

GACACA AND TRAUMA

An aerial photograph of a lush green valley in Rwanda. The landscape is characterized by terraced fields, banana plantations, and small houses with red roofs. The terrain is hilly and covered in dense vegetation, with a mix of green and brown patches. The overall scene is peaceful and rural.

Psychosocial guidance for trauma victims in Rwanda

IBUKA, KANYARWANDA, DED/ZFD
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Introduction: The genocide and its consequences

Throughout its history Rwanda has experienced social and political crises that culminated in the 1994 genocide that marked the endpoint in a series of waves of extermination in Rwanda that began 1959. The genocide lasted for 100 days and claimed more than one million victims.

Rwanda was colonized by the Germans after the Conference of Berlin in 1885, during what was known as “the scramble for Africa”. After the First World War the Belgians took over colonial rule from the Germans. The colonial government relied on the local authorities already in place to rule the country, namely the king and the Tutsi aristocracy, who formed the minority among Rwanda’s population. It also created a totally artificial “ethnicity”, Hutu, which was solely developed by, and existed only in the eyes of, the colonizers. This “ethnic” differentiation between “Hutu” and “Tutsi” then became reality in the colonial organization of society. In the 1930s the Belgians introduced national identity cards in Rwanda and each citizen was classified Tutsi, for those who owned more than 10 cows, Hutu, who owned fewer than ten cows.

In 1959, when the Tutsis started to express their desire for independence, the Belgians shifted their alliance to the Hutus, which led to the collapse of the Tutsi king and the takeover of power by the Hutu. What followed was a wave of pogroms and riots which drove thousands of Tutsis into exile.

In this booklet we want to publish our activities during this project for the stakeholders in Rwanda but also for other international actors in the field of mental health and peaceful resolution of conflicts, and make our psychosocial approach at Gacaca hearings known to the public.

Our experiences thus far in Rwanda have been manifold, with a range of difficulties, but also many positive results. This publication seeks to contribute to the development of a psychosocial approach in the post-conflict context within the framework of peaceful resolution of conflicts and the judicial process of dealing with the past.

Critical answers, remarks and suggestions from other countries where similar work is taking place would help us to continue developing our approach and to improve our work in Rwanda.

Our work has been shaped by the specific conditions present in post-genocide Rwanda. The genocide in 1994 had consequences that continue to impact all aspects of daily life. These include:

Socio economic consequences: Destruction of social networks, loss of certain socio-cultural values, deterioration of social relations, and economic problems.

Psychosocial consequences on the group level: These affect a large number of widows and orphans, include an increasing burden carried by families, separation and mistrust among the population, crime and begging, and problems in the field of education.

Psychosocial consequences on the individual level: Including the following problems: grief, depression, problematic relations with others, psycho somatisation, phobia and drug addiction. One of the most painful of these consequences is psychological trauma, which affects a large number of the population regardless of age or social status. In general it can be said that the different forms of trauma do not only affect the survivors of the genocide, but also the witnesses, the perpetrators and their families.

One of the places where these consequences are easily observed is at the Gacaca trials. Seeking justice after the genocide is one of the urgent needs for Rwandan society. In fact, the genocidaires (those responsible for the genocide), their families and the surviving victims are all constantly confronted with problems caused by the genocide. However, the justice system has not been able to respond to the need for justice, on either a national or international level. In an effort to find a way out of the dilemma, Rwanda has turned to its historical tradition and introduced a restorative justice process aimed at reconciliation. The Gacaca hearings try to bring the people to face their past, to consider the crimes committed and to create favourable conditions for peaceful cohabitation.

The Gacaca process has the objective to settle the legal question of the heritage of the genocide and to enable Rwandans to envisage a common future. Furthermore, the process is meant to open a dialogue so that the silence is broken and the truth is said out loud in a country of unvoiced comments and heavy silence. On the one hand, it makes the perpetrators and the victims face each other so the former have to explain themselves and the latter learn what exactly has happened. On the other hand, there is a risk of aggravating the situation since asking a victim to testify can be more than they are capable of. The survivors experience mental exhaustion when speaking at the hearings. It has been noted that the testimonies given in the context of Gacaca can be regarded as a new stimulus of trauma, causing the population to experience deep psychological suffering instead of bringing relief. Therefore, the project was developed to provide psychological guidance to these traumatised victims.



Photo : Benjamin Kumpf

Memorial site in Gisozi, Kigali



Photo : Heide Rieder

The psychosocial work in women's associations

P psychosocial work is carried out through interventions on different levels that take into account all factors of psychological, physical and social destruction and try to reinforce factors of social protection. These different intervention levels may include social interventions, for example providing economic assistance or housing or reorganizing social networks through creating associations. These associations are very important to ease the overwhelming feeling of loneliness that many people feel, whereas the social interventions are important to ensure the basic needs of the victims and protect the people from other traumatic events.

Moreover, there are crisis interventions, psychological interventions (self help groups, group testimony, collective debriefing, etc.) surrounding psychological trauma and intensive psychotherapy (on the individual, family or group level). Most of these initiatives relate to the psychosocial aspect of the response to trauma. In general the lack of emotional support in a post-war situation can worsen the problem of trauma.

The goal of psychosocial assistance is to help people to deal with the past and help them to find techniques to guide them in the future. Recognizing one's own personal resources is an important factor in reflecting on oneself and rebuilding self-confidence to face everyday life. The more people recognize their capacities, the less likely they will remain in a state of emotional attachment to the traumatic events, which prevents them from reconnecting their past to their future and from taking care of themselves and others.

The development of psychosocial assistance has to be sought within existing structures of support on various levels (province, district, etc.) in order to lay responsibility in the hands of people who know the structures. This helps to facilitate the accessibility to those structures for the population and to develop a deep and durable belief in the stability of the country. Psychosocial activities are related to the political development of a country. These activities should play the role of intermediary between the individual and the community and be able to react to the frustrations of the population, political tensions, and social exclusions. An intermediary can dismantle ethnic explanations of conflicts and tensions, deconstruct them and work on them.

