



## Trauma healing interventions and peacebuilding: a case study of NGOs projects in Rwanda

*Intervenções de cura do trauma e construção da paz: um estudo de caso de projetos elaborados por ONGs em Ruanda*

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### Abstract

This article analyzed trauma healing interventions in post-conflict peacebuilding. After a conflict or a genocide, an individual who experienced a violent event could become traumatized. When trauma affects simultaneously several people, collective trauma is originated. This unhealed trauma may result in psychological disorders. To illustrate this scenario, Rwanda was chosen as the case study; in 1994, a genocide happened in the country, and 30 years later, this violent incident still negatively affects its citizens. The aim of this research was to investigate trauma healing and reconciliation programs in Rwanda, to demonstrate their importance for the society and the peacebuilding. It is relevant because these processes ensure the non-recurrence of violence and the consolidation of sustainable peace, as seen in the trauma literature. Through an analytical framework and a qualitative research method two societal healing projects were analyzed: one by the Rwandan NGO *Never Again Rwanda*, and another by the American NGO *Karuna Center for Peacebuilding*. As a final result, these interventions helped to mitigate the impact of trauma on the citizens and strengthened reconciliation through collective initiatives. Demonstrating the importance and effectiveness of trauma healing interventions.

**Keywords:** Collective Trauma; Societal Healing; Peacebuilding; Violence; Rwanda.

### Resumo

Este artigo analisou intervenções de cura do trauma em contextos de construção da paz pós-conflito. Após um conflito ou genocídio o indivíduo que vivenciou a violência pode ficar traumatizado. Quando esse trauma atinge várias pessoas origina-se o trauma coletivo, que pode resultar em transtornos mentais. Ruanda foi escolhido como estudo de caso; em 1994 o país foi palco de um genocídio, que 30 anos depois, ainda prejudica negativamente seus cidadãos. O objetivo da pesquisa foi investigar programas de cura e reconciliação em Ruanda, a fim de demonstrar a importância dessas ações para a sociedade e para a construção da paz. A relevância do tema se fundamenta pelo papel desses processos para garantir a não-reincidência da violência e a consolidação de uma paz sustentável, corroborada pela literatura do trauma. Por meio de um arcabouço analítico e um método de pesquisa qualitativa, foram analisados dois projetos de cura societal, um da ONG ruandesa *Never Again Rwanda* e outro da ONG estadunidense *Karuna Center for Peacebuilding*. Como resultado, os projetos diminuíram o impacto do trauma e fortaleceram a reconciliação através de iniciativas coletivas. Demonstrando a importância e a efetividade dessas intervenções.

**Palavras-chave:** Trauma Coletivo; Cura Societal; Construção da Paz; Violência, Ruanda.

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## Introduction

Civil conflicts and violent events, such as the ones in Rwanda, have diverse consequences for a country, they could affect social, economic, political and international spheres, and could also develop trauma on their citizens. According to Erica Resende and Dovile Budryte (2014), trauma represents any experience related to sudden and catastrophic events whose reactions to them are invasive, repetitive, and uncontrolled. All experiences that destructively affect reality and are beyond common knowledge.

Therefore, when a traumatic event, like a genocide, affect a large number of people, a collective trauma is created. Its presence could generate widespread fear, horror and anger in the victims (YODER, 2005). However, the main problem with collective trauma is that it affects an entire society, changing the way survivors perceive the world and understand relationships between groups (HIRSCHBERGER, 2018).

The individual and social impact of a large-scale trauma tend to be misunderstood and often neglected. However, collective trauma has negative implications for sustainable peace. It threatens a group's collective identity and undermines people's sense of meaning, preventing them from connecting with their own community (CLANCY; HAMBER, 2008).

Thus, trauma healing appears to be a tool of significant need, as it helps victims take constructive steps to prevent themselves and the society from suffering from their disorders. Without healing, the capacity of post-conflict communities to build peace could be threatened. Hence, healing is crucial in discharging the effects of trauma and it helps to form a community of survivors who will work together towards a peaceful future (SCHIRCH, 2004; PARENT, 2011).

It is commonly argued that the most appropriate time to implement these trauma healing interventions is during the peacebuilding process, defined by the United Nations (UN) as a series of measures aimed at reducing the risk of a country relapsing into conflict. These measures include strengthening national capacity at all levels for conflict management, as well as laying the foundations for peacebuilding and sustainable development. The goal of this complex and long process is to create the necessary conditions for positive and sustainable peace (UNITED NATIONS, 2008).

Peacebuilding is generally conducted by United Nations peacekeeping operations, but it also receives support from other actors such as non-governmental organizations. These peacekeeping operations are responsible for diverse activities: statebuilding; disarmament, demobilization and reintegration (DDR); restoration of peace and order; repatriation of refugees; security training; monitoring of elections; protection of human rights, and so on (PARIS; SISK, 2008).

In contrast to these essential activities, trauma healing interventions are often not prioritized within these mainstream peacebuilding and peacekeeping approaches of the UN, for example. Consequently, few resources are available for local activities, such as trauma healing. There are several reasons for this prioritization, however there is a large difference in tangibility and measurability between these activities (NEVER AGAIN RWANDA, 2019).

