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Abstract

The effects of terrorism extend beyond the immediate loss of life, injuries, and material damage caused by a terrorist act. Survivors may experience enduring physical disabilities, psychological distress, social disruption, economic uncertainty, changes in identity, and difficulties obtaining institutional recognition and support. However, studies of terrorism in Uganda have largely focused on national security, counter-terrorism measures, radicalization and perpetrator studies. This article addresses gaps in research on terrorism survivors in Uganda through an interpretive synthesis of the relevant literature about terrorism survivors in the country and international literature related to long-term terrorism survivorship, psychosocial support, resilience and victim recognition. The analysis focuses on three interrelated thematic elements: harm, response and agency. The findings indicate that terrorism survivorship is multifaceted and extends over time. In addition, physical, psychological, social and economic consequences are intertwined and do not occur in isolation. The findings also indicate that institutional responses are inconsistent – emergency aid is usually more visible than rehabilitation, psychosocial support, livelihoods restoration and compensation. Survivors employ varied coping strategies, including reliance on family and community support, religion, counseling, work, friendship networks, avoidance and withdrawal. Crucially, the other way in which survivors show agency is in livelihood recovery, collective organizing, advocacy and demand for recognition. The discussion is organized around four themes: continuing victimization, relational resilience, survivor agency and recognition. Recent longitudinal studies further indicate that the psychological and functional implications of terrorism may take many years to fade, with social support and follow-up playing a part in better recovery. The article concludes that Uganda should move from event-centered to survivor-centered, rights-based and longitudinal approach to counter-terrorism.

Keywords: *Terrorism, survivors, victimization, PTSD, coping, resilience, recognition, psychosocial support, survivor agency*

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1.0 Introduction

Terrorism is commonly described through violent acts that cause death, injury, property damage, and fear. Although accurate, this description can obscure the continuing effects experienced by those who survive terrorist attacks. Survivors may face substantial difficulty rebuilding their lives after an attack. Physical rehabilitation, psychological rehabilitation, rebuilding livelihoods, new family dynamics, re-entry into society, and seeking redress are some of the tasks survivors face after surviving such acts of violence. The distinction between survival and survivorship is especially important in the context of terrorism. Survival refers primarily to remaining alive after an attack. Survivorship, however, extends well beyond immediate survival. This may include persistent physical or psychological harm, disability, PTSD, depression, anxiety, grief, poverty, social isolation, and changes in one's perception of safety. Studies of psychological trauma arising from disasters or acts of terrorism have repeatedly found that psychological consequences of such events can last much longer than the actual events themselves (Neria et al., 2008). More recent longitudinal studies also indicate that some of the victims of terrorist attacks still struggle with psychological and functional problems many years later (Hussey et al., 2025; North et al., 2023; Tucker et al., 2021).

Uganda therefore provides a relevant context in which to examine these questions. The country has experienced several terrorist attacks. One such instance is the attack carried out at Kichwamba Technical College located in Kabarole District where about 80 students died while over 100 were abducted in the process. These events have been captured by contemporary reports issued by the United Nations and the United States (United Nations, 1998; United States Department of State, 1999). Since then, this event has remained one of the most memorable acts of terrorism in Uganda. Uganda was also a victim of the July 2010 Kampala bombings, where people were killed while watching the FIFA World Cup final match. The attacks caused substantial loss of life and injury and had consequences for survivors, families, and communities beyond the immediate situation. In November 2021, further terrorist bombings occurred in Kampala, including blasts on Parliament Avenue and the vicinity of the Central Police Station. Financial aid has been given to the victims by the government. According to Uganda Broadcasting Corporation (UBC), 57 victims of the 2021 bomb attack got financial aid in 2022 (UBC, 2022).

More recently, the June 2023 terrorist attack on Mpondwe-Lhubiriha Secondary School in Kasese have brought into perspective the impact that terrorism has on the civilian population and children in Uganda. The police in Uganda indicated that the total number of people who were killed was 44. UNICEF highlighted the extent to which children and families in that region had been affected (UNICEF Uganda, 2023). These incidents show that terrorism in Uganda is not merely a historical national security concern. It is also an ongoing issue in terms of social, psychological, economic, and victimological consequences. However, despite the historical background of the problem, much of the literature and policy on terrorism in Uganda has focused on such issues as national security, counterterrorism, violent extremism, border security, radicalization, and perpetrators. Although this focus is important, it can marginalize the experiences of victims and survivors. The security-based approach poses the question "how can terrorism be stopped,"

while the survivor-based approach also asks what will happen after the attack and what role the victims play in recovery.

This becomes very evident from Kichwamba's experience. More than two decades after the attack, victims were still seeking recognition and compensation. In 2025, the government promised to give compensation to the families of children lost due to the attack, but the victims argued that these measures were insufficient for those who survived with physical injury and psychological torture (Ashaba, 2025). This demonstrates how the effects of terrorism are long-lasting despite the attack becoming less relevant to the general public many years later. It can be said that survivorship of terror is a process, not just an event. Accordingly, this article addresses three fundamental questions. Firstly, what are the effects of being a survivor? Secondly, how do institutions react? Thirdly, how do the survivors cope?