A key factor in achieving a positive impact through psychoso-

cial activities is cooperation with other development projects and elements of the reconciliation process. These projects require a multidisciplinary approach that involves different organisational levels including the justice, education, and health sectors.

One goal of trauma counselling work within the framework of development cooperation for crises prevention in post-conflict situations is to decrease the existing conflict potential. These conflicts prevail especially in societies where the population can not confront the origins of the conflict of war in order to change their attitudes and rethink their stereotypes, and where the political system is not able to fight discrimination and repression against certain groups based on their religion, ethnicity and other differences, or against violations of human rights and war crimes.

Trauma work aims at the community and focuses on a process that reflects on justice and the traumatic events of the past. Psychological interventions create a confidential environment and provide individuals room to express their feelings of grief, anger, hatred and dissatisfaction. Listening to the victims is important. However, representing their interests and defending them to achieve rehabilitation and reintegration into the political sphere should follow. Counselling measures can certainly reduce individual suffering, because the feelings of revenge, aggression and de-socialisation will be alleviated.

The challenges for the stakeholders in the work for a peaceful coexistence are numerous. The actors involved in trauma counselling act at the same time as a voice for the victims to publish the injustice within the population and to establish them as an issue in national and international politics. They must address both current conflicts and those that are a result of dealing with the past. They then have to help their clients find non-violent ways out of those conflicts. This is why improvement and organisation of counselling competences is an essential base for the resolution of conflicts. The actors must use an approach that breaks with the feelings of hatred and revenge and the need to define oneself in contrast to the opponent. One goal in the work for reconciliation is to increase mutual understanding and empathy with the other party in the conflict.

POST-TRAUMATIC REACTIONS

Most of the posttraumatic symptoms are related to anxiety (posttraumatic stress disorder, panic attacks, phobia), but other disorders can be observed such as posttraumatic depression, behavioural control disorder (addictive, suicidal), somatisation, etc. Posttraumatic stress disorder (PTSD) develops after having been exposed to a traumatic event "outside of normal" (acts of war, sexual or non-sexual violence, natural catastrophes', etc.) or to extreme stress. PTSD is a durable affliction and is composed of three persistent clinical symptoms:

1. Traumatic re-experiencing (symptoms of intrusion described as unintentional repetitive re-experiencing and the feeling that the event is going to reproduce itself)
2. State of hyper arousal
3. Symptoms of avoidance with a feeling of numbing of the general reactivity (a behaviour of avoiding and retreat characterized by a reduced participation in social activities).⁷

For some of the victims the symptoms simply fade away. About 50% of rape victims, 30% of ex- soldiers or survivors of terrorist attacks, 20% of victims of physical violence, 10% of road victims and 5% of the population touched by natural catastrophes continue to suffer from posttraumatic symptoms .⁸



Photo : Heide Rieder

After the genocide in Rwanda terms were needed to describe the psychological state in the population. At the beginning people were talking about *ihahamuka* and *ihungabana*. The first word describes interior struggling talking precisely about a traumatic crisis. Because this word alluded to mad cow disease, it had to be changed. The term that is used today to describe psychological trauma is *ihungabana*, which means a change of behaviour in a person relative to a certain event experienced.

⁷ American Psychiatric Association. (1994). *Diagnostic and Statistical manual of mental disorders, 4th edition (DSM IV)*. Washington, DC: A.P.A.

⁸ Yehuda, R.(2002). Post-traumatic stress disorder. *New England Journal of Medicine*, 346, 108-114.

Initiatives in the field of mental health in Rwanda after the genocide

After the genocide numerous state organisations and NGOs launched mental health programmes for people that were affected by psychological trauma. The psychosocial support project for Gacaca is one of these initiatives developed in Rwanda. This project is supported by Ibuka, Kanyarwanda and Civil Peace Service (ZFD) of the German Development Service (DED).

To make the context clear we present the development of institutions in the field of trauma in Rwanda after the genocide. It is however necessary to note that the description is not complete, but rather a short outline to give an overview.

In 1995 the Rehabilitation Ministry created a National Trauma Centre (CNT). Thereafter, this institution was placed under the guardianship of the Health Ministry. More than 20.000 teachers, orphanage staff and nurses, supported by specialised counsellors, were trained in the screening of trauma during a two-year period. At the same time the Ndera Neuro-Psychiatric Hospital (HNP) was restored as a national reference structure in the field of mental health in collaboration with the Kigali Health Institute (KHI). In the following years almost 300 nurses were trained in the field of trauma and mental health. The CNT has changed its statute and its name and launched a programme named Service of Psychosocial Consultations (SCPS), which is a reception and treatment centre.

The faculty of psychology and science of education of the National University of Rwanda (UNR), created in 1963, introduced clinical psychology in 1999 to develop a programme

in the mental health sector with a psychosocial approach. The main objective of the programme is the multiplication of psychosocial assistance by the means of a communal mental health network. Since 2003 the University of Agriculture, Technology and Education of Kibungo (UNATEK) has also offered specific qualifications for clinical psychologists.

In 1998 the Rwandan Association of Trauma Counsellors (ARCT-RUHUKA) was founded. It is an association that offers professional support with programmes of prevention and dealing with psychological trauma. On the initiative and with the financial support of the Fund of Aid for the Survivors of Genocide (FARG) the first round of training started in October 1999 with 24 trauma counsellors who were then placed in different districts of the country to improve professional assistance. In 2005 the FARG counsellors were transmitted to the head office of Ibuka, the umbrella organisation of the genocide survivor organisations that counts today a total of 34 trauma counsellors trained by ARCT.

Apart from that there exist a great number of national and international NGOs that offer training in the field of trauma: Avega, Doctors without borders (MSF), Icyuzuzo, Igiti, cy'ubungo, Handicap International, Hope and Homes for Children, Uyisenga n'manzi, World Vision and others. These associations have trained a total of 273 trauma counsellors, 3812 psychosocial assistants, as well as 152 psychiatric nurses and 12 clinical psychologists.



