey study through various public advertisement channels such as social media posting, and flyers posted at high traffic locations in Bangkok and other major cities where Thai people typically visit or transit through.

The expected sample size for the study was 146. To obtain this sample size, I used the G* Power analysis tool. In this analysis, Cohen's *F*-test was used to denote effect size, and the type of statistical test was linear multiple regression: fixed model, R^2 deviation from zero. The .15 medium effect size, alpha of 0.05, 0.95 power, and six predictors were set for the analysis. The value of effect size, alpha, and power indicated are commonly accepted and were used in previous studies (see Caponecchia, 2012; Muttarak & Pothisiri, 2013).

For data collection, I adapted the existing survey instrument, the Perceived Terrorism Threat and Preparedness Survey, developed by Lee and Lemyre (2009). The survey is in the form of a 5-point Likert scale, primarily assessing participants' views of terrorism likelihood, seriousness, impact, coping efficacy, government preparedness, frontline preparedness, and their preparedness behaviors. The survey questions were translated into the Thai language, reviewed, and certified by a professional translator, and pretested for validity and reliability before use in the actual study. Survey data were analyzed using the multiple regression analysis in the SPSS Statistics software.

Assumptions, Scope, Delimitations, and Limitations

The following assumptions, limitations, scope, and delimitations are relevant to the study.

Assumptions

One of the assumptions in this study was that participants considered terrorism relevant to them and had some basic knowledge of the problem. I also assumed that the participants answered the survey questions honestly and accurately. Since the study sample was recruited from the Thai adult population, aged 20 and older, it was assumed that the survey responses obtained from the participants represented the whole Thai population. Another assumption was that the pre-existing survey instrument used in the study was valid and reliable and that the study was not subject to researcher bias as the survey questions were standardized and have been tested and used by previous researchers.

Scope and Delimitations

I primarily focused on examining the relationship between the risk perception of terrorism, which included perceived probability, perceived seriousness, perceived impact, perceived coping efficacy, perceived government preparedness, and perceived frontline preparedness, and individual preparedness among Thai people. Gaining an in-depth understanding of Thai people's risk perception of terrorism and their preparedness behaviors is beyond the scope of the study.

It is possible that there are other variables affecting individuals' preparedness. However, for this study, only perceived probability, perceived seriousness, perceived

impact, perceived coping efficacy, perceived government preparedness, and perceived frontline preparedness were measured. Individuals' previous experience or exposure to terrorism and proximity were not addressed. Moreover, the scope of the study was limited to Thai citizens living in Thailand only. Those living outside of the country or foreigners residing in Thailand were not included.

The theoretical framework for this study was SCT, which is one of the most prominent theories used to explain emergency preparedness behavior in various types of disasters, including terrorism (see Lee & Lemyre, 2009). The emphasis of this theory is that human behavior is influenced by both individual factors (e.g., perceived probability, perceived seriousness, perceived impact, and perceived coping efficacy) and social-contextual factors (e.g., perceived government preparedness and perceived frontline preparedness; Lee & Lemyre, 2009). Based on previous literature, SCT has been used to describe the cognitive, affective, and social aspects of preparedness behavior. Therefore, it can sufficiently offer insights into the relationship between the risk perception of terrorism and individual preparedness.

Limitations

One of the limitations was the use of convenience sampling in this study. While convenience sampling was the most practical, it could result in sampling bias. When using this type of sampling, participants were self-selected. Therefore, the survey responses collected from this sample might not represent the general Thai population, which could then affect the generalizability of the results. In addition, the use of an online survey might lead to low representativeness as individuals who chose to participate in the

survey were likely those who have internet access or those who know how to complete the online survey.

Furthermore, the study relied on self-reporting. Participants might unintentionally or intentionally provide inaccurate responses. The study was also limited to investigating the relationship between the risk perception of terrorism and individual preparedness. Sociodemographic factors that might mediate or moderate the relationship between the independent and dependent variables were not considered. Lastly, using the correlational design and multiple regression analysis, I was unable to establish a causal relationship between the predictors and the outcome variable.

To address these limitations, I used a large sample size to increase the chance of obtaining more representative of the population and sufficient response rates. The survey announcements, which included the instructions on how to complete the survey and where to access free internet, were widely distributed through both flyers and social media postings to encourage people with limited technical skills and/or internet access to participate.

In addition, I provided clear definitions of specific terms used in the survey to ensure that the respondents understood the questions and offered a “Don’t know/No opinion” option in the survey study. This allowed the respondents to give an actual answer if they did not know or had no opinion, increasing the chance of accurate, reliable results to make a conclusion concerning the relationship between the variables. Other challenges or limitations that I was unable to mitigate are documented in Chapter 5.

Significance of the Study

The ability to recognize the terrorism problem and its likelihood of an occurrence is critical to terrorism prevention and intervention (Caponnecchia, 2012; Lemyre et al., 2006; White et al., 2013). Understanding risk perception and individual preparedness and how they are related can provide policymakers with deep insights into developing better risk communication strategies and community education (Caponnecchia, 2012; Matturak & Pothisiri, 2013). Recognizing that the Thai government's current policies and measures, such as the use of military intervention and economic development have yet to be proven effective, this study allows the policymakers, scholars, educators, and other stakeholders to gain new perspectives on the improvement of Thailand's counterterrorism policy and measures. The findings of this study might shed some light on better approaches to take in order to promote terrorism awareness and preparedness among Thai people and communities and to prevent a possible terrorist threat to the county and its citizens (see Lee & Lemyre, 2009). The study also added to the literature on terrorism awareness and preparedness as there are only a few studies related to this topic on developing countries who are vulnerable to terrorist violence (see Nanuam, 2015; Tan 2008).

Summary

Terrorism in Thailand stems from a combination of social, economic, and ethnoreligious factors (Barter, 2011). This complexity requires the integration of political, social, and economic measures as well as public engagement. While it is charged with protecting its citizens and national security, the government alone cannot

prevent terrorist threats (Briggs, 2010; Stevens et al., 2012). It relies on its citizens to mitigate and prevent a terrorist threat (Briggs, 2010; Stevens et al., 2012). Therefore, in order for its counterterrorism efforts to be successful, it is helpful for the government and its stakeholders to understand individuals' risk perception of terrorism and their preparedness to respond to a terrorist situation.

Studies conducted in some Western countries and Australia have shown that how individuals perceive the risk of terrorism is associated with individual preparedness (Bodas, Siman-Tov, Kreitler, & Peleg, 2015a; Bourque, Mieti, Kanon, & Wood, 2012; Stevens et al., 2012; Taylor et al., 2011). However, there had been no studies dedicated to understanding the risk perception of and individual preparedness for terrorism in less developed countries highly exposed to terrorist violence such as Thailand. This study was, therefore, designed to examine whether the risk perception of terrorism among Thai people living in Thailand predicted their individual preparedness and to foster discussion leading to an improvement of Thailand's counterterrorism policy and measures.

In the next chapter, I will describe the literature search strategy and the theoretical foundation of the proposed study. I will also discuss the current literature related to the risk perception of terrorism and preparedness. This discussion will include counterterrorism efforts and the status of preparedness, specifically in Thailand, the risk perception of terrorism, terrorism preparedness.

Chapter 2: Literature Review

Introduction

Thailand has faced the scourge of terrorism for decades (Bigot, 2017). The Thai government has been challenged by the complexity of the terrorism problem, which primarily stems from the longstanding ethnoreligious conflict and social disparities (Marks, 2018). The unpredictable nature of terrorism and a wide range of tactics used by the terrorist groups has made it difficult for the government and security forces to prevent an attack (White et al., 2014). Consequently, the public is often uninformed of pending threats (White et al., 2014). Even though it has put great efforts into intervening and preventing terrorist violence, the Thai government has paid little attention to terrorism awareness and emergency preparedness among its citizens (White et al., 2014). Rather, its counterterrorism policy has heavily emphasized the use of security forces and the political and socioeconomic policy improvement, which by far has proven to be less than effective (Bigot, 2017; White et al., 2014).

A terrorist threat, let alone an actual attack, can disrupt community functions and the way of living in many ways (Briggs, 2010; Greenberg, Dyen, & Elliot, 2013). Therefore, it is essential to put public awareness of terrorism and engagement in emergency preparedness and response at the heart of the counterterrorism efforts (Briggs, 2010; Greenberg et al., 2013). Knowing how people perceive risk and how prepared they are for emergency situations and the ability to manage public perception and emergency preparedness are just as critical as the protective and defensive measures against an actual attack (Briggs, 2010; Greenberg et al., 2013). Therefore, in this study, I aimed to examine

the relationship between the risk perception of terrorism and individual preparedness among Thai people in order to raise awareness of terrorism preparedness and influence Thailand's counterterrorism strategies.

Several studies found that the perceived risk of terrorism could predict the level of emergency preparedness (see Caponecchia, 2012; Grimm, Hulse, Preiss, & Schmidt, 2012; Lee & Lemyre, 2009). Others, however, argued that increasing public perception of the risk of terrorism and the severity of a possible terrorist event does not necessarily lead to preparedness (see Bethel, Forman, & Burke, 2011; Bourque et al., 2012; Gibson et al., 2015; Huang et al., 2011; Lee & Lemyre, 2009). In this chapter, I will present previous studies relevant to the topic of this study. I will describe the strategy used to search for literature and discuss the theoretical foundation used in the study.

Literature Search Strategy

To search for peer-reviewed scholarly journals, I primarily accessed Walden University's online library and used the Thoreau Multi-Database Search tool, which allows users to conduct searches across several the library databases to include EBSCOhost, ProQuest, PubMed, Science Direct, and PsychINFO. I additionally used the reference lists from the peer-reviewed journals to locate other relevant studies. Because the Thoreau tool was unable to search every database, I used Google Scholar to locate the journals that were not available on Walden University's library databases. Moreover, I accessed unclassified official reports on the terrorist incidents in Thailand released by the United States Department of State and analytical reports published by independent research institutions and counterterrorism experts.

To gain current knowledge from the literature review, I limited the search to peer-reviewed scholarly journals published between 2011 and 2016. However, I also extended the search to the 2001 to 2009 time period to obtain more information and existing knowledge related to public perception and emergency preparedness following major terrorist incidents such as the September 11, 2001 attacks in the United States, the October 12, 2002 bombings in Bali, Indonesia, the March 4, 2004 train bombings in Madrid, Spain, the July 7, 2005 bombing attack in London, United Kingdom, and the November 2008 attacks in Mumbai, India. The keywords or terms used for searching included *terrorism, risk perception, preparedness, emergency response, counterterrorism, perceived terrorist threat, public perception of terrorism, terrorist bombing in Thailand, and Thailand insurgency.*

Theoretical Foundation: Social Cognitive Theory

In this study, SCT, which is one of the most prominent theories integrating individual and social factors to explain the development of human behavior, served as the theoretical foundation. The theory has been used in many studies related to disaster preparedness. In the past 40 years, researchers have attempted to explain behavioral responses of individuals to a disaster and to identify factors influencing preparedness behaviors using various theories. Ejeta, Ardalan, and Paton (2015) discussed the use of the health belief model, which was developed by Rosenstock (1974) to explain individual health behaviors in the general disaster preparedness context. Based on this theoretical model, individuals take preparedness action if they feel that they are at risk and that they

have positive expectations of the preparedness guidance as well as confidence that they can successfully follow the guidance (Ejeta et al., 2015).

While it provides an important foundation for implementing risk communication strategies, the health belief model explains the development of behavior in an individualistic way and disregards other external factors that might come into play (Ejeta et al., 2015). Orji, Vassileva, and Mandryk (2012) assessed that the effectiveness of this model is limited when compared to other psychological and cognitive theories because it does not clearly address how the individual factors could potentially influence one another.

Some researchers have applied the extended parallel process model, which describes the cognitive and affective aspects of one's reasoning process to take preparedness action (see Ejeta et al., 2015; Popova, 2012; Witte, 1992). This model's theorists posit that individuals are likely to take action to either control the danger or control their fear when they feel threatened by a disaster (Witte, 1992). Danger control in this context is an act of reducing risk, whereas fear control refers to an act of reducing a perceived risk (Witte, 1992).

Researchers who conducted extended parallel process-based studies suggest that, to motivate the individuals to prepare for disaster, it is critical to educate them on the risk, vulnerability, and threat and to demonstrate that there are effective measures available to help them prepare for such disaster (Ejeta et al., 2015; Popova, 2012; Witte, 1992). Like the health belief model, the extended parallel process model puts emphasis on individual factors and disregards social influences (Popova, 2012). Even though it takes affective

factors into consideration and addresses the relationship between cognitive and affective factors, the model does not clearly explain how one's self-efficacy is formed (Ejeta et al., 2015; Popova, 2012). Because of these limitations, other researchers have proposed the use of the theory of planned behavior to describe and predict preparedness behavior.

The creators of the planned behavior theory asserted that individuals' preparedness behaviors are influenced by the perception of the consequences of their behaviors, the perception of normative expectations, and the perception of the factors available to facilitate or impede their performances (Ajzen, 1991; McConnell & Cudo, 2015; Paek, Hilyard, Freimuth, Barge, & Mindlin, 2010; Wood et al., 2012). In other words, the more favorable their attitudes toward their behaviors and subjective norms, the more likely the individuals will form their preparedness behaviors (Ajzen, 1991; McConnell & Crudo, 2015; Paek et al., 2010; Wood et al., 2012). It is noted the theory of planned behavior identifies the role of social norm, but the focus of the theory is primarily on the perceptual and psychological aspects of behavior.

The health belief model, the extended parallel process model, and the theory of planned behavior provide important insights into how individuals are motivated to prepare and respond to a disaster. However, these theories cannot be used to adequately explain how human behavior is developed in different environments (Becker, Paton, Johnston, & Ronan, 2013). As Gastil (1961) stated, human behavior is determined by individuals acting in the context of their social environment. As social beings, the individuals are not only influenced by their own cognitions and affections but also by the behavior of others in their social environments (Bandura, 1978; Gastil, 1961). This

concept also applies to preparedness behavior in the context of terrorism (Lee & Lemyre, 2009). Therefore, many researchers like Cave (2014), Espina and Teng-Calleja (2015), Lee (2007), Lee and Lemyre (2009), and Paton (2003) have proposed the use of SCT, which emphasizes the influence of both individual and social factors in human behavior, to explain the relationship between risk perception and individual preparedness to respond to a terrorist event.

SCT was developed by Bandura (1978) with the emphasis that human behavior is guided by both individual and social factors. Based on this theory, individuals learn by observing others, while their environment or external forces, such as positive and negative reinforcement, social norms, and social interaction, influence how they acquire and maintain their behavioral patterns (Bandura, 1978). These cognitive, behavioral, affective, and social factors function as an interactive dynamic process that drives the individuals to act a certain way in a certain situation and play important roles in learning new knowledge and skills (Bandura 1978, 1988; Cave, 2014; Espina & Teng-Calleja, 2015; Wood & Bandura, 1989). The validity of SCT has been supported by several qualitative and quantitative literature, at least in the past 2 decades.

Applying Bandura's theoretical perspective, Paton (2003) created a more comprehensive social cognitive model to describe a development process of preparedness behavior. This model suggests that both cognitive and social factors have an impact on individual preparedness, and these factors are interrelated (Paton, 2003). Paton explained that whether individuals will take preparedness action depends on their motivation and intention. Motivation to prepare is a function of cognitive and affective reactions,

including risk perception, awareness, and anxiety (Paton, 2003). When they are sufficiently informed and motivated, the individuals then form their intentions to prepare based on their outcome expectancies and self-efficacy (Paton, 2003). However, whether these intentions will turn into actions depends on social factors such as the level of trust the individuals have in the sources they receive the information from and the level of confidence in the officials' ability to provide assistance and resources (Paton, 2003).

Paton (2003) also recognized that, even though the individuals perceive the risk, they may develop unrealistic optimism or a normalization bias that can temper their motivation to prepare for an emergency. It implies that critical awareness is needed in forming individual preparedness behavior (Paton, 2003; Said, Ahmadun, Mahmud, & Abas, 2011). When the level of risk perception and critical awareness is adequate, it is more likely that the individuals will take preparedness actions (Paton, 2003; Said et al., 2011). The results of Paton's study also show that the risk perception, outcome expectations, self-efficacy, community participation, trust in the authorities, and empowerment played a significant role in individuals' decision to prepare. Paton's model also highlights the need for a more systemic understanding of individuals' cognitive and behavioral processes to take preparedness action.

Lee and Lemyre (2009) used the social-cognitive model in their study to explain the process of individual response to terrorism and discovered consistent findings. Like Paton (2003), they suggested that preparedness behavior is influenced by how individuals interact and make meaning of that interaction and the environment around them. The individuals' cognitive and affective reactions form their motivation to prepare (Lee &

Lemyre, 2009). Meanwhile, their beliefs in their ability to respond to a threat and the outcomes of their actions as well as the influence of the social environments determine their preparedness (Lee & Lemyre, 2009).

In addition, Lee and Lemyre (2009) found that individual and social factors can impact the individuals' preparedness both directly and indirectly through affective responses such as a feeling of worry and fear. Individuals' threat perception induces their behavioral responses, such as increased concern and anxiety about the possible attack (Lee & Lemyre, 2009). Their study indicated that preparedness behaviors such as information seeking, gathering emergency kits, changing routines, and avoiding certain places or activities are determined by the individuals' feeling of worry and their perceived coping efficacy (Lee & Lemyre, 2009).

Using qualitative methods, some researchers conducted additional evaluation of the use of SCT in emergency preparedness and provided in-depth insights into the dynamic relationship between individual and social factors that drive preparedness behavior. Becker et al.'s (2013) qualitative study revealed that public information such as media-based information, so-called passive information, plays a vital role in forming people's beliefs and actions. Some beliefs facilitated a positive understanding of terrorism in a way that helps people recognize the risk and likelihood of its occurrence and encourage them to prepare (Becker et al., 2013). Other beliefs cause people to form unrealistic expectations or discourage them from taking action as they see that there is nothing they can do about it (Becker et al., 2013).

While passive information is influential, Becker et al. (2013) found interactive information obtained from social discussions and casual conversation to be more effective in stimulating thoughts and motivating people to prepare themselves. The information from direct experiences, such as active participation in a preparedness activity, is the most important key in developing beliefs and shaping people's perception of terrorism. When people are informed, it may prompt them to think about protecting themselves and perhaps sharing information with others (Becker et al., 2013; Said et al., 2011).

Becker et al. (2013) also pointed out that awareness can lead to affective reactions. People might feel worried and anxious and then avoid thinking or talking about risk. Yet, the feeling of uncertainty can also motivate people to seek information. Encouraging people to talk about the risk or take part in preparedness activities can help build self-efficacy and trust in the authorities' recommendations and measures (Becker et al., 2013; Bodas et al., 2015a). Becker et al.'s argument aligns with Dweck and Leggett's (1988) assertion that risk perception can produce adaptive and maladaptive responses depending on what type of information and experience they receive from social learning.

When facing a risk, some individuals strive to overcome, whereas others avoid it (Dweck & Leggett, 1988; Muttarak & Pothisiri, 2013). If they are only aware of the risk but not informed of how to prepare for or prevent it, the individuals may develop the feeling of helplessness, which may subsequently deter them from confronting the risk (Dweck & Leggett, 1988). However, if they are educated about how to mitigate the risk, they are more likely to develop self-efficacy and the mastery to handle it (Dweck &

Leggett, 1988). Wood et al. (2012) supported Dweck and Leggett's arguments, suggesting that information is a fundamental key to forming their risk perception, which then influences their decision to prepare for the risk.

If the information is focused on providing practical guidance about what actions the individuals can take to prevent or reduce the risk, it is more likely that people will feel more motivated to put their awareness into preparedness action (Dweck & Leggett, 1988; Muttarak & Pothisiri, 2013; Wood et al., 2012). Applying the outcome expectancy aspect of SCT, Wood et al. (2012) suggested that the individuals' decision to prepare for terrorism is also determined by their perception of the effectiveness of the preparedness measures. If the individuals believe that their action will reduce or eliminate the negative impact of a terrorist attack, they will be more likely to engage in preparedness behaviors, searching for information, and interacting with others to affirm the appropriateness of their actions (Bourque et al., 2013; Woods et al., 2012). Moreover, when individuals witness others taking preparedness action, they are more likely to feel more confident about taking similar preparedness approaches (Wood et al., 2012). This could then increase the perceived effectiveness of preparedness actions (Wood et al., 2012).

SCT has been widely used in explaining the relationship between risk perception and individual preparedness in various contexts to include terrorism. Given the history of terrorism in Thailand, the actual threat of terrorist violence is real. Even though the majority of the Thai population have not directly experienced terrorist violence, most Thai people have had secondary exposure to terrorism at a certain level, whether it is through media and/or connection with those directly affected by the incidents (Bryant et

al., 2011). To understand preparedness behavior, it is critical to first look at risk perception from both individual and social-contextual perspectives (Cave, 2014; Lee & Lemyre, 2009; Muttarak & Pothisiri, 2013; Paton, 2003). Therefore, SCT served as the framework of this study.

