

THE INTERNATIONAL CONFERENCE ON HEALING AND SOCIAL COHESION

UNDERSTANDING RECONCILIATION EXPERIENCES IN POST-GENOCIDE AND EXTREME VIOLENT SOCIETIES



10TH and 11TH November 2016
The Marriot, Kigali



— Rwanda —



About Never Again Rwanda

Never Again Rwanda, is Peace building and Social Justice organisation that arose in response to the 1994 Genocide perpetrated against the Tutsi. Guided by a vision of a nation where citizens are agents of positive change, working together towards sustainable peace and development.

Never Again Rwanda's mission is to enhance citizen's capacity to analyse the root causes of conflict and facilitate dialogue among peers in order to generate ideas and activities that work towards sustainable peace and socio-economic development. Driven by creative, involved and critical-thinking citizens, Never Again Rwanda aims to empower young people and ordinary citizens with opportunities to become active and engaged citizens.



- R w a n d a -



Never Again Rwanda
58 KG 9 Avenue Kigali
Nyaruturama, Kigali-Rwanda
+250 788 386 688
info@neveragainrwanda.org
www.neveragainrwanda.org

 NARwanda

 NARwanda

 NARwanda



IN THIS REPORT



Acknowledgements	05
Background	06
Never Again Rwanda Approaches to Healing	08
1. Summary of Key Approaches, Issues, Recommendations and Shared Experiences	10
2. Speakers and Presentations	13
Opening Remarks	13
Dr Butera Mushi Jean Bosco, Patron of Never Again Rwanda	
Renee Larivière, Deputy Director-General, Interpeace	
The Honorable Jenny Ohlsson, Swedish Ambassador to Rwanda	
Fidèle Ndayisaba, Executive Secretary, National Unity and Reconciliation Commission	
3. Theme: Healing and Social Cohesion	15
Dr Darius Gishoma, Senior Lecturer, Head of the Mental Health Department, College of Medicine and Health Sciences, University of Rwanda	
Genocide and extreme violence: Understanding wounds, trauma and healing approaches in post conflict societies	16
Jean-Claude Mugenzi, Audio Visual Coordinator, Never Again Rwanda	
Never Again Rwanda documentary film: Hear Me Heal Me	17
Florence Batoni, Peacebuilding Coordinator, Never Again Rwanda	
Approaches to Healing: Never Again Rwanda's experiences and lessons learned from the Societal Healing Programme	17
Immaculee Mukankubito, Director of Operations, Never Again Rwanda	
Rape and other forms of sexual violence against women during the Genocide: Perpetrator's motivations and implications on the healing process in post-Genocide Rwanda.	17
Professor Therese Seibert, Professor of Sociology	
Assessing Similarities and Particularities of the Holocaust and the 1994 Genocide against the Tutsi: Trauma, Healing, Forgiveness, and Reconciliation	18
Professor Serban Ionescu, Professor of Psychiatrist and Clinical Psychologist	
Drivers of resilience in post genocide and conflict societies	18
4. Theme: Justice Frameworks, Healing and Reconciliation	22
Dr Aggée Shyaka Mugabe, Senior Lecturer and Researcher, Centre for Conflict Management, University of Rwanda	
Reparations in post-violence Rwanda and Post-Apartheid South Africa: Understanding the effects on reconciliation process	23
Graeme Simpson, Director of Interpeace, USA	
"'Is Revealing Healing?' Assessing the limits and potential of transitional justice measures for healing and reconciliation in the wake of violent conflict"	24
Alice Urusaro Karekezi, Co-Founder, Centre for Conflict Management, Rwanda	
Perceptions of Inyangamugayo in Muboni and Nyakizu about Healing and Social Cohesion through Decentralized Transitional Justice	24



Dr Alfred Ndahiro, Communications and Public Relations, Office of the President, Rwanda Home-grown solutions, Healing and Reconciliation in Rwanda	24
---	----

5. Theme: Memory, Identity and Healing **26**

Dr Lori Leyden, Trauma Healing Expert and Psychotherapist Healing Ourselves, Our Children and Our World. Transgenerational Trauma: Background and Recommendations for Treatment and Prevention	26
--	----

Dr Valerie Rosoux, Senior Research Fellow, Belgian National Fund for Scientific Research (FNRS Memorization and Healing: Thoughts on Timing	27
--	----

Professor Déo Mbonyinkebe, Social and Cultural Anthropology Regional dynamics, identity manipulation and stereotypes: Implications on healing.	27
---	----

Annex One: Speakers Biographies **28**

Annex Two: Never Again Rwanda Approach to Healing. A Visual Presentation **32**



Never Again Rwanda (NAR)

Never Again Rwanda (NAR) is a Peace Building and Social Justice Organization that arose in response to the 1994 Genocide perpetrated against the Tutsi.

Its Vision, Mission and Core Values include:

Vision A society that enjoys sustainable peace and development driven by creative, active and critical-thinking youth and citizens

Mission To enhance citizens' capacity to analyse the root causes of conflict, facilitate dialogue and appreciate diversity among citizens in order to generate ideas and activities that work towards sustainable peace and socioeconomic development.

Core Values **By Respect for Diversity**, we mean, We are all equal human beings worthy of dignity and therefore we should respect our differences and embrace diversity

By Integrity, we mean, We will be truthful and honest in everything that we do and in working with stakeholders

By Passion, we mean, We are committed to the work that we do

By Innovation, we mean, We are inspired to find new approaches to empower youth and citizens

By Teamwork, we mean, Unity of purpose in the organization

By Excellence, we mean, We strive to deliver quality services and products to all of our stakeholders

Interpeace

Interpeace is an international Peacebuilding organization that supports divided and conflicted societies to build sustainable peace. Interpeace focuses on reinforcing local capacities to overcome deep social divisions and to address conflict in non-violent ways. It works with local peacebuilding teams to facilitate dialogue between all sectors of society. Building on twenty years of field experience, Interpeace has learned that peace is sustainable only if all parties involved in a conflict forge it, with local actors playing the lead role. Moreover, lasting peace cannot be built by force, but must be based on understanding, trust and a common vision for the future.

Acknowledgements

Never Again Rwanda (NAR) would like to extend its appreciation to Interpeace, as the collaborating implementing partner agency on the Societal Healing.

Never Again Rwanda would like to acknowledge its indebtedness and commitment to the Government of Sweden, through the Swedish Embassy in Kigali for funding of the International Healing and Social Cohesion conference as part of the 4-year funding for the Societal Healing and Participatory Governance for sustainable peace in Rwanda.

Never Again Rwanda are also grateful to the government of Rwanda and specifically to the National Unity and Reconciliation Commission (NURC) and, the National Commission for the Fight against Genocide (CNLG) for their collaboration with various healing initiatives in Rwanda and their contributions at the International Conference on Healing and Social Cohesion.

Never Again Rwanda is also indebted to all the speakers, presenters and facilitators for their invaluable contributions: Her Excellency, the Swedish Ambassador to Rwanda, Jenny Olsen; Deputy Director-General, Interpeace, Renee Larivière; Patron of NAR, Dr Butera Mushi Jean Bosco; the Executive Secretary, National Unity and Reconciliation Commission, Fidele Ndayisaba; Dr Darius Gsihoma, Audio-Visual Coordinator, NAR, Claude Mugenzi; Peace Building Coordinator, NAR, Florence Batoni; Director of Operation, NAR, Immaculee Mukankubito; Professor Theresa Seibert, Professor Ionescu Serban; Dr Aggée Shyaka, Graeme Simpson, Alice Karekezi, Dr Alfred Ndahiro, Dr Lori Leyden, Dr Valerie Rosoux, Dr Eric Ndushabandi, Professor Déo Mbonyinkebe, Executive Director, NAR Dr Joseph Ryarasa Nkurunziza; Country Director for International Alert, Betty Mutesi; Assistant Professor, Weber State University, Stephanie Wolfe; and, Director of IRIBA, Assumpta Mugiraneza.

Special thanks to Never Again Rwanda staff members who worked tirelessly to contribute to the success of the conference.



International Conference on Healing and Social Cohesion

Introduction

Theme: Healing and Social Cohesion: Understanding Reconciliation Experiences in post-genocide and extreme violent societies.

Kigali, November 9 -11, 2016

Never Again Rwanda (NAR) in partnership with Interpeace hosted an International Conference on Healing and Social Cohesion on 10th and 11th November, 2016 in Kigali, Rwanda. The conference brought together scholars, researchers, practitioners and policy makers in the field of healing and reconciliation.

The purpose of the international conference was to provide a platform to exchange dialogue on healing and reconciliation practices based on experiences from various countries that have suffered from genocide and extreme violence.

Background

The 20th and 21st centuries witnessed substantial extreme violence in various forms including genocide. Some scholars named the 20th century the century of genocide which included the horrific 1994 Genocide against the Tutsis. These repetitive massive violent conflicts have had devastating consequences including the loss of millions of lives, the destruction of economic and social infrastructure, psychological and physical wounds, and the social breakdown in affected societies. Moreover, the consequences of such significant extreme violence entail intergenerational psychosocial and psychological trauma.

In response to such mass violence and genocide, the international community and individual countries developed institutional frameworks, infrastructure and mechanisms to deal with the effects and consequences of violence to try and ensure that such extreme violence does not occur in the future.

However, in many instances little attention was paid to dealing with the emotional wounds in the main, due to a lack of sufficient resources and expertise.

Scholars and practitioners in healing and reconciliation argue that the healing of psychological wounds stands amongst the key fundamentals of genuine reconciliation. In the Rwandan context, the burden of the 1994 genocide





against the Tutsis was immense in terms of psychological wounds. As revealed by Bolton et al., in 2000 depression among the adult population was 15, 5%. Similarly, almost two decades after the genocide against the Tutsis, indicators of psychosocial distress such as Post-traumatic Stress disorder (PTSD), depression are still reported as high among the population. In this regard, Munyandamutsa et al (2012) suggests that the prevalence of Post-Traumatic Stress Disorder in the general population stood at 26.1 %, depression at 54%, alcoholism at 10% and somatoform disorder at 71%.

In addition, the Rwanda Reconciliation Barometer (RRB) of 2015 reveals that 4.6% of respondents reported that wounds caused by the genocide and its divisive past have not fully healed, which remains an on-going challenge to the reconciliation process .

A community based survey 25 years after the genocide in Cambodia found the post-traumatic stress disorder rate (PTSD) at 20.6% . A study conducted on psychiatric and cognitive effects of war in former Yugoslavia in 2005 revealed that rates of current PTSD ranged from 16% to 34 % and rates of current major depression ranged from 9% to 12% . Ch. Joffe (1999) reports that the recent comparative study of 100 randomly selected community-based, elderly Holocaust survivors in Sydney, Australia found a prevalence of PTSD of 39% .

Objectives of the Conference

The main purpose of this international conference was to provide a platform for scholars, researchers, practitioners and policy-makers to exchange experiences on healing and reconciliation practices.