Reception and treatment centre in Kigali

Photo : Heide Rieder

Psychosocial guidance for trauma victims at the Gacaca hearings: The project of Ibuka, Kanyarwanda and the DED/ZFD



Trauma counsellor during an evaluation workshop

The project of psychosocial guidance for trauma victims at the Gacaca hearings was initiated by the associations Ibuka, Kanyarwanda and the DED/ZFD in order to react to the psychological problems associated with confronting the past during the Gacaca hearings. This judicial process revives painful events and once again provokes feelings of fear, insecurity, lack of trust, hatred, sorrow, and loneliness in the population in general but especially among the witnesses and survivors. To bring up the “truth” in such a way risks reinforcing the conflicts between the families that live next to each other in the hills, leading to trauma and a worsening of the wounds. The judicial interventions require measures of psychosocial assistance to improve the management and prevention of internal and external conflicts to enable peaceful cohabitation in Rwanda. At this point these activities combine efforts in mental health services, legal services and efforts for reconciliation and peace.

Ibuka, Kanyarwanda and the DED/ZFD have established a psychosocial assistance programme that works on the preparation of witnesses to testify and takes care of persons who are thrown back into the suffering of the past during the hearings and also provides assistance after the Gacaca assemblies. By means of its activities of group and individual counselling the programme created a refuge where witnesses find trust, an open ear, and understanding to help them remember, talk, and cope with the consequences of the revelations of the past, the accusations and release of convicts. The psychosocial support is not only aimed at the survivors but also at all victims of trauma, including the accused.

The main task of the project is to create a network between the different stakeholders in psychosocial guidance at the NGO level in collaboration with local authorities in order to create a structure that enables a permanency and continuity in the assistance of the recipients under the expertise and surveillance of trauma counsellors and to prevent emotional crises during the Gacaca sessions. The structure is composed of the

project coordination team (two psychologists and a lawyer, provided by Ibuka, Kanyarwanda and DED/ZFD), supported by experts for training and supervisory meetings. The coordination team supports the counsellors, who then train and support the psychosocial assistants who live in the same area and accompany the recipients to the site of the Gacaca hearing. The psychosocial assistants present themselves in front of the Gacaca assembly and to the local authorities to make themselves known. After that, the assistants participate in the hearings, they explain to the participants what trauma means and which risks exist during the hearing that can provoke crises or suffering and how one can assist to prevent or ease the crises. The needs within the population are enormous. Due to good communication between the recipients, the psychosocial assistants, the counsellors, the health centres and authorities and thanks to the goodwill of the assistants,

people suffering from emotional crises now find someone to help them. We call on the assistants to intervene and they create places of listening and support in the offices of authorities, health centres or just a spot on the lawn or even at home. To avoid secondary trauma and exhaustion of the assistants the counsellors work with them in regular meetings and supervisory sessions.

During the first stage of the project from November 2005 to February 2006, financed by the German Technical Cooperation (GTZ) we put twelve trauma counsellors in place. Each counsellor is responsible for one district. After training in specific aspects of psychosocial guidance at the Gacaca hearings, the twelve counsellors accompanied vulnerable participants to the Gacaca sites for three months. The counsellors also received supervisory training in each region. The second

IBUKA

Ibuka, which literally means “Remember” is an organisation, created in 1995, which groups at least 10 associations of genocide survivors and every other individual or organisation concerned with the fight against the genocide perpetrated in Rwanda, and contributes especially to the rehabilitation of survivors and of Rwandan society.

Ibuka has the following goals:

- 1. Perpetuate the memory of the genocide (Compile the largest documentation of the genocide of 1994 and create a centre of documentation of the genocide also to fight against divisive and exclusive ideology)*
- 2. Assure psychosocial assistance for genocide survivors (School fee for genocide orphans, habitation for homeless people, care for disabled people, also material assistance for economic and social development)*
- 3. Assure legal and judicial assistance to genocide survivors in front of administrative and judicial authorities.*

stage, financed by the Civil Conflict Resolution Project (Zivik) of the Institute for Foreign Cultural Relations (IfA) was based on an evaluation of early experiences and training for future trainers. In order to create a team of 18 assistants to each counsellor we produced training modules which the counsellors used afterwards to train the psychosocial assistants in three rounds of 12 each. Contents of the training included the philosophy of the Gacaca law, the theory of psychological trauma, the counselling process, the taking care of victims, grief and mourning, active listening, handling of crisis, secondary trauma and personal experiences on every subject mentioned. In the middle of 2006 the project had 216 psychosocial assistants in 12 districts: Bugesera, Kayonza, Kirehe, Rwamagana and Ngoma (Eastern Province), Rulindo (Northern Province), Kicukiro and Gasabo (City of Kigali) Muhanga, Kamonyi and Ruhango (Southern Province).

In the beginning of 2007 the project was extended. Eight new counsellors have started the training and monitoring of the



The trauma counsellors and coordinators of the project

Photo: Denyse UMUTONI

THE CIVIL PEACE SERVICE

Since 2001 the Technical Assistants of the Civil Peace Service (Ziviler Friedensdienst - ZFD) have been supporting the peace and reconciliation process and the juridical reconstruction in Rwanda. From the beginning of its work in Rwanda, the ZFD has been co-operating with Non-Governmental Organizations (NGO's) as well as with governmental institutions. The main objectives of the ZFD in Rwanda are:

- The support of the reconciliation process via reconstruction efforts, documentation and intermediation of the violent past. ZFD specialists assist initiatives that encourage the reflection and the dialogue on Rwanda's contemporary past.
- The psychosocial assistance of genocide survivors. In partnership with IBUKA ZFD specialists are developing trainings, providing capacity building and psycho-social support for vulnerable groups such as orphans and widows.
- The promotion of peace and civic education as well as the development of instruments of civil conflict resolution. Technical assistants support peace media projects and the development of pedagogic instruments for schools. Moreover, the ZFD and its local partners are strengthening the reconciliation process through cultural and sports activities targeting young people in rural areas.

psychosocial assistants in districts of the Western Province, namely Karongi and Rutsiro, in Gatsibo and Nyagatare in the Eastern Province, in Rubavu and Nyabihu in the Northern Province and in Nyamagabe and Nyaruguru in the Southern Province.