Thailand's Counterterrorism Efforts and Status of Preparedness

Terrorism is a complex problem that often involves multiple drivers. Thailand does not only contend with the separatist insurgency in the south but also with the threat from various international terrorist organizations (White et al., 2014). Reports show that the number of terrorism-related incidents in Thailand is higher than its neighboring countries and some conflict zones in the Middle East (De Juan, 2015). However, the country still lags behind many countries when it comes to counterterrorism programs, let alone terrorism preparedness (Aslam, Othman, & Rosili, 2016).

Some researchers suggested that, to achieve counterterrorism efforts, it is critical to understand the root causes of the problem and factors contributing to the terrorist violence (Askew & Helbardt, 2012; Chalayonnavin, 2015; Gupta, 2016; Kluch & Vaux, 2016). Different theories and models have been used in previous studies to explain the dynamics of Thailand's terrorism, particularly separatist insurgency in the south. Chalayonnavin (2015) applied game theory, which emphasizes interaction between players involved and the impact of each player's decision or action on one another, to examine Thailand's Malay-Muslim insurgency and determine ways to solve the longstanding conflict.

Chalayonnavin (2015) considered the Thai government and the insurgents as the leading players in the game. Both players compete for what they desire, and one's loss will result in another's gain (Chalayonnavin, 2015). The Thai government's aggressive strategies have been proven ineffective in countering terrorism in the southern provinces (Chalayonnavin, 2015; Chongkittavorn, 2004; Keling et al., 2009; Liow, 2004). That is because the root cause of the problem stems from a combination of ethnoreligious, ideological, political, and social conflicts that the use of force alone cannot solve (Chalayonnavin, 2015). A lack of an integrated approach makes it difficult for the government to keep the balance of violence intervention, prevention, and preparedness (Chalayonnavin, 2015).

Chalayonnavin (2015) suggested that an effective counterterrorism strategy is to properly inform the public of the terrorism situation. This is to help people understand the risk and impact of terrorism on their lives and communities and to help them become better prepared for disaster (Chalayonnavin, 2015). With a better understanding of the problem, it is less likely that terrorists will successfully manipulate people to gain support and approval for their violent activities (Chalayonnavin, 2015).

Manmuang, Yolles, and Talabkaew (2013) argued Thailand's southern conflict is caused by the differences between the Thai government and the insurgents in what they try to achieve. The two actors operate autonomously to achieve their goals and only interact based on their perception of each other's behavior (Manmuang et al., 2013). From the perspective of the insurgents, the Thai government is considered the enemy and

thus has become the primary target of the attacks. Meanwhile, the Thai government sees the insurgents as the threat that needs to be eliminated (Manmuang et al., 2013).

While they addressed the phenomenon of terrorist violence, it is noted that Chalayonnavin (2015) and Manmuang et al. (2013) did not discuss possible factors contributing to the violence or external drivers influencing the Thai government and the insurgents as well as their interactions. Recognizing these gaps, Pongsudhirak (2016) applied other models to explain the causes and dynamics of terrorism and to identify factors associated with it. Pongsudhirak used the urban democratic model, the proximity attack model of violence, and the West and Orr's model to describe the process of terrorist violence and factors associated with it. The study found freedom of culture and voluntarily non-participation in political activities to be associated with a low level of violence and that the presence of a larger number of religious-minded individuals was associated with a high level of violence (Pongsudhirak, 2016).

However, some argue that religion does not necessarily cause individuals to engage in terrorist activities. Sateemae, Abdel-Monem, and Sateemae (2015) studied a Malay-Muslim community in southern Thailand and found that individuals with a high level of religious adherence were less likely to engage in the insurgency. The study also revealed that girls were more likely to adhere to religion than boys, and, thus, they were less likely to engage in violent activities (Sateemae et al., 2015).

The findings from the studies of Pongsudhirak (2016) and Sateemae et al. (2015) imply that the use of security forces alone would not be able to prevent and mitigate terrorism. Rather, the Thai government officials and security force personnel would need

to recognize and understand the cultural and religious identity, their political attitude and participation, and how these factors could impact the escalation of terrorist violence (Pongsudhirak, 2016). The studies also emphasized the need to involve local religious leaders in countering and preventing terrorism (De Juan, 2015; Sateemae et al., 2015). Religious leaders are powerful sources in counterterrorism because they can shape their community members' perception of the problem and promote the government's effort in fighting terrorism (De Juan, 2015). At the same time, they can persuade and recruit young men to engage in terrorism (De Juan, 2015).

Like De Juan (2015), Askew and Helbardt (2012) found that shared values and collective identification of individuals are potent forces behind individuals' motivation to join a terrorist group. These values and collectiveness are passed onto the individuals through the processes of recruitment and socialization. Askew and Helbardt stated that religious leaders play a vital role in recruitment and socialization, which influence the individuals' decision to engage in terrorism and to maintain their commitment to their groups (Askew & Helbardt, 2012). To mitigate the risk of terrorism, Askew and Helbardt implies that it is necessary to use proactive strategies by understanding factors that put individuals at risk of becoming radicalized and engaging in terrorist acts.

Interestingly, researchers such as Chirtkiatsakul, Kuning, McNiel, and Eso (2014) investigated the risk factors of terrorism in Thailand from victimological perspectives. Using secondary data from the Thai police, military, and local administrative reports, Chirtkiatsakul et al. found that men are 2.3 times more likely to be killed by a terrorist attack than women. The results also indicated that although the attacks in the south focus

primarily on security forces and non-Muslim communities, Muslims are 1.5 times more likely to be killed than non-Muslims (Chirtkiatsakul et al., 2014).

Chirtkiatsakul et al.'s (2014) findings support a previous study conducted by Komolmalai, Kuning, and McNiel (2012) that showed the higher number of Muslim injured by terrorist attacks than the number of Buddhists. Komolmalai et al. noted that the level of the risk of victimization constantly changes in some areas in Thailand, but it does not change much among the demographic groups. Even though the studies of Chirtkiatsakul et al. and Komolmalai et al. shifted the focus from social or political factors to individual factors, none of the studies addressed risk perception and preparedness among the demographic groups being studied.

Looking at Thailand's terrorism problem from a political standpoint, some researchers asserted that the Thai government's measures, particularly the deployment of security forces and the peace negotiations, have been ineffective. Chan (2015) suggested that violent attacks were sometimes triggered by security forces' actions, which the insurgents perceived as threats to their ethno-cultural identity and perhaps religious ideologies. The Thai security forces' heavy-handed responses have deepened a sense of distrust between the Thai government and the Malay-Muslim communities and have given the insurgents more reasons to continue to strike back (Chan, 2015; Liow, 2004).

Differing from other studies, Aslam et al. (2016) highlighted the importance of the de-radicalization process in fighting terrorism and compared the rehabilitation programs in Malaysia, Indonesia, Singapore, and Thailand. Aslam et al. found that Thailand's counterterrorism efforts mainly involve security forces and the

implementation of policy while its neighboring countries put more emphasis on the individual level. In Indonesia, the government has invested in civil defense, both internal and border security, and public education on terrorism (Aslam et al., 2016).

To de-radicalize terrorist detainees, the Indonesian government included the rehabilitation program in the justice system, helping detainees affiliated with terrorist groups build vocational skills, allowing family visits, and providing financial assistance to the detainees' families (Aslam et al., 2016). In Malaysia, re-education and rehabilitation are the core components of the de-radicalization initiative (Aslam et al., 2016). The re-education component focuses on correcting detainees' political and religious misperception while rehabilitation is offered after they are released to help them retransition into society (Aslam et al., 2016).

In Singapore, psychologists play a key role in the de-radicalization process. The detainees are assessed by the psychologists and provided with counseling sessions, which are intended to help the counterterrorism officials understand the terrorists' agenda (Aslam et al., 2016). In Thailand, the government has sent representatives and thousands of troops to perform community outreach and provide security in the southern provinces where insurgent violence frequently occurs (Aslam et al., 2016). Aslam et al. (2016) noted that, while strengthening security and increasing public awareness are good strategies, the root cause of the problem are not addressed (Aslam et al., 2016).

Examining Thailand's counterterrorism efforts from the public standpoint, Kurlantzick (2016) noted that the Thai government heavily invested in security forces as well as equipment and weapons. However, there is little investment in community

education and preparedness for citizens living in affected or at-risk areas (Kurlandtzick, 2016). The results imply that the Thai government should provide sufficient information and resources to help Thai people understand the risk of terrorism and feel confident to protect themselves and their communities (Kurlandtzick, 2016). Terrorists or insurgents are less likely to carry out an attack if the government demonstrates their commitment to protecting its citizens (Kurlandtzick, 2016).

The previous studies provide a solid knowledge base of the history, the causes of terrorism in Thailand, and the Thai government's intervention measures. However, what remains unknown is the public awareness and preparedness. It is noted that no studies have discussed to what extent Thai people are aware of the risk of terrorism and to what extent they are prepared for a terrorist incident. There is a need for more research focusing on terrorism in Thailand at the individual level.

Risk Perception of Terrorism

As terrorist threats have increased over the years, numerous scholars have paid particular attention to the public's risk perception of terrorism in an attempt to improve emergency preparedness and risk communication strategies (Sheppard, 2011). Previous studies identify risk perception as a fundamental component of emergency response and preparedness (Caponecchia, 2012). Researchers such as Bodas et al., (2015a) and Taylor et al. (2011) suggested that, to prevent and respond to terrorism, public safety officials need support and cooperation from community members. Hence, it is important to understand how the individuals view and react to the risk of terrorism.

Risk perception is defined by most researchers as the process of information about a harmful event that subsequently forms a judgment about the likelihood, seriousness, and acceptability of such an event (Economou & Kollias, 2015; Kapuscinski & Richards, 2016). This judgment influences their decision about the next course of action they are to take before, during, and after a terrorist event (Kapuscinski & Richards, 2016). The development of risk perception involves risk communication in which individuals receive and/or exchange information to form an understanding of terrorism and what they can do to prevent it or prepare for it (Becker et al., 2013; Drakos & Mueller, 2013; Korstanje, 2011; Rittichainuwat & Chakraborty, 2009).

Becker et al. (2013) stated that individuals form their understanding and interpretation of risk based on various types of information, including published materials, media, interactions with others, training, and even their life experiences. The information then stimulates their thought processes and raises awareness of a potential threat (Becker et al., 2013). A study conducted by Korstanje (2011) shows that information that individuals receive plays a role in the psychological construct of risk. Korstanje explained that risk perception, a sense of security, and the socialization process are interconnected. A sense of security is formed during the early stages of the socialization process, where individuals learn to construct a perception and the anticipation of risk based on the information they obtain or exchange (Korstanje, 2011).

In addition, Korstanje's (2011) study revealed that the individuals who have been socialized in the atmosphere of violence and fear tend to have a low perception of the ability to overcome terrorist threats than those who receive support and encouragement to

prevent or reduce the threats. It highlighted developing social trust through public information and education as the key to helping individuals understand the risk of terrorism and increasing a sense of security, which are both needed in terrorism prevention and preparedness (Bodas et al., 2015a; Korstanje, 2011).

Using a survey and a role-playing experiment, Kapuscinski and Richard (2016) suggested that the risk perception of terrorism is associated with a distorted understanding of safety created by the media. Guided by the framing effect theory, they explained that the media is a powerful messenger that can frame information in a way that it influences individuals' attitudes toward terrorism (Kapuscinski & Richards, 2016). Because most people lack personal experience with terrorism, they rely on secondary sources of information to gain awareness of the risk of terrorism and its possible impacts (Kapuscinski & Richards, 2016). When the messenger emphasizes certain content and influences its message recipients to construct judgment based on those contents, it results in a framing effect (Chew & Jahari, 2014; Kapuscinski & Richards, 2016).

Tavitiyaman and Qu (2013) investigated the risk perception of disaster and safety among tourists traveling to Thailand and argued that the framing effect shapes the destination image. This destination image often influences the individuals' perception of risk and personal safety. The study revealed that a sense of safety and security is one of the most influential factors in tourists' decision making (Tavitiyaman & Qu, 2013). Tourists are less concerned about risk if they believe that their travel destination is safe and that the benefits of traveling to that destination are worthwhile (Tavitiyaman & Qu, 2013).

Ahlfeldt, Franke, and Maenning (2015) suggested that since the September 11 terrorist attacks, most people have become more aware of terrorism through various sources of information, especially the media. Ahlfeldt et al. analyzed tourism data collected from 192 countries from 1993 to 2005 from the German Federal Statistical Office and the treatment groups and found significant changes in tourism trends and the perception of risk and travel safety among the tourists around the world following the September 11, 2001 incidents. The emphasis on Islamic extremism has led to a significant decrease in the number of tourists in Middle Eastern and African countries (Ahlfeldt et al., 2015).

The reduction in tourism in the Islamic countries largely reflects the changes in tourists' risk perception of the destination and their personal safety, which subsequently influences their decision about their travel to the countries at risk of terrorist violence (Ahlfredt et al., 2015). While Ahlfeldt et al.'s (2015) study provided extensive data analysis and an in-depth explanation about the individuals' risk perception of terrorism in the context of tourism, one major limitation is the accuracy of the data obtained from the secondary source. In addition, it did not address other events and factors that might have led to changes in the tourists' risk perception. Given that the September 11, 2001 incident was not the only traumatic event that occurred between 1993 and 2005, it is possible that the changes in the risk perception of terrorism among the tourists were linked to other events or factors as well.

Seabra, Abrantes, and Kastenholz (2014) investigated risk perception among tourists in Portugal, Spain, and Italy, and found that tourists rely on the public

information, especially from the media, to assess the risk of terrorism and then make a decision about their travel plans. The results suggested that those who have experienced terrorist events are more concerned about their safety than those with none or less exposure to terrorism (Seabra et al., 2014). Similarly, a study conducted in Norway by Wolff and Larsen (2014) found tourists traveling to Norway to have a low risk perception of terrorism. The study also indicated that the level of risk perception is lowest among those from Northern European and North Atlantic countries (Wolff & Larsen, 2014).

Comparing the data collected from 2004 to 2011, Wolff and Larsen (2014) also discovered that the tourists' risk perception remained relatively low throughout the time period, unlike in the United Kingdom where people's risk perception has decreased over time (Briggs, 2010, Wolff & Larsen, 2014). It is noted that the studies conducted by Seabra et al. (2014) and Wolff and Larsen did not discuss how risk perception might influence the tourists' behaviors such as travel plan modification and safety planning.

Several researchers agree that pre-existing knowledge and experience play a significant role in the individuals' risk perception of terrorism. Based on the results of their experiments, Dillon et al. (2014) suggested that the individuals rely on their previous experience to assess the risk. The experimental study found a high risk perception among individuals with previous terrorism experience and that the level of risk perception often increases following an actual terrorist incident. While risk perception tends to decline over time, it can be reactivated again by additional terrorist threats or actual events (Dillon et al., 2014).

Sargent and Brooks (2010) made similar arguments in their study conducted in Australia. Compared to the United States and other countries where terrorist incidents occurred in the past, Australian people are less exposed to terrorist violence, and the actual terrorist threat to the public is lower in Australia than other major Western countries (Sargent & Brooks, 2010). Sargent and Brooks found that the Australian public is more concerned about natural disasters and financial disaster than about terrorism. While they believe that terrorism has serious impacts on themselves and their families, most of the Australian people have experienced more coal mine fire incidents than terrorist attacks and thus consider coal burning a higher risk than terrorism (Sargent & Brooks, 2010). Also, the results indicate that the majority of the Australian population has low confidence in the government's ability to respond to a terrorist threat, given that the Australian authorities have not dealt with many terrorist threats in the country (Sargent & Brooks, 2010).

Gibson et al. (2015) added that social conditions such as the availability of resources and community characteristics could cause changes in how the individuals perceive the risk of terrorism. The changes in perception may then result in changes in their affective and behavioral reactions to the threat (Gibson et al., 2015). Like Dillon et al. (2014), Gibson et al. implied that there were other factors that could potentially cause changes in risk perception. However, they did not discuss those potential factors and did not explain why the level of risk perception among the individuals can still decrease despite constant exposure to terrorist threats or near-miss events (Dillon et al., 2014; Gibson et al., 2015).

Interestingly, a study conducted by Al Badayneh, Al Khattar, and Al Hasan (2016) shows that pre-existing knowledge or exposure to terrorism does not necessarily increase risk perception. Al Badayneh et al. investigated the risk perception of terrorism among Arab university students in Jordan and found a low risk perception among the students. Despite living in the geographic area where the risk of terrorism is higher than in other parts of the world, the students were reportedly less concerned about their safety.

Even though they were educated about terrorism and aware of the terrorist incidents in the countries nearby, only 54% of the students believed that a terrorist incident would occur in Jordan in the near future; 53% believed it would occur in other countries in the region, and 60% thought it would happen somewhere else in the world. However, Al Badayneh et al. (2016) found that the level of risk perception might increase during and shortly after a terrorist incident occurs. As in the U.S., following the September 11, 2001 attacks, 88% of the American population reported fear and concern about terrorism, but the number dropped to 53% by early 2006 (Al Badayneh et al., 2016).

Al Badayneh et al. (2016) also suggested that a high-risk perception could sometimes lead to increasing fear and a feeling of loss of self-control. This supports Economou and Kollias' (2015) argument that the individuals tend to have a stronger sense of insecurity when they are warned of a potential terrorist threat. This feeling has profound effects on their perception of the likelihood and impacts of such a terrorist event on them and their families (Economou & Kollias, 2015). Similarly, Baker (2014)

suggested that when forming their judgment about the risk of terrorism, the individuals are likely to develop anxiety that subsequently influences their decisions.

Despite the inclusion of various factors, Al Badayneh et al.'s (2016) study presents some weaknesses. While they intended to provide a conclusion of the risk perception of terrorism among Arab university students, Al Badayneh et al. limited the study sample to the students in Jordan. The risk perception of terrorism among Jordanian students might be different from students in other countries and therefore the results might not represent the whole target population.

Sheppard (2011) examined the risk perception of different types of terrorism by reviewing case studies of the second intifada in Israel, the 1995 sarin gas attack in Tokyo, Japan, the 2005 London bombing, and the September 11 attacks in the United States. The results of his study show that risk perception is likely to increase following a terrorist attack and that people tend to develop unnecessary avoidance when the perceived risk is greater than the actual risk (Sheppard, 2011). After an attack, people are likely to change their routines and avoid certain places (Sheppard, 2011).

A survey study conducted by Drakos and Muller (2013) suggests that changes in risk perception are related to changes in social conditions such as crime rates, unemployment, and poverty. Based on the results of the study, the risk perception of terrorism increases when social problems increase (Drakos & Muller, 2013). Individuals become more concerned about terrorism, and perhaps criminal activity in general, when unemployment and poverty rates increase (Drakos & Muller, 2013). When the threat is elevated, authorities often release warning messages and, thus, the public often becomes

more alert (Drakos & Muller, 2013). The warning messages then influence their perception and feelings about the risk (Drakos & Muller, 2013; Economou & Kollias, 2015).

Baker (2014), however, argued that an increasing terrorist threat does not necessarily lead to increased risk perception and that there are many factors involved in the development of risk perception. For example, some individuals lack knowledge of the risk while others are aware of the risk but have no plan to avoid it (Baker, 2014). In addition, individuals tend to consider other risks such as crime, disease, natural disasters, and political crisis when they conduct their own risk assessment and determine a safety plan (Baker, 2014; Pennington-Gray & Schroeder, 2013; Williams & Balaz, 2014).

Interestingly, Ngoc's (2016) study revealed the opposite findings to that of Baker's (2014). Ngoc measured the level of exposure and risk perception of terrorism in Tunisia to determine the relationship between the two variables and then compared the exposure to terrorist incidents with the exposure to crime incidents. The results indicated that people define terrorism differently and are more concerned about terrorism and their personal safety, even though their exposure to terrorism is indirect and less frequent than their exposure to crime (Ngoc, 2016). However, Ngoc did not explain possible reasons why Tunisian people were more concerned about terrorism when they reported higher exposure to crime than terrorism.

A qualitative study conducted by Korstanje (2011) identified a link between risk perception and personality traits. It suggested that individuals have different personality traits and, therefore, the way each person estimates and responds to risk may also be

different. The study also showed that those who have higher sensation seeking have lower risk perception than those with lower sensation seeking (Korstanje, 2011).

Morakabati and Kapuscinski (2016) investigated differences in risk perception, personality traits, and willingness to travel among British households and found that individuals with higher self-confidence tend to have lower risk perception. The study suggested that, when individuals see the benefits of traveling and believe in their ability to manage their travel plan, they are less likely to think about the risk or an undesired situation they might face (Morakabati & Kapuscinski, 2016). As Lenggogeni (2015) stated, self-confidence and sensation seeking traits conversely reduce risk perception.