Many authors highlight that these healing interventions should be seen as a priority within peacebuilding. Although these kinds of mental health activities remain as neglected, Emma Hutchison and Roland Bleiker (2013) argue that ensuring security and building institutions are important for peacebuilding, they warn that a stable order cannot be achieved unless the psychological sources of conflict are also addressed.

In the same line of thought, Marc Howard Ross (2013) proposes the following initiatives for a meaningful insertion of these emotions in peacebuilding: The first one has to do with *inclusiveness*. The peacebuilding process must help groups to overcome the differences between them so they can develop a shared understanding. The second initiative is *acknowledgment*; hence, peacebuilders mustn't blame certain groups for the past violence, it is not the same as acceptance, the groups need to create a prevalent narrative about the past to move forward.

The third one addresses the idea of a shared future and joint interests. Peacebuilding must prioritize the groups demands and ignore the recent past so differences won't increase. Lastly, the fourth initiative proposes moving away from stereotypes and towards the collective interests and cooperation between the society members (ROSS, 2013).

As to the proposed case study, Rwanda is a country located in the Sub-Saharan Africa region, it has a past remembered by ethnic divisions and violence, the greatest example is the genocide of 1994. The country was colonized by Germans and Belgians in the 17th century, and the main consequence was the imposition of oppressive structures on the Rwandans, based on their ethnic identities, namely, the Hutus and the Tutsis (NEVER AGAIN RWANDA, 2015).

The Germans reinforced the idea that the Tutsis were a "superior group", while the Hutus were "less civilized". Soon, the colonizers gained power through this segmentation. The Belgians continued the racial supremacy imposed by the Germans and used it as a basis for the creation of a new political, social and cultural order, in which the Tutsis ruled with impunity while the Hutus were excluded (BROWN, 2018).

From the 1950s onwards, Hutu-Tutsi tensions peaked and years later the social revolution, 1959 to 1962, was unleashed, in which the colonizers supported the transfer of power from the Tutsis to the Hutus. Then, at the end of the 1962 Rwanda became an independent country, a state dominated by Hutus who violently repressed the Tutsis, further exacerbating the ethnic division and violence (FOX, 2021). The colonization and the imposition of oppressive structures cultivated the basis for the violence that years later would culminate in the genocide.

The motivation for the beginning of the genocide was the assassination of the Hutu president, Juvénal Habyarimana, on April 6, 1994. The Hutus blamed the Rwandan Patriotic Front (RPF) for the plane incident. However, this political party denied the accusations and insinuated the guilty ones were the Hutus who wanted to justify a future genocide. Therefore, in the power vacuum created after the death of Habyarimana, the Hutu political elite of Rwanda started a major campaign of genocide against the Tutsis (BBC NEWS BRASIL, 2014).

The leaders of the extermination movement were initially Hutu soldiers who possessed firearms. Nonetheless, the situation soon changed and these leaders relied on Hutu civilians for the extermination plan by distributing weapons and machetes; and by blocking roads and making radio appeals convincing the Tutsis to take shelter in churches or other supposedly safe places. All that culminated in around 800,000 deaths over the course of 100 days – estimates vary between 800,000 and 1 million deaths – in addition to 350,000 women who were sexually abused, according to the information released by the United Nations (MENDONÇA, 2013).

Today, Rwanda is a country free from civil war, and in the 30 years since the genocide the country has achieved important reforms in services and human development indicators, for example poverty rate, life expectancy, and inequality. Even with stability and economic growth, the government still is responsible for suppressing political dissidents. Furthermore, the genocide wounds are also present in the citizens (THE WORLD BANK, 2021; FREEDOM HOUSE, 2021).

Based on this scenario and in the premise of the existent trauma in Rwandans, this research objective was to investigate and analyze trauma healing and reconciliation programs in this African country. Furthermore, through this example, we seek to demonstrate the importance of those actions for society and for the peacebuilding process.

The relevance is based on the role granted to these interventions in ensuring the non-recurrence of violence and in consolidating sustainable peace, as seen in the trauma literature. Given the insufficient attention and interest given to these interventions, this research is also justified by the need to provide a greater visibility to the issue within the scope of peace studies, and also to publicly divulge the existing healing projects in the region.

Based on all this, this research proposes the following hypothesis: in Rwanda, trauma healing projects had positive effects on its citizens and achieved the goal of non-recurrence of violence because they were sturdy projects and

dealt with trauma, healing and reconciliation central issues. In an attempt to corroborate with the hypothesis, the following analytical framework was proposed for conducting the case study analysis:

*Table 1 – Analytical framework to conduct the trauma healing projects*

	Resources	Inclusiveness	Acknowledgment	Shared future
<b>Rwanda</b>	How many financial and human resources are allocated to the project?	Is the project inclusive of all groups in society? Or is it restricted to a small portion of the population?	Are the project and its leaders impartial regarding groups culpability in past violence?	Does the project develop collective activities that encourage the creation of a peaceful and shared future between the parties?
<b>Never Again Rwanda</b>				
<b>Karuna Center for Peacebuilding</b>				

Source: Own authorship (2022).

Regarding the “resources” axis, the proposal was to evaluate the project's sturdiness, particularly in terms of financial and human resources. The other axes—inclusiveness, acknowledgment, and shared future — follow Ross’ proposal (2013) and sought to investigate if the Rwandan projects implemented actions in these areas.