Specific objectives included:

- To provide insights on effects of trauma and intergenerational trauma in post-genocide and post- extreme violent societies
- To share lessons with other post-conflict and post-genocide communities involved in healing and reconciliation
- To reflect on the effectiveness and limitations of healing approaches used in different societies
- To increase opportunities for the creation of a network of healing and reconciliation practitioners in Rwanda and further afield

Participants for the conference

The conference was attended by over a100 participants coming from different parts of the world including Peace-building researchers, Healing and Reconciliation practitioners from civil society and government institutions in Rwanda, the region and further afield, policy makers, media and religious institutions. Participants who attended the conference came from Uganda, Kenya, South Sudan, Sweden, France, USA, Germany, and Sierra Leone.

Thematic areas for the conference

The agenda of the conference reflected on four themes; Healing and Social Cohesion, Justice Frameworks, Healing and Reconciliation, Memory, Identity and Healing, and Gender, Peace-building and Healing.

Conference Activities

Participants arrived on November 9, 2016 and visited the Kigali Memorial Genocide site in Gisozi in order to gain an initial insight of how the Genocide was committed against the Tutsis in 1994 and understand Rwanda's recovery process.

Expected outcomes of the conference included:

- Increased understanding of healing approaches used by different practitioners
- Informed policy and research on healing and reconciliation
- Experience and knowledge among practitioners and researchers shared for a better understanding of the complexity of healing processes
- Preliminary contacts established for creation of a network among healing and reconciliation experts and practitioners

NAR's Societal Healing Program

This conference was organized as part of a four-year program on Societal Healing and Participatory Governance for Peace, which Interpeace and Never Again Rwanda implement jointly to supplement Government initiatives to contribute to the consolidation of peace and reconciliation. The goal of the Societal Healing Program (SHP) is to transform community members and youth into peace actors that are able to deal with conflict through non-violent mechanisms especially through dialogue. SHP also aims to create spaces for peace that facilitate youth and community members to discuss their sensitive past so as to overcome trauma.

Braham E. "Trauma Healing", in Beyond Intractability (January 2004). Retrieved from <http://www.beyondintractability.org/essay/trauma-healing>

NURC, The National Policy on Unity and Reconciliation (20157), Kigali. Mollica,R.F., Brooks,R.,Tor,S., Lopez-Cardozo,B.,Sillove,D. (2014). The enduring mental Health impact of massive violence: A community comparison study of Cambodian civilians living in Cambodia and Thailand. International journal of Social Psychiatry 60 (1): 6-20.

JAMA 2005; 294(5):580-590.doi:10.1001/jama.294.5.580

Dasberg, H.(2003).Late onset of post-traumatic reactions in Holocaust survivors at advance age. Breaking thesilence. Berlin-New York: Peter Lang.311-348.





Never Again Rwanda

Approaches to Healing

Healing in Rwanda

The divisive Rwandan past carries with it historical-political and social wounds from the colonial and post-colonial era, which were characterized by oppression, violence, discrimination, inequality and impunity. These factors caused an influx of Rwandese to leave the country to neighbouring countries as refugees. During the emigration, Rwandese refugees were exposed to numerous wounding events such as a lack of basic needs and stigmatization. There are wounds carried by the children born out of rape who are undergoing identity crisis as well as rape victims. Some victims of genocide have lost trust in humanity and some are bearing long-term physical and psychological wounds.

Since the end of the genocide, different institutions have been working hard to re-establish peaceful coexistence among people of diverse backgrounds, to rebuild the country and address issues left behind by the Genocide. The Post-genocide justice systems like the Gacaca courts have supported to bring together the victims, perpetrators and other community members by telling the truth about the Genocide. This has provided some level of healing, but also re opened societal wounds that required healing interventions at the community level to support victims, perpetrators and other wounded members of the Rwandan society to pursue the process of healing.

The Societal Healing Programme

This is a four-year program that aims at enabling Rwandans from diverse backgrounds, and youth, in particular, to openly discuss sensitive topics, to settle differences through dialogue, and to cooperate to implement activities that will contribute to a shared vision for the future. The program goal is to transform citizens into peace agents, as skilled facilitators in mediation and dialogue, using wider strategies to foster reconciliation. The role of healing interventions is to improve the physical and psychological status of the health of Rwandans and prevent renewal of future conflict. The program is facilitated by a partnership between NAR and 'Interpeace', funded by the Embassy of Sweden in Rwanda.

As a starting point for the implementation of the program, NAR conducted a mapping of 45 organizations involved in societal healing and reconciliation initiatives, to understand the lessons, challenges and approaches used. The findings of the research highlighted four recommended strategies for healing wounded groups and these include Individual, Holistic, Group and community approaches. Besides identifying approaches, the research indicated a greater need for community healing amongst community members.

NAR's interventions: NAR (Never Again Rwanda) makes use of a hybrid approach involving the identification of different types of genocide-related and refugee-related wounds and looks at their consequences. These wounds are then addressed by encouraging critical thinking and the notion of becoming agents of change, with a particular focus on youth.

Safe spaces are created and dialogues initiated in order to settle differences. The shared lessons learnt, need to start small, to work long term, to foster networks, to work both on individual and community level and to identify specific needs. They make use of psycho-social support groups because of their specific benefits which include contextual relevance, cost-effectiveness, and involves only a small number of professionals.

Support groups who meet at least once per month make use of discussions, psycho-education, films, and encouragement of critical thinking. They focus on schooling and non-schooling youth from various groups and communities in four different provinces and use an expressive group approach because of its relevance to





Rwandan cultural and family values and its practical value. The criteria for creating groups includes having diverse participants within groups, creating special groups as identified through mapping and focusing on NAR's prioritised areas of intervention.

Diverse groups can include genocide survivors, member-perpetrators, returnees, marginalized groups, women married to men from different ethnic groups, young mothers and, children from mixed marriages. The peace agents (facilitators) are selected as follows: those who know the context, are community based, trusted, and with integrity and respected by the community.

Mentoring by professional experts is provided for these peace-agents. Psycho-social support groups function through different mediums and activities such as storytelling, dialogue, group theatre, poetry, drama, audio-visual activities and psychosocial education.

Challenges, Benefits and Lessons Learned from this approach

Benefits of this approach include a sense of belonging, self-development, knowledge sharing, recognition and acceptance. Challenges that were identified are poverty, community victimization-language, lack of awareness on healing needs and chronic illness.

Areas of improvement that were identified include increased awareness on healing, work on healing addressed at community level, inclusion of influential leaders, integrated approaches between Government and CSOs, networking, healing as a cross-cutting issue in peacebuilding and reconciliation initiatives.

There are some key lessons. For example after the genocide and the extreme violence, we learned that people required safe spaces for healing and psychosocial support facilitated through dialogue and, for people to listen to each and share experiences. We also learned that healing is a long term process and not linear. People heal at different levels. While some may take a short time to recover, others might take a long time, and some may not heal for a lifetime. Among other things we have also learned that not all wounded people can heal through group approaches; some may need individual counselling services. The group approach promotes empathy, self-reflection, personal development, knowledge, and hopefulness.

The mapping of actors and initiatives highlighted a lack of healing awareness and misconceptions of healing and other disciplines, a lack of robust M&E mechanisms to track the impact of healing initiatives and a lack of a forum/network of healing actors to exchange experiences.

The program's mapping report findings highlighted the lack of a network for sharing experiences and information among healing actors. Lessons learned from the implementation of societal healing show areas that were found relevant to the healing process such as reparations, resilience, intergenerational trauma, memory and healing, justice and rape among others. Therefore, NAR in partnership with Interpeace and the Embassy of Sweden in Rwanda, organised this International conference on Healing and Social Cohesion bringing together international experts to discuss some of these complexities, share experiences and learn from other post-conflict countries and other societies.

From the mapping of peace actors' research and lessons learned from the implementation of the Societal Healing program some of the recommendations include the establishment of a convergence of healing mentors and mental health professionals to explore how healing issues can be addressed in safe spaces and could be referred to mental health institutions with the establishment of a network for healing practitioners for exchange and sharing experiences.

NAR also recommends the establishment of a Position paper in taking forward the working relationships between relevant Rwandan state organizations, such as NURC, the Mental health department in MINISANTE and CNLG to establish improved government approaches to healing could be better integrated with approaches from civil society actors to make healing interventions more impactful and with increased awareness on the need and approaches to attain individual healing and a healthier, more emotionally stable Rwandan society.

Please see Annex Two for Visual Presentation of NAR Approach To Healing





Summary of key approaches, issues, recommendations and shared experiences that emerged from the papers and discussions on the three conference themes:

Throughout the conference, the notion of healing was described in the following ways:

- In Rwanda there is evidence of a strong political will which contributes to the advancement of peaceful coexistence and social cohesion. The government has established a legal and policy environment which is conducive to reconciliation and social cohesion, and which includes zero tolerance to hate, divisionism and exclusion. Many initiatives already exist addressing transitional justice and reconciliation. Rwanda is emerging as an example for other post-violent contexts. However, the issue of psychological wounds and transgenerational trauma is still an ongoing challenge that needs to be acknowledged and that requires attention.
- When discussing healing, it is helpful to remember that there are different types and levels of wounds. Examples of wounds at various levels were mentioned and range from wounds on a psychological level, family and community levels. There is a strong need to acknowledge that victims are not homogenous, and have varying and even changing needs and timeframes in accordance with their circumstances, how they react and how they are supported to recover from their trauma.

Furthermore, what is politically and psychologically possible may change depending on the context. The debates concerning victimhood identity and victim-centred approaches should be considered carefully. These have been critically scrutinized in other post-conflict contexts. They include concerns about the entrenchment of a particular identity and the potential denial of the possibility for such identities to transition, as well as the changing needs and experiences of victims and survivors.

- The notion of resilience was discussed at length and the following observations were made: more work should be done on understanding individual versus societal resilience.

Four potential and existing drivers of resilience were identified. Namely **cultural systems** (cultural values, collectivist approaches, use of heritage and traditional practices), **educational systems** (these can be preventative and participants are taught how to form resilient and constructive relationships), **legal systems** (based on restorative justice which is embedded in restoration of harmony in the community and includes victims, perpetrators and the community), associations (which help to reconstruct destroyed relationships and restore basic trust, for example: widows, orphans, students **associations** and traditional practices such as vigils and camps). It was noted that resilience development should be forward-looking and aimed at developing capacities to absorb, adapt and transform.