The article has four objectives:

1. To synthesize evidence concerning the physical, psychological, social and economic consequences experienced by survivors of terrorist attacks in Uganda.
2. To examine survivors' perceptions and experiences of societal and institutional responses.
3. To analyze the coping, resilience and agency strategies employed by terrorism survivors.
4. To interpret the implications of these experiences for recognition, justice, policy and long-term recovery in Uganda.

The article contributes to the field by shifting attention from perpetrators and security agencies to survivors. Moreover, the paper provides a theoretical approach, which is built around three key concepts, namely, harm, response and agency, and claims that the concept of survivorship in the context of terrorism is produced through the interplay between these concepts.

2.0 Literature Review

Terrorism survivorship differs from other forms of victimization because its consequences can persist for decades. Even though a survivor might no longer be in physical danger, he or she can be affected by their experience in the form of chronic pain, disability, trauma, financial loss, or changes in relationships. The literature on post-traumatic stress disorder (PTSD) among disaster survivors indicates that exposure to a traumatizing event can have considerable psychological impacts that will vary in intensity and duration between cases (Neria et al., 2008). In addition, the literature highlights that the absence of immediately visible psychological symptoms does not necessarily indicate recovery. Longitudinal studies of terrorism make the temporal dimension even clearer. For instance, North et al. (2023) conducted a study involving survivors of the Oklahoma City bombing of 1995 for the next quarter of a century. Their findings show that some survivors continued to experience substantial psychological effects decades later.

Tucker et al. (2021) similarly documented persistent physical and psychological conditions and unmet needs in relation to the victims of the Oklahoma City bombing are consistent with the idea that with the passage of time, full recovery is not inevitable. The relevant literature highlights the concept of ongoing victimization. Primary victimization takes place at the time of the crime, but secondary and ongoing victimization could arise from injury, disability, economic dislocation, and unresolved trauma.

The psychological consequences of terrorism have been widely examined. PTSD is one of the main problems; however, victims may also suffer from depression, anxiety, sleep disorders, grief, irritability, fear and dysfunction. Neria et al. (2008) found a large variability of post-disaster PTSD depending on the features of the attack, level of exposure, individual factors and context. Recent research underscores the importance of long-term dynamics. Hussey et al. (2025) working with adult victims of the 2017 Manchester Arena attack receiving help from the Resilience Hub, showed that although mental health indicators changed over three years, some survivors still had problems. Importantly, patients starting treatment later had more symptoms, highlighting the importance of timely access to services. Also, the case of the Oklahoma City bombing shows that mental health problems might last for many years. North et al. (2023) observed continuing psychiatric morbidity even 25 years after the attack. Thus, the literature supports an understanding of long-term psychological trauma rather than an assumption that symptoms should resolve soon after an attack.

Acts of terrorism can result in physical injuries and health problems leading to disabilities. Physical harm can also have economic consequences by reducing survivors' capacity to work. According to Tucker et al. (2021), survivors of Oklahoma City bombing experienced physical and mental health harms together with unmet needs for a long time after the bombing incident. Physical harm may also affect education and work of an individual. When a survivor of an attack cannot continue his/her education due to the physical injury, he/she may suffer the effects in the later years of life. Similarly, reduced physical capacity may generate sustained financial hardship. Therefore, economic impacts cannot be separated from the health impacts of an act of terrorism.

Social relationships are important determinants of recovery after traumatic events. Emotional support, practical help, and belonging to a family, friends, religious groups, work colleagues, or survivor organizations might be provided by various individuals and groups. Recent evidence supports this argument. Sedoff et al. (2024) showed in their study on adults after the terrorist attack of October 7, 2023, in Israel that the level of social support perception mediated the association of trauma exposure with PTSD. More precisely, those who experienced more social support had a weaker association between exposure and PTSD. Also, Pijnenburg et al. (2024) found in their large sample of World Trade Center responders that the level of social support perception was linked with decreased levels of depressive and anxiety symptoms. These findings suggest that resilience is not solely an individual trait but is also shaped through relationships.

The next factor in relation to this issue concerns coping. Coping refers to the cognitive, emotional, behavioral, and social strategies people use to manage difficult situations.

Survivors may use both adaptive and maladaptive coping strategies. It should be noted that coping and resilience are seen in the contemporary literature as being dynamic and relational. As Schwarzer (2024) explains, coping and resilience require interactions between inner (self-efficacy) and outer (social support) resources. Communities can also build a collective form of resilience. There is additional evidence in the works of Barel et al. (2025), who conducted a prospective study and found correlations between self-compassion, social support and psychological state after a terrorist attack. Higher levels of self-compassion and social support resulted in better psychological well-being, while self-coldness led to poorer psychological outcomes. Thus, coping should not be reduced to a simple dichotomy between healthy and unhealthy behavior. Withdrawal, avoidance or religious approach can be helpful for people at least psychologically in the short run.