The positive effects stated in the hypothesis depended on the final objectives established by both trauma projects. The two projects were chosen based on the materials available to the general public; their long duration was also crucial, as they contributed to better participants monitoring.

The chosen methodology was qualitative research, using the hypothetical-deductive method applied in a case study. This method refers to the hypothesis presented above, which was subjected to falsifiability tests during the research development. The focus was on bibliographic review of books, articles, and policy papers, and also on the investigation of websites, official NGO reports and media related to trauma, healing, and reconciliation projects. The theoretical framework was anchored in existing discussions within the trauma literature.

The chosen time frame was established from 1994 onwards, motivated by the interventions created after the genocide violence. Only a specific number of trauma healing initiatives were cited, discussed and later on analyzed, and not all those available were selected within this time frame.

Finally, this research aimed to provide two contributions: a theoretical and an empirical one. The first sought, through the proposed analytical framework, to offer theoretical and conceptual tools for the trauma healing literature. The second was anchored to the empirical contribution, assisting in the scope of existing studies about Rwanda.

### **Trauma Healing and Peacebuilding**

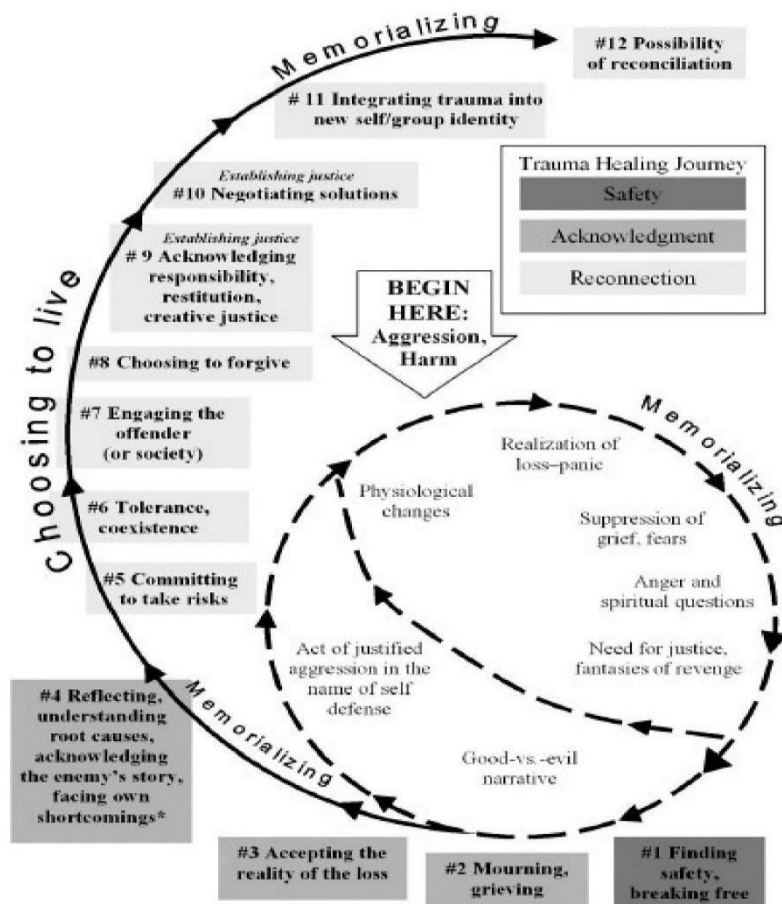
According to neuroscientists, trauma impairs the orbitofrontal cortex's (OFC) ability to operate, leaving individuals susceptible only to the lower part of the brain (brain stem), which is what leads to the "hijacking" of logical thought. Without this integration between rational and thinking parts of the brain, people tend to experience intense emotions, impulsive reactions, and repetitive responses, harming their self-reflection and empathy ability (YODER, 2005).

It is because of all these possible consequences that healing is so significant: it means “learning how to live with one-self and being able to live with dignity” (PARENT, 2011, p. 380). Without healing, post-conflict communities’ capacity to build peace could be undermined and jeopardized. However, the path towards trauma healing is a drawn-out, intricate, and non-linear one that could take weeks, months, or even years to be fully completed.

Therefore, a model known as “Trauma Healing Journey” was developed, and it indicates the crucial phases a person must go through in order to heal their trauma. This concept was created by Olga Botcharova in 1998 and it was

adapted by the Center for Justice and Peacebuilding from Mennonite University in 2002. It is not mandatory for everyone, but it helps to clarify and understand the steps the victim needs to take to feel more secure and to heal.

Image 1 – Trauma Healing Journey: Breaking the Cycles



Source: "Little Book of Trauma Healing" by Yoder (2005, p. 44).

In this model there are two types of lines: dashed and solid. The dashed lines represent the beginning of the trauma process. Even though it is a painful moment, it is an initial step, and, for this reason, with adequate help it may be possible to break free from these cycles.

On the other hand, the solid lines reveal the victim has already memorized the traumatic episodes, thus, it is more difficult to break free. It also indicates the healing journey, which contains three phases – safety, acknowledgment, and reconnection – all of which have one or more subsections. The tiny arrows in the lines show the non-linearity of this process, and the snail shape expresses this process may take months, years, or decades to be concluded.