- It was acknowledged that healing is not just a mental or a health issue. Therefore bio-medical approaches alone are not sufficient. Multilevel approaches are necessary and examples were given of such existing approaches. It would be beneficial to combine for example **clinical** and expert services as well as **psychological** services both individually and in group context i.e. as undertaken by a variety of other organisations: AVEGA, NAR, IBUKA, and ARTC-Ruhuka who use approaches that create a sense of **belonging** to a group (i.e. AERG).
- Healing is linked to society and community as well as perceived as a political issue with concerns specific to governance, security, justice, education, health, unity and reconciliation as well as trust and relationships. Restoration of trust is necessary not only horizontally within the community but also vertically between society and state. The Societal healing processes requires participation from both state and civil society actors: there was a plea to continue with the programme from influential leaders as well as the broader community. Inclusive practices which incorporate citizens from all parts of society would be beneficial to the process. It was underlined that approaches to healing should address the **socio-political environment** as this context plays an important role in the role of healing. This also includes regional issues of conflict and healing.
- It was established that comparative studies are helpful. References were made for example to the Holocaust, post-apartheid South-Africa, Cambodia and, Argentina. However, there is also a need to acknowledge cultural specificities. Examples focused on areas of forgiveness and reconciliation which are complex and multi-dimensional notions and usually based on differing worldviews within different contexts. Even within the same context, individuals may have widely diverging perspectives on these notions
- The Western view of reconciliation and healing tends to be more individualistic and often focuses on healing of the victim whereas Afrocentric approaches are often more community and collective orientated. In cultural contexts where collective practices and traditions are appreciated, the use of collaborative practices, the creation of networks and exchanging of expertise can play an important role. As such, examples from the Rwandan context were provided of approaches rooted in Rwanda's culture, traditions and societal assets, focusing on community health and interpersonal relations.
- Finally, it was acknowledged by various speakers and participants that healing is an extremely complex issue and involves various levels of role-players in society. The assumptions we have about catharsis and closure were challenged and constantly continue to be challenged.

There is a need to acknowledge the tension that sometimes exists between healing needs of individuals and overall societal healing needs on a macro level. Moreover, the limits and potential of transitional justice measures for healing and reconciliation in the wake of violent conflict need to be critically looked at, as certain measures of traditional justice that may work for to address individual needs but may not address greater societal needs or vice versa.



Transitional justice measures (TRC's, trials, reparations, memorials, amnesty) must be questioned and their limitations acknowledged. An example was mentioned of the existing reparations mechanisms in Rwanda (FARG) which has made the notion of reconciliation more popular and improved relationships between the state and victims, but which for various reasons has not necessarily contributed to social cohesion in terms of healing the relationship between victims and perpetrators.

- The complex relationship between healing, reconciliation and memorialization was evoked as follows: there are diverging and contradictory attitudes towards reconciliation and often there is tension between healing and reconciliation. The ideal would be to find conditions that favour both healing and reconciliation and in this aspect, **timing** plays a key role.

Timing was discussed according to the following categories: **Ripeness, where** it is important to take into account whether people are ready to face the painful past or deal with a plurality of representations of the past. The amount of energy people have for the past, the present and the future is indicative of their needs: The ideal would be to arrive at a point where more energy can be invested in the present and the future (forward looking versus backward perspective). The question was asked whether it is really beneficial to impose one common narrative on all parties involved.

Sequencing: this aspect involves choosing priorities in terms of processes of reconciliation and healing and it was noted that flexibility according to the needs of the specific context is important.

Duration: societal healing appears to be an open-ended process and there are differences and tensions between official and personal /individual processes of healing. It is therefore important to remember that we are dealing with contradictory needs and attitudes, intense emotions, and multiple timeframes.

- The following observations and recommendations were made in response to the complexity of the processes required: Although sharing of expertise and experiences is highly beneficial, there is no perfect model that can simply be replicated in another context. Tailor-made and context specific approaches are often necessary. Healing is not only linked to the past but can also be also pro-active, focusing on prevention and preventing new patterns of exclusion and marginalisation. These processes therefore require nurturing, time and creativity as well as safe spaces of respect and listening and a collaborative approach.

Interpersonal relationships play an important role and hybrid approaches are recommended: where often groups work well together, but sometimes individual intervention is necessary. Sometimes homogenous groups are necessary, for example gender-homogenous groups, but at other times heterogeneous groups appear to be more effective. The importance of the narrative used to share history with the next generation was emphasised: which story do we tell the next generation? There is a need to equip the next generation to deal with plurality and diversity.

Examples from the Rwandan context

- Examples were provided from the Rwandan context of approaches and practices currently used to contribute to healing and social cohesion. These examples had in common a focus on sharing, exchange and social interaction as well as traditional approaches to problem-solving. The following examples were discussed:

- **Home-grown solutions:** examples were provided of home-grown solutions which refer to unique initiatives that the Government of Rwanda have drawn from Rwandan culture, traditions and value systems. These reflect both independent and collective thinking and are based on a culture of dialogue, inclusivity and consensus building, creating a sense of shared responsibility, belonging and self-reliance. They are unique because they do not borrow from external ideas or need conventional expert support.

Rwanda's home-grown solutions permeate all sectors of national life such as governance, justice, economic development, social sector. Examples of these are *Gacaca* Jurisdictions, *Girinka Munyarwanda* or One cow per poor family, *Umuganda* or Community Works, *Imihigo* or Performance contracts, National Dialogue or *Umushyikirano*, *Ingando* or solidarity camps and the *Agaciro* Development Fund. The key is that strategies should be inclusive, should be strategies that everyone can relate to and can understand because they are familiar with it.

There is a general agreement amongst the Rwandan people that home-grown solutions, coupled with the notion of *Agaciro* (dignity and self-worth) have by and large contributed to healing and reconciliation, to the re-emergence of a shared identity, renewed confidence and a positive-thinking mind-set. Indications are that these interventions have empowered the Rwandan people to generate their own ideas on how Rwandans should live together, and to see themselves as owners and drivers of their own development and, hence, shapers of their own destiny.

- A **socio-therapy** programme was implemented for almost 10 years in Byumba located in Northern Rwanda . This intervention consists of a number of groups facilitated by volunteers who received three months of training. Themes such as safety, trust, care, respect, rules, and memories were discussed and symptoms related to trauma were addressed through education and advice. Social interaction was promoted through debates, exchanging experiences and coping strategies, exercises, games, and mutual practical support. This intervention seems to generate individual and societal healing, forgiveness, and reconciliation through social interactions and promote societal healing by rebuilding trust, strengthening interpersonal relations, and promoting



socioeconomic development. It reflects the Afro-communitarian perspective, which focuses on community health which in turn promotes individual well-being.

- A discussion took place on identity stereotypes as well as the **targeting of women in genocide violence** and how these issues related to the healing process. It was noted that analysing and understanding the causes of violence against women during the genocide, can assist in the healing processes. Consideration was also given to the heavy burden that women who were targets of genocide violence bear in terms of destructive relationships, their position in society, future expectations, resources for developing resiliency, access to community structures and a loss of trust. Discussions took place about the role of therapeutic groups as offered by NAR: this includes recognition of victim status, diminution of the weight of silence, provision of psychological resources, recognition amongst family and community and, the courage to face their situation within the community environment.
- A discussion was held on **Brain-Based Somatic Release methods** for treating trauma in post violence environments with limited resources. This is an intervention aimed at treating and prevention of transgenerational trauma. The following observations were made: transgenerational trauma can polarise people and communities and consequently lead to further conflict and wars.

Healing transgenerational trauma in the context of peacebuilding is complex and needs a comprehensive, long-term commitment by individuals, communities and governments. Brain-based trauma-informed peacebuilding models should consider including strategies that can be implemented through existing and new institutions including through state education, health, mental health, social justice and other community support systems. Such models should be culturally appropriate and include targeting specific groups within society in terms of position, status, age and economic situation.

Shared experiences

One of the most interesting segments during the Conference was when representatives from various societal healing/reconciliation NGO's shared their experiences within the field of healing in their respective countries.

The Somali representative brought forth the importance of incorporating traditions and history into the approach to healing and reconciliation, and to use home-grown solutions which fit into the particular socio-political situation at hand. Being able to use traditional institutions can help further the healing effort since there often exists a basis of trust among the community to the systems with which they have already come into contact with. This basis of trust makes the implementation of healing initiatives smoother, since these initiatives live and die by the trust that is put into them by the people within society.

The representatives from Congo spoke about the difficulties of having a healing program, due to a lack of stable institutions and a lack of security. The point being that healing cannot proceed if there is a continuation of violence and no conclusion to the conflict which brought about the need for healing.

Hearing stories like these teaches us how contextually based healing is; that initiatives cannot be directly copied from one situation to another. While this is true to some extent the lessons learnt can be used as with: Homegrown solutions being more practical, government state institutions being actively involved, learning to adapt to traditions, and history, and to use already existing facilities which carry with it trust in societies affected by violence.

The conference taught us that healing is an important piece of the wider picture in rebuilding social cohesion in a post-conflict society. It also showed us that while the process may be slow, post-conflict healing can and does work. It is a process that is still very much needed and creating an international network for healing and reconciliation is one of the crucial steps towards being able to implement impactful healing interventions in post-conflict societies.





Speakers and Presentations



The Opening remarks for the International Conference of Healing and Social Cohesion was led by Dr Butera Mushi Jean Bosco, Patron of Never Again Rwanda, Renee Larivière, Deputy Director-General, Interpeace; The Honourable Jenny Ohlsson, Swedish Ambassador to Rwanda with a keynotes by Fidèle Ndayisaba, Executive Secretary, National Unity and Reconciliation Commission (NURC).

Opening Remarks at the International Conference



recognising that there is a wound is the first step towards resolving the issue.

Her Excellency Jenny Ohlsson, Swedish Ambassador to Rwanda.



Dr. Butera Mushi Jean Bosco, Patron of Never Again Rwanda



Healing is a core and fundamental piece of peacebuilding.

Renee Larivière, Deputy Director-General, Interpeace

The conference organized by NAR and Interpeace helps underline the critical role played by healing in post-conflict societies, where wounds from trauma linger. Therefore, to create reconciliation in post-conflict situations, healing should be prioritized in society.



The Executive Secretary of the National Commission for Unity and Reconciliation, Fidèle Ndayisaba said that healing and social cohesion cannot be so fast. This requires sufficient time to build a lasting peace.

Ndayisaba was speaking at the opening of an International conference on Healing and Social cohesion held in Kigali, involving several participants from Uganda, Kenya, South Sudan, the Central African Republic, Belgium, the United States, and Germany.

“After the effects of the 1994 genocide against the Tutsi of Rwanda, the countries of the world must unite to fight against the genocide ideology,” said Ndayisaba.

Despite this, the Executive Secretary of the National Commission for Unity and Reconciliation has asked the experts’ frank coordination in the battle of healing and social cohesion for genocide survivors.



After the effects of the 1994 Genocide against the Tutsi of Rwanda, the countries of the world must unite to fight against the genocide ideology,



Fidèle Ndayisaba, Executive Secretary for National Unity and Reconciliation Commission (NURC) participating in the conference discussions



THEME ONE

HEALING AND SOCIAL COHESION





Genocide and extreme violence:

Understanding wounds, trauma and healing approaches in post conflict societies

Dr Darius Gishoma, Head of the Mental Health Department, College of Medicine and Health Sciences, University of Rwanda



1994, Rwanda was devastated by the genocide against the Tutsi that left the country in a state of almost total collapse. There was a kind of chaos in the country; a chaos in destroyed families; but also a chaos in the mind of people who survived the killings. The levels of distress among the population reported from subsequent research are constantly high with the prevalence of PTSD estimated to 26.1 % amongst the adult population in Rwanda (Munyandamutsa et al, 2012).