Also of relevance are issues of institutional response, compensation, and recognition. Institutional responses can substantially influence survivor recovery. Institutions such as the government, health facilities, police, courts, civil society organizations, and municipal authorities can either reduce or intensify survivors' vulnerabilities. The United Nations promotes comprehensive assistance to respond to the immediate, short-term, and long-term needs of survivors. The victim assistance of the United Nations focuses on the rights of the victims and encourages the development of national plans for assistance in place of emergency intervention limited to the moment (United Nations, 2026). Recognition goes beyond the mere financial compensation. It involves recognition of the suffering of the victims, access to services, status, justice, memory, and participation. This issue is highly relevant to Uganda. The constant claims of the survivors of Kichwamba are an example that compensation can turn into a contested process of recognition. Survivors in April 2025 challenged their exclusion from a compensation scheme based on the families of the students that died in the attack in 1998 (Ashaba, 2025).

The need for proactive and long-term psychosocial support cannot be overstressed. Recent studies challenge passive approaches to psychosocial assistance. Stene et al. (2025) carried out research on proactive follow-up after the psychosocial trauma experienced by individuals as a result of the Utøya terrorist attacks. The study combined repeated interviews with health-care records and found that those survivors who had a contact person identified from the very beginning of the follow-up process used mental health services less and suffered less from anxiety/depression symptoms. Nevertheless, the effectiveness of the follow-up was rather different among the survivors. Thus, the need for assistance cannot depend solely on the self-perceived need for assistance and the ability to navigate the system of services.

Another aspect that becomes significant in terms of survival is the issue of survivor agency and resilience. International victimology increasingly recognizes victims and survivors as agents of recovery, peace building, and policy-making as opposed to the view of them being mere beneficiaries of assistance. It is pertinent in the Ugandan context in light of the fact that Kichwamba survivors have continuously engaged in such activism for many years. The recent agenda of the United Nations for victim support has also highlighted the importance of survivor participation in policy and survivor's voice and mutual aid. The theme for 2026 was "Healing through Memory" which included the themes of

remembrance, memorialization, and collective memory as aspects of dignity and recovery. Survivor organizations thus emerge as tools that turn individual suffering into collective activism and institutional accountability.

3.0 Research Methodology

3.1 Research design

This article employed an interpretive literature synthesis. This approach was selected because of the heterogeneity of the literature base on terrorism survivors in Uganda, which includes scholarly papers, longitudinal studies, institutional documents, policies, and current literature on particular acts of terrorism. Unlike a systematic review or meta-analysis, the goal of interpretive literature synthesis is not to calculate any pooled effect size. Instead, it seeks commonalities, contradictions, themes, and relationships between various types of evidentiary material. This approach is especially suitable for studying survivorship of terrorism because of its multi-dimensional nature.

3.2 Literature identification

The literature was identified through searches focusing on combinations of terms including: terrorism survivors; terrorism victims; Uganda terrorism; Kichwamba survivors; Kampala bombings; Lhubiriha survivors; terrorist attack trauma; PTSD and terrorism; psychosocial support; social support and terrorism; coping after terrorism; resilience after terrorist attacks; compensation for terrorism victims; recognition of terrorism victims; and long-term terrorism survivorship. International literature was incorporated where it offered theoretically or empirically relevant evidence concerning long-term survivorship, psychosocial care, resilience, compensation or survivor participation.

3.3 Inclusion of literature

Sources were included when they addressed at least one of the following: physical consequences of terrorist violence; psychological or psychiatric consequences; social consequences; economic and livelihood consequences; family and community support; psychosocial interventions; coping or resilience; institutional responses; compensation or reparations; survivor participation and advocacy; or recognition, remembrance and long-term recovery. Priority was given to peer-reviewed longitudinal studies, systematic reviews and recent empirical research. Ugandan institutional and media sources were used primarily to establish the contemporary context of specific attacks and survivor experiences. These sources were not treated as equivalent to peer-reviewed empirical studies.

3.4 Analytical strategy

The literature was analyzed thematically and interpretively. Five initial thematic categories were developed: consequences of terrorism; societal and institutional response; coping strategies; resilience and agency; and recognition and long-term recovery. These were subsequently integrated into three overarching analytical dimensions:

Harm: what terrorism does to survivors; Response: how families, communities and institutions respond; and Agency: how survivors respond, adapt, organize and advocate. The synthesis also paid attention to time, asking whether survivor needs change between the immediate, intermediate and long-term periods after an attack.

3.5 Trustworthiness

The credibility of the synthesis was strengthened by triangulating evidence from different types of sources. Peer-reviewed research was given greater analytical weight when making general claims concerning psychological or social outcomes. Official institutional sources were used for policy and program information, while Ugandan media accounts were used to document survivor claims, contemporary developments and contextual events. Recent longitudinal research was particularly valuable because it challenges the assumption that recovery necessarily occurs within a short period.

3.6 Methodological limitations

The synthesis has several limitations. In the first case, the Ugandan evidence base on terrorism survivors is comparatively limited, particularly in relation to longitudinal empirical studies. Secondly, much of the available psychological evidence originates from other countries, meaning that findings cannot automatically be generalized to Uganda. Thirdly, the use of media reports introduces potential reporting bias. Fourth, an interpretive synthesis necessarily involves analytical judgment concerning the meaning and relevance of evidence. The article therefore does not claim to provide prevalence estimates for terrorism-related PTSD or other conditions in Uganda. Its purpose is instead to identify patterns and develop an interpretive account of survivorship.