Safety is the first phase of this journey. The concept, as stated by Caroline Yoder (2005), is essential to trauma healing and the most effective way to fight danger and fear. It is a prerequisite for cure, and healing is only possible if the individual feels safe, whether physically, mentally, or nutritionally.

Additionally, three central concepts are addressed in the second phase: recognition, loss, and grief. Healthy mourning is one of the keys to trauma healing, as it allows the individual to free themselves from immobility, body numbness, and overwhelming feelings. Telling your story and recognizing your loss could help to put an end to isolation and could allow the victim to free themselves from sadness (YODER, 2005).

Reconnection is the final stage. This is the least linear phase of them all, because the processes advances and regresses. But, if successful, it allows the individuals to accept their violent past and achieve a peaceful future. It has eight subsections: risks, tolerance, engagement, forgiveness, justice, negotiation, integration, and reconciliation (PARENT, 2011).

Although each of these concepts have a significant effect on how each person heals from trauma, forgiveness and reconciliation are the most influential ones because of how challenging they are. Forgiveness is important because it releases the victim from feelings of bitterness. This does not imply giving up on the pursuit of justice; rather, it signifies the victim will stop using violence as a means of obtaining justice. It is the first step towards establishing the foundations of reconciliation (YODER, 2005).

The goal of reconciliation is to rebuild relationships between people, groups, and societies. It takes place when a community moves past a conflict-torn past and toward a shared future, with a primary focus on reconstructing social interactions to enable societies to function normally again (HUTCHISON; BLEIKER, 2013).

After understanding the trauma cycle, it becomes clear how healing interventions are essential for peacebuilding. This process pursues physical, emotional, and spiritual healing and also provides the space for people to understand and accept the harm they have suffered. Without trauma healing and reconciliation programs, peacebuilding activities could be undermined (SCHIRCH, 2004).

Hence, disregarding the trauma dimensions in peacebuilding could result in notions of peace that are unbalanced, unsustainable and often unfair. This consequence could be seen in processes of democratization and peace that conceive violence only as something related to political institutions and not to trauma (MCGRATTAN, 2016).

For this reason, trauma healing should be part of the peacebuilding process as it indirectly supports reconciliation processes and reduces the likelihood of violence. By healing individuals, it is possible to reduce the tendency to revenge and increase forgiveness, which are related to violent behavior (NEVER AGAIN RWANDA, 2019).

### **Rwanda after the 1994 genocide and its healing initiatives**

The 1994 Rwandan genocide had a singular feature: it was personal and intimate violence because people were murdering those they knew. The speed with which the genocide unfolded was also quite different from others events of mass violence. The typical genocide perpetrator was sometimes an ordinary man with an average education and no prior history of violence. Estimates of those who actively participated in the violence were between 175,000 and 210,000 (FOX, 2021).

In addition to the approximately 800,000 deaths in Rwanda, representing between 10 and 15 percent of the population, and the thousands of internally displaced people, the country also had more than two million refugees who fled to neighboring countries (FOX, 2021).<sup>1</sup>

The level of destruction in the country following the events of 1994 was unspeakable, as reported by the U.S. Institute of Peace in 1995: "The capital city, Kigali, was left in ruin. Of the 350,000 inhabitants before the war, only 40,000 to 50,000 remained. There was no running water, no electricity, no government infrastructure, and nearly every building was damaged" (BROWN, 2018, p. 123).

<sup>1</sup> The section combines many authors; however, the American author Nicole Fox (2021) receives significant attention here due to her recent and updated work on Rwanda. Even though she is not Rwandan, the author has traveled to the country several times and stayed for long time in the houses of Rwandan citizens, in addition she also conducted several interviews with local people. Her book also presents updated research and information about memory, trauma and reconciliation, so its content was significant for the development of this section.

In addition to the country's physical destruction, Rwandans also acquired significant traumas that are still present in citizens' lives today. Many genocide survivors suffer from post-traumatic stress disorder (PTSD), depression, and anxiety, which can have a long-term and negative impact on their social well-being (FOX, 2021).

Rwandans experience some negative traumatic effects each year as a result of the genocide. The long-term effects include damage to social ties, an inability to care for children or seek economic resources, and physical symptoms such as headaches, stomachaches, and insomnia. In Rwanda, the trauma dynamics reflect a continuous process related to the genocide memory (FOX, 2021). And the most common example is known as *traumatizing*:

The phenomenon, as it was explained to me and later confirmed through my own observation during commemorative events, occurs when a person relives in the present-day moment the violence and fear experienced during the genocidal violence in 1994. Traumatizing manifests when individuals respond to their flashbacks of trauma by crying, moaning out loud, and shrieking in terror and pain (FOX, 2021, p. 76).

Traumatizing happens after the victim listens to stories and testimonies from other genocide survivors. This phenomenon can also spread to groups of people who witness the behaviors of those who are in the same environment as them. It is customary in Rwanda for medical teams to be ready at public events, at memorials and commemorations, to provide care for individuals experiencing this physical trauma effect (FOX, 2021).

In Rwanda, some groups are more likely to traumatize than others, for example, those with less social capital and power, for example, the poor, youth, and women. These categories were the majority of those who physically survived the genocide. Gender, and age shaped the experiences of many survivors (FOX, 2021).