With the work of the 20 trauma counsellors and their 336 psychosocial assistants the project has supported the witnesses in managing their feelings of fear and frustration and has tried to reinforce the curative side of Gacaca. By means of psychosocial guidance the project has tried to help shed light on the traumatising events of the genocide in the course of the legal process. The psychosocial assistance has tried to manage the collective feeling of injustice, inequality and non-recognition of suffering. These feelings can be easily abused or exploited for manipulation and increase the risk of violence. The trauma counsellors and their psychosocial assistants have sought to defuse the social conflicts between the participants by helping them confront each other and by resolving individual and collective conflicts which helped to restore a psychological balance. In this way they promote rehabilitation and reintegration of the vulnerable groups into society and secure peaceful cohabitation.

KANYARWANDA

Kanyarwanda is a non-profit association promoting unity by social justice. The objective of the association, which was founded in 1991, is to provide a frame of reflection, study, advocacy and political and humanitarian action in the field of relationships between diverse components of society, and also to fight against exclusion and discrimination.

Kanyarwanda acts on the following four intervention categories:

- Promotion and protection of human rights (founding member of CLADHO, which is a collective of human rights organisations)
- CARVITORE (African centre for rehabilitation for torture and repression victims): Care for people suffering as a result of the genocide; organisation and training of self help groups for raped women in rural areas, counting 6 groups of approximately 300 women; women's forum for women with children resulting from rape
- CASOR (School fees for orphans in Rwanda)
- Sponsorship of PROGETTO-Rwanda: support of orphans raised in economically vulnerable families.

“The terrifying past does not die, it rather sleeps!” Testimony of a counsellor

In March 2005, after the 11th commemoration of the genocide that ruined Rwanda, I received a woman at the counselling service. She was a woman in her forties, widowed during the genocide, who came to consult me following her symptoms of psychological trauma: insomnia, regular nightmares, hyper-vigilance, audio-visual hallucinations, feeling of loneliness, general anorexia, etc.

Her story revealed that she had hidden in the bush during the genocide, together with her 13-year-old son who hid some 150m away from her. When the Interahamwe¹ discovered the boy, he started to run while his mother stayed in her hideout not knowing whether her son had been killed or not. Just after the genocide she told her story to a neighbour. That woman told her that she thought she had seen the boy in another district, while exiled herself, but she had no knowledge of his end. The woman immediately started to look for her son, and she visited many community places including primary schools, orphanages, and checked the files of refugees at the International Red Cross Committee (CICR). When she came to the counselling service in 2005 she was still searching, but she was very desperate and appeared emotionally disturbed.

As the client told me, she continued to develop other post-traumatic symptoms and she even started to hear her son shouting and saying, “Help, help, they have amputated my leg and I am no longer able to walk to leave the bush!” These hallucinations often came to her, when she was alone or when rain fell through the tin roof into her house. In addition to these symptoms she has other problems such as a frequent, obsessive desire to kiss every boy that looks like her son, which causes her great emotional pain.

As she told her story I went into my own internal world, without planning to do so, and then I thought about the circumstances in which my little brother was killed. But just as the terrifying past does not die, her story deeply touched me. Whereas before I did not think a lot about my brother’s death, and I had believed that I had even forgotten about it.

When the army of the RPF (Rwandan Patriotic Front) Inkotanyi² arrived where my little brother and sister were exiled among other refugees, the ones on the side of the Interahamwe left in masses and the child in question left with them without his older sister’s knowledge. On the way a girl from our neighbourhood, who knew him, took pity on him and carried him on her back as he was tired, she said. When they arrived in Gitarama a member of the Interahamwe, who had been our neighbour living 50 metres away from our house forced the girl

to put down the little one and killed him with a machete.

The point that made me return to that story during the session with the client was when I remembered a moment right after the genocide, when I had no information about my brother’s death yet. I had taken the same steps as the client in my search for my brother and found nothing. But fortunately a few months later the same girl returned to tell my little sister the story of his death which I had thought to be forgotten or otherwise banned from my thoughts, but has always remained dormant in me.

Through the counselling and supervisory meetings that take place regularly for the trauma counsellors, I regained the strength to continue the interview with the client. Her case has been closed successfully.

Her progress depended partly on socioeconomic conditions. In general the socioeconomic conditions of the victims are very difficult and the possibilities to offer a change are limited. When clients’ material needs are met they are at reduced risk of a relapse during the psychological guidance.



Reception

Photo : Kathrin Groninger

¹ Interahamwe. Signifies „unity“. Name of the extremist Hutu militia created by the initiative of the Habyarimana clan. They were trained by the Rwandan army. One part of them was extinguished during an RPF troop offensive in Congo in the autumn of 1996, another part came back with the population of Hutu refugees to be at the service of the new administration.

² Inkotanyi. Signifies “invincible,” name given to the rebels of the RPF.

Good Afternoon, could you please introduce yourself in a few words.

My name is Yvonne³, I am 24 years old. I only went to school until the third year of secondary school, and then I had to quit due to illness.

What illness was the cause for this drop out ?

During the genocide I was being raped for two days. The men then hit me with machetes on the legs, on the back and in the abdomen. After the machetes they threw me in sewage with other bodies. My abdomen injuries were bleeding for over five years in the aftermath.

Did you receive financial support from FARG for medical treatment ?

It was AVEGA (Association of genocide widows) that helped me with the financial support. I have visited many doctors, but nothing really helped. The internal wounds cause me a lot of pain even now.

What happened to your family during the genocide ?

My entire family was killed, my parents and my six brothers. I was the only girl.

Were you present when they were killed ?

Yes, I saw it all.

Who were the murderers? Soldiers, Interahamwe or neighbours ?

It was our neighbours. I knew all of them.

How did your life continue after the genocide ?

After the genocide I didn't have a home, no place to stay. For a while I could live with some neighbours that survived the massacres. Then I built a hut where the house of my parents used to be. I also went out to search for family members that survived. I was able to find four cousins of mine, three boys and a girl. I took all of them with me and since then I have been taking care of them. The rest of my family was killed, everyone, uncles, aunts, cousins, everyone. It wasn't easy to raise them, but I try. I try to give my best.