The previous studies provide valuable knowledge of how risk perception is formed, the role of information in shaping risk perception, how risk perception varies in different countries, and practical implications of risk perception that could lead to the improvement of risk communication strategies. However, that knowledge base may not be applicable to the Thai population due to its focus on the Western or more developed countries such as the United States, Canada, and Israel.

Terrorism Preparedness

After the September 11, 2001 attacks, emergency preparedness has become one of the most widely discussed topics at the national and international levels (Gin et al., 2014). Many policymakers and academics have raised concerns about the extent of the community's preparedness to respond to a threat and an actual attack and, consequently, have attempted to establish frameworks and preparedness measures. Several researchers in the U.S. and other countries examined individual, household, community, and

organizational preparedness and discovered interesting findings about the extent of preparedness among different populations and the effectiveness of preparedness policies.

Adini and Peleg (2013) reviewed previous studies on emergency preparedness and found that Israel is one of the most prepared countries when it comes to terrorism. Israel's emergency preparedness and response policy does not only focus on the role of professional first responders and government officials but also on the role of its citizens (Adini & Peleg, 2013). Its emergency management system includes a contingency plan, command and control, a centrally coordinated response, cooperation, and capacity building (Adini & Peleg, 2013).

Using the all-hazards approach, the Israeli government mandates all emergency personnel to follow the unified stand operating procedures, rather than a separate procedure for each type of terrorist incident (Adini & Peleg, 2013). The goal is to help emergency responders respond to perform their work more effectively (Adini & Peleg, 2013). The all-hazards approach promotes bystander involvement in responding to an emergency situation when there are not enough professionals on the scene (Adini & Peleg, 2013). While it offers several practical implications to policymakers and emergency professionals, the study does not include evidence to support the claim of the effectiveness of Israel's terrorism preparedness and response framework.

Similarly, a study conducted by Siman-Tov, Bodas, and Peleg (2016) in Israel suggested that it is essential to consider sociological effects on individuals and to enhance the community capabilities and resiliency building when planning for emergency preparedness. Using a case study to explore the social aspects of terrorism and public

reaction and resiliency, Siman-Tov et al. found that 24 hospitals in Tel Aviv conduct 20 emergency drills a year. Normalization, adaptability, and preparedness are social norms (Siman-Tov et al., 2016).

Siman-Tov et al.'s (2016) study also suggested that the more informed the individuals are of the risk and preparedness measures, the better they are prepared, and the faster they can respond when a terrorist incident occurs (Siman-Tov et al., 2016). Siman-Tov et al.'s (2016) study confirms other researchers' findings concerning the effectiveness of Israel's terrorism preparedness. However, like any other research using the single case study method, it cannot lead to a conclusion regarding causality or factors associated with the effectiveness of terrorism preparedness.

Bodas et al. (2015a) examined the Israeli public's threat perception of violent conflict and preparedness behavior by conducting a survey of 503 Israeli households. The results indicate that the perception of threat to oneself and family members is the most significant predictor of one's decision to seek preparedness information (Bodas et al., 2015a). The study also suggests that the higher the perception of the threat severity, the more willing one will be to seek out information (Bodas et al., 2015a). While they assessed that the threat perception among Israeli households was relatively high, Bodas et al. found the perception of the likelihood of occurrence significantly decreased when compared to the data collected a decade ago.

Bodas et al. (2015b) conducted another survey study in Israel to assess household preparedness for manmade disasters such as war and terrorism. This study focused on Israeli household preparedness in terms of their compliance with government

recommendations. The results indicated that 53% of the families followed seven or fewer civil defense recommendations and that more than 78% had emergency kits (Bodas et al., 2015b). Bodas et al. noted that, while the level of awareness and preparedness among Israeli households seems higher than the level of preparedness in other countries, Israeli people would take preparedness action only when they perceived a threat as real and imminent.

Bodas et al.'s (2015b) study also shows a positive correlation between a sense of preparedness and willingness to search for information. In addition, it suggests that men born in Israel with a lower level of education tend to be more prepared than other sociodemographic groups (Bodas et al., 2015b). This finding is opposite to some other studies that show women with higher education are more likely to take preparedness action (Gibson et al., 2015; Lee et al., 2009). Bodas et al. suggested that understanding socio-demographic factors can help advance risk communication strategies, but the individuals' attitudes toward risk and safety determined preparedness behavior.

Bagarinao (2016) investigated the relationship between socio-demographic factors and the choice of preparedness plans and found age and income to be associated with Filipinos' preparedness behaviors. Bagarinao indicated that low-income households are more concerned about securing their food than buying other supplies and that those who are older tend to be more prepared and tend to discuss emergency plans with family as compared to the younger population. Also, individuals with higher education are more likely to attend first-aid training and send their family members to the training (Bagarino, 2016).

The results of Bagarinao's (2016) study are consistent with previous studies conducted in Malaysia and Thailand. Mohammad-poojah and Aziz (2014) discovered that the majority of socio-demographic factors such as income, education, age, and property ownership contributed to the variation of preparedness among Malaysian people living in Kuala Lumpur. Individuals with high income and education reportedly have higher preparedness than those with a low level of income and education (Mohammad-poojah & Aziz, 2014).

In Thailand, Muttarak and Pothisiri (2013) found education to be positively associated with preparedness. The study indicated that disaster-related training is the most effective among those with higher educational attainment (Muttarak & Pothisiri, 2013). Muttarak and Pothisiri also suggested that education can enhance cognitive and learning skills, which potentially helps the individuals assess risk, process information, and learn to reduce their vulnerabilities and prepare for disaster.

Interestingly, Bagarinao (2016) argued that high education and high income do not necessarily influence the individuals' decision to learn about community disaster plans. While those with higher education may have more cognitive capability to assess risk and put an emergency plan in place, they may not have the motivation to take preparedness action (Bararinao, 2016; Mohammad-pajoooh & Aziz, 2014; Muttarak & Pothisiri, 2013). Likewise, those with high incomes who have more access to information and resources may not feel a need to learn about the community preparedness strategies (Bararinao, 2016; Mohammad-pajoooh & Aziz, 2014; Muttarak & Pothisiri, 2013).

The studies of Bararinao (2016), Mohammad-pajoooh & Aziz (2014), and Muttarak and Pothisiri (2013) are among the few studies examining emergency preparedness in Southeast Asian countries. While the studies provide helpful insights into emergency preparedness in developing countries, it is noted that none specifically examined terrorism preparedness. Rather, they focused on general disaster preparedness.

In the U.S., Bourque et al. (2013) examined the risk perception of terrorism and preparedness behavior among U.S. residents. Based on the survey of 3,062 U.S. households, Bourque et al. found that risk perception and preparedness were associated. However, the risk perception had no significant, direct effect on preparedness behavior (Bourque et al., 2013). The impact of risk perception was mediated by knowledge, perceived efficacy, and milling or collective behavior (Bourque et al., 2013).

Additionally, Bourque et al. (2013) examined other predictors such as gender, race/ethnicity, and direct experience and found high risk perception among the non-white female group. However, the results showed no association between these predictors and preparedness behavior. Also, direct experience with the September 11, 2001 incidents was associated with risk perception and knowledge of terrorism but did not significantly predict response efficacy or milling behavior (Bourque et al., 2013).

Bourque et al.'s (2013) study yielded an association between variables but did not include a measure of risk perception and preparedness. Additionally, Bourque et al. did not provide an overview of how the U.S. households viewed the risk of terrorism and how prepared they were for a terrorist attack. Also, the measure of the September 11

experience relied on the respondents' self-reporting, which could impact the reliability of the results.

Like Bourque et al.'s (2013) study, Donahue et al. (2013) assessed the U.S. households' risk perception and terrorism preparedness using a random phone survey of 1210 U.S. households. They indicated that most U.S. households viewed financial disaster as a bigger threat than terrorism. However, nearly 75% of the respondents reported that they were somewhat prepared for terrorism (Donahue et al., 2013). About half of those who reported that they were not prepared identified procrastination as the major reason for their lack of preparedness (Donahue et al., 2013).

In the same study, Donahue et al. (2013) also examined local public officials' perceptions of the U.S. public's view about terrorism and preparedness behavior. The results show that local public officials viewed natural disasters as a bigger threat than terrorism and had an inaccurate understanding of the public's perception and preparedness (Donahue et al., 2013). Most local officials, who were systemically selected from all regions in the country, believed that the U.S. public was less aware of the risk of terrorism and less prepared (Donahue et al., 2013).

Donahue et al.'s (2013) study found that, while the U.S. households reported they were more likely to follow the directions given by officials and take preparedness action, the public officials believed that the U.S. public would rely on emergency responders if a terrorist attack occurred. The study provides insights into the U.S. public's risk perception of terrorism and preparedness. Additionally, it offers an understanding of the views of public officials about the public. This new knowledge might yield practical

information to public organizations and officials to help improve their public relations and communication strategies.

Greenberg et al. (2013) surveyed 1,930 U.S. residents from July 2011 to September 2011 to examine the American public preparedness for disaster. To assess preparedness, Greenberg et al. measured 1) knowledge how to use a fire extinguisher, 2) having a fire extinguisher at home, 3) having a communication plan, 4) having an emergency plan, 5) having an emergency supply kit, and 6) having a meeting point if unable to return home. The results of Greenberg et al.'s survey showed that the average American population engages in three of six preparedness activities. A few engaged in four or more and reportedly had experienced in a hazard event (Greenberg et al., 2013).

However, Greenberg et al. (2013) did not clearly describe statistical data to help visualize which preparedness actions commonly taken by U.S. residents. Greenberg et al. only considered previous experience and memory as indicators of preparedness behavior. These data were collected through self-reporting, and therefore the results might not be objective. This could impact reliability and generalizability to the findings, despite the use of a large sample.

In Australia, Caponecchia (2012) examined the risk perception of terrorism and individual preparedness among Sydney residents. Caponecchia surveyed 164 Sydney residents' optimism bias, which he defined as one's perception that a negative event would occur to him/herself, perception of the likelihood of terrorism, and ratings of preparedness. The results indicated that the majority of the respondents believed terrorist attacks were more likely to occur in Sydney than other major cities. Twenty-three percent

reported they were prepared for a possible terrorist attack, but only 12% had emergency kits or plans (Caponecchia, 2012).

In addition, Caponecchia's (2012) found a relationship between optimism bias and personal exposure to an event that could be a terrorist incident (Caponecchia, 2012). Caponecchia explained that most Sydney residents had not directly experienced or witnessed a terrorist event. Hence, they tended to believe that such an event would never happen to them (Caponecchia, 2012). When influenced by optimism bias, it is less likely that the individuals would take preparedness action (Caponecchia, 2012). Caponecchia addressed common demographic factors such as age and gender that could impact ones' perception but found no significant relationship between gender and optimism bias and a low negative relationship between age and optimism bias. Caponecchia's study is one of the most structured quantitative studies that set a foundation for other researchers to replicate or build on.

In Canada, Lee et al. (2009) examined individual preparedness and response to terrorism among the Canadian public found that individuals' preparedness behaviors are influenced by their perception of the risk and their self-efficacy to cope with the risk. The study also identified age, education, and gender as significant predictors of individuals' coping ability (Lee et al., 2009). It suggested that women and the younger population are more vulnerable to psychological distress when facing a crisis (Lee et al., 2009).

Building on the Lee et al.'s (2009) study, Gibson et al. (2015) predicted emergency preparedness by examining the same socio-demographic factors measured by Lee et al. Gibson et al. found similar results that gender, age, education, and income were

significantly related to emergency preparedness and that the risk perception of terrorism among the Canadian public differed significantly among socio-demographic groups.

Gibson et al., however, explained that the socio-demographic factors themselves do not necessarily cause people to be unprepared or make them more vulnerable to the risk of terrorism. They instead suggested that the social inequalities associated with the socio-demographic groups the individuals belong to likely hinder their ability to take preparedness actions (Gibson et al. 2015).

Based on Gibson et al.'s (2015) analysis, low-income families are more likely to dedicate their financial resources to basic needs for daily living than to prepare for an emergency and tend to have less access to information and resources. Meanwhile, people with lower education tend to have less knowledge of the risk and its possible impacts (Gibson et al., 2015). A lack of knowledge often causes individuals to disregard emergency preparedness recommendations (Fahy, 2013; Gibson et al., 2015).

Gibson et al. (2015) also found that women, especially those who are older, reportedly have a higher level of risk perception and are more likely to respond to emergency messages, but their level of perceived coping efficacy is lower than men. Gibson's et al.'s findings are consistent with what Stevens et al. (2012) found in their studies, which is that women are more concerned about becoming victims of terrorism and more likely to seek information about the risk and preparedness resources than men.

An experimental study conducted by Grimm et al. (2012) found that socio-demographics also contribute to the individuals' vulnerability to the psychological effects of terrorism, which might result in their ability to respond to a similar event. The study

suggested women and middle-aged individuals are at a higher risk of a psychological impact than men and other age groups even though these social groups reportedly have a higher risk perception and are more prepared than men and other age groups (Grimm et al., 2012). For the younger population, Grimm et al. found social factors such as social interaction and family involvement to be one of the strongest predictors for resilience, risk perception, and preparedness. These findings reflect the social-cognitive principles that emphasize the role of social learning in individuals' cognitive and behavioral development.

Similarly, Levac, Toal-Sullivan, and O'Sullivan (2012) emphasized the influence of family and social networks on the individuals' preparedness behaviors and perceived coping ability. According to Levac et al., individuals will be more inclined to take preparedness actions if they believe that terrorism or disaster will have an impact on them and their families. After learning that their peers are taking preparedness actions, the individuals are more likely to engage in preparedness activities themselves (Kahan, 2015; Levac et al. 2012). In addition, those who are caregivers for children and the elderly are more motivated to create an emergency plan (Levac et al., 2012; Olympia, Rivera, Herverley, Anyanwu, and Gregorits, 2010).

Scifo and Salman (2015) conducted a comparative study of the citizens' engagement in emergency preparedness in Turkey, Italy, and Germany and found that the level of disaster awareness and preparedness, as well as accessibility to resources, varies among the three countries. In Turkey, Scifo and Salman found that government agencies and volunteer organizations actively provide emergency preparedness training and raise

public awareness through various community projects. Turkish emergency response organizations also utilize communication technologies such as official websites and social media platforms to provide information (Scifo & Salman, 2015).

In Italy, the duty of emergency preparedness and response falls under the government's Civil Protection Department (CPD) (Scifo & Salman, 2015). The government, however, relies on volunteer organizations to provide basic emergency relief during a crisis (Scifo & Salman, 2015). The CPD is also responsible for providing risk reduction training and developing outreach projects, unlike in Turkey, where the response organizations carry out their own training and outreach campaigns (Scifo & Salman, 2015). The use of social media and other communication technologies is not common in emergency preparedness and response in Italy (Scifo & Salman, 2015). Rather, the government provides information and training via press releases (Scifo & Salman, 2015).

In Germany, multiple government agencies and non-governmental organizations are involved in emergency preparedness and response (Scifo & Salman, 2015). Major organizations such as the Red Cross play a key role in providing emergency relief and training to the public (Scifo & Salman, 2015). Like in Turkey, the German government and other response agencies commonly use social media to communicate with the public (Scifo & Salman, 2015). Scifo and Salman's (2005) findings provide insight into how some countries in the world prepare for a disaster and how communication plays a role in disaster preparedness. The study also shows that, despite an increasing terrorist threat, the emergency preparedness programs in many countries target natural disasters, rather than terrorism.

Some researchers investigated emergency responders, healthcare professionals, and their organizations' preparedness to respond to a crisis. Ciampi (2012) examined healthcare workers' attitudes toward providing mental health services and found a high degree of healthcare workers' unwillingness to provide care to patients following a disaster. The results of Ciampi's study also indicated several factors associated with how healthcare workers perceived their ability to provide services to their clients following a terrorist event.

Based on the survey of 255 licensed mental health providers from nine cities in the United States, 51.6% of all respondents reported unwillingness to provide post-disaster services, and 36.8% had experience working with victims of terrorism. Only 17% were trained and certified by the American Red Cross Disaster Mental Health Services (Ciampi, 2012). Ciampi (2012) identified anxiety, proximity to disaster, and religious conviction as significant variables associated with healthcare workers' willingness and ability to provide services to terrorism victims. Ciampi also measured other factors such as risk perception, fear of injury, gender, trust in government, and depression, but none were found to be significantly related.

Whetzel, Walker-Cillo, Chain, and Trivett (2013) studied emergency nurses' risk perception and preparedness for disaster and revealed some similar results to Ciampi's (2012) study. Based on the survey of 177 nurses attending a professional conference in New Jersey, 68% of the respondents had more than ten years of experience, but only 9.1% had responded to a disaster (Whetzel et al., 2013). While 94.9% believed that another terrorist attack would occur in the United States, 63.1% had taken disaster

response training, and 44.9% had personal or family emergency kits. The study implied a lack of adequate training for emergency nurses, which could potentially hinder their ability to provide care to patients during or after a terrorist event (Whetzel et al., 2013).

Whetzel et al.'s study (2013) sheds light on emergency professionals' preparedness for a disaster and the professionals' perception of their ability to provide services to those in need during crisis. However, the results of this survey study might not represent all emergency nurses' risk perception, and preparedness as the sample of the study only included those who attended the conference. In addition, most of the respondents were from New Jersey, New York, and Pennsylvania. Their experience or perception of terrorism might be different from emergency nurses in other parts of the country.

Similarly, Smith and Hewison (2012) studied nurses' bioterrorism preparedness and found that most respondents felt unprepared for a bioterrorist attack. Using data from previous qualitative and quantitative studies published between 1996 and 2010, Smith and Hewison found that the perception of a likelihood of bioterrorism among nurses was high, but the level of preparedness and willingness to provide care for victims of a bioterrorist attack is low. In addition, the study suggested that nurses' unpreparedness and unwillingness were mostly as a result of a lack of adequate training (Smith & Hewison, 2012). More than 60% of the respondents were not educated about bioterrorism, 82% had never participated in a drill or exercise, and about 40% were reportedly aware of their institutions' formal emergency plans or provided with continuing education for emergency planning (Smith & Hewison, 2012). The study also revealed some personal

factors such as individual difficulty in working beyond a normal shift, sense of duty, and individual preparedness to be associated with the nurses' preparedness and willingness to respond to the needs of victims in the event of bioterrorism (Smith & Hewison, 2012).

A study conducted by Holgersson, Sahovic, Saveman, and Bjornstig (2016) examined factors influencing preparedness among first responders, including rescue and ambulance personnel and police in Sweden, and found male first responders have higher preparedness, confidence, and willingness to respond to terrorism than female first responders. Holgersson et al. noted the significance of contextual factors such as job-related training and past experience in dealing with a mass casualty that might contribute to these differences. However, this explanation may not be applicable if both male and female first responders receive the same training and have the same level of experience.

Gambao-Maldonado, Marshak, Sinclair, Montgomery, and Dyjack (2012) interviewed 14 environmental health and emergency preparedness and response administrators in southern California and identified professionals' efficacy, ability, willingness, and motivation as significant keys to developing emergency preparedness. Gambao et al. also highlighted that the effectiveness of the emergency preparedness program relied on all community members to share knowledge and preparedness skills. The results also revealed that emergency messages were not always effective and that they only had the most impact immediately after a crisis occurred but then lost their effect over time (Gambao et al., 2012). One explanation is that crisis does not occur often and, subsequently, people are more concerned about their daily lives than preparing for a

crisis. When facing a disaster, they rely on emergency messages to respond and get through the situation (Gambao et al., 2012).

AlBattat and Som (2013) examined emergency preparedness in the hotel industry and found that large organizations are more likely to have an emergency plan than small organizations because large organizations tend to have more resources. The study indicated that a lack of resources prevents knowledge sharing and collaboration among the organizations (AlBattat & Som, 2013). The organizations that have experienced a crisis in the past are likely to have a preparedness plan because they are more aware of the risk and impact of disaster (AlBattat & Som, 2013). Given that Thailand is a country that tourists visit, the results of AlBattat and Som's study shed some light on how the hotel industry in Thailand might prepare for a crisis.

Summary

Based on the review of the literature, a gap remains to be filled in the area of terrorism risk perception and preparedness. In Thailand, and in Southeast Asia in general, there is still a lack of scholarly studies that assess the public risk perception of terrorism and preparedness behavior, let alone the relationship between the risk perception of terrorism and preparedness. As terrorist violence in southern Thailand is ongoing, and the influence and activities of major global terrorist groups have become more prevalent in the region, it is critical to understand how Thai people perceive the risk of terrorism and to what extent their judgments of risk predict their preparedness in order to influence Thailand's national security policies and perhaps U.S. foreign policy on terrorism (United States Department of State, 2018).