There are also studies providing scientific insights on the transmission of trauma from parents to their offspring in Rwanda (Rieder Elbert, 2013; Perroud et al., 2014). The genocide also broke the social pact and its effect was not only felt by individuals and families but by society as a whole. Through research and clinical examples, this paper discusses the impact of collective trauma in post-conflict societies.

Over the last two decades, services promoting mental health, well-being and social reconstruction in Rwanda have been developed by government institutions and local NGOs. This paper highlights the importance of factors, agency, and organizations that contributed to enhancing psychological well-being and allowing the reconstruction of truth within the community. The Rwandan case is unique but there are some commonalities with other post conflict societies. Based on lessons learned from this case study, the author generates suggestions that might be useful for other post conflict societies.



Never Again Rwanda film on Healing, “Hear Me Heal Me” (Komezayo Mitima)

Jean Claude Mugenzi, Audio Visual Coordinator, Never Again Rwanda

After the loss of a million of our loved ones killed during the genocide against Tutsis, the sons and daughters of this country resolved to rebuild, both physically and psychologically. This called for a retrospective look and reflection on the nature and scope of that tragedy that Rwandans are working so hard to recover from.

The film “HEAR ME HEAL ME” (or **Komezayo Mitima** as original title) seeks to help navigate such a complex social situation inherited from a history so negatively charged, with multiple actors in the country at task. In this film, we focus on psychological wounds, and the methods/approaches used to bring thousands of individuals on a journey towards healing.

Approaches to Healing: Never Again Rwanda’s experiences and lessons learned from the Societal Healing Programme

Florence Batoni, Peacebuilding Coordinator, Never Again Rwanda

Never Again Rwanda in collaboration with Interpeace and the Embassy of Sweden in Rwanda jointly established a four years Societal Healing and Participatory Governance for Peace program in 2015 to enable groups of community members and youth from diverse background to openly discuss sensitive topics and settle differences peacefully through dialogue.

The programme aims to transform community members and youth into skilled peace agents and facilitators in mediation and dialogue as strategies to foster reconciliation. The paper will share Never Again Rwanda’s approaches to societal healing informed by mapping of actor’s research. The presentation will discuss some of the key findings from mapping research and how these findings informed implementation of the program.

Specifically information was shared about the psychosocial support group approach and its impact on healing of wounded groups. Expressive approaches for youth groups was discussed in addition to psychosocial support groups and how these approaches work for both groups. The presentation explored lessons learned from implementation and challenges as well as complexities of healing wounded communities. Recommendations were discussed by different actors on how healing interventions can be increased and integrated into existing frameworks for social cohesion and reconciliation.

Rape and other forms of sexual violence against women during the Genocide: Perpetrator’s motivations and implications on the healing process in post-Genocide Rwanda.

Immaculee MUKANKUBITO, Director of Operations and Quality Assurance, Never Again Rwanda

The presentation was based on Immaculee Mukankubito’s Masters’ thesis in Genocide studies and Prevention, ‘Rape and Sexual Violence in the 1994 Genocide Against the Tutsi’ (2012). The purpose of this paper was to analyse how and why do wars, extreme violence and Genocide specifically target women through rape and other forms of sexual violence. This paper also examined the implication of such acts on the healing process within the Rwandan context. The main concept here is that of genocidal rape.

With regard to methodology, this research used a qualitative approach with testimonies and interviews with survivors, former Gacaca judges [Inyangamugayo], people who confessed their crimes, resource persons and professionals, as well as using existing literature on this subject.

In addition to conceptualizing rape, its typology and its purpose, this work strove to understand what motivates perpetrators to commit genocidal rape, as well as its link to identity based stereotypes about Tutsi women. It turns out that a range of identity stereotypes about those women greatly fuelled the fantasies of those who committed the genocidal rape.

Research has revealed that the hate campaign, was particularly rooted on prejudices and identity stereotypes about Tutsi women’s sexuality, allegedly used by that ethnic group to infiltrate the enemy, and entrenched in the fact that those women ensured the group’s reproduction and hence an obstacle to total extermination.

With implications of those acts of rape and other types of sexual violence against women, the study shows that, since the crime of rape destroys women’s intimacy, degrades them physically and psychologically, as well as damaging to their self-esteem and their relationship to the world, making the healing process a complex feat.

That process accompanying the victim on the journey of acceptance of what she has left, her body, a body scarred by extreme violence, to eventually recover inner balance, relations with others, with the world in which her rapist lives too.



Assessing Similarities and Particularities of the Holocaust and the 1994 Genocide against the Tutsi: Trauma, Healing, Forgiveness, and Reconciliation

M. Therese Seibert, Ph.D. Professor of Sociology

Bearing in mind that the overarching goal of this conference is to share insights into healing, social cohesion, and reconciliation from other post-genocide societies, this presentation analyses research related to these conference themes for the Holocaust and the 1994 Genocide against the Tutsi, mindful of their differences (Newbury and Newbury 2003; Mamdani 2003).

Unlike the Holocaust, Rwanda's 1994 genocide took place over 100 days in a small densely populated country with a colonial past, and this genocide was embedded in a civil war between Rwandans, not a world war.

Especially noteworthy is the fact that genocidal killing was most often perpetrated locally by neighbours, friends, and even family members (Fujii 2009). These differences are striking, but the aim of this analysis is not to produce empirical results that can be generalized from the Holocaust to the case of Rwanda or vice-versa. Its overarching goal is to open up an exchange of ideas, questions, and concerns emanating from research in both contexts by critically and comparatively analysing post-genocide trauma and other mental health issues as well as healing as it relates to forgiveness and reconciliation.

HEALING, FORGIVENESS, AND RECONCILIATION

The idea that survivors in Rwanda could recover and heal from genocide living where they witnessed atrocities and killing and living among those who killed their loved ones is incomprehensible to most Westerners. Forgiving and reconciling with these same perpetrators is even more inconceivable. Why Westerners grapple with Rwanda's approaches to post-genocide healing is not surprising. Healing, forgiveness, and reconciliation are complex dynamic and multi-dimensional processes that defy a singular definition, and how one perceives and experiences them varies greatly across individuals and social contexts (Knight 2004; Oelofsen 2015). Hence, a Western view on these processes varies significantly from an Afrocentric view, and this difference has important implications for understanding and advancing post-genocide healing.

Though not identical to Dan Bar-On's TRT workshops (1996; 1997), the sociotherapy program in Byumba is a good model for generating healing in Rwanda reflective of Afro-communitarianism. Neither group approach addresses individual psychopathologies directly using bio-medically based, psychological therapies. Both seek to generate individual and societal healing, forgiveness, and reconciliation through social interactions, though these goals are not explicitly stated. While systematic research on the sociotherapy project in Byumba is just beginning, it demonstrates improved mental health among participants (Scholte et al. 2011) and an increase in social capital (Verduin et al. 2014). In closing, it appears that Rwanda is beginning to generate programs rooted in Rwandan culture that can teach the world about healing.

Drivers of resilience in post genocide and conflict societies

Professor Serban Ionescu

The topic presentation covered a discussion on two recent concepts: (I) the societal resilience and (II) the "drivers" of resilience. This will allow me to outline later pathways to practice in the conditions of post-genocide and post-conflict societies.

I. Numerous studies have been conducted in the past fifty years to examine the impact of stressors or disruptive harmful events on individual human beings. Conceived as a process, the individual resilience is typically defined as a successful adaptation to adversity or trauma.

What happens when adversity or trauma concerns a large number of people? In several countries, proposals have been made to describe clinical entities that affect a large number of people.

I can mention, for example, the relationship between historical trauma and dysfunctional community syndrome. Muid (2006) defined historical trauma as a "collective emotional and psychological injury...over the life span and across generations" (p. 36). Duran and Duran (1995) suggested that historical trauma becomes embedded in the cultural memory of a people and is passed on by the same mechanism by which culture is generally transmitted, and therefore becomes "normalised" within that culture.

This model of historical trauma provides a link between the intergenerational transmission of trauma and dysfunctional community syndrome. This syndrome is defined by Memmot and colleagues (2001) as a situation whereby multiple violence types are occurring and appear to be increasing over generations, both quantitatively (number of incidents) and in terms of the intensity of violence experiences.



In my view (Ionescu, 2014), the concept of societal resilience could be used to characterize the resilience that can occur when an entire society is affected by a major collective trauma (such as war, genocide, apartheid) or by collective forms of adversity (such as famine, extreme poverty or epidemics).

II. The term “drivers” is used in the field of resilience when resilience is discussed in the context of the dynamics of ecosystems and socio-ecological systems. In this context, resilience is the science of the complex adaptive systems functioning. These systems are composed of a large number of elements connected by nonlinear interactions. These systems are subject to external influences at different scales.

Two positions on the “drivers” are encountered in the available publications. Some authors – Wilson (2015), for example, who quoted Olick & Robbins (1998) – believe that local communities are social systems exposed, in time and space, to “manifold endogenous and exogenous drivers” that affect their resilience.

Walker et al. (2012) have a different, more restrictive, view. They consider that the “drivers” are external to the systems. They argue that a system change following the action of both internal relations between “state” variables and external drivers. For these authors, drivers are “variables that, within the scale of the analysis, are not considered to be part of the system and are not affected by what happens within the system” (p. 1).

The Walker et al. position involves establishing in a precise manner what is in the system and what is outside, hence to establish very clear system's boundaries. This is not always obvious. The examples provided by Walker et al., coming from ecology constitute the proof. In a dryland agricultural area, crop production is a state variable of the system that is determined (controlled), at least in part, by the amount of rainfall, which is an “external drive”. In an irrigated agricultural area, water available for agriculture may be considered by some as a given, determined externally by the water authority but could, also, be considered as an internal variable, subject to different demands by different stakeholder groups.

Walker et al. also note that the place of humans in a system can vary: they can be considered when interest is centred on ecological processes, as exogenous and in this case they are considered “drivers” or as endogenous, when interest is focused on the social-ecological interface.

Obviously, in the case of societal resilience, the definition of the systems involved, of their interactive components and their boundaries is very complex and at present, our knowledge is limited. In fact, there are multiple systems forming ensembles nested one in the other of adaptive cycles.

III. In post-genocide and post-conflict contexts, intervention should be aimed primarily to four systems that could act as drivers of societal resilience: cultural, educational, legal and associations systems.

● Cultural system

The cultural system constitutes an important driver of resilience. In a research conducted in Rwanda, Ionescu, Rutembesa and Kayiteshonga (2011) highlighted the importance of the Rwandan cultural values as drivers of resilience in a group of students from the National University of Rwanda. In traumatic situations, Rwandan people often says: “Be brave, hold out, not to be a coward.” This philosophy of life is found in several Rwandan proverbs.

In this context, it is also relevant to recall the four concepts which, according to Maniragaba (1987) are core Rwandan cultural values: Kubaho (exist, live), Kubana (how to live well with and among others), Gutunga (possess, thrive) Gutunganirwa (live happily in peace, prosperity). These cultural values can and should be taken into account in the resilience process.