The reason why women face more trauma than men are linked to the events they experienced during the genocide, such as assault, mutilation, sexual abuse and torture. Poverty along with violence in marriage are also risk factors that could lead to mental disorders in women (FOX, 2021).

On the other hand, when it comes to young people, those who work with genocide survivors say this group is more frequently traumatized than adults:

Trauma is increasing year by year because the children of the survivors also tend to traumatize year by year, because when these women produce kids and then when it comes to commemoration, you may find that when they [the women] traumatize, their daughters or sons, they also traumatize when they watch their mum traumatize (FOX, 2021, p. 81).

Another group that suffers from mental health disorders is the perpetrators. They are a large subgroup of the Rwandan population, and their reintegration is essential to societal healing. A study conducted among ex-convicts showed that when they return home, they feel lost, because their status as *génocidaires* prevents them from participating in society. As a consequence, they tend to isolate and develop high levels of PTSD (LORDOS *et al.*, 2021).

In Rwanda, the efforts directed at trauma healing began in 1994. In October of that same year, three months after the end of the genocide, the United Nations Children's Fund (UNICEF) and the Ministry of Health of Rwanda developed and implemented the Trauma Recovery Program (TRP). The National Trauma Center (NTC) also opened its doors in that same year providing psychosocial and trauma recovery intervention (FAVILA; FELLOW, 2009; FOX, 2021).

However, a later report released by the Rwandan government found no symptomatic differences between those who received treatment from TRP and those who did not, raising questions about Western notions of trauma treatment. For many scholars, these westerly mental health approaches are not always appropriate for violent contexts (FOX, 2021).

The initiatives established at the end of the 1990s, did not reach all Rwandans. As explained by Isaura Favila and Lewin Fellow (2009), less than 10% percent of the target population was reached between 1995 and 1998. The hospitals

and center's primary locations in Kigali, as well as the medical community's lack of materials and personnel, were the main causes.

In general, Rwanda has had mental health initiatives and treatments since 1994. The primary finding indicates there are still obstacles that need to be addressed. For instance, international interventions tend to have difficulties reporting positive results as they use Western treatment methods that often do not consider the location they are operating in and the people they are reaching. In contrast, government initiatives do not reach all people due to geographic, logistical, and financial problems.

Besides the (inter)national initiatives mentioned above, there are also common traditions and practices in Rwanda, for example, commemorations and memorials. They contribute to trauma healing and mental health of its citizens. The genocide commemoration is seen as a way of expressing shared grief among the population and honoring the victims because it morally condemns violence and give a new meaning to past atrocities (IBRECK, 2012; FOX, 2021).

Rwanda's mourning period takes place annually and lasts three months, from April 7th to July 4th. This cycle is also known as *kwibuka* and it takes place in the same hundred days as the 1994 genocide. These months reflect the past violence, and the mourning is organized locally and nationally (IBRECK, 2012; FOX, 2021).

Commemorations also offer people the unique opportunity to speak and tell their stories, their testimonies, along with prayers and burials, are indispensable to the ceremonies. However, for some survivors, these events are associated with anger and injustice, especially given the government's role in denying that many victims were targets of massacres organized and perpetrated by their own army. To them commemoration marginalizes their experiences and brings out their sadness and resentment (IBRECK, 2012).

Overall, the ceremonies are riddled with inconsistencies because, they present and enforce a government narrative, but they also offer space for the testimonies of those who have suffered violence. This tradition gives survivors an opportunity to share their stories and call for change, but simultaneously perpetuates outdated divisions (IBRECK, 2012).

The memorials are other relevant local tradition. Memorials can come in different forms; some are just tombstones and markers in spaces where schools, hospitals, and villages used to be, while others are large museums with graves, walls with names, and historical evidence of the genocide (FOX, 2021).

Memorials are responsible for preventing future violence in two ways: by holding people accountable and by honoring the dead. For some survivors, the memorials' function is to hold some actors responsible for the past violence, they believe memorials relive the genocide and help identify the perpetrators. In contrast, other narrative sees memorials as spaces to honor the innocents who died in 1994 (FOX, 2021).

Another forgotten aspect of memorials is gender, more specifically sexual and gender-based violence during the genocide. There is no inclusion of these subjects in memorials. The Rwanda memorials suggest how commonplace it has become to ignore and conceal gender-related issues, even in the light of deliberate human rights violations. Within these spaces, it is possible to see how sexism and gender-based violence are perceived and treated in post-conflict contexts.

Besides the mental health initiatives, the Rwandan reconciliation process is also important. The word for reconciliation in Kinyarwanda is *ubwiyunge*, which comes from the same root used to refer to the act of mending a broken bone. This widely accepted idea in Rwanda relate to reuniting individuals whose relationships have previously been broken (LONGMAN; RUTAGENGWA, 2004).

For the genocide survivors interviewed by Nicole Fox (2021) the way to accomplish reconciliation is through the traditional "reconciliation formula", where the perpetrators admit their guilt and receive forgiveness from the victims.

Another commonly form of reconciliation known by Rwandans is "everyday reconciliations". These reconciliations occur when a neighbor offers another neighbor a ride to work, or when an individual is allowed to frequent



spaces that were previously prohibited to them due to their ethnic group. These small daily actions between citizens could contribute to a peaceful existence (FOX, 2021).