4.0 Findings

The interpretive synthesis generated several interrelated findings. The first important finding is that terrorism leads to outcomes in different spheres of survivors' life. The evidence indicates that physical injury, psychological impact, social disruption and economic consequences are not separate but interconnected results of terrorist attacks. In the case of Kichwamba, these consequences persisted for several years following the 1998 terrorist attack. The fact that survivors were still seeking recognition and compensation for damages in 2025 demonstrates the enduring nature of these outcomes. The same pattern exists internationally. Oklahoma City survivors experienced physical, emotional and practical difficulties several years after bombing (Tucker et al., 2021), while North et al. (2023) reported lasting psychiatric consequences more than 25 years after the attack.

The second important finding is that psychological consequences can last for years. In the existing literature, the following psychological consequences are described: PTSD, anxiety, depression, insomnia, intrusive thoughts, fears and emotional distress. Recent research conducted in Manchester proves that psychological consequences of terrorist attack can be severe several years after such an event, especially in those who use specialized services (Hussey et al., 2025). The third finding concerns substantial variation in survivors' recovery trajectories.

Thirdly, the findings show that physical injuries can cause long-term socio-economic ramifications. Permanent injuries may restrict employment, increase medical costs, and create dependence on family members. Disruption of education would also create long-term impacts since the person will not have opportunities to gain employment. Medical recovery therefore does not necessarily amount to socioeconomic recovery based on the findings from the literature reviewed. Fourthly, it is apparent that social support is one of

the key elements for survivors. Support may come from family members, friends, religious institutions, and community organizations in terms of providing tangible assistance and psychological support. Social support is not always available or helpful to all survivors. Survivors face stigmatization, misunderstanding, and pressure to conceal their experience. Survivor groups are an alternative support network because they share the same experience.

The fifth finding relates to inadequate institutional response. There have been cases where Uganda has offered support after certain acts of terrorism. For instance, the Ugandan government gave money to 57 victims of a 2021 Kampala attack in 2022 (UBC, 2022). Nonetheless, it is clear from the Kichwamba case that there could be a lack of consistent support over several decades. Even after the introduction of the compensation programs, survivors have continued to campaign for both compensation and recognition. The central problem is therefore not the complete absence of institutional response, but its inconsistency and limited institutionalization.

The sixth finding is that survivors employ different methods of coping. Such methods include spirituality, family ties, counseling, work, peers, avoidance and withdrawal. Sometimes, survivors can resort to using alcohol and drugs as a way of dealing with their difficulties. The seventh finding is that survivors play an active role in their recovery. Survivors will seek out health care, reconstruct their livelihoods, sustain their families, make connections with other survivors, organize and advocate for recognition. The ongoing advocacy of the survivors of Kichwamba is a good case in point of survivor agency over the long term. The final finding is that survivors seek recognition as well as material assistance. This includes recognition of pain suffered, participation in compensation programs, rehabilitation, storytelling, justice, remembering and participation in decisions that affect survivors. The findings indicate that even when there has been material compensation; it can seem inadequate because the survivors think that certain forms of pain or certain survivors have been left out.

5.0 Discussion

Terrorism survivorship is a form of continuing victimization

The primary implication of these findings is that survivorship of terrorism should be understood as ongoing victimization. The attack itself is the initial instance of victimization but its repercussions can persist in the form of disablement, trauma, unemployment, family breakdown, and unresolved calls for recognition. This implication aligns with findings from long-term studies in Oklahoma City and Manchester (Hussey et al., 2025; North et al., 2023; Tucker et al., 2021). From the Ugandan data, it is clear that the same reasoning applies to the Kichwamba case. Ongoing claims over twenty years after the attack show that victimization cannot simply be measured by the date of the attack. It follows that policy making should not rely on the age of attacks as a measure of lack of need.

Psychological trauma is embedded within social and economic conditions

The results suggest that psychological trauma cannot be properly distinguished from social and economic factors. A person with PTSD who is also unemployed because of disability may experience greater psychological distress than someone with stable employment,

family backing and opportunities for therapy. The interpretation of the results is compatible with the study conducted by Hussey et al. (2023) that identified disruption of close relationships among the significant secondary stressors for Manchester survivors. Recent studies also demonstrate interactions between internal and external resources. According to Schwarzer (2024), there is reciprocity between self-efficacy, social support and resilience. Therefore, services in Uganda should not segregate mental health care from rehabilitation and livelihood programs.

Long-term physical rehabilitation is essential

Physical injuries sustained in terrorist attacks can become enduring determinants of socioeconomic vulnerability. This is significant in the case of Uganda since most of its population depends on agricultural and informal economic activities, among others. Accordingly, a survivor suffering from such injuries would need more than just financial assistance once and for all. Such rehabilitation can take the form of assistive devices and even vocational training.

Social support is a form of relational resilience

The finding regarding social support is well-supported by current research. According to Sedoff et al. (2024), the presence of social support decreased the effect of trauma exposure on PTSD symptoms after the October 7 attack. Pijnenburg et al. (2024) found that social support predicted fewer depressive and anxiety symptoms among a large cohort of World Trade Center responders. Together, these findings show that resilience can be relational. In other words, for Uganda, this implies that social support of survivors needs to build up families, communities, and survivor organizations, and not just individual counseling.