Most of the previous studies were conducted in Western countries. Many used secondary data collected more than several years ago. By focusing on Thailand, where the terrorist threat is higher than most countries in the world, and using nationally collected survey data that represents the current view and preparedness of the Thai public, this study filled the gap that remained in the literature. The study provided insights and understanding concerning how the Thai public's risk perception is related to their preparedness. This knowledge will be useful for Thai people and policymakers to become better informed and better improve risk communication strategies and preparedness plans and policies. In Chapter 3, I will provide a review of the methodology used in the study. I will also discuss the survey instrument, threats to validity, and ethical procedures.

Chapter 3: Research Method

Introduction

As the risk of terrorism in Thailand remains high, the Thai government has put effort into addressing the problem. However, one aspect of the initiatives that has been underemphasized is the terrorism awareness and preparedness of the Thai public. For this study I, therefore, focused on the risk perception of terrorism and individual preparedness among Thai people in Thailand. I sought to answer whether risk perception of terrorism among Thai people was related to their individual awareness and to what extent. This chapter presents the research design and method, target population and sampling, data collection and analysis plan, threats to validity, and procedures addressing ethical issues related to the study.

Research Design and Rationale

The purpose of the study was to investigate the relationship between risk perception of terrorism, which included perceived probability; perceived seriousness, perceived impact, perceived coping efficacy; perceived government preparedness, and perceived frontline preparedness, and individual preparedness among Thai people. The research questions and hypotheses were as follows:

RQ1: What is the relationship between perceived probability of terrorism and individual preparedness among Thai people in Thailand?

H_0 1: There is no relationship between perceived probability of terrorism and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

*H*₁₁: There is a relationship between perceived probability of terrorism and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

RQ2: What is the relationship between perceived seriousness of terrorism and individual preparedness among Thai people in Thailand?

*H*₀₂: There is no relationship between perceived seriousness of terrorism and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

*H*₁₂: There is a relationship between perceived seriousness of terrorism and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

RQ3: What is the relationship between perceived impact of terrorism and individual preparedness among Thai people in Thailand?

*H*₀₃: There is no relationship between perceived impact of terrorism and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

*H*₁₃: There is a relationship between perceived impact of terrorism and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

RQ4: What is the relationship between perceived coping efficacy and individual preparedness among Thai people in Thailand?

H₀₄: There is no relationship between perceived coping efficacy of terrorism and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

H₁₄: There is a relationship between perceived coping efficacy and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

RQ5: What is the relationship between perceived government preparedness and individual preparedness among Thai people in Thailand?

H₀₅: There is no relationship between perceived government preparedness and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

H₁₅: There is a relationship between perceived government preparedness and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

RQ6: What is the relationship between perceived frontline preparedness and individual preparedness among Thai people in Thailand?

H₀₆: There is no relationship between perceived frontline preparedness and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

H₁₆: There is a relationship between perceived frontline preparedness and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

In this study, perceived probability, perceived seriousness, perceived impact, perceived coping efficacy, perceived government preparedness, and perceived frontline preparedness served as the independent variables. Individual preparedness was the dependent variable. A correlational research design was used to determine the relationship between the independent and the dependent variables. Due to limited time and resources, I used a cross-sectional survey to collect data. This method enables researchers to collect a large pool of data at a single point in time and provide a snapshot of a population's attitudes, behaviors, or experiences, which in this case are risk perception of terrorism and individual preparedness (Sedwick, 2014).

Methodology

Population

The target population of the study was Thai adults aged 20 and older, living in Thailand. It is important to note that the legal age of adulthood in Thailand is 20 years old. Therefore, the term *Thai population* in the study refers to this specific age group. As of 2018, the size of the Thai adult population was approximately 50 million (Index Mundi, 2019).

Sampling and Sampling Procedures

Due to the large size of the population and the inability to access a complete list of contact information for all members of the population, the most practical sampling method to use in this study was convenience sampling. The selection of subjects was based on their convenient accessibility, which means subjects could be anyone who was informed of the survey study and were willing to participate in the study. The sampling

strategy of the study incorporated both social media and traditional announcements to reach an adequate number of participants and, ultimately, to increase the most representativeness of the sample as possible.

To determine a sample size, I used the G* Power analysis tool. In this power analysis, Cohen's *F*-test was used to denote effect size, and the type of the statistical test was linear multiple regression: fixed model, R^2 deviation from zero. The .15 medium effect size, alpha of 0.05, 0.95 power, and six predictors, which included perceived probability; perceived seriousness; perceived impact; perceived coping efficacy; perceived government preparedness; and perceived frontline preparedness, were set for the analysis. The value of effect size, alpha, and power indicated are commonly accepted and have been used in previous studies (Caponecchia, 2012; Muttarak & Pothisiri, 2013). Based on the result of the G*Power analysis, the projected sample size of the study was 146.

Procedures for Recruitment, Participation, and Data Collection

To keep the study narrow and to ensure the representativeness of the Thai population, the recruitment of survey participants was limited to Thai nationals, who were 20 or older and lived in Thailand. Subjects were invited to participate in the survey study through various public advertisement channels such as social media and flyers posted high traffic locations in the capital city of Bangkok and other major cities, where Thai people typically visit or transit through.

The survey announcements included the study objectives and other general information, such as eligibility, instructions on how to access the survey, and the

estimated time to complete the survey. Given that not all members of the Thai population have access to the internet, the survey invitations included a list of public places where participants could access free internet. This offered those who were interested in participating in the study but had no internet access an opportunity to complete the survey. For potential participants with limited or no computer skills, the instructions on how to access the survey were included in the survey announcements and on the introduction page of the online survey in simple and concise language.

The survey was administered online through a web-based survey platform called Survey Monkey. A consent form was included in the introduction of the survey. Through this consent form, participants were informed of voluntary and confidentiality agreements and risks and benefits of participation before they continued to the actual survey section. The consent form also included my contact information as well as the committee chair if participants had questions regarding the study. The participants were required to read and given an opportunity to decide whether they agreed to participate. During the survey, participants could exit the survey at any time by clicking an Exit button. When the participants completed and submitted the survey, all the raw survey data were collected and stored in the Survey Monkey and then exported to an encrypted hard drive for further processing and analysis.

Instrumentation and Operationalization of Constructs

The survey instrument used in the study was the modified version of Lee and Lemyre's (2009) perceived terrorism threat and preparedness survey. Lee and Lemyre developed this survey tool to assess terrorism threat perception and preparedness among

the Canadian population with the purpose of testing and refining a social-cognitive model of individual response to terrorism. The survey questions were developed based on several findings of the previous studies concerning health risk perception and a pilot study on the psychosocial aspect of chemical, biological, radiological, nuclear, and explosive (CBRNE) terrorism. The survey tool has been tested for validity and adopted by other researchers such as Stevens et al. (2011), who studied risk perception of terrorism and preparedness among the Australian population in Australia.

The perceived terrorism threat and preparedness survey consisted of 70 questions. All questions, except four demographic questions, were in the form of the Likert scale (1 = Not at all, 2 = A little, 3 = Moderately, 4 = Very Much, 5 = Extremely, and 0 = Don't know/No opinion). The questions covered all the major types of terrorism, including chemical, biological, radiological, and nuclear terrorism. The definition of each type of terrorism was also provided in each section of the survey to help clarify the questions.

The survey structure was originally developed for a phone survey, which included the introductory scripts and questions that were not applicable to the online survey. The survey also included one section concerning individuals' state of health and wellbeing at the end. This section was not relevant to the research questions of the proposed study because it was intended to measure the health risk of the individuals. This health risk section was therefore excluded from this survey study in order to remain focused on examining the relationship between risk perception of terrorism and individual preparedness.

Prior to using the survey instrument, I obtained Dr. Jennifer E.C. Lee and Dr. Louise Lemyre's permission to adapt and modify it (see Appendix A). I performed the translation of the survey questions, which were originally in English language, to Thai language. To ensure accuracy, consistency, and appropriateness of wording, I also performed back-translation of the Thai version of the survey to English and had a professional translator review and certify the complete translation. In addition, I pretested the survey with four individuals, who were not a part of the actual study and retested it one week later with the same individuals to ensure accuracy and understandability in the translated survey and that the survey tool measured what it was intended to measure. The data from the pretest and the retest were not used in the actual study.

The modified version of the perceived terrorism threat and preparedness survey consisted of seven subscales, one for each of six predictor variables and one for the outcome variable, as follows:

Perceived probability. The perceived probability variable was assessed by summing the respondents' ratings of perceived likelihood and perceived uncertainty regarding the five types of terrorism. With a Cronbach's alpha coefficient of 0.91, the scale demonstrated good internal consistency (Lee & Lemyre, 2009).

Perceived seriousness. The perceived seriousness variable was assessed by summing the respondents' ratings of perceived seriousness of the five types of terrorism. The Cronbach's alpha for this scale was 0.83, presenting good internal consistency (Lee & Lemyre, 2009).

Perceived impact. The perceived impact variable was assessed by summing the respondents' ratings of the perceived personal impact of the five types of terrorism. With a Cronbach's alpha of 0.87, the scale showed good internal consistency (Lee & Lemyre, 2009).

Perceived coping efficacy. The perceived coping efficacy was assessed by summing the respondents' ratings of perceived coping efficacy of the five types of terrorism. With a Cronbach's alpha of 0.89, the scale yielded good internal consistency (Lee & Lemyre, 2009).

Perceived government preparedness. The perceived government preparedness variable was assessed by summing the respondents' ratings of perceived preparedness of government institutions, including central, provincial, and municipal governments. The Cronbach's alpha for this scale was 0.81, yielding good internal consistency (Lee & Lemyre, 2009).

Perceived frontline preparedness. The perceived frontline preparedness variable was assessed by summing the respondents' ratings of perceived preparedness of first responders and the institutions playing a frontline role in emergency preparedness – for example, hospitals, Red Cross, community response organizations, fire departments, and churches or temples. With a Cronbach's alpha coefficient of 0.77, the scale demonstrated adequate internal consistency (Lee & Lemyre, 2009).

Individual preparedness. The individual preparedness variable was assessed by summing the respondents' ratings of their preparedness behaviors including consulting others for preparedness advice, creating an emergency plan, making an emergency

supplies kit, attending first aid training, obtaining information about shelters in the community, establishing a meeting point or emergency communication, learning about evacuation plans, and seeking social support. With a Kuder-Richards on Formula 20 (KR-20) coefficient of 0.76, the scale demonstrated adequate internal consistency (Lee & Lemyre, 2009).

It is important to note that, despite the survey questions asked respondents to rate their perceptions of five types of terrorism and their preparedness behaviors, the survey instrument was intended to measure the risk perception of overall terrorism and the respondents' overall preparedness, not focusing on any types of terrorism or preparedness behavior in particular.

Data Analysis Plan

The collected data were exported and analyzed using SPSS Statistics software. The raw data were reviewed for completeness. The responses that had more than 30% of the questions unanswered were removed. Multiple regression analysis was conducted to determine the relationship between the six risk perception predictor variables and individual preparedness. One statistical assumption for a multiple linear regression was the relationship between the independent and dependent variables was linear. This was tested with scatter plots. The second assumption was that the data had a normal distribution. This was tested by examining a histogram. The third assumption was that there was little or no multicollinearity in the data. A correlation matrix, tolerance, variance inflation factor (VIF), and the condition index were reviewed to determine whether multicollinearity existed in the data. The fourth assumption was that there was

little to no autocorrelation in the data. This was tested using the Durbin-Watson test. The final assumption was homoscedasticity. This was also tested by examining a histogram.

Threats to Validity and Reliability

Threats to validity and reliability related to the study were as follows:

Threats to External Validity

Convenience sampling used in this study could affect the external validity of the results. While it was time-saving and cost-effective, it was impossible to know how well the sample would represent the population when using convenience sampling. In addition, when using an online survey to collect data, there was a possibility that data collected from the survey might represent the views and experiences of a specific group, not the whole population. Some groups, especially the ones with internet access and computer skills, might be over-represented. Meanwhile, other groups with limited or no internet access and/or computer skills might be underrepresented.

To avoid or mitigate the threats to external validity, I widely distributed the survey invitations via social media and traditional public advertisements such as flyers to ensure that sampling selection reached as many members of the population as possible. The invitations included simple, clear, and concise instructions on where to access free internet and how to complete the survey so that all potential participants had a chance to participate in the study. This helped increase the response rates. Lastly, I used a larger sample size than what G*Power analysis indicated to increase the representativeness of the sample. The larger the sample size, the better the results could be generalized (Sedwick, 2014).

Threats to Internal Validity

One of the potential threats to internal validity in the study was the survey instrument. Even though it has been tested for validity in multiple research studies, the survey tool had to be translated into Thai language. If the translation was not accurate, or some words were not compatible with the English version of the survey, it could cause measurement errors. In addition, the survey tool included some questions that were irrelevant to the research questions of this study because it was originally developed for conducting phone surveys and to examine additional factors such as health and wellness, religion, and ethnic background.

Another threat to internal validity was the nature of the survey itself. Because the survey study relied on self-reporting, response bias could impact the results of the study (see Creswell, 2013). Some participants might provide responses that they believed were socially acceptable rather than giving honest answers due to many reasons, whether it be fear of being judged, indifference, or confusion (Van de Mortel, 2008). This could also lead to extreme response bias in which respondents choose the least or highest response even if it was not their true stance (Van de Mortel, 2008).

To address the internal validity concerns, I reviewed all the survey questions and removed irrelevant questions. Then, I performed the translation and back-translation of the survey questions to confirm the accuracy, consistency, and appropriateness of wording. Once completed, I submitted the translated survey to a certified translation service provider for review. I also pretested the survey questions by administering the Thai language version of the survey to four individuals, none of whom were included in

the sample of the actual study, to ensure that the survey tool measures what it was intended to measure. Furthermore, the survey invitations and instructions emphasized confidentiality, making potential participants aware that their participation was anonymous, and their responses would not be shared with other participants or other researchers.

Threats to Reliability

One of the potential threats to validity is the survey tool itself. Although the survey tool used in this study has been tested and adopted by several researchers, reliability issues might arise when the survey questions were translated into the Thai language. To ensure internal consistency, I retested the survey questions in addition to pretesting them. I administered the same survey to the same group of individuals, who participated in the pretesting phase, one week later to determine how stable or consistent their responses were. If their scores were consistent from the first time they took the survey to the second time, the survey tool was likely reliable (see Bolarwin, 2015).

In addition, changes in the social or physical environment could cause reliability issues. For example, an occurrence of a terrorist incident or tragic event could affect participants' emotional reactions or attention. These changes could create errors that would reduce the reliability of measurements (Bolarwin, 2015). One way to mitigate the effects of these changes was to limit the availability of the survey to less than 30 days. By narrowing the survey collection window, it could reduce the chance of inconsistency. Also, the respondents were required to complete the survey in one sitting to ensure the consistency of their responses.

Ethical Procedures

To ensure that ethical concerns related to the study were addressed and that the entire process of the study met the ethical research standard, I obtained approval from Walden University's Institutional Review Board (IRB) prior to conducting the study. The IRB approval number is 08-13-19-0384795. The participants were informed of consent and terms of the agreement prior to beginning the survey. The participants were also informed of their right to confidentiality, to anonymously participate in the study at no cost, and to terminate the survey at any point in time without any form of penalty. In the event that participants had questions or concerns about the study, I included my contact information as well as my chairman's contact information to all participants. All the data were securely stored on an encrypted hard drive and only used for the purpose of the proposed study. The data will be deleted after five years.

Summary

To answer the research questions and hypotheses concerning the relationship between the risk perception of terrorism and individual preparedness among Thai people, the study involved a correlational design with a cross-sectional online survey. This research design was aligned with the research questions and more time and cost-effective and more practical. Sampling and recruitment were limited to Thai nationals, who were 20 years old or older and lived in Thailand. Social media and traditional advertisements such as flyers, served as the primary tools for recruitment. Limitations of the study were addressed and mitigated as much as possible. The data were collected using the existing survey tool. Multiple regression analysis was performed to determine the relationship

between the predictor and the outcome variables. The limitations of the study were addressed and mitigated as much as possible. The study was committed to the ethical standard set by Walden University and to protecting participants' survey data and all their rights related to the study participation. In Chapter 4, I will present the data analysis and results.

Chapter 4: Results

Introduction

This chapter presents the results from the survey study, which focused on Thai people's risk perception of terrorism and individual preparedness. The primary purpose of the study was to examine the relationship between risk perception of terrorism and individual preparedness among Thai people in Thailand. In this study, the risk perception of terrorism is divided into six categories, including perceived probability of terrorism, perceived seriousness of terrorism, perceived impact of terrorism, perceived coping efficacy, perceived government preparedness, and perceived frontline responder preparedness. Individual preparedness refers to an individual's state of readiness to respond to a terrorist situation. This may include knowing how to access information and resources, having emergency supplies, and establishing emergency communication and evacuation plans (Espina & Teng-Calleja, 2015). The research questions and hypotheses were as follows:

RQ1: What is the relationship between perceived probability of terrorism and individual preparedness among Thai people in Thailand?

H_01 : There is no relationship between perceived probability of terrorism and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

H_11 : There is a relationship between perceived probability of terrorism and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

RQ2: What is the relationship between perceived seriousness of terrorism and individual preparedness among Thai people in Thailand?

H₀₂: There is no relationship between perceived seriousness of terrorism and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

H₁₂: There is a relationship between perceived seriousness of terrorism and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

RQ3: What is the relationship between perceived impact of terrorism and individual preparedness among Thai people in Thailand?

H₀₃: There is no relationship between perceived impact of terrorism and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

H₁₃: There is a relationship between perceived impact of terrorism and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

RQ4: What is the relationship between perceived coping efficacy and individual preparedness among Thai people in Thailand?

H₀₄: There is no relationship between perceived coping efficacy of terrorism and individual preparedness, as measured the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

*H*₁₄: There is a relationship between perceived coping efficacy and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

RQ5: What is the relationship between perceived government preparedness and individual preparedness among Thai people in Thailand?

*H*₀₅: There is no relationship between perceived government preparedness and individual preparedness, as measured the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

*H*₁₅: There is a relationship between perceived government preparedness and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

RQ6: What is the relationship between perceived frontline preparedness and individual preparedness among Thai people in Thailand?

*H*₀₆: There is no relationship between perceived frontline preparedness and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

*H*₁₆: There is a relationship between perceived frontline preparedness and individual preparedness, as measured by the perceived terrorism threat and preparedness survey, among Thai people in Thailand.

The study used a sample of 327 Thai adults living in Thailand. The data were analyzed using SPSS software. In the following sections, I will describe data collection, descriptive statistics, demographics of the sample, and statistical assumptions. Most

importantly, I will report the results from the multiple regression analysis. To illustrate the results, tables and figures are also included.

Data Collection

The survey data were collected from August 15, 2015 to August 31, 2019. The survey was promoted through flyers and Facebook and administered online via Survey Monkey. A total of 354 Thai adults living in Thailand participated in the survey. Survey Monkey showed the completion rate of 94%, and the estimated time to complete the survey was 8 minutes. After reviewing all the survey submissions, 27 out of 354 responses were incomplete. These 27 responses had more than 30% of the questions unanswered although the option of “Don’t know/No opinion” was available. This could possibly be a result of a technical error or an early termination of the survey by the respondents. After the removal of the incomplete responses, the final sample size of 327 ($N = 327$) was used in the multiple regression analysis.

Descriptive Statistics

Prior to completing the survey assessing risk perception of terrorism and individual preparedness, all the participants answered demographic questions. Out of all the participants ($N = 327$), 32.1% ($N = 105$) were male and 67.9% ($N = 222$) were female. 39.8% ($N = 130$) of the participants were 20-29 years old, while 27.8% ($N = 91$) were 30-39 years old. 7.6% ($N = 25$) indicated that they were between 40 and 49 years old, whereas 8.9% ($N = 29$) were 50-59 years old. 15.9% ($N = 52$) were over age of 60. More than half of the participants (52.6% or $N = 172$) completed an undergraduate degree while 24.8% ($N = 81$) completed a graduate degree. 19% ($N = 62$) of all the participants

graduated from high school and 3.4% ($N = 11$) were community or technical college graduates. One participant (0.3%) received only elementary school education. Most of the participants (29.7% or $N = 97$) earned 9,999 Thai baht or less per month. 14.1% ($N = 46$) reported that their monthly incomes ranged between 10,000-19,999 Thai baht and 11.6% ($N = 38$) earned between 30,000 – 39,999 Thai baht. 9.2% ($N = 30$) earned between 40,000-49,999 Thai baht, whereas 23.5% ($N = 77$) earned more than 50,000 Thai baht a month. Demographic characteristics of the study sample are presented in Table 1.

Table 1

Participants' Demographic Characteristics

Variable	<i>N</i>	%
Gender		
Male	105	32.1%
Female	222	67.9%
Age		
20 – 29 years old	130	39.8%
30 – 39 years old	91	27.8%
40 – 49 years old	25	7.6%
50 – 59 years old	29	8.9%
Over 60 years old	52	15.9%
Education Attainment		
Elementary school	1	0.3%
High school	62	19%
Community/technical college	11	3.4%
Undergraduate	172	52.6%
Graduate	81	24.8%
Monthly Income (Thai Baht)		
Under 10,000	97	29.7%
10,000 – 19,999	46	14.1%
20,000 – 29,999	39	11.9%
30,000 – 39,999	38	11.6%
40,000 – 49,999	30	9.2%
Over 50,000	77	23.5%

Descriptive statistics of individual preparedness, which was the dependent variable in this study, were displayed in Table 2. Individual preparedness scores ranged from 1.00 to 5.00, with an average of 2.37 ($SD = 0.799$).