How did you organise your life in order to support yourself and your cousins ?

It wasn't easy, especially right after the war. After a while we received financial support from FARG. And besides that we organised our daily life ourselves, we cultivated our own food.

³ Name changed by the editors





Leaving the darkness

Photo : Kathrin Groninger

How long have you been working as a psychosocial assistant at Kanyarwanda/ Ibuka ?

For one and a half years now.

And how did you get to know about this kind of work ?

I was severely traumatised myself. A trauma specialist has been helping me for a long time and then she asked me to work as a psychosocial assistant myself. I then received a one-week training. Right afterwards I started working at the Gacaca trials.

Did you feel sufficiently prepared after a one-week training to help Gacaca witnesses and to intervene when there were traumatic crises ?

It was hard in the beginning, but I tried to give my best. But after a while I went to a trauma specialist from AVEGA in order to receive further training and support for my work.

How did your life change after you became a psychosocial assistant ?

The work helped me a lot to cope with my problems. It strengthened my personality by being able to help others. Before I started working I didn't want to see the murderers of my parents. Indeed, I did not want to see any Hutu and I cried a lot. Today I am able to cope with these emotions.

Were the murderers of your parents arrested and convicted ?

Yes, they passed nine years in prison and today they are living in freedom as my neighbours.

Did you testify against these men ?

Yes, I did. I testified against them at a regular court and at a Gacaca court. But I could only testify against the murderers of my parents, not against the men that raped me. I didn't know those men. The men who killed my parents went to Gacaca in 2006. There they confessed that they murdered my family and they asked me for forgiveness. Due to their confession and their apology they went out of prison right after the trial. But for me it is difficult to forgive them.

Can you forgive them ?

To be honest, it isn't easy. To do it fully I cannot and I don't want to. But I have to, the government demands it.

How do you live with these men as neighbours?

Every time I see them I feel something like a slap in the face and often I am frightened. It is an awkward situation for both sides. Right after they were released they threw rocks at my house. At that time my cousins and I lived in constant fear. But we could not move away. For this step we didn't have the

financial means. We sought protection from the police.

Do you feel safe now ?

Yes, today I am not afraid anymore. But not because of the police protection since this won't stop them in the end. I feel safe simply because I do not have a choice.

Do your four cousins still live with you today ?

Yes, we still live together. They are all doing well so far, they are all going to school. I am a bit proud to have accomplished this.

If I had the financial means I would like to go to university. My dream is to study medicine or journalism.

Could you please describe your everyday work as a psychosocial assistant ?

I cannot do physically hard work due to the machete wounds. As an assistant I am attending the Gacaca trials once a week, there I present myself and I support the people who are having emotional problems and those who show symptoms of traumatic crisis. Often people come to my home, wanting to talk and asking for support and advice.

Do some of the accused also approach you ?

Yes, everyone who is having emotional problems is coming to me, all those who cannot cope with the past. But the accused from my part of town never approach me. That would be too dangerous since some of the genocidaires are really going back to 1994 when they have a crisis. Then it can happen that they want to attack and kill you because in their head they are back in the past.

Could you please give an example of a case of an accused that sought support ?

Of course. Once I was asked to come to a town nearby in order to help an accused man. He confessed that he killed a man during the genocide. He asked me how he could ask the son of his victim for forgiveness. This man had a real problem, he truly regretted what he has done and he cried a lot.

How do you cope with the stress of assisting the murderers ?

It isn't easy. I try, but sometimes it is too much for me. In these cases I seek help from my coordinator. She gives me practical hints about how I can cope with the situation and then I usually continue to work with the genocidaires.

Does it happen often that you reach your limits ?

No, not really. In the beginning of my work as a psychosocial assistant it happened twice. Back then I really didn't know what to do. The work with the murderers is especially demand-

(At this point again the interview had to be stopped because this time the young woman being interviewed started to cry.)

ing. But the training I received helped me a lot.

(At this moment we had to interrupt the interview because the translator – being a survivor herself- could not keep back her tears. The following interview took place one week later.)

Did your social role in your community change since you started working as a psychosocial assistant ?

In fact, I didn't get any problems. Some people think I am crazy and they assume I forgot everything that happened to me just because I am now helping people and I am talking a lot about the past.

And did you really forget ?

No, I will never forget, but I have to pretend to have done so. For my work and my every day life I have to permanently pretend that I have forgotten.

How do you cope with the continuous confrontation with the past due to your work ?

When it is too much, when I cannot cope with the workload and the emotions I see my coordinator. But I cannot suffer every single day. I also try to talk to those who have experienced similar things, who also suffered. That helps and I can cope with that. When I am talking to the genocidaires I never talk about myself and my story. It is just them who talk and who tell me what they have done.

So this means that you share your personal story with the survivors who you are counselling ?

Yes, we tell each other our stories.

How do you cope with these stories after work when you are back at home ?

In the evening I must not think about all I heard, I don't have a choice but not to think of it.

Why, what happens if you do think about them ?

In our trainings we were taught how to avoid these thoughts, for example by thinking about our future. Besides that I have to stay strong in front of my cousins and I cannot break down when they are there.

What do you think are the biggest problems of the survivors today ?

Most of the survivors do not have anyone with whom they can talk and share their sufferings since most of their families were killed. Besides that most of the survivors are very, very poor and have no money for suitable housing or for medical treatment.

How do the survivors live with the murderers as their neighbours ?

They are very afraid. The genocide is over but sometimes I feel like it is continuing silently in the villages. Many survivors are being threatened and some are being poisoned.

Do you think that the trauma of the survivors can be healed ?

No, not really. Maybe if there were separate parts of town for survivors and for the perpetrators we could live in peace.

What are the effects of the close contact between survivors and perpetrators for the survivors ?

What traumatises the people over and over again is to see the murderers living in freedom. You see them together with their parents, their families and their friends and you know that they

killed your parents, your family and your friends. You are living in a small house that has been demolished and you ask yourself whether they did the damage to your house.

Did your work as a psychosocial assistant help you to cope better with this close contact ?