Resilience should not be used to shift responsibility onto survivors

The results relating to agency and resilience need to be interpreted with care. The resilience of survivors is evident in their efforts to reconstruct livelihoods, support family members, and advocate for themselves. However, emphasizing resilience can become problematic when this comes to mean that survivors have to get past difficulties without the help of institutions. It is possible to be resilient psychologically but not economically.

Internal Coping Resources

Recent studies on self-compassion indicate that internal psychological resources can assist in healing. For instance, Barel et al. (2025) established that self-compassion and social support played a role in the psychological well-being of survivors of a major terrorist attack. This finding applies to the Ugandan situation since survivors might be experiencing guilt and self-blame. Consequently, counseling should consider not only the traumatic experiences of victims but also their understanding of themselves.

Healing trajectories are diverse

The findings indicate that survivors recover in different ways and at different rates. Some of the factors which could affect survivors include: level of exposure to the event; physical injuries; bereavement; disabilities; previous trauma; socio-economic status; family support; age; gender; treatment and perception of social support. Therefore, Uganda should apply a needs-based approach to helping the survivors.

Secondary stressors can prolong victimization

An important implication of recent research is that post-attack conditions may influence recovery as strongly as some characteristics of the original attack. Secondary stressors include unemployment, family conflict, financial insecurity, difficulties accessing treatment and uncertainty regarding compensation. These stressors may emerge after the immediate crisis has passed. Consequently, survivor needs should be reassessed over time. A person who requires only medical assistance immediately after an attack may require vocational rehabilitation, psychological care or financial support several years later.

Institutional responses can mitigate or exacerbate vulnerability

These results highlight the significance of institutions as being at the center of victimization and recovery processes. Institutions that offer timely and accessible help can mitigate vulnerability, while those that are inaccessible, fragmented, or perceived as exclusionary for legitimate survivors can make things worse and exacerbate vulnerability. The issue of compensation in the case of Kichwamba is another example of this point. In the 2025 compensation controversy, it was not only about the money, but about who is a legitimate victim who deserves recognition. Recognition thus becomes a matter of institutions.

Compensation should be needs-based

One major implication is that compensation should not be treated as a uniform, one-time response. Not all survivors suffer equally from victimization. A survivor suffering from a permanent disability will need long-term rehabilitation, whereas a survivor with PTSD will need long-term psychological assistance. A family losing a loved one will need livelihood assistance. A survivor who was unable to continue their education will need educational and/or vocational assistance.

Proactive follow-up is preferable to passive referral

It is instructive to consider the findings in Norway as regards Uganda. According to Stene et al. (2025), proactive follow-up after the attack on Utøya may help avoid the problem of unmet health care needs, though the value of the follow-up was questionable. Therefore, it is recommended that Uganda considers creating a case manager or someone who will take care of the survivors after any terrorist attack. This will ensure provision of: needs assessment; referral; follow-up; information about compensation; psychological screening; rehabilitation coordination; and link with survivors' organizations. This will relieve the burden from the survivors.

Recognition is part of the recovery process

Recognition is itself an essential part of the recovery process. The 2026 United Nations “Healing through Memory” initiative explicitly connects the idea of remembrance and memorialization with dignity, recognition and healing. As concerns recognition in Uganda, it can involve national and local memorialization of terrorist attacks, testimonies of the survivors, documentation and history of their experiences, and formal recognition of survivors’ ongoing needs. Memorialization cannot replace material support. The survivor needs both recognition and rehabilitation.

Organizations of survivors as producers of collective resilience

Organizations of survivors can help to turn individual experience into a collective resource. Peer support, information services, advocacy, referrals, livelihood activities, commemoration, legal advice, and liaison with government can all be provided through them. This function is even more important for survivors that feel marginalized from mainstream institutions. Therefore, organizations of survivors should be considered partners in the national recovery process, not only advocacy groups.

Potential of digital technology

Current international developments create new opportunities for digital technologies to support survivors. United Nations Office of Counter-Terrorism, in its 2026 report, suggests digital technologies as a means to improve the accessibility, promptness, and reach of victim assistance. The digital technologies suggested include the development of digital victim registries, technology-based psychosocial support services, and tools for justice and accountability. The Ugandan authorities might consider developing a secure digital survivor assistance system that would include: confidential registration; referral information; appointment reminders; compensation information; psychosocial services, emergency contacts, and communication with survivor associations. Nevertheless, digital assistance needs to take into account issues of different levels of connectivity, digital literacy, and privacy concerns.

Memorialization must be survivor-centered

Memorialization can preserve historical memory and provide recognition, but it must be conducted carefully. The 2026 UN emphasis on “Healing through Memory” highlights the possibility that collective memory can support healing while also creating risks of retraumatization if survivors' dignity and agency are ignored. Ugandan memorialization should therefore involve survivors in decisions concerning: what is remembered; how victims are represented; what stories are told; where memorials are located; and how commemorations are conducted. Survivors should not merely be objects of remembrance. They should be participants in constructing collective memory.

Theoretical contribution: harm, response and agency

The synthesis contributes a conceptual framework based on three dimensions.

Harm: Harm includes physical injury, psychological trauma, social disruption, economic insecurity and identity-related consequences.

Response: Response encompasses families, communities, government, health institutions, justice institutions, civil society and survivor organizations.