Table 2

Descriptive Statistics of Preparedness (Dependent Variable)

	<i>N</i>	Minimum	Maximum	Mean	<i>SD</i>
Individual preparedness	327	1.00	5.00	2.37	0.799

Descriptive statistics of the risk perception of terrorism was measured on six subscales, as shown in Table 3. The six subscales included perceived probability of terrorism, perceived seriousness of terrorism, perceived impact of terrorism, perceived coping efficacy, perceived government preparedness, and perceived frontline responder preparedness. The ratings on the scale were 0 = Don't know/No opinion, 1 = Not at all, 2 = A little, 3 = Moderately, 4 = Very much, and 5 = Extremely. The items that were left unanswered or missing values were coded as 0 (Don't know/No opinion).

Perceived probability of terrorism scores ranged from 0.90 to 4.90, with an average of 2.51 ($SD = 0.787$). Perceived seriousness of terrorism scores ranged from 1.00 to 5.00, with an average of 4.08 ($SD = 0.822$). Perceived impact of terrorism scores ranged from 1.00 to 5.00, with an average of 3.95 ($SD = 0.797$). Perceived coping efficacy scores ranged from 0.00 to 5.00, with an average of 2.24 ($SD = 0.759$). Perceived government preparedness scores ranged from 0.83 to 5.00, with an average of 2.24 ($SD = 0.777$). Perceived frontline responder preparedness scores ranged from 1.00 to 5.00, with an average of 2.84 ($SD = 0.777$).

Table 3

Descriptive Statistics of Risk Perception of Terrorism (Independent Variables)

Perception Measurement	<i>N</i>	Minimum	Maximum	Mean	<i>SD</i>
Probability	327	.90	4.90	2.51	.787
Seriousness	327	1.00	5.00	4.08	.822
Impact	327	1.00	5.00	3.95	.797
Coping efficacy	327	0.00	5.00	2.24	.759
Govt preparedness	327	.83	5.00	2.24	.777
Frontline preparedness	327	1.00	5.00	2.84	.777

Statistical Assumptions

The assumptions of homoscedasticity, normality, and multicollinearity were assessed. As shown in Figure 1, a scatter plot for individual preparedness for terrorism appeared to be no curvature in the scatterplot. This indicated that the data were normally distributed, and thus homoscedasticity was met (see Field, 2013). The histogram for normality of individual preparedness for terrorism (Figure 2) appears to be in a bell shape, indicating the data were normally distributed. This suggests the assumption of normality was met (see Field, 2013).

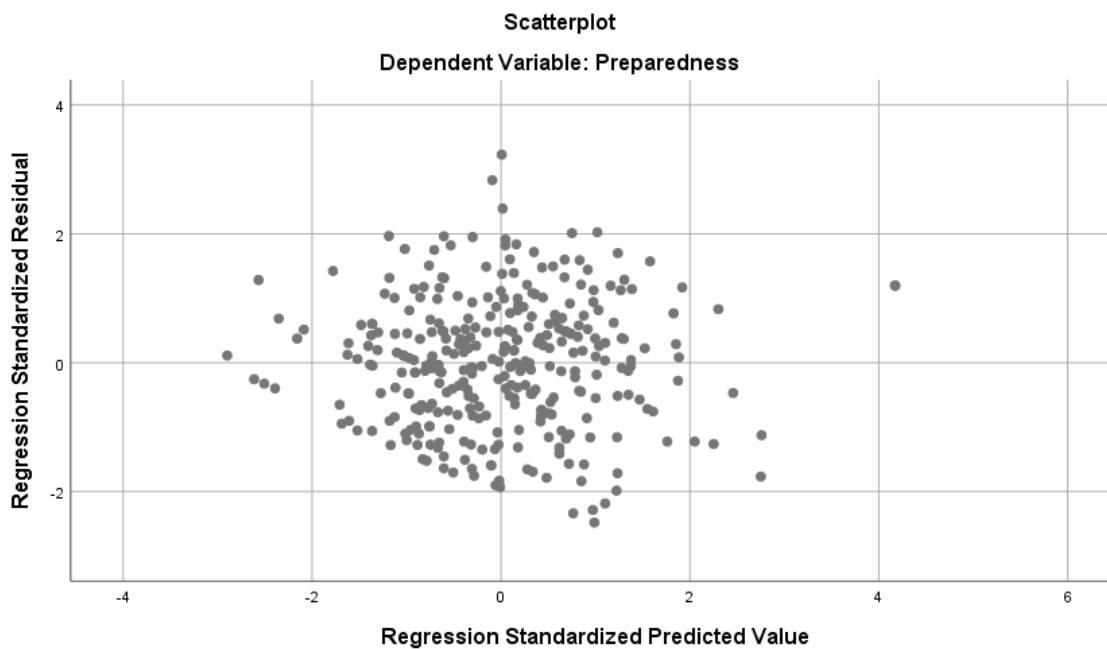


Figure 1. Residual scatterplot for individual preparedness

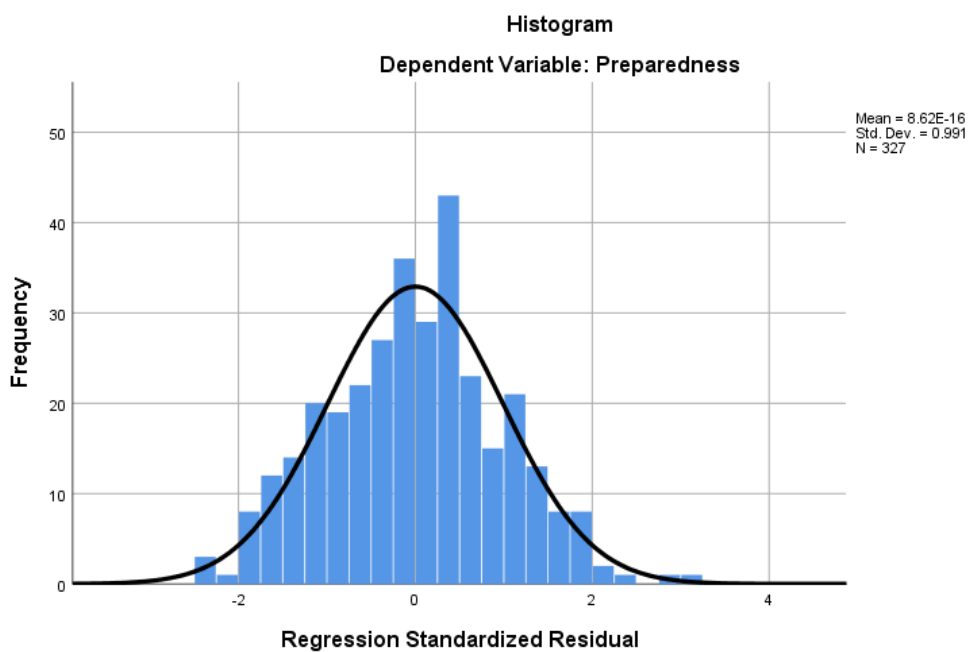


Figure 2. Histogram for normality of individual preparedness for terrorism

To assess multicollinearity, I examined tolerance, the variance inflation factor (VIF), and the condition index. As displayed in Table 4, VIF values for all predictor variables were below 10, and the tolerance statistics for all predictor variables were below 0.2. Therefore, it can be concluded that there was no multicollinearity.

Table 4

Coefficients for Independent Variables

Model	Collinearity statistics	
	Tolerance	VIF
1 (Constant)		
Perceived probability	.818	1.222
Perceived seriousness	.525	1.905
Perceived impact	.522	1.914
Perceived coping efficacy	.792	1.262
Perceived govt preparedness	.647	1.547
Perceived frontline preparedness	.655	1.528

Lastly, to identify multicollinearity, I examined the condition index and coefficients. A threshold value of 30 was set for the condition index. As presented in Table 5, all seven dimensions had condition index values of less than 30, which indicates that there was no collinearity problem. A threshold value of 0.90 was used for the coefficients (see Fields, 2013). It is noted that the constant value in Dimension 6 is 0.94, which is above the threshold value. This indicates that there was no multicollinearity in

Dimension 6. However, in Dimension 5, the value of frontline responder preparedness was 0.91. This suggests a possible collinearity problem in the model.

Table 5

Collinearity Diagnostics

Model	Dimension	Eigenvalue	Condition Index	Variance Proportions						
				(Constant)	Perceived probability	Perceived seriousness	Perceived impact	Perceived coping efficacy	Perceived govt preparedness	Perceived frontline preparedness
1	1	6.670	1.000	.00	.00	.00	.00	.00	.00	.00
	2	.127	7.242	.00	.03	.03	.03	.08	.20	.03
	3	.085	8.874	.00	.17	.01	.01	.47	.12	.04
	4	.055	10.988	.01	.78	.01	.01	.33	.09	.00
	5	.035	13.904	.00	.00	.01	.01	.01	.55	.91
	6	.016	20.700	.94	.00	.24	.04	.09	.04	.02
	7	.012	23.256	.04	.00	.71	.90	.03	.00	.00

Multiple Regression Analysis

To examine the research questions, a multiple linear regression analysis was conducted to evaluate the prediction of individual preparedness for terrorism from the risk perception, which included perceived probability, perceived seriousness, perceived impact, perceived coping efficacy, perceived government preparedness, and perceived frontline preparedness. As shown in Table 6, the results of the multiple linear regression analysis was statistically significant, $F(6, 320) = 22.480, p < .000, R^2 = .297$. The model explained 29.7% of the variance in individual preparedness scores. In the other words, the six predictor variables accounted for 29.7% of the variation in individual preparedness and 70.3% of the variation could not be explained by those predictor variables alone.

In addition, the results showed 0.014 or 1.4% difference between the R^2 value (.297) and the adjusted R^2 value (.283). This 1.4% decrease means that, if the model were derived from the population rather than a study sample of 327, it would account for 1.4% less variance in individual preparedness. In term of effect size, R^2 value of .297 was not high but acceptable. It is common to find lower R^2 value in the regression model in social and behavioral science research (Field, 2013). While there is no rule of thumb for the R^2 value, the R^2 value of .297 implied that, besides the six predictors, there could potentially be omitted variables influencing individual preparedness (see Field, 2013). This will be discussed further in Chapter 5.

In Table 7, the results revealed a statistically significant association between perceived probability of terrorism and individual preparedness, $\beta = .269, p < .000$. This indicates, as perceived probability increased by one unit, individual preparedness increased by .269 units. The null hypothesis in RQ1 was therefore rejected. The results also indicated that there was a statistically significant association between perceived coping efficacy and individual preparedness, $\beta = .115, p < .039$. It suggests that for one unit increase in perceive coping efficacy, there was a .115 unit increase in individual preparedness. Thus, the null hypothesis in RQ4 was rejected. The results additionally showed a statistically significant association between perceived frontline preparedness and individual preparedness, $\beta = .342, p < .000$. This indicates, as perceived frontline preparedness increased by one unit, individual preparedness increased by .342 units. The null hypothesis in RQ6 was subsequently rejected.

However, the study found no statistically significant association between the remaining predictor variables – that is perceived seriousness of terrorism, perceived impact of terrorism, and perceived government preparedness - and individual preparedness. The significance values of these three predictor variables were greater than .05. Therefore, the null hypotheses in RQ2, RQ3, and RQ5 were accepted.

Table 6

Model Summary^b for Individual Preparedness

Model	<i>R</i>	<i>R</i> Square	Adjusted <i>R</i> Square	Std. Error of the Estimate	Change Statistics				Durbin-Watson	
					<i>R</i> Square Change	<i>F</i> Change	df1	df2		Sig. <i>F</i> Change
1	.545 ^a	.297	.283	.67677	.297	22.480	6	320	.000	1.958

^a Predictors: (Constant), perceived frontline responder preparedness, perceived impact, perceived probability, perceived coping efficacy, perceived government preparedness, perceived seriousness

^b Dependent Variable: Preparedness

Table 7

Coefficients^a for Individual Preparedness

Model	Unstandardized Coefficients		Standardized Coefficients Beta	<i>t</i>	Sig.	95.0% Confidence Interval for B		Collinearity Statistics	
	<i>B</i>	Std. Error				Lower Bound	Upper Bound	Tolerance	VIF
1 (Constant)	.159	.269		.592	.555	-.370	.688		
Perceived probability	.269	.053	.265	5.112	.000	.166	.373	.818	1.222
Perceived seriousness	-.061	.063	-.062	-.964	.336	-.184	.063	.525	1.905
Perceived impact	.110	.065	.110	1.693	.091	-.018	.238	.522	1.914
Perceived coping efficacy	.115	.055	.109	2.068	.039	.006	.224	.792	1.262
Perceived govt preparedness	.054	.060	.053	.905	.366	-.064	.172	.647	1.547
Perceived frontline responder preparedness	.342	.060	.333	5.745	.000	.225	.459	.655	1.528

^aDependent Variable: Preparedness

Summary

A multiple regression analysis was conducted to determine the relationship between the risk perception of terrorism and individual preparedness among Thai people living in Thailand. The risk perception of terrorism was measured on six subscales including perceived probability of terrorism, perceived seriousness of terrorism, perceived impact of terrorism, perceived coping efficacy, perceived government preparedness, and perceived frontline responder preparedness. The results indicated that perceived probability of terrorism, perceived coping efficacy, and perceived frontline responder preparedness were statistically significant predictors of individual preparedness

for terrorism. Each of these predictors had a positive relationship with the outcome variable. Therefore, the null hypotheses of RQ1, RQ4, and RQ6 were rejected. The remaining predictor variables, which include perceived seriousness of terrorism; perceived impact of terrorism; and perceived government preparedness, were not statistically significant predictors of individual preparedness. The null hypotheses of RQ2, RQ3, and RQ5 were therefore accepted. An interpretation of the findings, limitations of the study, and recommendations for future research will be presented in the next chapter.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of the study was to examine the relationship between the risk perception of terrorism and individual preparedness among Thai people in Thailand. Previous research reveals that how individuals perceive the risk of terrorism determines their behavioral responses (Bodas et al., 2015a; Bourque et al., 2012; Paton, 2003, Stevens et al., 2012; Taylor et al., 2011). As their risk perceptions increase, the individuals are more likely to act toward preparedness (Bodas et al., 2015, Stevens et al., 2012). To conduct this quantitative study, I used a correlational research design to determine whether the relationship between the risk perception of terrorism and individual preparedness existed and to what extent they were related if the relationship existed.

In this study, risk perception included perceived probability, perceived seriousness, perceived impact, perceived coping efficacy, perceived government preparedness, and perceived frontline responder preparedness. The results identified the perceived probability of terrorism, perceived coping efficacy, and perceived frontline responder preparedness as significant predictors of individual preparedness. However, perceived seriousness of terrorism, perceived impact, and perceived government preparedness were not statistically significant predictors of individual preparedness. In the following sections, I will further discuss the findings, limitations of the study, recommendations for future research, and implications for social change. Finally, I will present the conclusions.

Interpretation of the Findings

I examined Thai people's risk perception of terrorism and individual preparedness. Multiple regression analysis revealed that some of the risk perception factors were associated with individual preparedness. Despite a lack of previous studies on the risk perception of terrorism and preparedness in Thailand to refer to, the results of this study supported some findings in previous studies conducted in Western countries and disconfirmed others.

Perceived Probability of Terrorism

The results of the study indicated that perceived probability of terrorism statistically predicted individual preparedness. This supported the longstanding view that perceived likelihood of a terrorist incident can motivate individuals to protect themselves (see Lee & Lemyre, 2009; Paton, 2003). The results were consistent with what Caponecchia (2012), Stevens et al. (2012), and Taylor et al. (2011) discovered in their studies, which indicated that a low perception of probability of terrorism was associated with a low preparedness. Lee and Lemyre (2009) also found perceived probability to be the strongest predictor of information seeking and preparedness behaviors. This finding reflects the SCT framework emphasizing the role of both individual and social factors in human behaviors.

Perception of probability is a powerful individual factor driving individuals' emotional and behavioral responses (Caponnechia, 2012; Lee & Lemyre, 2009; White et al., 2013). Individuals' behaviors are formed based on their knowledge, which may come from observation or social interactions with others (Bandura, 1978; Paton, 2003). When

they are informed of a threat likelihood, the individuals undergo cognitive processes such as contemplation and forming motivation and intention before acting (Gin et al., 2014). With increasing awareness of the threat and its likelihood of occurrence, they may seek to learn preparedness behaviors, whether through observing emergency response professionals or interacting with others to avoid the threat and protect themselves from harm.

Perceived Seriousness of Terrorism

The results revealed no relationship between perceived seriousness of terrorism and individual preparedness among Thai people. This finding is inconsistent with some previous research. For example, Economou and Kollias (2015) and Kapuscinski and Richards' (2016) studies found a low perception of seriousness to be associated with a low individual preparedness. Meanwhile, Bethel et al. (2011), Bourque et al. (2013), and Gibson et al. (2015) found a higher perception of seriousness of terrorism to be associated with a low preparedness.

Bourque et al. (2013) and Gibson et al. (2015) suggested other social factors such as risk education and public communication be considered when attempting to explain the relationship between individuals' perception of seriousness and behavioral responses. Individuals might see that terrorism has severe effects, but a lack of knowledge on how to prevent it could cause people to be less prepared (Bethel et al., 2011; Bourque et al., 2013; Gibson et al., 2015). Future research may include these possible factors as mediators or moderators to determine the relationship between perceived seriousness of terrorism and individual preparedness.

Perceived Impact of Terrorism

Analysis indicated that perceived impact of terrorism was not a statistically significant predictor of individual preparedness. This is a contrast to some previous studies showing a positive relationship between the two variables. Bodas et al. (2015a) found that the perception of the impact of terrorism was the most significant predictor of one's decision to seek preparedness information. Like Bodas et al., Economou and Kollias (2015) discovered that, if individuals were aware of a threat and recognize the impact on their lives and their families, they would be more willing to take action toward preparedness.

However, the results can be related to some researchers' arguments that perception of the impact of terrorism does not necessarily lead to preparedness. Donahue et al. (2013) and Gin et al. (2014) found a high perception of the impact of terrorism but a lack of preparedness among people in the United States and the United Kingdom. They also suggested that the perception of impact alone was not enough to drive individuals' motivation to engage in preparedness behaviors unless they believe that a terrorist incident is likely to occur and are informed of measures they may take to prepare for the anticipated impact (Donahue et al., 2013; Gin et al., 2014).

In Thailand, most terrorist incidents occur in the south. Those living in or nearby the affected areas might have a different perception of the impact of terrorism. In the future, another study should be conducted with the population living in or nearby the affected areas in southern Thailand to examine whether the perception of the impact of terrorism among the population in the south predicts their preparedness. This will also

allow for comparison with the results of this study, which came from the general population across the country.

Perceived Coping Efficacy

The results identified perceived coping efficacy as a statistically significant predictor of individual preparedness for terrorism. This confirms Becker et al. (2013), Gibson et al. (2015), and Lee and Lemyre's (2009) findings that individuals are more likely to respond to emergency messages and preparedness guidance when they are confident in their ability to cope with the impact of an event. Thailand has experienced major disasters in the past, whether it be natural disasters or terrorist incidents. Even though they may not have direct experience in disaster preparedness, most Thai people may have developed a certain degree of coping skills as they learned about the impact of the disasters (see Becker et al., 2013; Bryant et al., 2011). As the social-cognitive perspective stresses, individuals learn certain behavior from observing and/or interacting with others (Paton, 2003). Knowing what to do and how to do it may provide individuals with more of a feeling of confidence in their ability to execute such behavior (Cave, 2014). Hence, in the event of terrorism, individuals' confidence in their coping skills could determine their preparedness behavior.

Perceived Government Preparedness

The results of the study yielded no relationship between perceived government preparedness and individual preparedness for terrorism. The finding supports the studies of Ciampi (2013) and Sargent and Brooks (2010), suggesting perception of government preparedness was not significantly related to individuals' preparedness behaviors. This is

the opposite of Paton (2003) and Stevens et al.'s (2012) findings that identified perceived government preparedness as a significant predictor of individuals' decision to act toward preparedness.

In the social cognitive model, government preparedness is a socio-contextual factor that can influence individuals' behavioral responses (Lee & Lemyre, 2009). However, it is not surprising to find no correlation between perceived government and individual preparedness among Thai people in this study. As Chongkittavorn (2004) and LaFree et al. (2013) pointed out, the Thai government has been reluctant to admit the terrorism problem and has not been able to demonstrate effectiveness in countering terrorism. This might lead individuals to rely less on the government but more on first responders and community response organizations to provide emergency preparedness resources. In the future, a study should be conducted to examine how Thai people perceive the government's role in terrorism preparedness and response. This should shed some light on how Thai people perceive government preparedness and whether the perception of government preparedness can lead to individuals' decision to take action toward preparedness.