Yes, the work and the training have helped me a lot to cope with my trauma, especially the good care of my coordinator. Since the conversations with her helped me so much I wanted to give this kind of support to others as well. But I cannot cope with the thought of the men who raped me being alive.

(At this point again the interview had to be stopped because this time the young woman being interviewed started to cry.)

GACACA

The process of Gacaca (kinyarwanda: grass/ lawn), which is going to be finished at the end of 2007, had the mission to find out the truth about what happened during the genocide and to accelerate the justice process. To avoid a culture of impunity in Rwanda and also to reinforce the process of reconciliation remain important objectives. Gacaca hearings started in pilot zones in 2002 and began nationally in 2004. About 12.000 Gacaca sites were installed in the districts and sectors of the country. The Gacaca trials consist of 9 judges, who have no legal training. An assembly of at least 100 community members must be present to validate the proceedings.

The crimes of genocide were classified into the following three categories:

- 1. Planers and organisers of crimes, political authorities, the army, the police and also persons who committed acts of sexual violence. Judged by the ordinary court system.*
- 2. Perpetrators and accomplices accused of having committed acts of genocide, which lead to death, also torture, humiliation or inhuman treatment of the cadavers of victims. Judged by the Gacaca system in the sectors.*
- 3. People having committed acts relative to material goods including theft and vandalism. Judged by the Gacaca system in the cells (cells are the smallest administrative structure).*

The National Service of the Gacaca hearings (SNJG) noted about 800.000 accused including all categories. In the 1st category 7.300 still have to be resolved. In the 2nd category 438.000 cases had been counted, from which about 100.000 had not been treated (because of dead or missing people) and 71.600 are left to be resolved. In the 3rd category there are 154.300 people left counted from a total of 517.000 cases, from which 190.000 have found a non-judicial solution.

The obstacles of the Gacaca hearings are still numerous: corruption of accused people, persisting genocidal ideology, intimidation of genocide survivors and witnesses, destruction of material being used in the collection of information and a number of Gacaca judges being themselves accused of crimes of genocide.

Good afternoon Sir K., could you please introduce yourself in a few words ?

My name is Théodore K⁴. , I am married and I had one child. But my child died recently. Soon my wife will give birth to our second child. I am living in the sector of Kabarondo. In 1994 many people were killed there. The estimations count about 32.000 people murdered. I own a little shop in Rukumberi, that's why I know pretty much everyone in my sector and I have a good relation with almost everybody. Where I live the people get along pretty well, but it is a bit complicated. The people try to get along in order to fulfil policy directives. But inside they don't feel reconciled. The people get along but Gacaca makes it complicated since there they have to talk about the genocide and that hurts. I think they'd rather not talk about it at all.

The accused often admit what they have done, but they only confess murder, never looting. If they confess that they stole property they would have to pay compensation.

Which group would rather not talk about the genocide ?

Both sides. The accused and the prisoners do not want to accuse each other, they practically never testify against someone from their own group. The survivors attend the trials and testify against the murderers, but the accused are released after they have confessed and asked for forgiveness. Today most survivors prefer not to testify at all because they know that the people they accuse will soon be released and then they will live in their neighbourhood again. And then there can be severe problems.

So this means that many survivors don't testify at the Gacaca trials because they are afraid ?

Exactly, many ask themselves how they can live side by side with the people they accuse, and then they decide not to testify at all. I can tell you about many cases. One example, a genocidaire was being sent to 25 years in prison for murder. Twelve years out of these 25 are community service (TIG, Travaux d'intérêt général) and during this period the person lives at home and so many survivors ask themselves what their neighbour might do to them during this time. Often the accused threaten and intimidate the survivors. Mostly it is the families of the prisoners that the survivors fear.

Do you think that the trauma of the survivors can really be healed ?

Not completely, but for a certain period yes. As far as real healing is concerned I am pessimistic since most survivors don't have anyone they can talk to. Most of them are lonely because their families were killed.

There is also the material aspect. When the survivors cannot satisfy their basic needs and there is no way to get them, then there is the risk that the traumatic experience is reactivated. This phenomenon often happens during the Gacaca trial. The murderers deny everything and the survivors feel dismissed.

What do you think are the consequences for the survivors who are seeing the murderers virtually every day ?

In general they have good relationships. They have to live together after all. Often the Tutsi families have a domestic worker and this is normally a Hutu, so they are living under one roof. People also do business together and they share drinks in the bars. Nonetheless the members of each group are often complaining about the other group and often they are bringing up the existing stereotypes against the other group. The Tutsis for instance are claiming that all the Hutu are murderers and in conversations they always make remarks concerning the war and the genocide.

Where were you during the genocide ?

I was in Kinigi/ Ruhengeri. There I fought as an RPF soldier beginning in 1994. Ruhengeri was a stronghold of the president Habyarimana. In the beginning I helped the RPF soldiers to carry materials.

During this period I saw many dead people, victims of the genocide. It made me think about my family and I asked myself what was happening to them. At this time there were many moments when I simply wanted to die due to the things I saw. I lost all joy in life. Then I became a soldier of the RPF.

By that time I had a problem though. I didn't understand why so many Hutu fought within the RPF. The RPF came to fight against the Hutu and at the same time many Hutu fought within the RPF ranks. Many Hutu that grew up in Uganda and some from Rwanda could be found in the RPF. In general the Hutu are robust and strong.

Many of the captured enemy soldiers from the Rwandan army changed their minds and fought with the RPF.

What did you find in your home community when you finally returned ?

Only one member of my family survived. I wasn't able to recognize anything, everything was destroyed. I then asked my neighbours what happened and the murderers themselves showed me where the bodies of my family members were. But they didn't confess that they themselves killed them.

Were you married at that time ?

No.

Who was the survivor of your family ?

My older brother, but he is dead today. Before the genocide we were seven siblings and three already were married and had their own children. The brother who survived had seven kids who all were murdered.

Did you bury the remains of your family yourself ?