A link can be established between the collective coping strategies and the cultural system. In fact from the 1990s with the work of Kleber (1995), it became apparent that the coping is not only an individual process. The person who lives a traumatic experience is surrounded by people who are also affected to varying degrees by this traumatic experience. This person is also surrounded by what one might call the legacy of previous generations. All this shapes coping strategies necessary to deal with the trauma and its consequences. Society provides individual with tools related to the aftermath of trauma. Standards and values as well as symbols (buildings, museums, statues) and rituals channel the thoughts and emotions and create favourable conditions for the development of individual modes to cope. Kleber quotes in this sense everything that allows remembering (the “places of memory”).

In this context, I would like to mention the concept of “social memory” popularized by Von Bertalanffy (1968) who highlighted that any system – human or natural – is imbued with a « memory » that relates the system to past events, i.e. that transitional pathways do not occur in a vacuum but are embedded in often complex histories. It implies that knowledge, experience and accumulated wisdom are passed on within a community, and any community system will be at its starting point because of the history of decision-making trajectories preceding that starting point (Folke et al., 2003; Stump, 2010).

Social memory affects community resilience. It can work as a process leading to more resilient communities, related to social learning and traditions associated with beneficial practices; and as a process leading to more vulnerable communities, related to traditions that may encourage harmful practices (Wilson, 2015).



● Educational system

Resilience education represents a major paradigm shift that began to emerge in the late 20th century. Using a systemic approach that can be put into practice as early as in elementary school by teachers, counsellors, administrators and the entire community, the goal of education based on resilience is to develop protective factors.

Brown, D'Emidio-Caston and Benard (2001) proposed such a program aimed at "the development of decision-making and emotional skills" as well as "the connection between people". The model proposed by these authors can be used in any learning situation, in school, in class, after school or in organizations located in the vicinity and may be put into practice in a family setting. The authors' model is known by the acronym PORT-able, which comes from four distinct, but related terms: Participation, Observation, Reflection and Transformation.

The word *participation* refers to active, authentic engagement, with regard to knowledge, to contents that needs to be learned, to other students and to the learning processes. The second component of the model, observation, means taking notes about what happens at the personal, interpersonal and systemic levels (environmental context). Reflection refers to the interpretation of experiences and focuses on what is learned about the situation experienced or the content of learning itself. The last element of the PORT-able model is transformation which implies that the person is conscious and feels responsible for an act. This corresponds to an informed action, chosen among several alternatives.

Another way to understand resilience education is proposed by Gillham et al. (2013). These authors define it as "education which aims to promote the students' resilience" (p. 612); it would be a component of positive education and contribute to positive youth development. This vision of resilience education is reflected in one of the best-known programs, the *Penn program*, presented by Seligman (2007/2013) in his book *School of optimism*, which is used as a program for prevention of depression.

The *Penn program* develops several personal strengths and skills known to be related to resilience: a) emotional competence ("the ability to identify, label and express adequate emotions"); b) self-control ("the ability to identify and resist counterproductive impulses in a given situation or to achieve long-term goals"); (c) problem solving and decision-making; d) social awareness ("being able to consider others views and empathize with them"); e) social conscience; f) personal effectiveness and a realistic optimism (Gillham et al., 2008, pp. 617-618).

Richardson and Waite (2002) proposed another resilience education program. These authors believe that the main objective of resilience education is to create situations which enable learners to achieve sufficiently great introspection in order to identify, find and use internal and external energy sources or resilience to live and cope daily. In order to achieve this, Richardson developed a five-week program, with a weekly one-day session (Richardson, 1998; 1999). Each session has a clear objective. Among these goals, I'll mention, in connection with the topic of our symposium, the following: (a) establish constructive relationships, which correspond to the change from personal resilience to resilience in relationships; (b) form resilient relationships.

I wish also to mention that, by 2011, UNESCO has emphasized - in a document entitled *Promoting resilience: Developing capacity within education systems affected by conflict* - the important role of education as a driver of resilience.

● The legal system

Without being immune to criticism, the therapeutic justice and restorative justice have opened new avenues in judicial practice. Their application has proven to be a potential resilience driver. The phrase "therapeutic jurisprudence" is used for the first time in 1987, in a paper presented at the National Institute of Mental Health by David Wexler. It defines this form of jurisprudence as interdisciplinary study of law as a therapeutic agent (Wexler, 1992a, b). According to Wexler, the legal rules and procedures and the legal field actors (lawyers, judges) are "social forces" that have often therapeutic or anti-therapeutic consequences. Therapeutic jurisprudence sensitizes us to the consequences of the law and leads us to ask ourselves if the anti-therapeutic consequences can be reduced or even cancelled, and if therapeutic consequences can be increased, without prejudice to justice values.

Conceived by Albert Eglash, restorative justice paradigm was established after the publication of Howard Zehr (1990) book with the evocative title "Changing lenses: A New Focus for Crime and Justice" - in which the author opposes the restorative model to punitive model and describes a set of principles that distinguish his model.

Carns et al. (2002) consider that in the restorative perspective, crime constitutes a disruption of harmony and of the community relations and therefore it should be managed in the community by the victim, the offender and the community. Emphasis should therefore be put in equal measure on the offender, on the victim and the community. Specifically, this means: repair the evil/the harm, heal the sufferings of the victim, heal the community, bring the offender (thanks to its accountability) to establish a "healthy relationship" with the community, encourage the community to take responsibility and respond to the crime.



In the context of the legal system, I would mention, finally, the gacaca traditional justice, set up in 2001 in Rwanda, that aimed not only the justice, but also to rebuild the social fabric.

- **The Associations system and “workshops” for social fabric repairs**

Genocide is causing the destruction of social relations, disaffiliation, and destruction of the social fabric. Different devices were designed for the reconstruction of destroyed relationships.

Associations have an important role in repairing the social fabric and after the Tutsis genocide, various associations were created. I'll mention, among others, the Association of Widows of the April Genocide (AVEGA-Agahoso), the Uyisenga n'Manzi Association for orphaned children, the Association of students - survivors of the genocide (AERG).

At the same time were created spaces for exchange and encounter groups that represent genuine workshops to repair the social fabric. In this context, I would mention the camp created by the *Uyisenga* Association, the Forum Theatre, the ubuhede device («work together” to cultivate a soil) or amatorero device that represents true schools of life. I note, too, the resumption of traditional devices of the vigil (Ibitaramo) and that of the palaver or talking tree, which constitute social self-reconstruction means.

I think it important to emphasize the importance of creativity manifested in the creation of so many different devices focused on rebuilding the social fabric.

Obviously, besides the four systems mentioned as drivers of resilience, a key role in the societal resilience process consists of the policy of unity and reconciliation, embodied in numerous actions throughout Rwanda.





THEME TWO

JUSTICE FRAMEWORKS, HEALING AND RECONCILIATION

Reparations in post-violence Rwanda and Post-Apartheid South Africa:
Understanding the effects on the reconciliation process



a crime we can neither punish, nor forgive
(Arendt, A.; Garapon, A., 2002);

Justice requires more than just a legal
approach (Hayner, P., 2006)



Dr Aggée Shyaka Mugabe, Centre for Conflict Management
(CCM), University of Rwanda



Reparations in post-violence Rwanda and Post-Apartheid South Africa: Understanding the effects on the reconciliation process

Dr Aggée Shyaka Mugabe, Centre for Conflict Management (CCM), University of Rwanda

The paper examines the impact of reparations on the reconciliation process in post-genocide Rwanda and post-apartheid South Africa mainly from the perspective of survivors and victims. The paper is grounded in the theory of reparation and reconciliation. Embedded in the qualitative approach, this article used interviews and desk review materials.

Two cases have been considered: The Fonds d'Assistance aux Recapés du Génocide (Fund for Genocide Survivors), FARG in Rwanda and the Black Economic Empowerment (BEE) in South Africa.

From the findings, Rwanda has focused on individual re-adaptive activities, while South Africa has privileged collective empowerment approaches. Formal compensation and, more particularly material compensation has so far received inconsistent attention in both contexts. FARG and BEE represents a significant step in the sense that their own existence confirms the status of victims, but the absence of comprehensive and individualised formal reparation programs remains a source of great frustration for survivors and victims.

The reconciliation process in South Africa (SA) can be described as provided for under the Arusha Peace Agreement (1993), predominantly a top-down, government owned approach. The establishment of the Truth and Reconciliation Commission (TRC) to investigate human rights abuses committed between 1960 and 1994 had a huge mandate (the Promotion of National Unity and Reconciliation Act no. 34 of 1995). The TRC had four specific objectives, including *"Establishing and making known the fate or whereabouts of victims and by restoring the human and civil dignity of such victims by granting them an opportunity to relate their own accounts of the violations of which they are the victims, and by recommending reparation measures in respect of them"*.

In Rwanda, Reparation was listed as priority 3 behind security and punishment of genocide perpetrators. The Genocide Survivors Assistant Fund (FARG)'s only existence was perceived as a recognition of their victims' status: "our situation matters"...; with its existence seen to be contributing to the popularity of the process of reconciliation. The number of genocide survivors who are favorable to reconciliation process has increased from 12% before FARG to 63% after it was established. The reasoning behind this was that FARG was perceived as a "softer" alternative to the hardship of life; it improved living standards and thus "restored dignity".

The FARG was the most preferred Transitional Justice mechanism (the other being respectively memory, Gacaca and NURC) because providing *reparation is regarded as the only truly victim-centered approach*. FARG qualified as the "only tangible" mechanism in that it provides survivors with material assistance (education, health care, IGA and direct transfer for the most vulnerable). For this reason, the FARG's message was that the "government cares" and that their "living conditions matter". FARG was perceived as "my parent" type relationship.

The overarching research question: *How and to what extent do these measures encourage reconciliation between the groups present? And subsidiary questions: What is the perspective of survivors & victims? What are the similarities and dissimilarities? What are the key lessons?*

The impact of both programmes on community reconciliation is limited by a number of factors, including the fact that genocide perpetrators and beneficiaries of apartheid do not participate and beneficiaries of apartheid do not participate in financing these programs. Consequently, instead of promoting reconciliation between groups present, these programs have promoted reconciliation between survivors and victims and, their respective governments.

In Rwanda, survivors have seen little coming from those responsible from acts of genocide. The execution of Gacaca reparation orders, which had raised new expectations among genocide survivors has remained unfruitful, crystallising deeper frustrations.

In South Africa, while victims see Black Economic Empowerment (BEE) as a micro-response in the face of macro injustices, in the eyes of the beneficiaries of apartheid, BEE is seen as *a selective racial program, a new form of apartheid*.

CONCLUSIONS

The reparation mechanisms have improved living standards of their beneficiaries in Rwanda and South Africa. By improving the living conditions of victims, such reparation measures helped to "put reconciliation on societal agenda". But the extent to which they promote social interaction, solidarity and mutual acceptance between parties to a conflict is less evident in a context where the burden of reparation is not individually paid by oppressor. The existing reparation mechanisms have improved relationships between government and survivors/victims, particularly in Rwanda in that they show that the "suffering of victims matters". Despite repetitive claims for direct compensation, no mechanism is likely to effectively repair lost dignity, and fairly recover deprived human rights: after mass violence, any reparation mechanism appears to be a micro-measure that is meant to address macro-injustice.