The Gacaca courts were also one of the most practical examples of justice and reconciliation in Rwanda, which sought alternative judicial processes through its own justice system. They were a judicial system established before colonial rule, used to resolve disputes over land, marriage and local conflicts. Thus, Gacaca was established on the assumption that reconciliation in Rwanda would only happen after local citizens were involved in the restorative processes (FOX, 2021).

Since their implementation almost two million cases have been judged. Every week survivors made accusations and gave statements, and perpetrators offered confessions in exchange for freedom, reduced sentences or community service. The purpose of gacaca courts was to promote reconciliation and healing by providing a platform for victims to express themselves, acknowledge the past and forgive the perpetrators. They allowed Rwandans to be the main actors in the prosecution of their perpetrators and they were significant because helped to rebuild society and to create unity and accountability (RAWSON, 2012).

To sum up, a lot has been done in Rwanda trying to mend the past violent after the genocide, but it was not enough, and did not reach everyone. Therefore, the prospect is that more societal healing projects will appear, enabling an inclusive and peaceful future in Rwanda.

### **Societal Healing: Never Again Rwanda's project**

Never Again Rwanda (NAR) is a Rwandan peacebuilding non-governmental organization created in 2002 as a response to the genocide. The NGO works within the areas of peacebuilding, governance, citizen participation and youth engagement. It operates in more than 20 Rwandan districts and over 20 years it has implemented more than 100 programs in 250 communities (NEVER AGAIN RWANDA, 2022).

The idea for the project entitled *Societal Healing and Participatory Governance in Rwanda* (SHPG), came from the post-conflict environment. The project was created to develop societal healing, restore post-genocide relationships, and promote peaceful and healthy interactions between the survivors (NEVER AGAIN RWANDA, 2019).

The four-year program (2015–2018) was launched in January 2015 by NAR and Interpeace, with financial support from the Swedish International Development Cooperation Agency (SIDA). It took place in 20 districts across the country. The project's two main focuses were: participatory governance and societal healing. In total, 6.67 million dollars were spent over four years, along with over 40 paid employees and hundreds of volunteers (NEVER AGAIN RWANDA, 2019; KAREMERA, 2022).

The project was based on six strategies: mapping of actors and approaches; psychosocial support group therapy; psychosocial education; community exchanges; study visits; and youth arts and sports competitions. A mapping was made beforehand to research about safe spaces for community members, how youth would engage in dialogues, and how the initiatives would be accomplished (NEVER AGAIN RWANDA, 2019).

The SHPG strategy to trauma healing was psychosocial group therapy. In total, the program established 15 groups of approximately 30 participants. Each group met monthly through therapy sessions, hosted by psychotherapists and peace agents (NEVER AGAIN RWANDA, 2019).

The second strategy was psychosocial education, aimed at developing youth ability to engage with Rwanda past and deeper critical thinking. A psychoeducation manual was developed and shared with teachers from different schools to accomplish this goal (NEVER AGAIN RWANDA, 2019).

Community exchanges and study visits were the strategies designed to work around the limited number of people who could participate in the SHPG. Hence, the program held several Spaces for Peace and Youth Dialogues within

community groups. External people could also listen to individuals talking about trauma healing (NEVER AGAIN RWANDA, 2019).

The last strategy, Youth Arts and Sports Competitions, were held along with Youth Peace Dialogues. They used arts and sports to engage young people in the community and teach them more about psychosocial education and critical thinking (NEVER AGAIN RWANDA, 2019).

SHPG measured four key elements: level of trauma (Trauma Impact Index); how much the participants trusted other people (Trust); the level of social proximity with people of different origins (Social Tolerance); and, promotion of peace in the community (Peace Activism and Community Participation) (NEVER AGAIN RWANDA, 2019).

Trauma Impact results showed that it improved by 25% on average for all participants. The index also exhibited a moderate change between male and female. It was, however, an elderly genocidal survivor group and a youth group that showed the most significant changes (NEVER AGAIN RWANDA, 2019).

The Trust Index in Youth Peace Dialogue groups captured social aspects such as readiness for interaction, personal sharing, daily partnerships and trauma expression. The confidence level among young people increased significantly with the overall index showing an improvement of 57% (NEVER AGAIN RWANDA, 2019).

Social Tolerance, indicated the participants general proximity to 24 categories of people in their community, as family, friends, neighbors, and external groups, with different religious and ethnic affiliations. Tolerance was considered a positive effect, increasing from 6.20 to 7.43 (NEVER AGAIN RWANDA, 2019).

Peace Activism and Community Participation, reported that participants who were involved in independent peacebuilding, and conflict resolution initiatives in their community decreased from 68% to 54% among those who were part of Spaces for Peace. On the other hand, the youth, had greater engagement, from 66% to 82% (NEVER AGAIN RWANDA, 2019).

Finally, data obtained throughout the official SHPG reports empirically demonstrated the positive impact of psychosocial group therapy on peacebuilding approaches. Two aspects showed this positive impact. The first stated these groups were responsible for effectively reducing trauma, revenge tendencies, and anger; they created psychological resilience and reinforced social trust and tolerance. These elements contributed to psychosocial well-being and social cohesion. The second aspect declared the therapies effectively reduced the likelihood of participants engaging in acts of violence and victimization and increased engagement in formal mechanisms of civic participation, conflict resolution, and mediation in their own communities (NEVER AGAIN RWANDA, 2019).