Agency: Agency encompasses coping, adaptation, livelihood reconstruction, meaning-making, collective organization and advocacy.

These dimensions interact dynamically. Simplified model can be expressed as:

Severe harm + weak response → prolonged vulnerability: Severe harm + adequate response → supported adaptation; and severe harm + adequate response + survivor agency → opportunities for recovery and empowerment.

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This model does not imply deterministic outcomes. Rather, it emphasizes that survivor trajectories emerge through interaction between individual experiences and structural environments.

Implications for victimology

The findings challenge event-centered approaches to victimization. Traditional victimology may categorize victims according to the immediate harm they experienced. Terrorism survivorship requires a more longitudinal approach. The relevant question is not merely:"What happened to the victim?" It is also:"What happened to the survivor afterwards?" This shift expands victimology from the study of immediate victimization to the study of long-term recovery, institutional recognition and survivor agency.

Implications for Uganda's counter-terrorism policy

Uganda's counter-terrorism strategy should incorporate a distinct survivor-recovery component. A comprehensive model could follow the sequence:

Identification → Assessment → Referral → Treatment → Rehabilitation → Compensation → Recognition → Participation → Follow-up

This model would ensure that terrorism policy addresses not only the prevention of future attacks but also the consequences of previous attacks. The approach is consistent with contemporary international guidance which calls for national comprehensive assistance plans that address immediate, short- and long-term needs (United Nations, 2026).

The need for culturally responsive psychosocial support

Ugandan survivors may draw heavily upon religion, family and community networks. Psychosocial interventions should therefore be culturally responsive rather than simply importing models developed elsewhere. This does not mean replacing professional mental-health care with religious or community practices. Instead, professional services can collaborate with trusted community structures. WHO's 2026 guidance similarly emphasizes family- and community-based approaches, integrated services, meaningful participation and coordination across sectors in post-conflict psychosocial programming (World Health Organization [WHO], 2026).

Overall interpretation

The overall interpretation is that terrorism survivorship in Uganda represents a prolonged negotiation among harm, response and agency. The attack creates the initial rupture, but subsequent experiences are shaped by physical injury, psychological distress, social relationships, economic opportunities and institutional recognition. Survivors are neither passive victims nor completely autonomous agents. They exercise agency within structural conditions. This interpretation provides a more balanced understanding of resilience. Survivors can demonstrate extraordinary strength while still requiring substantial institutional assistance.

The central policy implication is therefore that the end of an attack must not be treated as the end of the state's responsibility to survivors.

6.0 Conclusions and Recommendations

6.1 Conclusions

The effects of terrorism on survivors in Uganda were explored in this article through an interpretive literature review. The analysis shows that the consequences of terrorism extend far beyond the immediate event. Firstly, survivorship from terrorism is multi-dimensional. Physical wounds, psychological trauma, social disruption and economic instability are interrelated. A survivor might face permanent disability at the same time as being a victim of PTSD, unemployment and family problems. Therefore, programs which aim to resolve only one aspect of damage will not be able to provide full recovery. Secondly, survivorship from terrorism is prolonged. Literature shows that psychological and functional implications last for several years (Hussey et al., 2025; North et al., 2023; Tucker et al., 2021). The experience of Uganda, including the problems of Kichwamba survivors, confirms this conclusion. Time alone does not resolve all consequences of terrorism.

Thirdly, the process of recovery is heterogeneous. It depends on various factors including exposure to the events, injury, bereavement, socioeconomic situation, social support and service provision. Some survivors recover relatively quickly, whereas others face prolonged or recurring challenges. Fourth, social connections play an important role in the process of recovery. Networks of family, friends, religious communities, and survivor groups may provide both psychological and practical support. Modern research shows that social support is connected with positive psychological well-being in the aftermath of trauma (Pijnenburg et al., 2024; Sedoff et al., 2024). Fifth, coping strategies are multiform and flexible. Survivors may employ religion, family, counseling, work, social support, peer relationships, and even avoidance or substance abuse as coping tools. The way of coping must be considered in context, as coping strategies cannot be merely classified as adaptive or maladaptive.

Sixth, survivors have agency. They restore livelihoods, undergo treatment, take care of their relatives, create organizations, advocate. Agency should be regarded as a survivor resource rather than as evidence that institutional assistance is unnecessary. The seventh important factor is institutional response. It can help to mitigate the effects of the terrorist act through government compensation, health care, psychosocial care, rehabilitation, and justice. On the contrary, poor timing, poor coordination and exclusion from response can keep the victims vulnerable. The eighth important factor is recognition. The survivors need not only financial support but also recognition, dignity, justice, participation, memorialization and access to proper services. It is proven by the example of Kichwamba experience. The central conclusion is that Uganda should shift from an event-oriented to a survivor-oriented approach to terrorism. This means that Uganda needs to recognize that the effects of the terrorist act continue even after the terrorist act and the survivor needs change over time.

6.2 Recommendations

Develop a national terrorism survivor-support framework

Uganda should establish a comprehensive national framework specifically addressing the needs of terrorism survivors and affected families. The framework should define responsibilities across the health, justice, social-development, security and local-

government sectors. It should cover immediate, medium- and long-term assistance. Such a framework would replace fragmented, event-specific responses with a predictable national system.