Perceived Frontline Responder Preparedness

The results indicated a positive association between perceived frontline responder preparedness and individual preparedness. This supports the findings in the studies conducted by Lee and Lemyre (2009) and Paton (2003), which found that a higher perception of frontline preparedness predicted increased individual preparedness. Individuals are more likely to engage in preparedness behaviors when they feel confident

in first responders' ability to respond to terrorism (Lee & Lemyre, 2009; Paton, 2003). In Thailand, it is noted that first responders and emergency response organizations play a prominent role in disaster relief and preparedness education (Muttarak & Pothisiri, 2013). Therefore, how frontline responders prepare to respond to a terrorist incident or any disaster may influence individuals' decisions and actions to engage in the same pattern of preparedness behavior. As highlighted in the theoretical framework, individuals learn from observing the outcomes of others performing or modeling socially accepted or desired behaviors (see Bandura, 1978; Lee & Lemyre, 2009; Paton, 2003). Therefore, frontline responder preparedness may play a role similar to a social norm, reinforcing the same pattern of behavior in individuals.

Limitations of the Study

One of the limitations of the study is possible response bias. Given that the study relied on participants' self-reporting, there is a possibility that some survey responses were not reliable. Although self-reporting is a common measure in social science studies, the reliability of the data can be affected by recall error and/or social desirability (Lee & Lemyre, 2009). The second limitation is the demographic distribution. The descriptive analysis showed that 67.9% of the participants were female, and 39.8% of the participants were in the age group of 20-29 years old. The study might be more of a reflection of the female and the younger populations. This challenges the generalizability of the results.

Due to the nature of a quantitative survey study, the study might not fully capture the relationship between the risk perception of terrorism and individual preparedness. This presents another limitation to the study. Also, the correlational design and multiple

regression analysis performed in this study did not yield causality. Therefore, the study was unable to establish a causal relationship between the independent and dependent variables.

Lastly, because the scope of the study was limited to investigating the relationship between the risk perception of terrorism and individual preparedness, the study did not examine socio-demographic or other factors that might mediate or moderate the relationship between the two variables. It was unable to determine whether any common socio-demographics and/or other factors mediated or affected the strength of the relationship between risk perception and individual preparedness in any way. By including other relevant variables, it may yield a more comprehensive explanation of the predictive relationship between individual preparedness and the independent variables.

Recommendations

While this study contributes to the literature on the risk perception of terrorism and preparedness in Thailand, the limitations of the study reflect the need for additional research. One of the recommendations for future studies is to use stratified sampling to provide better coverage of the study population, which will allow for control over the subgroups such as age and gender to ensure the population is proportionately represented in the sampling.

Secondly, qualitative or mixed methods research are needed to better understand the risk perceptions of terrorism and their preparedness behaviors among Thai people as well as the relationship between these two variables. Qualitative or mixed methods research will allow for more rigorous data collection through interviews, focus groups,

and/or observation, which will yield deeper insights or different perspectives regarding Thai people's view of terrorism and preparedness. Furthermore, future longitudinal research may offer better insights into the dynamic relationships between risk perception and individual preparedness.

Another recommendation is to examine other factors that potentially influence risk perception of terrorism and preparedness. Socio-demographic factors, such as age, gender, income, education, and religion, should be considered. Given that most terrorist incidents in Thailand have occurred in the south, future researchers may also include living proximity and/or previous experience with terrorism as independent variables.

Furthermore, future studies should be conducted with the Thai population living in or near the southernmost provinces, where terrorist incidents frequently occur. Not only will the future findings help expand the current knowledge of Thai people's risk perception of terrorism and individual preparedness, but they will also help to further assess the theoretical framework. These findings may also help determine whether the SCT principles are applicable and appropriate to explain preparedness behaviors of specific subgroups of the population.

Implications

The study has the potential to enact social change at the individual, community, and national levels. First, it can help raise awareness of terrorism and emergency preparedness in Thailand and influence preparedness behaviors among Thai people. The study represents an important step in understanding some of the factors involved in individuals' behavioral responses to terrorism. As highlighted in the SCT framework,

individuals' awareness and perception determine how they act (Bandura, 1978). This study can thus serve as a source of information that offers individuals new knowledge, influencing their thoughts and actions to engage in preparedness activities.

Secondly, the study has the potential to influence public policy by providing data and insights into how Thai people perceive the risk of terrorism, how prepared they are to respond to a terrorist incident, and how risk perception can predict response behaviors. This can be valuable to the improvement of the Thai government's counterterrorism and terrorism preparedness measures. The results of the study can be useful in developing risk communication strategies, educating the public and promoting proactive behaviors to mitigate the risk. Strategies emphasizing what individuals can do to prepare and cope with a potential terrorist attack may also be an effective means to promote resiliency (Siman-Tov et al., 2016).

As a result of identifying perceived frontline responder preparedness as a significant predictor of individual preparedness, this study can also lead to the implementation of strategic plans and policies that support emergency response personnel and organizations at both local and national levels to become more efficient and well-resourced. In addition, it can be useful in designing terrorism preparedness initiatives and programs aimed at increasing training and resources for first responders and local communities and promoting citizen engagement in terrorism preparedness.

Conclusion

With very few studies addressing terrorism in Thailand, little information was available on the nature of individuals' views of terrorism and behavioral responses to a

terrorist threat. This study was, therefore, conducted to fill the gap in the literature. The findings yielded empirical evidence that risk perception of terrorism, specifically the perceived probability of terrorism, perceived coping efficacy, and perceived frontline responder preparedness, could predict individuals' preparedness behaviors. However, the perceived seriousness of terrorism, the perceived impact, and perceived government preparedness were found statistically unrelated to individual preparedness.

While the results supported some previous studies and disconfirmed others, the study met the objective of understanding the nature of the relationship between the risk perception of terrorism and individual preparedness among Thai people in Thailand. Not only did the study contribute to the existing knowledge in terrorism preparedness, but it also established a foundation for future research focusing on the risk perception of terrorism and individual preparedness among Thai people. With the data and insight into the significant predictors of individual preparedness, the study has the potential to impact social change at the individual, community, and national levels. The knowledge from this study can help increase awareness of terrorism and preparedness, influence strategic plans and policies, improve terrorism preparedness programs, and ultimately promote a social norm of preparedness among people in the country.

References

- Adini, B., & Peleg, K. (2013). On constant alert: Lessons to be learned from Israel's emergency response to mass-casualty terrorism incidents. *Health Affairs*, 30(12), 2179-2185. doi:10.1377/hlthaff.2013.0956
- Ahlfeldt, G.M., Franke, B., & Maenning, W. (2015). Terrorism and international tourism: The case of Germany. *Jahrbücher für Nationalökonomie und Statistik*, 235(1), 3-21. Retrieved from http://eprints.lse.ac.uk/56847/1/__lse.ac.uk_storage_LIBRARY_Secondary_libfile_shared_repository_Content_Ahlfeldt%20%20G_Terrorism%20and%20international%20tourism_Ahlfeldt_Terrorism%20and%20international%20tourism_2015.pdf
- Al Badayneh, D., Al Khattar, A., & Al Hasan, K. (2016). Fearing future terrorism: Perceived personal, national, regional, and international threat of terrorism. *NATO Science for Peace and Security Series – E: Human and Societal Dynamics*, 90, 30-44. doi:10.3233/978-1-60750-970-7-30
- AlBattat, A.R., & Mat Som, A.P. (2013). Emergency preparedness for disasters and crises in the hotel industry. *SAGE Open*, 3(3), 1-13. doi:10.1177/2158244013505604
- Ajzen I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179–211. doi:10.1016/0749-5978(91)90020-

- Askew, M., & Helbardt, S. (2012). Becoming Patani warriors: Individuals and insurgent collective in southern Thailand. *Studies in Conflict and Terrorism*, 35(11), 779-809. doi:10.1080/1057610X.2012.720239
- Aslam, M.M., Othman, I.B., & Rosili, N.A.K. (2016). De-radicalization programs in Southeast Asia: A comparative study of rehabilitation programs in Malaysia, Thailand, Indonesia, and Singapore. *Journal of Education and Social Sciences*, 4, 155-160. Retrieved from https://www.jesoc.com/wp-content/uploads/2016/06/KC4_81.pdf
- Bagarinao, R.T. (2016). Households' natural disaster preparedness: A view from a second class municipality in a developing country. *Environment Asia*, 9(2), 158-164. doi:10.14456/ea.2016.20
- Baker, D. (2014). The effects of terrorism on the travel and tourism industry. *International Journal of Religious Tourism and Pilgrimage*, 2(1), 58-67. Retrieved from <http://arrow.dit.ie/ijrtp/vol2/iss1/9>
- Bandura, A. (1978). The self system in reciprocal determinism. *The American Psychologist*, 33(4), 344-358. Retrieved from <https://web.stanford.edu/dept/psychology/bandura/pajares/Bandura1978AP.pdf>
- Bandura, A. (1988). Organizational applications of social cognitive theory. *Australian Journal of Management*, 13(2), 275-302. Retrieved from <https://web.stanford.edu/dept/psychology/bandura/pajares/Bandura1988AJM.pdf>

- Barter, S. (2011). Strong state, smothered society: Explaining terrorist violence in Thailand's deep south. *Terrorism and Political Violence*, 23(2), 213-232. doi:10.1080/09546553.2010.526869
- Becker, J., Paton, D., Johnston, D., & Ronan, K. (2013). A model of household preparedness for earthquakes: How individuals make meaning of earthquake information and how this influences preparedness. *Natural Hazards*, 64(1), 107-137. doi:10.1007/s11069-012-0238-x
- Bethel, J. W., Foreman, A. N., & Burke, S. C. (2011). Disaster preparedness among medically vulnerable populations. *American Journal of Preventive Medicine*, 40, 139-143. doi:10.1016/j.amepre.2010.10.020
- Bigot, C. L. P. (2017) Guardians and Targets: A Routine Activity Approach to Terrorism in Southeast Asia. *Open Journal of Social Sciences*, 5, 140-163. doi:10.4236/jss.2017.512011
- Bodas, M., Siman-Tov, M., Kreitler, S., & Peleg, K. (2015a). Perception of the threat of war in Israel- implications for future preparedness planning. *Israel Journal of Health Policy Research*, 4(35), 1-9. doi:10.1186/s13584-015-0026-7
- Bodas, M., Siman-Tov, M., Kreitler, S., & Peleg, K. (2015b). Assessment of emergency preparedness of households in Israel for war – Current status. *Disaster Medicine and Public Health Preparedness*, 9(4), 382-390. doi:10.1017/dmp.2015.56
- Bolarinwa, O. A. (2015). Principles and methods of validity and reliability testing of questionnaires used in social and health science researches. *Nigeria Postgraduate Medical Journal*, 22(4), 195-201. doi:10.4103/1117-1936.173959

- Bourque, L. B., Mileti, D. S., Kano, M., & Wood, M. M. (2012). Who prepares for terrorism? *Environment and Behavior*, *44*(3), 374-409.
doi:10.1177/0013916510390318
- Bourque, L. B., Regan, R., Kelly, M. M., Wood, M. M., Kano, M., & Mileti, D. S. (2013). An examination of the effect of perceived risk on preparedness behavior. *Environment and Behavior*, *45*(5), 615-649. doi:10.1177/0013916512437596
- Briggs, R. (2010). Community engagement for counterterrorism: Lessons from the United Kingdom. *International Affairs*, *86*(4), 971-981. doi:10.1111/j.1468-2346.2010.00923.x
- Bryant, R. A., Ekasawin, S., Chakrabhand, S., Suwanmitri, S., Duangchun, O., & Chantaluckwong, T. (2011). A randomized controlled effectiveness trial of cognitive behavior therapy for post-traumatic stress disorder in terrorist-affected people in Thailand. *World psychiatry: Official Journal of the World Psychiatric Association (WPA)*, *10*(3), 205-9.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3188775/>
- Caponecchia, C. (2012). Relative risk perception for terrorism: Implications for preparedness and risk communication. *Risk Analysis*, *32*(9), 1524-1534.
doi:10.1111/j.1539-6924.2011.01784.x
- Cave, L. A. (2014). A social-cognitive prediction of the perceived threat of terrorism and behavioral responses to terrorist activities. *Lecture Notes in Computer Science*, *8534*, 14-25. doi:10.1007/978-3-319-07527-3_2

- Chalayonnavin, A. (2015). Game theory and the unrest in Thai southern border provinces. *Asian Social Science*, 11 (26), 358-364. doi:10.5539/ass.v11n26p358
- Chalk, P. (2015). *Black flag rising: ISIL in Southeast Asia and Australia*. Retrieved from https://www.aspi.org.au/publications/black-flag-rising-isil-in-southeast-asia-and-australia/Black-flag-rising_ISIL.pdf
- Chan, A. (2015). Thailand. *Counter Terrorist Trends & Analysis*, 7(1), 25-27. Retrieved from <https://www.jstor.org/stable/26351303>
- Chew, E. Y. T., & Jahari, S. A. (2014). Destination image as a mediator between perceived risks and revisit intention: A case of post-disaster Japan. *Tourism Management*, 40, 382-393. doi:10.1016/j.tourman.2013.07.008
- Chirtkiatsakul, B., Kuning, M., McNeil, N., & Eso, M (2014). Risk factors for mortality among victims of provincial unrest in southern Thailand. *Kasetsat Journal*, 35, 84-91. Retrieved from http://kasetsartjournal.ku.ac.th/kuj_files/2014/A1403260948143281.pdf
- Chongkittavorn, K. (2004). Thailand international terrorism and the Muslim South. *Southeast Asian Affairs*, 267-275. Retrieved from <https://www.jstor.org/stable/27913265>
- Ciampi, D. F. (2012). Anticipated attitudes for providing psychological services to survivors of major terrorist incidents. *Psychological Trauma: Theory, Research, Practice, and Policy*, 4(2), 237-243. doi:10.1037/a0024475
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Thousand Oaks, CA: SAGE.

- D'Amico, S., Marano, A., Geraci, M. A., & Legge, E. (2013). Perceived self-efficacy and coping styles related to stressful critical life events. *PLoS ONE*, *7*, e67571.
doi:10.1371/journal.pone.0067571
- De Juan, A. (2015). The role of intra-religious conflicts in intrastate wars. *Terrorism and Political Violence*, *27*(4), 762-780. doi:10.1080/09546553.2013.856781
- Department of Foreign Affairs and Trade. (2015). *Travel advice*. Retrieved from <http://smartraveller.gov.au/Countries/asia/south-east/pages/thailand.aspx>
- Dillon, R. L., Tinsley, C., & Burns, W. J. (2014). Evolving risk perceptions about near-miss terrorist events. *Decision Analysis*, *11*(1), 27-42.
doi:10.1287/deca.2013.0286
- Donahue, A., Eckel, C. C., & Wilson, R. K. (2013). Ready or not? How citizens and public officials perceive risk and preparedness. *American Review of Public Administration*, *44*(4), 89-111. doi:10.1177/0275074013506517
- Drakos, K., & Muller, C. (2013). On the determinants of terrorism risk concern in Europe. *Journal of Defence and Peace Economics*, *25*(3), 291-310.
doi:10.1080/10242694.2013.763472
- Dweck, C. S., & Leggett, E. L. (1988). A social-cognitive approach to motivation and personality. *Psychological Review*, *(2)*, 256. Retrieved from https://psychology.stanford.edu/sites/all/files/A%20social-cognitive%20approach_0_0.pdf

- Economou, A., & Kollias, C. (2015). Terrorism and political self-placement in European Union countries. *Peace Economics Peace Science Public Policy*, 21(2), 217-238. doi:10.1515/peps-2014-0036
- Ejeta, L.T., Ardalan, A., & Paton, D. (2015). Application of behavioral theories to disaster and emergency health preparedness: A systematic review. *PLOS Currents Disasters*, 7. doi:10.1371/currents.dis.31a8995ced321301466db400f1357829.
- Emmers, R. (2009). Comprehensive security and resilience in Southeast Asia: ASEAN's approach to terrorism. *Pacific Review*, 22(2), 159-177. doi:10.1080/09512740902815300
- Espina, E., & Teng-Calleja, M. (2015). A social cognitive approach to disaster preparedness. *Philippines Journal of Psychology*, 48(2), 161-174. Retrieved from http://www.pap.org.ph/includes/view/default/uploads/pjp-journals/PJP1502_Final_7Espina_and_Calleja.pdf
- Fahy, R. (2013). Overview of major studies on the evacuation of World Trade Center Buildings 1 and 2 on 9/11. *Fire Technology*, 49, 643-655. doi:10.1007/s10694-012-0290-9
- Federal Emergency Management Agency. (2009). *Personal preparedness in America: Findings from the 2009 Citizen Corps National Survey*. Retrieved from <http://www.citizencorps.gov/ready/2009findings.shtm>.
- Fields, A. (2013) *Discovering statistics using SPSS*. (4th ed). Thousand Oaks, CA: Sage

- Fuchs, G. (2011). Low versus high sensation-seeking tourists: A study of backpackers' experience risk perception. *International Journal of Tourism Research*, 15(1), 81-92. doi:10.1002/jtr.878
- Gambao-Maldonado, T., Marshak, H.H., Sinclair, R., Montgomery, S., & Dyjack, D.T. (2012). Building capacity for community disaster preparedness: A call for collaboration between public environmental health and emergency preparedness and response programs. *Journal of Environmental Health*, 75(2), 24-29. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4651206/>
- Gastil, R.D. (1961). The determinants of human behavior. *American Anthropology*, 63(6), 1281-1291. Retrieved from <http://www.jstor.org/stable/666861>
- Gibson, S., Lemyre, L., & Lee, J.E.C. (2015) Predicting emergency response intentions among the Canadian public in the context of terrorism threats: Examining sociodemographics and the mediating role of risk perception, *Human and Ecological Risk Assessment: An International Journal*, 21(1), 205-226, doi:10.1080/10807039.2014.902683
- Gin, J.L., Stein, J.A., Heslin, K.C., & Dobalian, A. (2014). Responding to risk: Awareness and action after the September 11, 2001 terrorist attacks. *Safety Science*, 65, 86-92. Retrieved from <http://www.sciencedirect.com/science/article/pii/S0925753514000034>
- Greenberg, M.R., Dyen, S., & Elliot, S. (2013). The public's preparedness: self-reliance, flashbulb memories, and conservative values. *American Journal of Public Health*, 103(6), 85-91. doi:10.2105/AJPH.2012.301198

- Grimm, A., Hulse, L., Preiss, M., & Schmidt, S. (2012). Post-and peritraumatic stress in disaster survivors: an explorative study about the influence of individual and event characteristics across different types of disasters. *European Journal of Psychotraumatology*, 3(1), 7382-7390. doi:10.3402/ejpt.v3i0.7382
- Gupta, D. (2016). Solahudin. The roots of terrorism in Indonesia: from DI to Jema'ah Islamiyah; Rohan Gunaratna and Arabinda Acharya. The terrorist threat from Thailand: Jihad or quest for justice?; Sumit Ganguly and David P. Fidler (Eds.). India and counterinsurgency: Lessons learned. *Terrorism and Political Violence*, 28(5), 982-987. doi:10.1080/09546553.2016.1230453
- Holgersson, A., Sahovic, D., Saveman, B., & Bjornstig, S. (2016). Factors influencing responders' perceptions of preparedness for terrorism. *International Journal of Disaster Prevention and Management*, 25(4), 520-533. doi:10.1108/DPM-12-2015-0280.
- Huang, C., Vaneckova, P., Wang, X., FitzGerald, G., Guo, Y., & Tong, S. (2011). Constraints and barriers to public health adaptation to climate change: A review of the literature. *American Journal of Preventive Medicine*, 40, 183-190. doi:10.1016/j.amepre.2010.10.025
- Index Mundi. (2019). *Thailand demographics profile 2019*. Retrieved from https://www.indexmundi.com/thailand/demographics_profile.html
- Kahan, J.H. (2015). Hedging against terrorism: Are US business prepared?. *Journal of Business Continuity & Emergency Planning*, 9(1), 70-83. Retrieved from <http://content.ebscohost.com/ContentServer.asp?T=P&P=AN&K=110394511&S>

=R&D=tsh&EbscoContent=dGJyMMTo50Sep7A4y9f3OLCmr0%2BeqK9Ss624

TLGWxWXS&ContentCustomer=dGJyMPGss0q1qK5IuePfgex43zx

Kapuscinski, G., & Richards, B. (2016). News framing effects on destination risk perception. *Tourism Management*, *57*, 234-244.

doi:10.1016/j.tourman.2016.06.017

Keling, M. F., Shuib, M. S., Ajis, M. N., & MohdNadzri, A. D. (2009). The problems of terrorism in Southeast Asia. *Journal of Asia Pacific Studies*, *1*(1), 27-48.