This intervention has proven to be effective in helping individuals and groups in post-conflict environments to become constructive agents of peace, helping to reduce the risk of violence and building a sustainable peace. Overall, the SHPG positively transformed Rwandan communities.

### **Healing Our Communities: Karuna Center's project**

Karuna Center for Peacebuilding was founded in 1994, its goal is to transform violent conflict through reconciliation, community strengthening, and resilience. Long-term partnerships and collaboration with local actors are also pivotal to encouraging people to build peace (KARUNA CENTER, 2022).

One of the organization's first projects took place in the African country, demonstrating concern for the Rwandan people shortly after the genocide. In addition, numerous projects have been developed in the region since 1995, focusing on developing leadership for peace, as well as promoting reconciliation (KARUNA CENTER, 2022).

The project *Healing Our Communities: Promoting Social Cohesion in Rwanda* (HOC) was an initiative from the Karuna in partnership with three international and Rwandan institutions: Healing and Rebuilding Our Community

(HROC), Aegis Trust, and the Institute of Research for Dialogue and Peace (IRDP). It was funded by the United States Agency for International Development (USAID) (KARUNA CENTER; USAID, 2019).

The project's execution period was from July 14, 2016, to October 31, 2019. The total amount financed by USAID was 1,592,912 million dollars. There were 24 paid employees from the four organizations and 221 volunteers (KARUNA CENTER, 2022).

The initiative had three main areas: trauma healing, youth leadership, and community dialogues. The trauma healing aspect aimed to heal psychological wounds left by the genocide, focusing mainly on transgenerational trauma. HROC was responsible for this category. Through its trauma healing workshops, it brought together survivors and former perpetrators who used the experience of trauma as a common ground between them. Within those spaces, there were discussion of grief, loss, guilt and shame (KARUNA CENTER, 2022).

The Aegis Trust was in charge of the youth leadership division. They selected and mentored several Youth Champions who led more than 270 projects, for instance, building houses for vulnerable people, leading reconciliation discussions, and creating art to represent the genocide. Through photography and video production, young people discussed trauma and reconciliation. Short documentaries were also made to promote acceptance and stimulate discussions within schools and communities (KARUNA CENTER, 2022).

The community dialogues were responsibility of IRDP. The organization established Dialogue Clubs in local communities to provide a peaceful space for individuals to solve conflicts. Local and national government officials also participated in the Intergenerational Dialogues and Listening Sessions as a way to support community members and advocate for them (KARUNA CENTER, 2022).

The project had five previously objectives: creating mechanisms to improve social cohesion; establishing trauma healing approaches; expanding the role of youth in society; creating communication between locals and government officials; and expanding awareness about healing and reconciliation.

The general indicators measured four elements: Trust in Others, Willingness to Help the Citizens, Openness to Listening and Understanding Other Points of View, and Personal Suffering. Trust: all three programs showed significantly higher confidence levels in post-surveys.

As to Willingness to Help: there was an increase in the belief that Rwandans were willing to help others. Listening and understanding other points of view: the results followed the same pattern, demonstrating greater openness to other points of view after the project. The difference occurred among the youth who had the lowest pre-survey score of the three programs. Personal suffering: levels of suffering were reasonably high before the start of the project, but in post-surveys, the levels decreased (TROPP; BILALI, 2019).

In other words, for the three programs, symptoms related to personal suffering were reduced throughout the project, especially for youth who started with the highest score and ended with the lowest. The three HOC divisions presented improvements in disposition, openness, understanding, and suffering.

Summarizing the results, in the *Youth* category, approximately 1400 played imperative roles in social cohesion activities. They managed to create 408 projects that helped vulnerable people and contributed to the development of Rwandan communities (KARUNA CENTER, 2022; USAID, 2019).

In the *Trauma Healing Program*, at least 2,288 people learned about trauma and ways to support people in their own community. For the participants, the experiences were transformative. People forgave their perpetrators and their families, decreasing their trauma and moving towards a peaceful state of mind (KARUNA CENTER; USAID, 2019).

The *Dialogue Clubs* were held biweekly and had 720 participants annually. Many of these participants overcome their fears and were able to trust each other again. These were achieved due to the Facilitators who helped the community during and after the years of project implementation (KARUNA CENTER; USAID, 2019).

The project was positive on practically all evaluation indicators. Participants were more prone to social cohesion and reconciliation, factors assessed through trust, willingness to help others, and commitment to unity and rebuilding relationships. Additionally, they were also open to talking and interacting with people from other groups. By measuring psychological suffering, they also demonstrated a reduction in trauma (TROPP; BILALI, 2019).

This section highlighted two societal healing initiatives in Rwanda. In both projects, healing and reconciliation were prioritized, with activities designed to provide a safe environment for dialogue, exchange of experiences, and psychological and social support. The final balance was positive for the Rwandans, and it was possible to see the difference at the end of the programs. They created in the participants a sense of empowerment, unity, and desire to build peace and reconcile with people in their community.