“‘Is Revealing Healing?’ Assessing the limits and potential of transitional justice measures for healing and reconciliation in the wake of violent conflict”

Graeme Simpson, Director of Interpeace, USA

This presentation critically assessed the claims that various transitional and restorative justice approaches assist in healing, peacebuilding and reconciliation in societies in the wake of violent conflict and massive or systemic human rights violations.

It will focus on the challenge of societal-level ‘healing’ and restoration, as opposed to narrower therapeutic approaches at the individual or community-levels, and will focus on the need to (re)build not only horizontal relationships damaged by violent conflict, but also the trust between society and the state, as crucial to healing and reconciliation.

The paper referred to various instruments, including truth seeking, trials, reparation programs, institutional transformation, and memorials, assessing how these may or may not contribute to the transformation of relationships and to societal ‘resilience for peace’. It will examine the need for social justice measures to reach beyond the physical violations of past conflicts, to address the damage wrought by conflict to the social fabric, and to the social, economic and identity-based sources of cohesion in conflict-affected societies. Finally the presentation argues that these endeavours are not merely about ‘dealing with the past’ through justice and accountability measures, but also about anticipating and preventing new patterns of exclusion, lived experiences of injustice, and the risks of changing patterns of conflict - justice as prevention.

Perceptions of Inyangamugayo in Muboni and Nyakizu about Healing and Social Cohesion through Decentralized Transitional Justice

Alice Urusaro Karekezi, Co-founder, Centre for Conflict Management, Rwanda

During the past decade, social cohesion and healing have emerged as major concerns for societies transiting away from mass atrocities including genocide. Rwanda as well as many other countries are struggling to rebuild societies that have been torn apart by popularly perpetrated violence, where people turn on others they knew personally.

Studies of the effects of transitional justice strategies on targeted communities often assume a strong connection between healing and social cohesion. However, there has been little empirical examination of how actually healing and social cohesion happen. The purpose of this paper is to contribute to address this gap by offering empirical insights drawn from a larger research project on Gacaca, admittedly one of the Rwanda's unique decentralized transitional justice strategy. The fieldwork was undertaken between 2005 to 2009.

The paper preliminary sought to examine this issue using perceptions of healing and social cohesion collected from 28 Inyangamugayo forming Inkiko-Gacaca at the Akagari level in Muboni and Nyakizu. Specifically, the analysis focuses on the Inama ya gatandatu and yakarindwi during which a direct link was established between an individual alleged perpetrator and the categorization of an offense.

These findings highlight the influence of personality traits, cognitive abilities, on Inkiko-Gacaca outcomes. They suggest that the work of decentralized transitional justice strategies is deeply affected by the relations in the environment in which they operate and the relative levels of trust, understanding, and empathy developed between them. This in turn suggests that the possibility that decentralized transitional strategies may lead to a process of social repair as they stress a connection between perceptions of healing and the frequency of interaction, contacts and networking. Further research is needed to validate these findings.

Home-grown solutions, Healing and Reconciliation

Doctor Ndahiro Alfred, Communications and Public Relations, Office of the President

In the last 22 years, the Rwandan Government has come up with a series of innovative solutions to the immense challenges that it faced as a result of the 1994 Genocide against the Batutsi. Some of these innovative means are geared towards transforming the lives of the Rwandan people, while others are governance related and aimed at empowering citizens to become more active participants of their development process.

This paper discusses the home-grown solutions and how they impact positively on healing and reconciliation. It argues that these solutions are home-grown because they are unique to Rwanda and historically culturally embedded. They act as a contract between the government and the governed because they derive from the Rwandan culture that has stood the test of time and still remains an important resource to draw on when Rwandans face serious challenges.



The paper highlights that home grown solutions are utilized when Rwanda's development path demands unorthodox means and local ingenuity that may not tally with conventional mechanisms. We demonstrate that home-grown solutions are based on independent and collective thinking, that there is a shared sense of responsibility and self-reliance, that underlying them is a culture of dialogue and consensus building grounded from cultural values which targets people's welfare, but most importantly, that no one is left behind which is fundamental in the healing and reconciliation process.



The Panel for Justice Frameworks, Healing and Reconciliation

“Day or night, I am still hunted by images of people who raped me. I can’t forget the unimaginable cruelty they inflicted on me, it is indeed unspeakable. I always remember how they raped and how they killed all my seven children and my husband”
Extrait de la these de Doctorat de Donathile Mukamana

THEME THREE

MEMORY, IDENTITY AND HEALING



Never Again Rwanda (NAR) documentary film: ‘Hear Me Heal Me’ of citizen participating in Spaces of Peace, expressing her haunting memories of those who raped her and killed her children and husband.

Healing Ourselves, Our Children and Our World.

Transgenerational Trauma: Background and Recommendations for Treatment and Prevention

Dr Lori Leyden, PhD

Transgenerational trauma refers to trauma occurring from the experience of extreme violence – often war or genocide – that is transmitted from one generation to subsequent generations. With over 52% of our world’s population under the age of 30 (3.7 billion), treating transgenerational trauma effectively is an essential step toward cultivating a generation of young people who will be able to lead us into a peaceful future.



The challenges of treating large populations experiencing catastrophic trauma have not been widely addressed in academic literature or clinical practice. Developing practical approaches for confronting the emotional and neurological impact of trauma and attaining long-term individual and societal healing are a critical need.

Furthermore, Post-Traumatic Stress (PTS), which is often a component of transgenerational trauma, has long been considered a difficult, if not intractable psychological disorder. Popular treatment approaches often only treat the symptoms without redressing the ongoing psychological damage that is involved.

Recent trauma transmission research points to four possible modes: 1) biological, 2) psychological, 3) familial, and 4) social. Theory suggests that PTS may affect at least three to six generations.

An emerging body of evidence indicates neurological and physiological impairment in trauma-related disorders. Paralleling this is a body of research indicating the efficacy of Brain Based Somatic Release (BBSR) therapies for treating PTS in those affected by genocide and extreme violence.

This paper reviews the efficacy of a subset of BBSR methods based on Acupoint Mediated Neural Change (AMNC) and are appropriate for large-scale implementation and replication. The most well-known of these are Emotional Freedom Techniques (EFT) and Thought Field Therapy (TFT).

AMNC therapies are shown to be low risk, cost-effective, easily taught, seamlessly integrated with existing treatment models, and disseminated to sizeable populations. Implications and recommendations for more effective trauma-informed prevention, treatment, and peacebuilding models for post-genocide and extreme violence environments are proposed.

Memorization and Healing: Thoughts on Timing

Professor Valerie Rosoux, Senior Research Fellow, Belgian National Fund for Scientific Research (FNRS)

The purpose of this paper was to articulate the notions of healing and memorialization. To do so, it is useful to consider memorialization as an ambivalent tool. In the aftermath of wars and mass atrocities, memorialization can either reactivate the conflict, or contribute to the rapprochement between former adversaries. Some experts in political sciences, sociology or social psychology describe these two objectives in terms of dilemma: healing versus reconciliation.

Thus, a recent study on the Sierra Leonean case shows that forums of victims and perpetrators set up in order to face the conflictual past, increased social capital but decreased individual well-being, worsening psychological health, increasing depression, anxiety, and posttraumatic stress disorder (Cilliers et al., 2016). The challenge is therefore to examine in which conditions memorialization processes can favour both healing and reconciliation.

To address this issue, the paper is devoted to one of the most important variables that determine the scope and limits of reconciliation as a peace-building process: timing. This variable is usually captured by the when question. In this paper, the question is divided into three parts. The first highlights the notion of ripeness (Zartman, 1989) in a post-conflict context. When are people ready to start working on their memories? The second part emphasizes the issue of sequencing. What is the proper sequencing to favour healing and reconciliation? What do people first: remembering or "forgetting"? The final part underlines the long-term character of any process of healing. After mass atrocities, changes of attitude, emotions and beliefs take time. What is the appropriate pace to work on memory issues? Concrete examples will show that reconciliation is not a question of years, but more a question of decades and even generations (Applebaum, 2012).

In terms of methodology, this study refers to various examples as illustrative cases. Its objective is not to fully reflect the complexity of each case, but to emphasize the need for further research in this matter.

Regional dynamics, identity manipulation and stereotypes: Implications on healing

Professor Mbonyinkebe Deo, Social and Cultural Anthropology

After introducing its context and motivation, we defined key concepts as mentioned in the title « *regional dynamics, identity, manipulation, stereotypes, healing* ». We then dealt with national historical background (RDC, Burundi and Rwanda), focusing on colonial and post-colonial politics, which are the matrices where identity and ethnic based conflicts are rooted, even though they were not inevitable.

Then there is a comparative table, after which we revisited available data about stereotypes and their consequences on inter-group and cross-border relationships with regard to identity manipulation (2007 and 2013). We ended with a re-evaluation of ways out and current efforts, local and sub-regional initiatives, especially that of Interpeace and its partners.



ANNEX ONE: Speakers Biographies

Dr Darius Gishoma

Darius GISHOMA is a Senior Lecturer and Head of Mental Health Department, College of Medicine and Health Sciences, University of Rwanda. He also serves as an Affiliate Lecturer of the Master's program in Global Mental Health/ University of Glasgow.

He holds a PhD in clinical Psychology obtained from Catholic University of Louvain/ Belgium. In addition to being a lecturer at University, he maintains a clinical practice for individuals affected by genocide-related consequences and other Mental Health issues at the Mental Health Department/ Kigali University Teaching Hospital (CHUK). Specifically, since 2005, he has provided clinical interventions for people who suffer from traumatic crises especially during periods of genocide commemorations in Rwanda. As a clinician and researcher, Darius Gishoma has research interests in treatment development and the evaluation of Post-Traumatic Stress Disorder (PTSD), Depression and Substance Abuse, Global Mental Health, maternal and child health and, Community-based interventions. He has produced several publications on these topics.

Florence Batoni

Florence Batoni is a specialist in Conflict management and transformations, a PR and communications expert. She has experience working with international development agencies such as Trade Mark East Africa as a Communications Technical Advisor to the Ministry of East African Community in Rwanda. She also worked as a research fellow at the Institute of Policy Analysis and Research-Rwanda where she contributed to the development and implementation of multiple research projects.

She is a Fulbright scholar who pursued a master's degree in conflict transformation from Eastern Mennonite University in the USA. While in the USA, Florence worked with World Vision USA in International programs department. Before obtaining her master's degree, she also worked with World Vision Rwanda as a Communications specialist where she was in charge of several projects in the communication for development field. She also worked as a communication and PR expert in Rwanda Demobilization and Reintegration Program (RDRP), a World Bank funded Project for repatriation and reintegration of armed groups from Eastern DRC ex-combatants and ex-Rwanda Defence Forces into civilian life.

Before joining RDRP, Florence worked with Radio Rwanda as a team lead for capacity building and reporting. Florence obtained a Bachelor's degree in Mass communication from Makerere University, Kampala, Uganda in 2002. She has experience of supporting strategic leadership Boards and currently serves as a board member of the Rwanda Broadcasting Agency.

