More than two decades after the genocide in Rwanda, the trauma is still haunting some families and being transmitted from survivor parents to the next generation. Within this time period, there have been interventions addressing the mental health needs of those traumatized by the genocide. Policies aimed at promoting reconciliation, while reducing tensions among former enemies to prevent future collective violence among citizens have also been implemented.¹

This policy brief is based on the findings of a research project conducted in eastern Rwanda between July and November 2019. It involved interviews with genocide survivors who are now parents, descendants of genocide survivors aged between 18-25 years old, and staff from psycho-social and peacebuilding organizations. The study explored intergenerational trauma transmission from genocide survivor parents to their descendants born after the 1994 genocide and its implications for reconciliation.

**TRAUMA TRANSMISSION FROM GENOCIDE SURVIVOR PARENTS TO POST-GENOCIDE SECOND GENERATION RWANDANS**

Parental trauma has been transmitted to the youth through biological means: maternal distress while still in the womb or after birth and through breastfeeding by a traumatized mother. Descendants are sometimes traumatized by listening to genocide-related stories or testimonies of survivors and learning of genocide experiences as recounted by some of their family members mostly during the annual genocide commemoration.² Some of them also become traumatized through sensing their parents’ suffering when in

**RECOMMENDATIONS**

To the National Commission of National Unity and Reconciliation, and local NGOs:
- Encourage inter-family process of seeking and offering pardon between survivor and perpetrator nuclear families.
- Promote a debate-based programme on the history of the country between integrate adult people and youth in order to help youth learn the history and sustain the contribution of the Ndi Umunyarwanda programme.

To the Ministry of Health, Mental Health, and Psychosocial Support Organizations:
- Support community-based mental health/psychosocial programs that raise awareness about the adverse effects of parental trauma on youth and reconciliation.
- Provide safe spaces and facilitating meetings between perpetrators, survivors, and youth on both sides to share their past experiences as a way of promoting reconciliation and trust.

To the National Commission for the Fight against the Genocide:
- Work in collaboration with MOH and NURC to conduct a nationwide study of genocide experiences and legacies, including how these can best be communicated to post-genocide second generation Rwandans in ways that prevent them from being traumatized by a painful chapter in the country’s history.


² Annual genocide commemoration in Rwanda is annually organised and starts with the first week of mourning on April 7-13, and the whole period of commemoration lasts one hundred days as the period that the genocide lasted.

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agony, or when they unconsciously wall mournfully as if the scenes of the genocide violence are recurring. Study findings also indicate that some genocide survivor parents transmit trauma through their inability to respond to children’s needs such as supporting their education, fulfilling their basic health needs, engaging in open communication with their children, and parental affection. This situation may also arise when parents present negative emotions such as anger, fear, depression, and despair. However, we observed that the most enabling setting for parental trauma transmission to their descendants is the genocide commemoration.

**EFFECTS OF TRAUMA AMONG SURVIVORS’ DESCENDANTS ON RECONCILIATION PROCESSES**

Youth interviewed during the study reported that learning about their parents’ experiences made them want to know about those that perpetrated genocide against their families. On one hand, such knowledge often incited feelings of retaliation among youth and led to loss of interest in connecting with their peers from perpetrator parents, who were suspected to be as wicked as their parents. On the other hand, parental silence on their trauma contributes to high levels of mistrust and suspicion among youth vis-à-vis adults. They sometimes develop feelings of abhorrence and fear towards perpetrators and their children.

Although youth recognize that they should not hold grudges against their peers from the genocide perpetrators’ side, some express the view that it is not easy to reconcile with the descendants of perpetrators. Reconciliation in such circumstances is perceived as something that may lead to parental re-traumatization. Respondents’ responses also indicate that reconciliation requires perpetrators’ ability to sincerely seek for pardon from genocide-survivors, showing survivors the remains of family relatives that lost their lives during the genocide to allow for a decent burial. In addition, some respondents suggested that reparations should also be made by perpetrators. Both the burial of the loved ones by survivors and reparations are believed by respondents as acts that will contribute to healing and give closure to the psychological wounds of survivor parents and lead to reconciliation. Breaking the cycle of intergenerational trauma will enable reconciliation to take place between former enemies and their descendants and prevent possible relapse into violence in the future.

Drawing on the research findings, the following recommendations are made:

**RECOMMENDATIONS**

To the National Commission of National Unity and Reconciliation (NURC) in partnership with local NGOs that work with genocide perpetrators and survivors:

- Support and mobilize genocide perpetrators who want to seek pardon by showing the remains of the people they killed during the genocide to survivors and contribute towards the process of healing and reconciliation between survivor and perpetrator families.
- Initiate programmes where youth ask questions about the history of the country in order to sustain the contribution of the Ndi umunyarwanda programme.
- Encourage the seeking of forgiveness by genocide perpetrators and the offering of pardons by survivor families, going beyond an individual request to becoming a process that involves both survivor and perpetrator nuclear families. This will facilitate healing and reconciliation among adults and better reconciled post-genocide generations in Rwanda.

To the Ministry of Health (MOH), Mental Health, and Psychosocial Support Organizations:

- Support community-based mental health/psychosocial programs that raise awareness about the adverse effects of parental trauma on youth and reconciliation.
- Provide safe spaces and facilitate meetings involving perpetrators, survivors, and youth on both sides to share their everyday experiences, and past distresses as a way of promoting reconciliation and trust and move towards rebuilding a future peaceful society.

To the National Commission for the Fight against the Genocide (CNLG):

- Work in collaboration with MOH and NURC to conduct a nationwide study to understand how and when the genocide experiences and its physical representations can be communicated to post-genocide second generation Rwandans, and ways for preventing them from being harmed by a painful chapter in the country’s history.

**REFERENCES**