Establish a confidential national survivor registry

A secure national survivor registry should be established following major terrorist incidents. The registry should record relevant information concerning: physical injuries; disabilities; psychological needs; bereavement; household circumstances; livelihood disruption; compensation; rehabilitation; service referrals; and follow-up. The registry must incorporate strict data-protection safeguards and should never be used for surveillance or purposes unrelated to survivor assistance. The 2026 UNOCT work on digital tools demonstrates the potential of appropriately designed victim registries to strengthen coordination and accountability.

Integrate mental-health services into survivor care

Mental-health services should form part of routine survivor assistance rather than being offered only during the immediate aftermath. Services should include: psychological first aid; screening; counseling; trauma-focused treatment; psychiatric referral where necessary; family interventions; and long-term follow-up. Services should be integrated into primary healthcare and regional referral systems to improve accessibility.

Introduce proactive survivor follow-up

Uganda should adopt a proactive follow-up model in which identified survivors are contacted periodically rather than expected to seek assistance independently. A designated survivor-support officer or case manager could coordinate services. The evidence from Stene et al. (2025) demonstrates the potential value of proactive contact while also showing that follow-up should be flexible because survivors differ in their needs and perceptions of usefulness.

Link psychological care with livelihood rehabilitation

Mental-health interventions should be connected to economic recovery. Survivors should have access, where appropriate, to: vocational training; employment assistance; disability-inclusive livelihood programs; microenterprise support; educational assistance; and social-protection programs. This is particularly important where physical injuries reduce earning capacity.

Reform compensation to become needs-based

Compensation policies should recognize different categories and degrees of harm. The assessment should consider: death; permanent disability; temporary disability; psychological injury; educational disruption; livelihood loss; medical expenses; loss of earning capacity; and continuing rehabilitation needs. The Kichwamba experience demonstrates the importance of ensuring that living survivors are not overlooked when compensation programs focus primarily on deceased victims' families.

Strengthen disability rehabilitation

Survivors with permanent injuries should receive long-term rehabilitation. This should include access to: physiotherapy; occupational therapy; assistive devices; prosthetics

where necessary; visual and hearing services; accessible infrastructure; and vocational rehabilitation. Disability should be treated as a continuing consequence requiring sustained support rather than as a one-time medical problem.

Establish survivor advisory mechanisms

Survivors should participate directly in designing policies that affect them. Government ministries and agencies should establish survivor advisory committees that can provide input into: compensation; healthcare; psychosocial services; memorialization; justice; rehabilitation; and research. This would institutionalize survivor agency.

Strengthen survivor organizations

Government and civil society should support legitimate survivor organizations while protecting their independence. Such organizations can provide: peer support; referrals; information; advocacy; documentation; memorialization; and community education. They should be treated as partners in recovery rather than simply as advocacy groups.

Develop culturally responsive psychosocial programs

Psychosocial interventions should recognize the importance of religion, family and community in Uganda. Faith based leaders and community actors can receive appropriate training to identify psychological distress and make referrals to professional services. The goal should be collaboration between community resources and professional mental-health systems.

Develop survivor-centered memorialization

Uganda should strengthen memorialization of major terrorist attacks in consultation with survivors and affected families. Memorialization should include: survivor narratives; historical documentation; remembrance events; educational materials; and community participation. However, memorialization should be trauma-informed and designed to avoid retraumatization. The UN's 2026 “Healing through Memory” initiative provides an international example of how remembrance can be linked to dignity and recovery.

Use technology responsibly

Uganda should explore digital tools for survivor support, particularly where geographical barriers limit access to services. Potential applications include: secure survivor records; appointment systems; online psychosocial resources; referral platforms; compensation information; peer-support networks; and virtual counseling where appropriate. However, technological solutions must be designed around privacy, accessibility and low-connectivity environments.

Establish long-term follow-up periods

Survivor assistance should not automatically terminate after several months. Follow-up should occur at different stages: Immediate: medical stabilization and psychological first aid. Short-term: assessment, treatment and family support. Intermediate: rehabilitation, education and livelihood assistance. Long-term: monitoring, chronic care, disability support, recognition and psychosocial follow-up. This temporal model reflects the evidence that survivor needs evolve over time.

Integrate survivor support into counter-terrorism policy

Counter-terrorism policy should include survivor recovery as a formal component. National terrorism strategies should therefore contain provisions concerning: victim identification; emergency care; compensation; rehabilitation; psychosocial support; justice; memorialization; and survivor participation. This would ensure that survivors are incorporated into national security policy rather than treated as an afterthought.

Conduct longitudinal research on Ugandan survivors

Longitudinal research focused specifically on Uganda is urgently needed. Future research should follow survivors over time and examine: PTSD; depression; anxiety; disability; employment; household wellbeing; social support; coping; compensation; institutional trust; justice; resilience; and survivor agency. Such research would provide the evidence required to develop interventions appropriate to Uganda rather than relying excessively on evidence generated elsewhere.

Develop a national lessons-learned database

Government should establish a secure database documenting experiences following major terrorist attacks. The database could capture: emergency response; survivor needs; institutional interventions; compensation; psychosocial services; rehabilitation; gaps; survivor feedback; and lessons learned. This would strengthen preparedness for future attacks while preserving institutional memory.