Immaculee Mukankubito

Immaculee obtained a Master's degree in Genocide studies and Prevention, with a bachelor's degree and a diploma in Management. Immaculee has over 20 years of experience in Peacebuilding, Project management, Capacity building of Women's empowerment, training and research. Immaculee has served as a Senior Manager with several Non-Governmental Organizations (local, regional and international). She worked for 10 years as the Deputy Director at the Institute for Research and Dialogue for peace (IRDPA), 5 years as a Technical Adviser for a regional organization in capacity building, 3 years managing a World Bank project and 2 years as a Gender Adviser for the Canadian Agency for Cooperation and Development (CIDA) in Rwanda.

Some of her research topics and publications include: Promoting Gender Equality in the Decentralization Process and Local Governance, published in Women's Political Participation and Economic Empowerment in Post Conflict countries, lessons from the Great lakes Region; International Alert, July 2012, From the therapeutic Groups to the transfer of Competences, published by Medecins du Monde France, July 2013, Project Cycle (Design, Management and Implementation, Monitoring and Evaluation of Projects), Training Modules commissioned by Société Néerlandaise de Développement, SNV, Kigali, November 2000 and Rape and Sexual Violence in the 1994 Genocide against the Tutsi in Rwanda, a thesis dissertation submitted for the Award of Master's degree (publication on going).

In addition to her work experience Immaculee has attended several national and international conferences where she served as a speaker on key issues challenging sustainable peace in Rwanda and around the World.

Professor Theresa Seibert

Therese Seibert received her doctorate in sociology from the University of Texas in Austin in 1991. Her early research focused on sex and race inequality in the United States. This resulted in scholarly articles and a book that she co-authored with Dr Mark Fossett entitled 'Long Time Coming: Trends in Racial inequality in the Non-metropolitan South, 1940-1990'.



In 2007, she travelled to Rwanda on a Marion and Jasper Whiting Foundation Grant in order to develop courses on Rwanda that she now teaches. She has returned to Rwanda frequently to work with Never Again Rwanda. Her current research focuses on Hutu rescuers during the 1994 Genocide against the Tutsi. She is also working with KSC alumnus Johanna DeBari and sociology colleague Dr Carolyn Keller, on a paper that examines the landmark and controversial 1998 Akayesu judgment rendered by the International Criminal Tribunal of Rwanda, which defined rape as an act of genocide. In addition, she is co-founder and President of the New Hampshire based non-profit Health Development Initiative, Inc. that supports and advances the work of Rwanda's Health Development Initiative.

Professor Serban Ionescu

A Psychiatrist and clinical psychologist, emeritus professor of psychopathology at the Paris 8 University (France) and University of Québec in Trois-Rivières (Canada); Serban Ionescu is author or co-author of over 220 publications, including 30 volumes, among which is the "Traité de résilience assistée" (2011) and "Résilience. Ressemblances dans la diversité" (2016). Doctor Honoris Causa of the West University (Timisoara, Romania) and University of Liège (Belgium), he is corresponding member of the Academy of Medicine in Romania.

He has lectured as an invited-professor in several universities from Europe, Africa, North America and Asia. Of the 72 students who prepared and defended under his supervision their Doctoral thesis or Habilitation to supervise research, 32 are now professors in France, Canada, Belgium, Rwanda, Brazil, Algeria or Turkey. He is a member of the Scientific Council of the Campus Condorcet in Paris and has coordinated (with Colette Jourdan) resilience assessment multi-site project (Algeria, Canada, France, Mongolia, Romania, and Rwanda). He chaired the Second and co-chaired the Third World Congress on Resilience and is President of Resilio, the International Association for the Promotion and Diffusion of the Research on Resilience.

Dr Aggee Shyaka Mugabe

Aggee Shyaka Mugabe is a Senior Lecturer and Researcher at the Centre for Conflict Management of the University of Rwanda. He holds a PhD in Political Science from the Université Catholique de Louvain, Belgium (2005-2009). His PhD thesis examined the scope and limits of transitional justice mechanisms in relation to reconciliation in post-genocide Rwanda. He is currently a post-doc fellow at the School of Global Studies, University of Gothenburg, Sweden. His post-doctorate research analyses African Great Lakes States compliance with regional non-binding sexual and gender based arrangements. His areas of research interests include transitional justice, particularly reparations and reconciliation, children's rights, gender equality and regionalism. He has attended and presented papers in several international academic conferences and symposiums.

Graeme Simpson

Graeme Simpson is the Director of Interpeace USA and Senior Adviser to the Director-General of Interpeace, a global peace-building organization headquartered in Geneva and working in 20 conflict and immediate post-conflict zones around the world. He was recently appointed by the UN Secretary General as the Lead Author on a UN Security Council-mandated progress study on youth, peace and security, under UN SCR 2250. He is also an Adjunct Lecturer in Law at Columbia University School of Law in New York City, where he teaches a seminar on transitional justice and Peacebuilding.

He has an LLB and a History Masters from the University of the Witwatersrand, South Africa. He was co-founder and from 1995-2005 Executive Director of the Centre for the Study of Violence and Reconciliation (CSV), in Johannesburg, South Africa. He worked extensively on issues related to transitional justice, including work with the South African Truth and Reconciliation Commission, extensive work with victims' organizations and on memory and memorialization in the wake of violent conflict. He oversaw the CSV's Trauma Centre working providing psychological services for victims of violence and policy engagements on victim empowerment. Graeme Simpson also worked extensively and on the transformation of criminal justice institutions in South Africa and was one of the core drafters of the National Crime Prevention Strategy, adopted by the South African cabinet in May 1996, as well as being a member of the drafting team for the South African White Paper on Safety and Security.

From 2005, Graeme Simpson was the Director of Country Programs at the International Centre for Transitional Justice (ICTJ), headquartered in New York City, and in that capacity oversaw the organization's work on Transitional Justice in more than twenty countries globally. Thereafter, he was the Director of Thematic Programs at the ICTJ for two further years, leading work on Prosecutions, Reparations, Truth-Seeking, Security System Reform, Memory and Memorials, Gender, and a program on Peace & Justice.

Graeme Simpson serves on the Editorial Board of the International Journal of Transitional Justice (IJTJ) published by Oxford University Press. Until 2016 he served as a member of the International Advisory Board of The International Conflict Research Institute (INCORE) in Northern Ireland. Graeme Simpson has published widely in books and journals covering a wide range of issues and has been centrally involved in national and international civil society organizations for over 25 years. He has worked as a consultant to both governmental and non-governmental organizations in various countries.



Alice Urusaro Karekezi

Alice Urusaro Karekezi researched Gacaca, a decentralized transitional justice strategy and first published about it in 2001. Her doctoral project with the School of Global Studies, University of Göteborg, Sweden, entitled: The Lifecycle of post-genocide Rwanda's Gacaca: Norm creation and diffusion by a low income, post-conflict African state is in phase of completion.

Alice Karekezi co-founded the Centre for Conflict Management at the National University, heading the justice, human rights, and governance program. She has lectured and trained widely at institutions ranging from UN centres in Japan and Switzerland to universities in Canada, Ethiopia, Kenya, Sweden and the United States. Among other projects, she served on the advisory board of Justice Africa, a project of the Open Society Institute and is currently serving as a trustee of the King's College based African Leadership centre. She is currently engaged in mainstreaming gender in the training of future peace support personnel in the East African Community and Eastern Africa Community. Ms. Karekezi holds a diploma of specialized studies in law from the University of Aix-Marseille III and a bachelor's degree in law from the University of Kinshasa. She is completing a doctorate in peace and development studies at Sweden's Göteborg University.

Dr Alfred Ndahiro

Alfred Ndahiro is a scholar and educator, currently serving as Adviser in the Office of the President of Rwanda. He left Rwanda in 1960 and lived in Uganda for 16 years; he attended Makerere University where he obtained a BA (Hons) in English and French. He taught English at the University of Kinshasa before moving to the UK to pursue further studies. He obtained an MEd (TESOL) at the University of Exeter (College of St John and St Mark) and subsequently did a PhD at the University of Liverpool in applied linguistics and taught there until he returned to Rwanda in 2002. He was also visiting lecturer at the University of Rwanda.

He has published a number of scholarly articles, co-authored a book entitled: Hotel Rwanda or the Tutsi Genocide as Seen by Hollywood and more recently was principle editor of the book, Rwanda, Rebuilding of a Nation. He has a keen interest in charitable organizations involved in the rehabilitation of survivors of the genocide against the Batutsi. He served as Vice-Chair of Survivors Fund (SURF) in the UK and is currently Chair of Uyisenga ni Imanzi, a local NGO that caters for vulnerable children in Rwanda.

Dr Lori Leyden

Lori Leyden, PhD, MBA is an internationally known trauma healing expert and uniquely qualified psychotherapist, author, workshop leader, inspirational speaker and humanitarian. She is the author of The Grace Process Guidebook: A practical guide for transcending ego and engaging the wisdom of your heart and The Stress Management Handbook: Strategies for Health and Inner Peace available in English, Spanish, Arabic and Korean. Lori holds a doctorate in Health and Human Services with a concentration in psychoneuroimmunology, and a master's degree in Business Administration with a concentration in management. Dr Leyden is a member of the Association for Transformational Leaders, an Accredited Certified Master EFT Trainer with the Association for the Advancement of Energy Therapies (AAMET International), a member of the Association for Comprehensive Energy Psychology (ACEP) and 2012 recipient of ACEP's Humanitarian of the Year Award.

Inspired by the resilience of orphan genocide survivors she works with in Rwanda, Dr Leyden founded the non-profit Create Global Healing (CGH) and established Project LIGHT: Rwanda – the world's first international youth healing, heart-centred leadership and entrepreneurship program. Project LIGHT is a new form of humanitarian aid nurturing our next generation of young people to heal, work and lead us into a peaceful future. She is the Executive Producer of When I Was Young I Said I Would Be Happy, an award-winning documentary chronicling the inspiring transformation of Project LIGHT Ambassadors. In only two short years they paid forward their healing to hundreds, from Rwanda to Sandy Hook, Connecticut.

While heading up Nick Ortner's Tapping Solution Foundation, Dr Leyden also established the first US community-based, trauma healing project based on Tapping and The Grace Process supporting recovery for those affected by the Sandy Hook Elementary School shooting tragedy.

Dr Valerie Rosoux

Valerie Rosoux is a senior research fellow at the Belgian National Fund for Scientific Research (FNRS). She is a member of the Belgian Royal Academy and teaches International Negotiation, and Conflict Transformation at the University of Louvain. In 2010-2011, she was a Senior Fellow at the United States Institute of Peace (Washington DC). As a post-doctoral researcher, she worked at The Johns Hopkins University School of Advanced International Studies (SAIS) in 2002, the Centre for International Studies and Research (CERI), Institut d'Études Politiques of Paris (2001) and the University Laval, Canada (2000). Valerie Rosoux has a Licence in Philosophy and a Ph.D. in International Relations. Her research interests focus on transitional Justice and the uses of memory in international relations.