Retrieved from <https://www.japss.org/upload/2mohamad.pdf>

Kluch, S.P., & Vaux, A. (2016). The non-random nature of terrorism: An exploration of where and how global trends of terrorism have developed over 40 years. *Studies in Conflict & Terrorism*, *39*(12), 1031-1049.

doi:10.1080/1057610X.2016.1159070

Komolmalai, W., Kuning, M., & McNeil, D. (2012). Muslim victims of terrorism violence in southern Thailand. *International Journal of Business and Social Science*, *3*(13), 114-119. Retrieved from

ijbssnet.com/journals/Vol_3_No_13_July_2012/13.pdf

Korstanje, M.E. (2011). Why risk why now? Conceptual problems around the risk perception in tourism industry. *Revista Brasileira de Pesquisa em Turismo*, *5*(1), 4-22. doi:10.7784/rbtur.v5i1.403

Kurlandtzick, J. (2016). *A new approach to Thailand's insurgency: Council on foreign relations discussion paper*. Retrieved from <http://www.cfr.org/thailand/new-approach-thailands-insurgency/p38364>

- LaFree, G., Presser, S., Tourangeau, R., & Adamczyk, A. (2013). *U.S. Attitudes toward Terrorism and Counterterrorism: Report to the Resilient Systems Division, Science and Technology Directorate, U.S Department of Homeland Security*. Retrieved from http://www.start.umd.edu/sites/default/files/files/publications/START_USAttitudesTowardTerrorismandCounterterrorism_March2013.pdf
- Lee, J. C., & Lemyre, L. (2009). A social-cognitive perspective of terrorism risk perception and individual response in Canada. *Risk Analysis*, 29(9), 1265-1280. doi:10.1111/j.1539-6924.2009.01264.x
- Lee, J.E.C., Gibson, S., Markon, M.R.L., & Lemyre, L. (2009). A preventive coping perspective of individual response to terrorism in Canada. *Current Psychology*, 28, 69-84. doi:10.1007/s12144-009-9053-2
- Lemyre, L., Turner, M. C., Lee, J. C., & Krewski, D. (2006). Public Perception of Terrorism Threats and Related Information Sources in Canada: Implications for the Management of Terrorism Risks. *Journal of Risk Research*, 9(7), 755-774. doi:10.1080/13669870600924477
- Levac, J., Toal-Sullivan, D., & O'Sullivan, T.L. (2012). Household emergency preparedness: A literature review. *Journal of Community Health*, 37, 725-733. doi:10.1007/s10900-011-9488-x
- Liow, J. C. (2004). The security situation in southern Thailand: Toward an understanding of domestic and international Dimensions. *Studies in Conflict & Terrorism*, 27(6), 531-548. doi:10.1080/10576100490513701

- Manmuang, S., Yolles, M., & Talabkaew, S. (2013). Understanding the sustainability of insurgency conflict in Thailand. *Journal of Organisational Transformation & Social Change*, 10(2), 178-194, doi:10.1179/1477963313Z.00000000011.
- Marks, T. (2018). Looking in: External views of the way forward in Thai southern insurgency. *Journal of Small Wars & Insurgencies*, 29(1), 131-140.
doi:10.1080/09592318.2018.1404776
- McConnell, J.B., & Crudo, C. (2015). Crisis behavior: An exploration of theories in concert. *Journal of Emergency Management*, 13(3), 247-254.
doi:10.5055/jem.2015.0238
- Mohammad-pajoo, E., & Aziz, K. (2014). Investigating factors for disease preparedness among residents of Kuala Lumpur. *Natural Hazards and Earth System Sciences*, 2, 3683-3706. Retrieved from <https://www.nat-hazards-earth-syst-sci-discuss.net/2/3683/2014/nhessd-2-3683-2014.pdf>
- Morakabati, Y., & Kapuscinski, G. (2016). Personality, risk perception, benefit sought and terrorism effect. *International Journal Tourism Research*, 18(5), 506-514.
doi:10.1002/jtr.2068
- Muttarak, R., & Pothisiri, W. (2013). The role of education on disaster preparedness: case study of 2012 Indian Ocean earthquakes on Thailand's Andaman Coast. *Ecology and Society* 18(4), 51-66. Retrieved from <http://dx.doi.org/10.5751/ES-06101-180451>

- National Consortium for the Study of Terrorism and Responses to Terrorism (START). (2016). *Global Terrorism Database* [Data file]. Retrieved from <https://www.start.umd.edu/gtd>
- Nanuam, W. (2015). *Engagement of Malaysia and Indonesia on counterinsurgency in the south of Thailand*. Retrieved from <http://apcss.org/wp-content/uploads/2015/08/AP-Wassana-counterinsurgency-Aug2015.pdf>
- Ngoc, P.B. (2016). *International tourists' risk perception toward terrorism and political instability: The case of Tunisia*. Retrieved from https://atrium.lib.uoguelph.ca/xmlui/bitstream/handle/10214/9725/PhamBich_Ngoc_201605_MSc.pdf?sequence=1.
- Orji, R., Vassileva, J., Mandryk, R. (2012). Towards an effective health interventions design: An extension of the health belief model. *Online Journal of Public Health Information, 4*(3). doi:10.5210/ojphi.v4i3.4321
- Paek, H.J., Hilyard, K., Freimuth, V., Barge, K., & Mindlin, M. (2010). Theory-based approaches to understanding public emergency preparedness: Implications for effective health and risk communication. *Journal of Health Communication International Perspectives, 15*(4), 428-444. doi:10.1080/10810731003753083
- Paton, D. (2003). Disaster preparedness: A social-cognitive perspective. *Disaster Prevention and Management, 12*(3), 210-216. doi:10.1108/09653560310480686
- Pennington-Gray, L., & Schroeder, A. (2013). International tourist's perceptions of safety & security: The role of social media. *Matkailututkimus, 9*(1), 7-2. Retrieved from

https://www.researchgate.net/publication/263009819_International_tourist's_perceptions_of_safety_security_The_role_of_social_media

Pongsudhirak, T. (2016). An unaligned alliance: Thailand-U.S. relations in the early 21st century. *Asian Politics and Policy*, 8(1), 63-74. doi:10.1111/aspp.12233

Popova, L. (2012). The Extended Parallel Process Model: Illuminating the gaps in research. *Health Education and Behaviors*, 39(4), 455-473.

doi:10.1177/1090198111418108

Porath, N. (2011). The terrorist insurgency in the south of Thailand. *Journal of the Humanities and Social Sciences of Southeast Asia*, 167(1), 130-139. doi:

10.1163/22134379-90003604

Rittichainuwat, B.N., & Chakraborty, G. (2009). Perceived travel risks regarding terrorism and disease: The case of Thailand. *Tourism Management*, 0(0) 1-9.

doi:10.1016/j.tourman.2008.08.001

Rosenstock, I. (1974). Historical Origins of the Health Belief Model. *Health Education Monographs*, 2(4), 328-335. doi:10.1177/109019817400200403

Said, A., Ahmadun, F. R., Mahmud, R. A., & Abas, F. (2011). Community preparedness for tsunami disaster: A case study. *Disaster Prevention and Management: An International Journal*, 20(3), 266-280. doi:10.1108/09653561111141718

Sargent, R., & Brooks, D.J. (2010). Terrorism in Australia: A psychometric study into the

Western Australian public perception of terrorism. *Australian Security and Intelligence Conference*, 63-72. doi:10.4225/75/579eff55099cf

- Sateemae, S. (2015). Religiosity and social problems among Muslim adolescents in Southern Thailand. *Journal of Muslim Mental Health, 9*(2), 4-24. Retrieved from <http://dx.doi.org/10.3998/jmmh.10381607.0009.201>
- Schmid, A.P. (2012). The revised academic consensus definition of terrorism. *Perspective on Terrorism, 6*(2), 158-159. Retrieved from <http://www.terrorismanalysts.com/pt/index.php/pot/article/view/schmid-terrorism-definition/html>
- Schuster, M. A., Stein, B. D., Jaycox, L. H., Collins, R. L., Marshall, G. N., ... Barry, M.A. (2001). A national survey of stress reactions after the September 11, 2001, terrorist attacks. *New England Journal of Medicine, 345*(20), 1507–1512. doi:10.1056/NEJM200111153452024
- Scifo, S., & Salman, Y. (2015). Citizens' involvement in emergency preparedness and response: A comparative analysis of media strategies and online presence in Turkey, Italy and Germany. *Interactions: Studies in Communication & Culture, 6*(2), 179–198. doi:10.1386/iscc.6.2.179_1
- Seabra, C., Abrantes, J.L., & Kastenholz, E. (2014). The influence of terrorism risk perception on purchase involvement and safety concern of international travelers. *Journal of Marketing Management, 30*(9-10), 874-903. doi:10.1080/0267257X.2014.934904
- Sedwick, P. (2014). Cross sectional studies: Advantages and disadvantages. *BMJ, 348*(g2276), 1-2. doi:10.1136/bmj.g2276

- Sharifpour, M., Walters, G., & Ritchie, B. (2014). Risk perception, prior knowledge, and willingness to travel: Investigating the Australian tourist market's risk perceptions towards the Middle East. *Journal of Vacation Marketing*, 20(2), 111-123.
doi:10.1177/1356766713502486
- Sheppard, B. (2011). Mitigating terror and avoidance behavior through the risk perception matrix to augment resilience. *Journal of Homeland Security and Emergency Management*, 8(1), 1-19. doi:10.2202/1547-7355.1840
- Siman-Tov, M., Bodas, M., & Peleg, K. (2016). The social impact of terrorism on civilian populations: Lessons learned from decades of terrorism in Israel and abroad. *Social Science Quarterly*, 97(1), 75-85. doi:10.1111/ssqu.12254
- Smith, C., & Hewison, A. (2012). Are nurses prepared to respond to a bioterrorist attack: a narrative synthesis. *Journal of Advanced Nursing* 68(12), 2597–2609.
doi:10.1111/j.1365-2648.2012.06061.x
- Stevens, G., Agho, K., Taylor, M., Jones, A. L., Jacobs, J., Barr, M., & Raphael, B. (2011). Alert but less alarmed: a pooled analysis of terrorism threat perception in Australia. *BMC Public Health*, 11797. doi:10.1186/1471-2458-11-797
- Stevens, G., Agho, K., Taylor, M., Jones, A. L., Barr, M., & Raphael, B. (2012). Perceived coping & concern predict terrorism preparedness in Australia. *BMC Public Health*, 121117. doi:10.1186/1471-2458-12-1117
- Tavitiyaman, P., & Qu, H. (2013) Destination image and behavior intention of Travelers to Thailand: The moderating effect of perceived risk. *Journal of Travel & Tourism Marketing*, 30(3), 169-185. doi:10.1080/10548408.2013.774911

- Taylor, M., Joung, W., Griffin, B., Hill, D., Chisari, R., Hesketh, B., & Raphael, B. (2011). The public and a radiological or nuclear emergency event: Threat perception, preparedness, and anticipated response. Findings from a preliminary study in Sydney, Australia. *Australian Journal of Emergency Management*, 26(1), 31-39. Retrieved from <https://ajem.infoservices.com.au/items/AJEM-26-01-07>
- Torabi, M. R., & Seo, D.C. (2004). National study of behavioral and life changes since September 11. *Health Education & Behavior*, 31(2), 179–192. doi:10.1177/1090198103259183
- United States Department of States. (2015). *Country reports on terrorism 2015*. Retrieved from <http://www.state.gov/documents/organization/258249.pdf>
- United States Department of State. (2018). *Country reports on terrorism 2017*. Retrieved from <https://www.state.gov/documents/organization/283100.pdf>
- United States Embassy and Consulate in Thailand. (2016). *Security message for U.S. citizens: August 11, 2016 bombings in Hua Hin and other incidents*. Retrieved from <https://th.usembassy.gov/security-message-u-s-citizens-august-11-2016-bombings-hua-hin-incidents/>
- Van de Mortel, T.F. (2008). Faking it: Social desirability response bias in self-report research. *Australian Journal of Advanced Nursing*, 25(4), 40-48. Retrieved from https://epubs.scu.edu.au/cgi/viewcontent.cgi?article=1001&context=hahs_pubs
- Weinstein, W.D. (2000). Perceived probability, perceived severity, and health-protective behavior. *Health Psychology*, 19(1), 65-74. doi:10.1037/0278-6133.19.1.65

- Whetzel, E., Walker-Cillo, G., Chan, G.K., & Trivett, J. (2013). Emergency nurse perceptions of individual and facility emergency preparedness. *Journal of Emergency Nursing*, 39(1), 46-52. doi:10.1016/j.jen.2011.08.005
- White, G., Porter, M. D., & Mazerolle, L. (2013). Terrorism risk, resilience and volatility: A comparison of terrorism patterns in three Southeast Asian countries. *Journal of Quantitative Criminology*, 29(2), 295-320. doi:10.1007/s10940-012-9181-y
- White, G., Mazerolle, L., Porter, M. D., & Chalk, P. (2014). Modeling the effectiveness of counter-terrorism interventions. *Trends and Issues in Crime and Criminal Justice*, 475, 1-8. Retrieved from <https://www.aic.gov.au/publications/tandi/tandi475>
- Williams, A. M., & Baláž, V. (2013). Tourism, risk tolerance and competences: travel organization and tourism hazards. *Tourism Management*, 35, 209-221. doi:10.1016/j.tourman.2012.07.006
- Witte, K. (1992). Putting the fear back into fear appeals: The Extended Parallel Process Model. *Communication Monographs*, 59, 329-349. Retrieved from <https://msu.edu/~wittek/fearback.htm>
- Wolff, K., & Larsen, S. (2014). Can terrorism make us feel safe? Risk perceptions and worries before and after the July 22nd attacks. *Annals of Tourism Research*, 44(2014), 200-209. doi:10.1016/j.annals.2013.10.003
- Wood, M.M., Mileti, D.S., Kano, M., Kelly, M.M., Reagan, R., & Bourque, L.B. (2012). Communicating actionable risk for terrorism and other hazards. *Risk Analysis*, 32(4), 602-615. doi:10.1111/j.1539-6924.2011.01645.x

Wood, R., & Bandura, A. (1989). Impact of conceptions of ability on self-regulation mechanisms and complex decision making. *Journal of Personality and Social Psychology*, 56(3), 407-415. doi:10.1037//0022-3514.56.3.407

Appendix A: Permission to Use the Survey Tool

Mail - Piniida Neelepathina - Outlook - Microsoft Edge
https://outlook.office.com/mail/deeplink?version=2020032904.05&popoutv2=1&learnbootstrap=1

Reply all | Delete | Junk | Block | ...

Re: Requesting Permission to Use Survey Instrument

Subject: RE: Requesting Permission to Use Survey Instrument

Hello Piniida,

I have heard back from my co-author, Dr. Louise Lemyre, and she has indicated that we will:

"grant use of the Risk Perception and Preparedness Questionnaire for educational and research use, not for commercial profit; provided reference to our authorship is duly mentioned and listed, that you have research ethics approval, and that we do not incur any liability."

The project sounds very interesting and promising and we would appreciate receiving a synopsis as well as eventually hearing about the results.

Best of success,

Jennifer Lee

Jennifer E.C. Lee, Ph.D., M.Sc.

Acting Director, Personnel and Family Support Research
Director General Military Personnel Research and Analysis (DGMMPRA)
Department of National Defence / Government of Canada

[Redacted]

Directrice en Interim, Recherche sur le soutien du personnel et des familles
Directeur général recherche et analyse - personnel militaire (DGRAPM)
Ministère de la Défense nationale / Gouvernement du Canada

[Redacted]

From: [Redacted]
Sent: 21 juin 2019 08:37
To: Louise Lemyre [Redacted]
Subject: FW: Requesting Permission to Use Survey Instrument

Appendix B: The Perceived Terrorism Threat and Preparedness Survey Questions

(Modified Version)

Perceived Terrorism Threat and Preparedness Survey Questions**DEMOGRAPHIC QUESTIONS****1. GENDER:**

Male.....	01
Female.....	02
Refused to answer.....	00

2. AGE:

20 – 29.....	01
30 – 39.....	02
40 – 49.....	03
50 – 59.....	04
60 and over.....	05
Refused to answer.....	00

3. EDUCATION:

Some/completed elementary school.....	01
Some/completed high school.....	02
Some/completed community college.....	03
Some/completed university.....	04
Some/completed graduate school.....	05
Refused to answer.....	00

4. INCOME:

Under – 9,999 Baht.....	01
10,000 – 19,999 Baht.....	02
20,000 – 29,999 Baht.....	03
30,000 – 39,999 Baht.....	04
40,000 – 49,999 Baht.....	05
50,000 Baht and over.....	06
Refused to answer.....	00

RISK PERCEPTION QUESTIONS**PART I**

Please respond using a 5-point scale, where 1 is not at all, 2 is a little, 3 is moderately, 4 is very much, and 5 is extremely.

	1. Not at all	2. A little	3. Moderately	4. Very much	5. Extremely	Don't know/No opinion
--	------------------	----------------	------------------	-----------------	-----------------	-----------------------------

5. To what extent do you currently worry about terrorism in Thailand?						
---	--	--	--	--	--	--

Copyright © 2009 Lee & Lemyre

PART II

For the next 5 questions, we will use one of the most common definitions of the term “terrorist bombings.” Therefore, the term “terrorist bombings” refer to the use of common explosives such as dynamite.

	1. Not at all	2. A little	3. Moderately	4. Very much	5. Extremely	Don't know/No opinion
6. How likely do you think it is that a terrorist bombing will occur in Thailand?						
7. How uncertain do you feel currently about possible terrorist bombings in Thailand?						
8. How serious do you think it would be if a terrorist bombing did occur in Thailand?						
9. If a terrorist bombing occurred in Thailand, to what extent do you think it would have an impact on your life?						
10. If a terrorist bombing occurred in Thailand, how well do you think						

you would be able to cope with it?						
------------------------------------	--	--	--	--	--	--

Copyright © 2009 Lee & Lemyre

PART III

For the next 5 questions, we will use one of the most common definitions of the term “chemical terrorism.” Therefore, the term “chemical terrorism” refers to the release of harmful chemicals or gases such as sarin nerve gas or mustard gas.

	1. Not at all	2. A little	3. Moderately	4. Very much	5. Extremely	Don't know/No opinion
11. How likely do you think it is that chemical terrorism will occur in Thailand?						
12. How uncertain do you feel currently about possible chemical terrorism in Thailand?						
13. How serious do you think it would be if chemical terrorism did occur in Thailand?						
14. If chemical terrorism occurred in Thailand, to what extent do you think it would have an impact on your life?						
15. If chemical terrorism occurred in Thailand, how well do you think						

you would be able to cope with it?						
------------------------------------	--	--	--	--	--	--

Copyright © 2009 Lee & Lemyre

PART IV

For the next 5 questions, we will use one of the most common definitions of the term “biological terrorism.” Therefore, the term “biological terrorism” refers to the intentional spread of diseases such as smallpox or anthrax.

	1. Not at all	2. A little	3. Moderately	4. Very much	5. Extremely	Don't know/No opinion
16. How likely do you think it is that biological terrorism will occur in Thailand?						
17. How uncertain do you feel currently about possible biological terrorism in Thailand?						
18. How serious do you think it would be if biological terrorism did occur in Thailand?						
19. If biological terrorism occurred in Thailand, to what extent do you think it would have an impact on your life?						
20. If biological terrorism occurred in Thailand, how well do you think						

you would be able to cope with it?						
------------------------------------	--	--	--	--	--	--

Copyright © 2009 Lee & Lemyre

PART V

For the next 5 questions, we will use one of the most common definitions of the term “radiological terrorism.” Therefore, the term “radiological terrorism” refers to the use of “dirty bombs” to spread radioactive materials. Note: Dirty bomb or Radiological Dispersal Device (RDD) combines a conventional explosive, such as dynamite, with radioactive material.

	1. Not at all	2. A little	3. Moderately	4. Very much	5. Extremely	Don't know/No opinion
21. How likely do you think it is that radiological terrorism will occur in Thailand?						
22. How uncertain do you feel currently about possible radiological terrorism in Thailand?						
23. How serious do you think it would be if radiological terrorism did occur in Thailand?						
24. If radiological terrorism occurred in Thailand, to what extent do you think it would have an impact on your life?						
25. If radiological terrorism occurred in Thailand, how well do you think you would be able to cope with it?						

Copyright © 2009 Lee & Lemyre

PART VI

For the next 5 questions, we will use one of the most common definitions of the term “nuclear terrorism.” Therefore, the term “nuclear terrorism” refers to the use of nuclear bombs.

	1. Not at all	2. A little	3. Moderately	4. Very much	5. Extremely	Don't know/No opinion
26. How likely do you think it is that nuclear terrorism will occur in Thailand?						
27. How uncertain do you feel currently about possible nuclear terrorism in Thailand?						
28. How serious do you think it would be if nuclear terrorism did occur in Thailand?						
29. If nuclear terrorism occurred in Thailand, to what extent do you think it would have an impact on your life?						
30. If nuclear terrorism occurred in Thailand, how well do you think you would be able to cope with it?						