6.3 Final conclusion

Terrorism in Uganda should no longer be understood exclusively as an event involving perpetrators, victims, security responses and immediate casualties. It should also be understood as a long-term social process affecting survivors' bodies, minds, families, livelihoods, identities and relationships with institutions. The evidence reviewed in this article demonstrates that survival is not synonymous with recovery.

Survivors may remain injured long after an attack. Psychological symptoms may persist after physical wounds heal. Economic consequences may emerge years later. Social relationships may change. Institutional recognition may remain contested. At the same time, survivors continue to demonstrate agency through coping, livelihood reconstruction, collective organization and advocacy.

An appropriate response should neither portray survivors as permanently helpless nor assume that resilience eliminates the need for assistance. Instead, Uganda should adopt a model in which survivor agency is supported by institutional responsibility. The future of terrorism policy should consequently be framed around a simple principle: Prevent terrorism, protect survivors, restore lives, recognize suffering and include survivors in shaping the future. Such an approach would move Uganda from a predominantly event-centered understanding of terrorism towards a more comprehensive model of survivor-centered justice, recovery and national resilience.

REFERENCES

Ashaba, A. (2025, April 30). Survivors protest exclusion from Museveni compensation 27 years after Kichwamba attack. Daily Monitor.

Barel, E., Tannous-Haddad, L., & Tzischinsky, O. (2025). Self-compassion, self-coldness, and social support and their relationship with depression, anxiety, and PTSD symptoms following a massive terror attack: A prospective study. European Journal of Psychotraumatology, 16(1), 2461948. https://doi.org/10.1080/20008066.2025.2461948

Hussey, L., Gittins, M., Hedges, A., Allsopp, K., Puligundla, N., Barrett, A., Szafranski, G., Chitsabesan, P., & French, P. (2025). Longitudinal changes in the mental health of those affected by the 2017 Manchester Arena attack: 3-year follow-up of adults seeking support from the Resilience Hub. British Journal of Psychiatry. https://doi.org/10.1192/bjp.2025.10342

Neria, Y., Nandi, A., & Galea, S. (2008). Post-traumatic stress disorder following disasters: A systematic review. Psychological Medicine, 38(4), 467–480. https://doi.org/10.1017/S0033291707001353

North, C. S., McDonald, K., & Pollio, D. E. (2023). A longitudinal follow-up study of Oklahoma City bombing survivors in the first quarter century after the disaster. Annals of Clinical Psychiatry, 35(2), 93–100. https://doi.org/10.12788/acp.0095

Pijnenburg, L. J., Velikonja, T., Pietrzak, R. H., DePierro, J., de Haan, L., Todd, A. C., Dasaro, C. R., Feder, A., & Velthorst, E. (2024). Perceived social support and longitudinal trajectories of depression and anxiety in World Trade Center responders. Social Psychiatry and Psychiatric Epidemiology, 59, 1413–1424. https://doi.org/10.1007/s00127-023-02569-y

Schwarzer, R. (2024). Stress, resilience, and coping resources in the context of war, terror, and migration. Current Opinion in Behavioral Sciences, 57, 101393. https://doi.org/10.1016/j.cobeha.2024.101393

Sedoff, O., Feingold, D., & Tzur Bitana, D. (2024). Social support as resilience factor in the aftermath of October 7th attack. Journal of Loss and Trauma, 579–592. https://doi.org/10.1080/15325024.2024.2441177

Stene, L. E., Glad, K. A., Stensland, S. Ø., Nilsen, L. G., & Dyb, G. (2025). Proactive psychosocial follow-up of youth exposed to a terrorist attack: Longitudinal study linking interviews and register-based data. BJPsych Open, 11(2), e48. https://doi.org/10.1192/bjo.2024.838

Tucker, P., Pfefferbaum, B., Watson, K., Hester, L., & Czapla, C. (2021). Problems and needs persist for Oklahoma City bombing survivors many years later. Behavioral Sciences, 11(2), 19. https://doi.org/10.3390/bs11020019

Uganda Broadcasting Corporation. (2022, September 5). 2021 bomb blast victims compensated—57 families receive financial aid from State House. Uganda Broadcasting Corporation.

Uganda Police Force. (2023, June 26). Death toll from terrorist attack on Lhubiriha SS rises to 44.

United Nations. (1998). Report and documentation concerning the Allied Democratic Forces attacks in Uganda. United Nations.

United Nations Office of Counter-Terrorism. (2026). Gap analysis of digital tools to support victims of terrorism. United Nations.

United Nations Office of Counter-Terrorism. (2026). Healing through memory: Ninth International Day of Remembrance of and Tribute to the Victims of Terrorism. United Nations.

United Nations Office on Drugs and Crime, & United Nations Office of Counter-Terrorism. (2022). The protection of victims of terrorism: Model legislative provisions. United Nations.

United States Department of State. (1999). Uganda country report on human rights practices for 1998. U.S. Department of State.

UNICEF Uganda. (2023). Jovia, Joles and learning to live again. UNICEF.

World Health Organization. (2026). Disarmament, demobilization and reintegration and mental health and psychosocial support: Operational guidance. WHO.