Finally, it is important to highlight that these projects had million-dollar funding. It can be presumed both had positive results because they were long-standing projects with many employees and a high financial contribution. However, this is not the reality of most healing, trauma, and reconciliation interventions. They tend to be smaller and have little or no funding. However, the projects analyzed here are symbolic because they helped the Rwandans and could have the potential to inspire similar initiatives.

### **Final remarks**

This research gave visibility to trauma healing interventions in post-conflict environments. It highlighted the importance of implementing these projects simultaneously with other peacebuilding activities, because mental health issues, in traditional approaches to peacebuilding, tends to be neglected and undervalued. If a country has experienced a traumatic event, everyone will likely be traumatized. This scenario demands societal healing, which involves collective forgiveness, reconciliation, as well as physical and subsistence safety, and psychological stability.

Rwanda illustrated the trauma scenario, which focused on a traumatized society after a violent incident. This research examined healing projects from NAR and Karuna. Both presented an increase in the participants confidence level, willingness and tolerance for other groups, low suffering, and higher psychological resilience.

The interventions outcomes suggest community and collective initiatives can enhance reconciliation by lessening trauma effects and promoting positive experiences for the participants. The analytical framework of Rwanda's projects is presented below:

Table 2 – *Societal Healing and Healing Our Communities analytical framework.*

	Resources	Inclusiveness	Acknowledgment	Shared future
<b>Rwanda</b>	Financial resources: the project was funded by (SIDA) and cost US\$6.67 million over four years.	The project included the entire Rwandan population, for example, youth (educated and uneducated), adults, and the elderly.	The project did not blame any group for the past violence; it sought to provide a space for people from different backgrounds to tell their own stories.	The SHPG program's vision was "to contribute to the consolidation of a peaceful and inclusive Rwandan society, enabled to overcome the wounds of the past and to peacefully manage conflicts and diversity".
<b>Never Again Rwanda</b>	Human resources: the project used 40 employees from the organizations. The number of volunteers was unavailable, but several Rwandans were trained to act as <i>facilitators</i> and <i>peace agents</i> , exceeding hundreds.	It also included specific groups, such as: former perpetrators and their families, survivors and victims of sexual abuse, women married to men of other ethnicities, and young pregnant women.	There was no blame placed on the former perpetrators, for example. On the contrary, in some categories, they even showed some positive improvements by participating.	Therefore, its main objective through group therapies and community dialogues, was to help Rwandans heal their traumas so they could build a shared and peaceful future.
<b>Karuna Center for Peacebuilding</b>	Financial resources: the project was funded by USAID and cost 1,592,912 million dollars over three years.  Human resources: 245 permanent people, including paid employees from the four organizations and Rwandan volunteers, were involved. Considering those who participated in gatherings and meetings over the years, the number would surpass thousands.  These details indicate the sturdiness and complexity of the project. The large amount of money invested and people involved could explain the project positive results.	The project was inclusive of all Rwandan population. There was a program aimed only at youth, while the Trauma Healing Workshops included men, women, survivors, perpetrators, refugees, bystanders, first responders, and the elderly.  Intergenerational dialogues, for example, brought together all these groups for equal inclusion.	The project did not blame any group for the past violence; it wanted to provide opportunities and spaces for people to heal and reconcile.  The genocide perpetrators and bystanders, for instance, were in the project, and at no time they were blamed; some of them were even chosen as leaders (Facilitators and Healing Companions) of their communities.	The project's vision was based on the idea that Rwanda would only improve and become a more resilient society if people dealt with the consequences of the genocide through dialogue and collaborative activities.  Therefore, the project sought to provide Rwandan citizens with a shared, peaceful, and self-sustaining future through activities and group gatherings like youth clubs, healing workshops, and intergenerational dialogues.

Source: Own authorship (2022).

Overall, the framework was crucial to guide the analysis of the healing projects. The responses were similar, indicating the objectives and goals they had practically the same purpose. The result was satisfactory because they empirically demonstrated Ross's (2013) idea that the inclusion of individuals' emotional is essential for peacebuilding. The projects attested there were significant insertions of emotions in Rwanda peacebuilding.

Finally, the aim of the research was to investigate and analyze trauma healing programs in Rwanda based on the necessity to give greater visibility to the issue within the international relations field. Regarding both aspects, it can be said they were fulfilled.

The trauma healing issue received space and relevance in here, and could contribute to the scope of studies focused on post-genocide Rwanda and also to the international security and peace studies field. The case study may inspire similar studies in the future, contributing to researches that analyzes the healing and reconciliations scenario in other post-conflict countries. This subject is new within the Brazilian academic area of International Relations; therefore, any research that highlight the importance of these interventions could help to give visibility to this area of study.

It is possible to say the hypothesis was confirmed, since NAR and Karuna projects were positive for Rwanda citizens, reducing the trauma, the use of violence to solve conflicts, and increasing reconciliation and the connection with society.

These results were accomplished because both projects were sturdy, having international support, foreign funding and a significant number of employees and volunteers. These factors helped the projects to achieve positive results. If they were smaller projects, with a short duration and almost no funding, the final scenario would have been different.

In short, the analysis presented here allows the emergence of new research questions, particularly whether the proposed analytical framework could be applied to the analysis of projects in other contexts and countries, and how to measure the impact of the numerous smaller projects that exist or have existed in Rwanda. These are points of significant importance for dialogue within the areas of International Relations and Peace Studies.

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