Copyright © 2009 Lee & Lemyre

PART VII

The following is a list of various organizations that are involved in emergency preparedness. For each, please indicate:

1) How much you think they are prepared for terrorism.

2) How confident you are in their ability to respond to terrorism.

	1. Not at all	2. A little	3. Moderately	4. Very much	5. Extremely	Don't know/No opinion
31. Federal government - <i>preparedness</i>						
32. Federal government - <i>confident</i>						
33. Your provincial government - <i>preparedness</i>						
34. Your provincial government - <i>confident</i>						
35. Your municipal government - <i>preparedness</i>						
36. Your municipal government - <i>confident</i>						
37. Hospital and healthcare services - <i>preparedness</i>						
38. Hospital and healthcare services - <i>confident</i>						
39. Non-governmental organizations such as Red Cross - <i>preparedness</i>						
40. Non-governmental						

organizations such as Red Cross - <i>confident</i>						
41. First responders (police, paramedics, fire department) - <i>preparedness</i>						
42. First responders (police, paramedics, fire department) - <i>confident</i>						
43. Local community organizations (e.g. community clubs, churches) - <i>preparedness</i>						
44. Local community organizations (e.g. community clubs, churches) - <i>confident</i>						

Copyright © 2009 Lee & Lemyre

PREPAREDNESS QUESTIONS

Please indicate:

1) How much you have thought about doing the following.

2) How much you have actually done it.

	1. Not at all	2. A little	3. Moderately	4. Very much	5. Extremely	Don't know/No opinion
45. Consulting others for advice about how to prepare for terrorism-related emergencies - <i>Thought it</i>						
46. Consulting others for advice about how to						

prepare for terrorism-related emergencies - <i>Done it</i>						
47. Establishing a terrorism-related emergency plan - <i>Thought it</i>						
48. Establishing a terrorism-related emergency plan - <i>Done it</i>						
49. Putting together an emergency supply kit (including extra batteries, a flashlight, food and water, radio) - <i>Thought it</i>						
50. Putting together an emergency supply kit (including extra batteries, a flashlight, food and water, radio) - <i>Done it</i>						
51. Receiving emergency First Aid or CPR training - <i>Thought it</i>						
52. Receiving emergency First Aid or CPR training - <i>Done it</i>						
53. Obtaining information about potential shelters in your community - <i>Thought it</i>						

54. Obtaining information about potential shelters in your community <i>- Done it</i>						
55. Establishing a meeting area or method of contact with loved ones <i>- Thought it</i>						
56. Establishing a meeting area or method of contact with loved ones <i>- Done it</i>						
57. Learning about evacuation plans in buildings you occupy frequently <i>- Thought it</i>						
58. Learning about evacuation plans in buildings you occupy frequently <i>- Done it</i>						
59. Learning about the differences and similarities between different types of terrorism <i>- Thought it</i>						
60. Learning about the differences and similarities between different types of terrorism <i>- Done it</i>						

61. Reading up on the topic of terrorism - <i>Thought it</i>						
62. Reading up on the topic of terrorism - <i>Done it</i>						
63. Being nervous around certain people - <i>Thought it</i>						
64. Being nervous around certain people - <i>Done it</i>						
65. Avoiding public places - <i>Thought it</i>						
66. Avoiding public places - <i>Done it</i>						
67. Refraining from watching the news to avoid coverage on terrorism issues - <i>Thought it</i>						
68. Refraining from watching the news to avoid coverage on terrorism issues - <i>Done it</i>						
69. Seeking social support - <i>Thought it</i>						
70. Seeking social support - <i>Done it</i>						

Appendix C: The Perceived Terrorism Threat and Preparedness Survey Questions

(Thai Version)

แบบสอบถามเรื่องความเข้าใจเรื่องภัยคุกคามและการเตรียมพร้อมรับมือการก่อการร้าย

คำถามทั่วไป

1. เพศ

ชาย.....01

หญิง.....02

ไม่ระบุ.....97

2. อายุ

20-29 ปี.....01

30-39 ปี.....02

40-49 ปี.....03

50-59 ปี.....04

60 ปีขึ้นไป.....05

ไม่ระบุ.....97

3. ระดับการศึกษาสูงสุด

ประถมศึกษา.....01

มัธยมศึกษา.....02

วิทยาลัยอาชีวศึกษา.....03

ปริญญาตรี.....04

ปริญญาโทขึ้นไป.....05

ไม่ระบุ.....97

4. รายได้ต่อเดือน

ต่ำกว่า 9,999 บาท.....01

10,000 – 19,999 บาท.....02

20,000 – 29,999 บาท.....03

30,000 – 39,999 บาท.....04

40,000 – 49,999 บาท.....	05
50,000 บาทขึ้นไป.....	06
ไม่ระบุ.....	97

คำนิยาม

การก่อการร้ายคือการใช้กำลังหรือภัยคุกคามที่เกิดขึ้นจากการใช้กำลัง ซึ่งมุ่งเน้นสร้างอิทธิพลกดดันต่อรัฐบาล หรือ ชูเชิญต่อสาธารณะ ซึ่งการใช้กำลังหรือภัยคุกคามดังกล่าวถูกดำเนินการเพื่อวัตถุประสงค์ให้มีการแพร่หลายหรือให้เป็นที่ยอมรับในเหตุปัจจัยทางการเมือง ศาสนา และลัทธิความคิด ซึ่งการกระทำนั้นก่อให้เกิดการบาดเจ็บ ความตาย ความกลัวและความวุ่นวายของผู้คนและสาธารณะ

คำถามต่อไปนี้เกี่ยวกับความเข้าใจเรื่องภัยคุกคามของการก่อการร้าย โปรดเลือกคำตอบจาก 5 ระดับ

1 = น้อยที่สุด 2 = น้อย 3 = ปานกลาง 4 = มาก 5 = มากที่สุด ไม่รู้/ไม่มีความเห็น

	1. น้อยที่สุด	2. น้อย	3. ปานกลาง	4. มาก	5. มากที่สุด	ไม่รู้/ไม่มีความเห็น
5. คุณมีความกังวลเรื่องภัยการก่อการร้ายในประเทศไทยมากน้อยเพียงใด						

Copyright © 2009 Lee & Lemyre

ความเข้าใจเรื่องภัยคุกคามการก่อการร้าย 1

คำถาม 5 ข้อต่อไปนี้เกี่ยวกับการก่อการร้ายที่ใช้ระเบิด คำนิยามของการก่อการร้ายชนิดนี้คือการก่อการร้ายที่ใช้วัตถุระเบิดทั่วไป เช่นวัตถุไดนาไมต์

	1. น้อยที่สุด	2. น้อย	3. ปานกลาง	4. มาก	5. มากที่สุด	ไม่รู้/ไม่มีความเห็น
6. คุณคิดว่าประเทศไทยมีแนวโน้มที่จะเกิดเหตุการณ์ระเบิดก่อการร้ายมากน้อยเพียงใด						
7. คุณคิดว่าความไม่แน่นอนเกี่ยวกับเหตุการณ์ระเบิดก่อการ						

ร้ายในประเทศไทยมีมากน้อยเพียงใด						
8. คุณคิดว่าการก่อการร้ายแบบใช้ระเบิดมีความรุนแรงมากน้อยเพียงใด						
9. ถ้ามีเหตุการณ์ระเบิดเกิดขึ้นในประเทศไทย คุณคิดว่าจะมีผลกระทบต่อการใช้ชีวิตของคุณมากน้อยเพียงใด						
10. ถ้ามีเหตุการณ์ระเบิดเกิดขึ้นในประเทศไทย คุณคิดว่าคุณสามารถรับมือกับสถานการณ์ได้มากน้อยเพียงใด						

Copyright © 2009 Lee & Lemyre

ความเข้าใจเรื่องภัยคุกคามการก่อการร้าย 2

คำถาม 5 ข้อต่อไปนี้เกี่ยวกับการก่อการร้ายที่ใช้สารเคมี คำนิยามของการก่อการร้ายชนิดนี้คือการก่อการร้ายที่ใช้สารเคมีอันตรายหรือแก๊สพิษ เช่นสารซารินทำลายประสาท แก๊สมีสตาร์ด

	1. น้อยที่สุด	2. น้อย	3. ปานกลาง	4. มาก	5. มากที่สุด	ไม่รู้/ไม่มีความเห็น
11. คุณคิดว่าประเทศไทยมีแนวโน้มที่จะเกิดเหตุการณ์ก่อการร้ายที่ใช้สารเคมีมากน้อยเพียงใด						
12. คุณคิดว่าความไม่แน่นอนเกี่ยวกับเหตุการณ์ก่อการร้ายที่ใช้สารเคมีในประเทศไทยมีมากน้อยเพียงใด						
13. คุณคิดว่าการก่อการร้ายที่ใช้สารเคมีมีความรุนแรงมากน้อยเพียงใด						

14. ถ้ามีเหตุการณ์ก่อการร้ายที่ใช้สารเคมีเกิดขึ้นในประเทศไทย คุณคิดว่าจะมีผลกระทบต่อการใช้ชีวิตของคุณมากน้อยเพียงใด						
15. ถ้ามีเหตุการณ์ก่อการร้ายที่ใช้สารเคมีเกิดขึ้นในประเทศไทย คุณคิดว่าคุณสามารถรับมือกับสถานการณ์ได้มากน้อยเพียงใด						

Copyright © 2009 Lee & Lemyre

ความเข้าใจเรื่องภัยคุกคามการก่อการร้าย 3

คำถาม 5 ข้อต่อไปนี้เกี่ยวกับการก่อการร้ายทางชีวภาพ คำนิยามของการก่อการร้ายชนิดนี้คือการก่อการร้ายที่ใช้สารชีวภาพเพื่อจู่โจมเชื้อโรค เช่น ไข้ทรพิษ เชื้อแบคทีเรียแอนแทรกซ์

	1. น้อยที่สุด	2. น้อย	3. ปานกลาง	4. มาก	5. มากที่สุด	ไม่รู้/ไม่มีความเห็น
16. คุณคิดว่าประเทศไทยมีแนวโน้มที่จะเกิดเหตุการณ์ก่อการร้ายทางชีวภาพมากน้อยเพียงใด						
17. คุณคิดว่าความไม่แน่นอนเกี่ยวกับเหตุการณ์ก่อการร้ายทางชีวภาพในประเทศไทยมีมากน้อยเพียงใด						
18. คุณคิดว่าการก่อการร้ายทางชีวภาพมีความรุนแรงมากน้อยเพียงใด						
19. ถ้ามีเหตุการณ์ก่อการร้ายทางชีวภาพเกิดขึ้นในประเทศไทย คุณคิดว่าจะมีผลกระทบต่อ						

ต่อการใช้ชีวิตของคุณมากน้อยเพียงใด						
20. ถ้ามีเหตุการณ์ก่อการร้ายทางชีวภาพเกิดขึ้นในประเทศไทย คุณคิดว่าคุณสามารถรับมือกับสถานการณ์ได้มากน้อยเพียงใด						

Copyright © 2009 Lee & Lemyre

ความเข้าใจเรื่องภัยคุกคามการก่อการร้าย 4

คำถาม 5 ข้อต่อไปนี้เกี่ยวกับการก่อการร้ายที่ใช้สารกัมมันตรังสี คำนิยามของการก่อการร้ายชนิดนี้คือการก่อการร้ายที่ใช้วัตถุที่แพร่รังสีที่เป็นอันตรายต่อร่างกาย เช่น วัตถุที่แผ่ความร้อนแต่ไม่สามารถพบแหล่งที่มาของความร้อน

	1. น้อยที่สุด	2. น้อย	3. ปานกลาง	4. มาก	5. มากที่สุด	ไม่รู้/ไม่มีความเห็น
21. คุณคิดว่าประเทศไทยมีแนวโน้มที่จะเกิดเหตุการณ์ก่อการร้ายที่ใช้สารกัมมันตรังสีมากน้อยเพียงใด						
22. คุณคิดว่าความไม่แน่นอนเกี่ยวกับเหตุการณ์ก่อการร้ายที่ใช้สารกัมมันตรังสีในประเทศไทยมีมากน้อยเพียงใด						
23. คุณคิดว่าการก่อการร้ายที่ใช้สารกัมมันตรังสีมีความรุนแรงมากน้อยเพียงใด						
24. ถ้ามีเหตุการณ์ก่อการร้ายที่ใช้สารกัมมันตรังสีเกิดขึ้นในประเทศไทย คุณคิดว่าจะมีผลกระทบต่อการใช้ชีวิตของคุณมากน้อยเพียงใด						

25. ถ้ามีเหตุการณ์ก่อการร้ายที่ใช้สารกัมมันตรังสีเกิดขึ้นในประเทศไทย คุณคิดว่าคุณสามารถรับมือกับสถานการณ์ได้มากน้อยเพียงใด						
--	--	--	--	--	--	--

Copyright © 2009 Lee & Lemyre

ความเข้าใจเรื่องภัยคุกคามการก่อการร้าย 5

คำถาม 5 ข้อต่อไปนี้จะเกี่ยวกับการก่อการร้ายที่ใช้อาวุธนิวเคลียร์ (พลังปรมาณู) คำนิยามของการก่อการร้ายชนิดนี้คือการก่อการร้ายที่ใช้พลังงานนิวเคลียร์ที่มีอานุภาพการทำลายล้างสูง เช่น การทิ้งระเบิดนิวเคลียร์ การก่อวินาศกรรมโรงงานไฟฟ้านิวเคลียร์

	1. น้อยที่สุด	2. น้อย	3. ปานกลาง	4. มาก	5. มากที่สุด	ไม่รู้/ไม่มีความเห็น
26. คุณคิดว่าประเทศไทยมีแนวโน้มที่จะเกิดเหตุการณ์ก่อการร้ายที่ใช้อาวุธนิวเคลียร์มากน้อยเพียงใด						
27. คุณคิดว่าความไม่แน่นอนเกี่ยวกับเหตุการณ์ก่อการร้ายที่ใช้อาวุธนิวเคลียร์ในประเทศไทยมีมากน้อยเพียงใด						
28. คุณคิดว่าการก่อการร้ายที่ใช้อาวุธนิวเคลียร์มีความรุนแรงมากน้อยเพียงใด						
29. ถ้ามีเหตุการณ์ก่อการร้ายที่ใช้อาวุธนิวเคลียร์เกิดขึ้นในประเทศไทย คุณคิดว่าจะมีผลกระทบต่อการใช้ชีวิตของคุณมากน้อยเพียงใด						
30. ถ้ามีเหตุการณ์ก่อการร้ายที่ใช้อาวุธนิวเคลียร์เกิดขึ้นในประเทศไทย คุณคิดว่าคุณสามารถ						

สามารถรับมือกับสถานการณ์ ได้มากขึ้นเพียงใด						
---	--	--	--	--	--	--

Copyright © 2009 Lee & Lemyre

ความเข้าใจเรื่องภัยคุกคามการก่อการร้าย 6

คำถามต่อไปนี้จะเกี่ยวข้องกับความเข้าใจเรื่องการเตรียมพร้อมรับมือการก่อการร้าย โปรดตอบคำถาม

- 1) คุณคิดว่าองค์กรต่อไปนี้มีความพร้อมรับมือการก่อการร้ายมากขึ้นเพียงใด
- 2) คุณมีความมั่นใจมากขึ้นเพียงใดในความสามารถในการรับมือกับเหตุการณ์ก่อการร้ายขององค์กรเหล่านี้

	1. น้อย ที่สุด	2. น้อย	3. ปาน กลาง	4. มาก	5. มาก ที่สุด	ไม่รู้/ไม่มี ความเห็น
31. รัฐบาล – 1) ความพร้อม						
32. รัฐบาล – 2) ความมั่นใจ						
33. สำนักงานจังหวัด – 1) ความพร้อม						
34. สำนักงานจังหวัด – 2) ความมั่นใจ						
35. เทศบาล – 1) ความพร้อม						
36. เทศบาล – 2) ความมั่นใจ						
37. โรงพยาบาล – 1) ความ พร้อม						
38. โรงพยาบาล – 2) ความ มั่นใจ						
39. องค์กรช่วยเหลือสังคม เช่น สภาวิชาชีพ – 1) ความพร้อม						
40. องค์กรช่วยเหลือสังคม เช่น สภาวิชาชีพ – 2) ความมั่นใจ						
41. เจ้าหน้าที่บรรเทาสาธารณ ภัย เช่น ตำรวจ หน่วยกู้ภัย ดับเพลิง – 1) ความพร้อม						

42. เจ้าหน้าที่บรรเทาสาธารณภัย เช่น ตำรวจ หน่วยกู้ภัย ดับเพลิง – 2) ความมั่นใจ						
43. องค์การชุมชน เช่น สโมสร กลุ่มอาสา สถานศึกษา วัด – 1) ความพร้อม						
44. องค์การชุมชน เช่น สโมสร กลุ่มอาสา สถานศึกษา วัด – 2) ความมั่นใจ						

Copyright © 2009 Lee & Lemyre

คำถามต่อไปนี้เกี่ยวกับการเตรียมพร้อมรับมือการก่อการร้าย โปรดตอบคำถาม

- 1) คุณเคยคิดที่จะทำสิ่งต่อไปนี้มากน้อยเพียงใด
- 2) คุณทำสิ่งต่อไปนี้มากน้อยเพียงใด

	1. น้อย ที่สุด	2. น้อย	3. ปาน กลาง	4. มาก	5. มาก ที่สุด	ไม่รู้/ไม่มี ความเห็น
45. ประชาชนรอบข้างเกี่ยวกับการเตรียมพร้อมรับเหตุการณ์ก่อการร้าย – 1) คิดที่จะทำ						
46. ประชาชนรอบข้างเกี่ยวกับการเตรียมพร้อมรับเหตุการณ์ก่อการร้าย – 2) ทำอยู่แล้ว						
47. จัดทำแผนฉุกเฉิน – 1) คิดที่จะทำ						
48. จัดทำแผนฉุกเฉิน – 2) ทำอยู่แล้ว						
49. มีชุดอุปกรณ์ฉุกเฉิน – 1) คิดที่จะทำ						
50. มีชุดอุปกรณ์ฉุกเฉิน – 2) ทำอยู่แล้ว						

51. เข้าฝึกอบรมการปฐมพยาบาลเบื้องต้น – 1) คิดที่จะทำ						
52. เข้าฝึกอบรมการปฐมพยาบาลเบื้องต้น – 2) ทำอยู่แล้ว						
53. หาข้อมูลเกี่ยวกับที่พักพิงฉุกเฉิน – 1) คิดที่จะทำ						
54. หาข้อมูลเกี่ยวกับที่พักพิงฉุกเฉิน – 2) ทำอยู่แล้ว						
55. กำหนดจุดนัดพบยามฉุกเฉิน – 1) คิดที่จะทำ						
56. กำหนดจุดนัดพบยามฉุกเฉิน – 2) ทำอยู่แล้ว						
57. เรียนรู้แผนอพยพออกจากตึกหรืออาคารที่ไปเป็นประจำ – 1) คิดที่จะทำ						
58. เรียนรู้แผนอพยพออกจากตึกหรืออาคารที่ไปเป็นประจำ – 2) ทำอยู่แล้ว						
59. เรียนรู้เกี่ยวกับการก่อการร้ายในรูปแบบต่างๆ – 1) คิดที่จะทำ						
60. เรียนรู้เกี่ยวกับการก่อการร้ายในรูปแบบต่างๆ – 2) ทำอยู่แล้ว						
61. อ่านข้อมูลข่าวสารเกี่ยวกับการก่อการร้าย – 1) คิดที่จะทำ						
62. อ่านข้อมูลข่าวสารเกี่ยวกับการก่อการร้าย – 2) ทำอยู่แล้ว						

63. มีความกลัวหวาดระแวง เวลาอยู่กับคนบางกลุ่ม – 1) คิด ที่จะทำ						
64. มีความกลัวหวาดระแวง เวลาอยู่กับคนบางกลุ่ม – 2) ทำ อยู่แล้ว						
65. หลีกเลี่ยงการไปสถานที่ สาธารณะ – 1) คิดที่จะทำ						
66. หลีกเลี่ยงการไปสถานที่ สาธารณะ – 2) ทำอยู่แล้ว						
67. เลี่ยงการดูข่าวเกี่ยวกับการ ก่อการร้าย – 1) คิดที่จะทำ						
68. เลี่ยงการดูข่าวเกี่ยวกับการ ก่อการร้าย – 2) ทำอยู่แล้ว						
69. มองหาคนรอบข้างที่ สามารถให้ความช่วยเหลือได้ – 1) คิดที่จะทำ						
70. มองหาคนรอบข้างที่ สามารถให้ความช่วยเหลือได้ – 2) ทำอยู่แล้ว						