⁴ Name changed by the editors

What happened.” Interview with a psychosocial assistant

I could only bury my younger brother and later my older brother, who died in the aftermath of the genocide. I couldn't entirely bury my younger brother because his head was missing. My training helped me to cope with this.

When did you begin working as a psychosocial assistant ?

From the beginning of the Gacaca trials, but already before that I was helping people. The Red Cross trained people and I became a trauma counsellor.

What made you follow this path ?

I compare that with an artist. An artist is born as an artist. I always wanted to help others.

Did the manner in which you are coping with your past change since you started working in this field ?

To be honest, I was a soldier and soldiers have seen awful things.

In the army we took the renegades from the other side gave them weapons, even to those that admitted that they fired their arms in order to kill us. Some of them killed friends of mine but even with those people I got along.

I thought as a psychosocial assistant I could help both sides, also the Hutu. As a mediator I took the initiative in order to help the people from my community to reconcile. For example I bought a football and today the people, Hutu and Tutsi, play together.

Do you know who killed your family ?

No, I never got to know the truth. But I accuse the organiser of the massacres in my sector, the man who was responsible for the militias.

Is this man in prison ?

No, he is living somewhere abroad in freedom.

Did your social status change after you became a psychosocial assistant ?

There have been changes in my life. It is obvious that the people trust me. Many came and spoke with me and many do trust me now. Those people also told others that I helped them.

Frequently people call me but I am not always available. But in most cases the people only want to talk with me. Often the people call when they are close to a crisis.

Are the majority of the people who seek help men or women ?



Towards a peaceful cohabitation

Photo: Heide Rieder

Among the survivors it's mostly women, but among the murderers there are only men. With those men I am doing intensive counselling, I am seeing for instance those who show extremely aggressive behaviour.

Is this aggressive behaviour a phenomenon that can be found among both survivors and murderers ?

It is a typical behaviour for the murderers, especially during the Gacaca trials. Most of the survivors do not longer want to attend the trials or to testify. Many are criticizing the governmental policy.

How many of your clients are survivors and how many are genocidaires ?

The majority are survivors. These people acknowledge the consequences of the genocide, they admit that they have traumatic symptoms and they seek help. The genocidaires virtually never approach me without a specific cause. Among the murderers the men in general refuse to admit that they cannot cope with the past. It becomes obvious during the Gacaca trials. They usually leave early and go somewhere to drink.

Conclusion

What do you think are the biggest problems for the survivors today ?

If you ask me, one problem is the fact that most survivors don't understand the purpose of Gacaca and its objectives. It is a governmental programme with a clear objective. But the survivors perceive Gacaca as a concession from the government towards the murderers. In my opinion it is impossible to put and leave all the killers behind bars, because in this case there would hardly be any development of Rwanda. After all the majority of this country are Hutu. The survivors want Gacaca to end as soon as possible. They are not satisfied with the verdicts. For example, a murderer is sent to 25 years in prison, but for 12 years he is living at home doing community service and eight years are probation. Then a killer is just five years behind bars.

Do you think that the survivors live in constant fear ?

Yes, they are afraid.

What in your opinion are currently the most significant problems of the accused and their families ?

They have huge problems, because they don't know whether the survivors truly did forgive them.

So this means that in your opinion most murderers sincerely regret their deeds ?

No, most of them do not regret sincerely. But they ask themselves whether the Tutsi have earnestly forgiven them or whether they will retaliate one day. And this fear prevents profound social contacts between the members of the two groups.

As I mentioned earlier, there is a Hutu majority in this country. In some regions there are no Tutsi whatsoever. In these regions the Tutsi are still considered to be the enemies. Especially there the Hutu fear the Tutsi and their revenge.

Is it in your opinion fear of the survivors or fear of the state ?

They do not fear the state but the survivors.

Do you think that the categories Hutu and Tutsi will continue to exist in the minds of the people or that future generations will cease to see any differences between Rwandans ?

Today there is Gacaca and both sides accuse each other. After the trials it becomes evident that both sides are being reminded of the awful events. There are always accuser and accused and this creates a poisoned atmosphere. But when Gacaca is finished and we won't be forced to talk about it anymore, then we will live in peace. Gacaca provokes "retraumatisation", especially when the murderers are telling horrific details. After Gacaca we shall live together without problems.



In the perspective of understanding psychosocial guidance as one possible motor of treatment of psycho-traumatic disorders and as a contribution to a stabilisation of peace we try to make a synthesis of the principal results of this project and of our ideas for the future.

Due to the intervention of psychosocial assistants and of trauma counsellors we have noticed positive changes. From the juridical point of view they have supported people who dare to give testimony and take part at the Gacaca hearings. Some of them have received information about the death of their beloved and about the place where the rest of their bodies are to be found to finally be able to bury them in dignity. The psychosocial assistants and trauma counsellors have also influenced and sensitized the Gacaca judges and the assembly in the district they are working in, in the way they perceive the traumatised person and his or her testimony. They have



Trauma counselling service

Photo : Heide Rieder

The presence of psychosocial assistants has influenced the atmosphere on the hills positively and offered some sort of protection. At Kayonza for instance, at the beginning of the project, there was a prisoner who denied the murder of a boy's mother during the Gacaca hearings. This provoked the boy's rage whereupon he attacked the prisoner. This led to a whole wave of violence during the trial. After having implemented the psychosocial intervention the assemblies have found a different way to react to these problems. Due to the psychosocial guidance people have learned to control themselves which has given some sort of security to the Gacaca hearings.

People try to reach the assistants and counsellors to talk about their suffering and their past. They regain the strength to care for each other and to get some mutual support. Regular and efficient care has given victims back their own personal integrity. Especially for the assistants who have suffered themselves from post-traumatic disorders, their work has allowed them to reject their victim status while taking responsibility for others. The trauma counsellors support each other by working together with the group of psychosocial assistants and benefit from knowing local authorities who, too, have benefited from the project. It seems to be then, that the psychosocial guidance has reinforced the process of reconciliation and peace in the local population by helping individuals find peace within themselves.

However, we want to underline that the Rwandan context asks for a sensitive approach to the complexity of conflicts and to the risks of such intervention, which are numerous. If one is engaged exclusively in helping survivors this can lead to a double victimisation: both from the survivors themselves and from the whole society. This can provoke a stigmatisation of the whole group and a lack of respect towards the victims. This risks reinforcing ethnic stereotypes of Tutsi as victims and Hutu as perpetrators. To avoid ethnic implications and stigmatisations in our work we have introduced assistance for all victims of psychological trauma, while noticing that the trauma of genocide survivors cannot be considered in the same way as that of perpetrators.

The difficulty we find is that the participants of the project are influenced themselves by their own family story. Most of them are survivors of the genocide themselves and suffer too. Very often they are involved in the Gacaca trial of the murderer of their own family members. To assist all the victims of trauma and even those who have been accused of killing someone not only asks for an enormous psychological effort, but also demands courage and a stable standing to avoid getting involved in juridical conflicts and to stay open-minded to others.

We also have to pay attention to signs of secondary trauma of the psychosocial assistants and the trauma counsellors if they want to be able to continue their work with traumatised people. We have realised that clinical supervisory meetings are as essential as professional exchanges with colleagues to give assistants a space to express their own fatigue and frustration.

As we have seen above, mental health and the treatment of

made it possible for people to now pay attention to what is said and especially to the way something is said. The assistants and their counsellors have given value to what is said by the witnesses. If now during the Gacaca hearings a person in crisis is leaving the field with a psychosocial assistant to calm down, the assembly waits for his or her return. It is therefore important to know that those trauma cases before were treated as fools while everybody around improvised to help in a proper way. People understand what psychological trauma is, and that it is not a strategy to attract attention. This has decreased the insulting and humiliating of witnesses during Gacaca trials. People in crisis are no longer treated as drunk or insane. This can be seen in the way the Gacaca judges and the assembly are asking the assistants and their counsellors for help when they notice suspicious behaviour at some point. People and also institutions are aware of the problem of psychological trauma and they know where to get help.

psychological trauma are new topics in Rwanda and the need for psychosocial and therapeutic help is enormous. In our statistical reports for 2007 we have found 20.114 cases showing post-traumatic reactions during the Gacaca hearings in a period of 8 months, of whom 14.302 could be offered some help, as well as 7.717 cases of mental breakdown (behaviour of screaming, running away, falling down to the ground, losing consciousness, etc.) of whom 6.993 could be treated by the psychosocial assistants and the trauma counsellors.

All these cases after a short period of crisis intervention require regular treatment. But very often the participants of the project are only asked for crisis intervention instead of sustained counselling. Despite all the training provided in Rwanda there is still a big lack of human resources with specified competencies. In addition there are other challenges. Due to poverty clients often have no money for transport to get access to specialized services. And even if a budget were provided for these needs, clients do not necessarily understand the utility of counselling, which causes an irregularity in the treatment. That's why the psychosocial assistants play the role of intermediary between the population and specialized services.

It also has to be taken into consideration that the political, juridical and socio-environmental context in Rwanda has influenced the application of the activities provided by the project in the zones of execution. Based on our experience in the field we have noticed perturbations on the side of the survivors following the juridical and political decisions that are made, for instance the change of Gacaca laws. At a certain moment on the political platform the emptying of the overcrowded prisons had become necessary, which led to changes in juridical categories followed by multiple liberations of the convicted on the one hand and to changes in punishment from imprisonment to community service on the other hand. Survivors perceived these changes to favour those accused of having participated in the genocide because they provoked an increasing number of reduced punishments. Even today they do not feel prepared to welcome these people who were accused of murdering their families. They complain that the prisoners even receive sensitization trainings on how to live together, which promotes social reintegration on the hills while for survivors there is no such thing and they have to get along on their own with their feelings of anxiety and insecurity. Furthermore they do not understand why most of the liberations of the genocide convicts have to happen just before the period of commemoration of the genocide during which they have to live through their hurting past again. All this generates negative sentiments and consequences for life in the community including bad relations between neighbours, trauma of every type, permanent anxiety, and hatred taking different forms. Many are frustrated and no longer have enough courage to give testimony or to participate in the Gacaca hearings. Some of them even regret having testified.

Even if Gacaca is coming to its end a lot of problems associated with trauma and with community or socio-economic conflicts will maintain. No matter what kind of political, juridical or socio-economic intervention is used, in practice it can not answer to all diverse expectations. Conflicts will continue, but we think that the Gacaca trials reduced the fear described by Musonera and Mukarusanga⁵ in the Mental Health Guide in

the context of the Gacaca hearings: "All: victims and perpetrators have passed difficult times and have to carry the weight of history which belongs to them. Everyone from his or her side lives in a difficult situation which is worsened by the fear that they inspire in each other, creating afterwards a feeling of exclusion, which cannot be expressed because they have to live together in the same place."



Memorial site in Nyamata

Finally, we would like to underline that we have to prepare for the post-Gacaca period by continuing to offer adequate help to traumatised people. To ensure the continuity of the project we will continue to focus on trauma counselling, and also conflict transformation and the reinforcement of the social part of our work. The reduction of stress, which is linked to social support and the mastering of one's life after trauma, is very important for one's healing. Most of the population lives under the poverty line. Most of the traumatised persons are confronted in their every day life with economic problems (basic needs such as food, education fees for children, accommodation), which reinforce their clinical problems. That is why we want to emphasize socio-economic assistance as a part of our programme. Most of the trauma counsellors are overwhelmed with the complexity of their client's problems. We provide for social workers who will mobilize the already existing relational and economic resources and to build up cooperation with other donors or benefactors.

Guedeney reminds us that the "people who get out of it" are not the ones who have been less traumatised, but those who have received the most support (Vermeiren⁶).

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⁵Musonera, M.C., Mukarusanga, J. (2004). *La cohabitation entre victimes et bourreaux*. In: *Guide en Santé Mentale dans le contexte des Juridictions Gacaca*. Kigali : Ministère de la Santé, page 145

⁶Vermeiren, E. (2005). *Importance du soutien social*. In : Vaiva, G. (Ed.). *Psychotraumatismes : prise en charge et traitements*. Paris : Masson

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