Professor Déo Mbonyinkebe

Mbonyinkebe Déo holds a PhD in Social and Cultural Anthropology from the Catholic University of Louvain, Belgium. In 1985, he started his academic career in the DRC at the Kinshasa State University and Catholic Faculties of Kinshasa since becoming Catholic University of Congo. From November 1995 to September 2008, a Lecturer at the National University of Rwanda, and from October 2008 to December 2014, a Lecturer at Kigali Independent University (ULK). Principal Fields of publications: Anthropology of Health and Healing in relation to their social-religious matrix in African context, Environmental Ethics, Peace Building in the Great Lakes Region and Resilience of Genocide widows. He is currently conducting researches on Home Grown solutions (collective project under development).

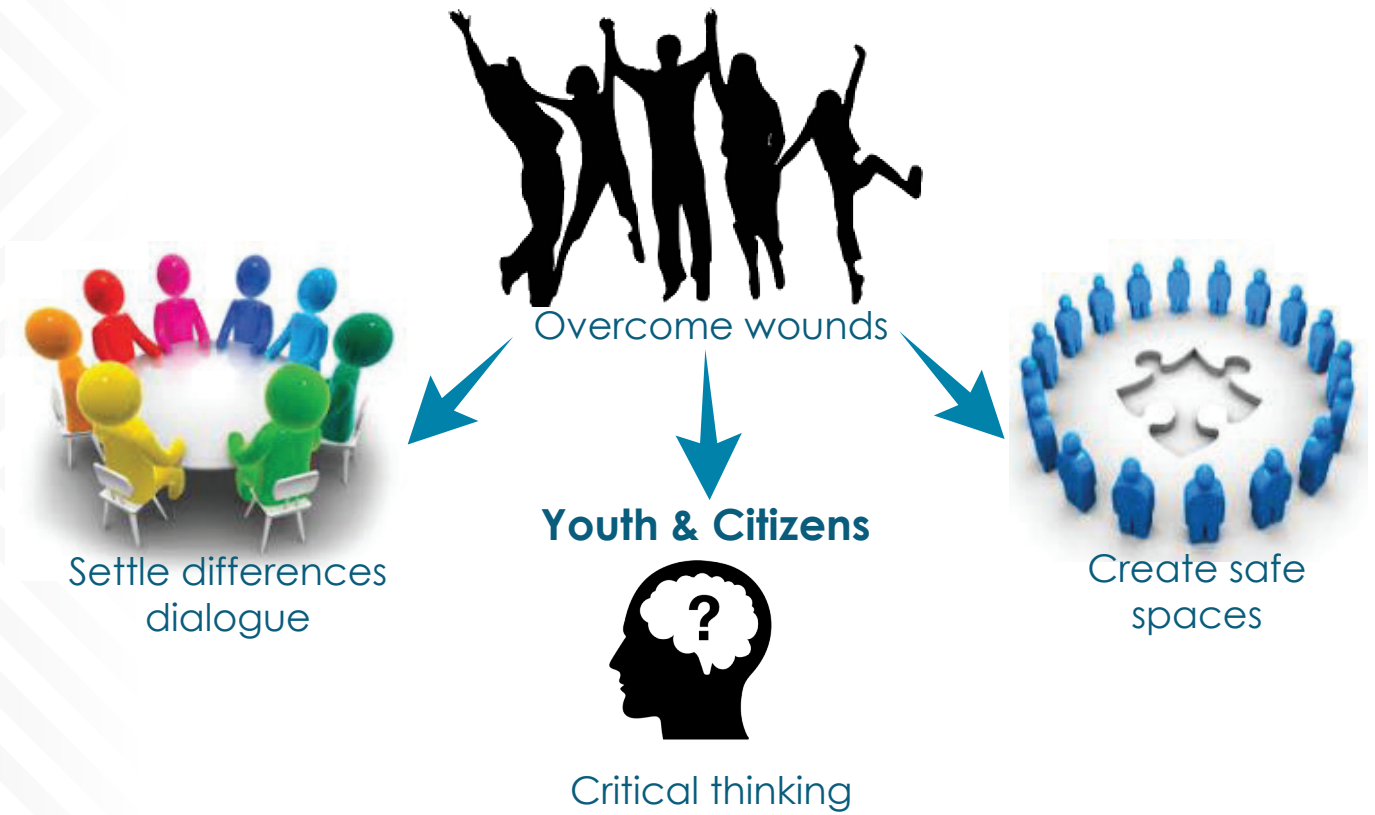


Never Again Rwanda documentary film on Healing 'Hear Me Heal Me'

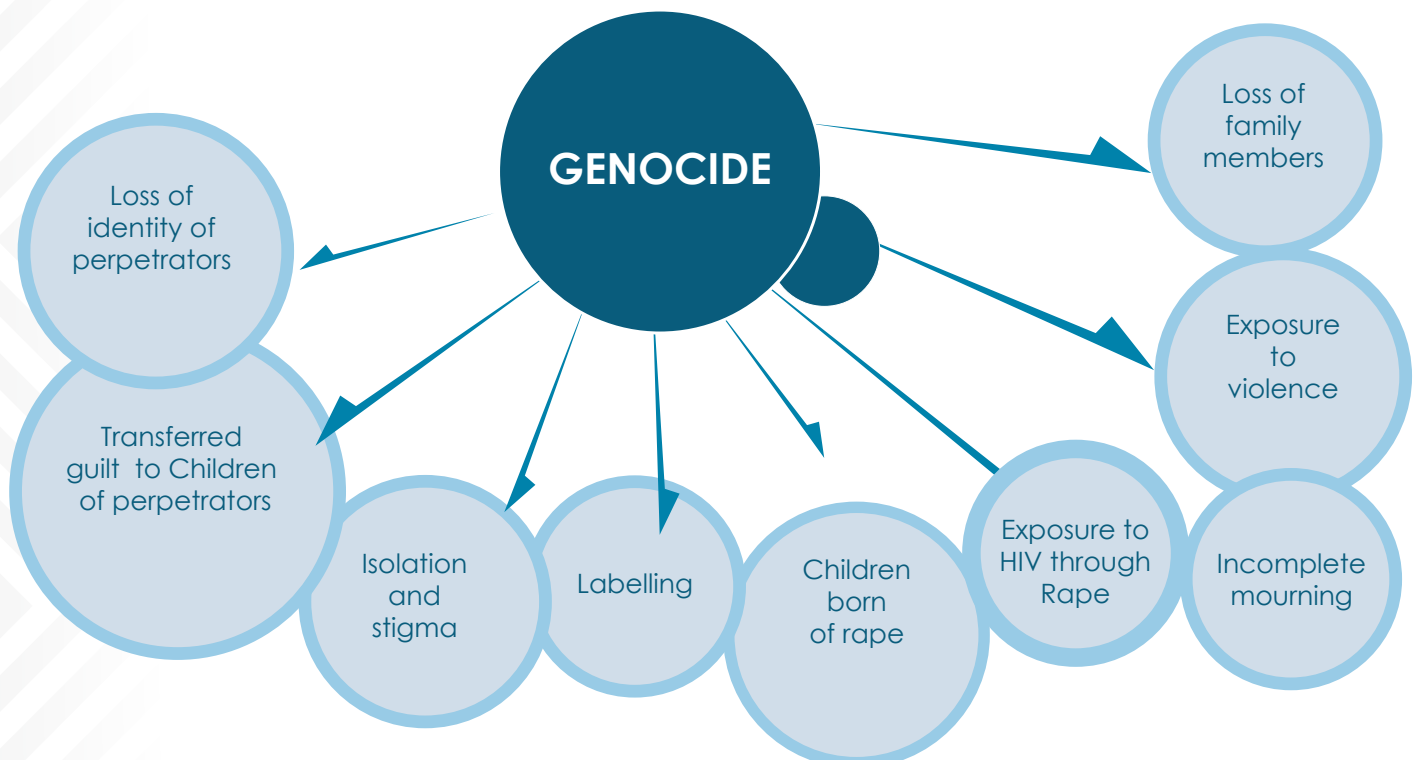


ANNEX TWO: Never Again Rwanda Approach to Healing. A Visual Presentation

Societal Healing

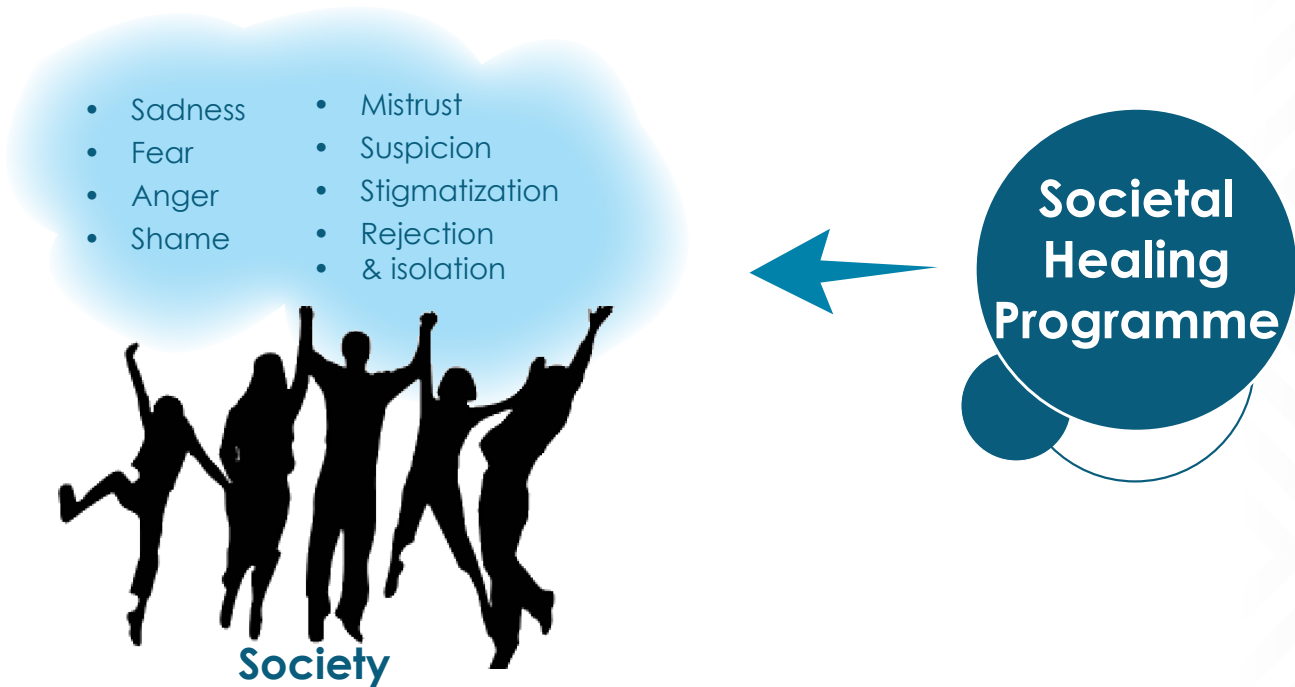


Mapping of Wounds

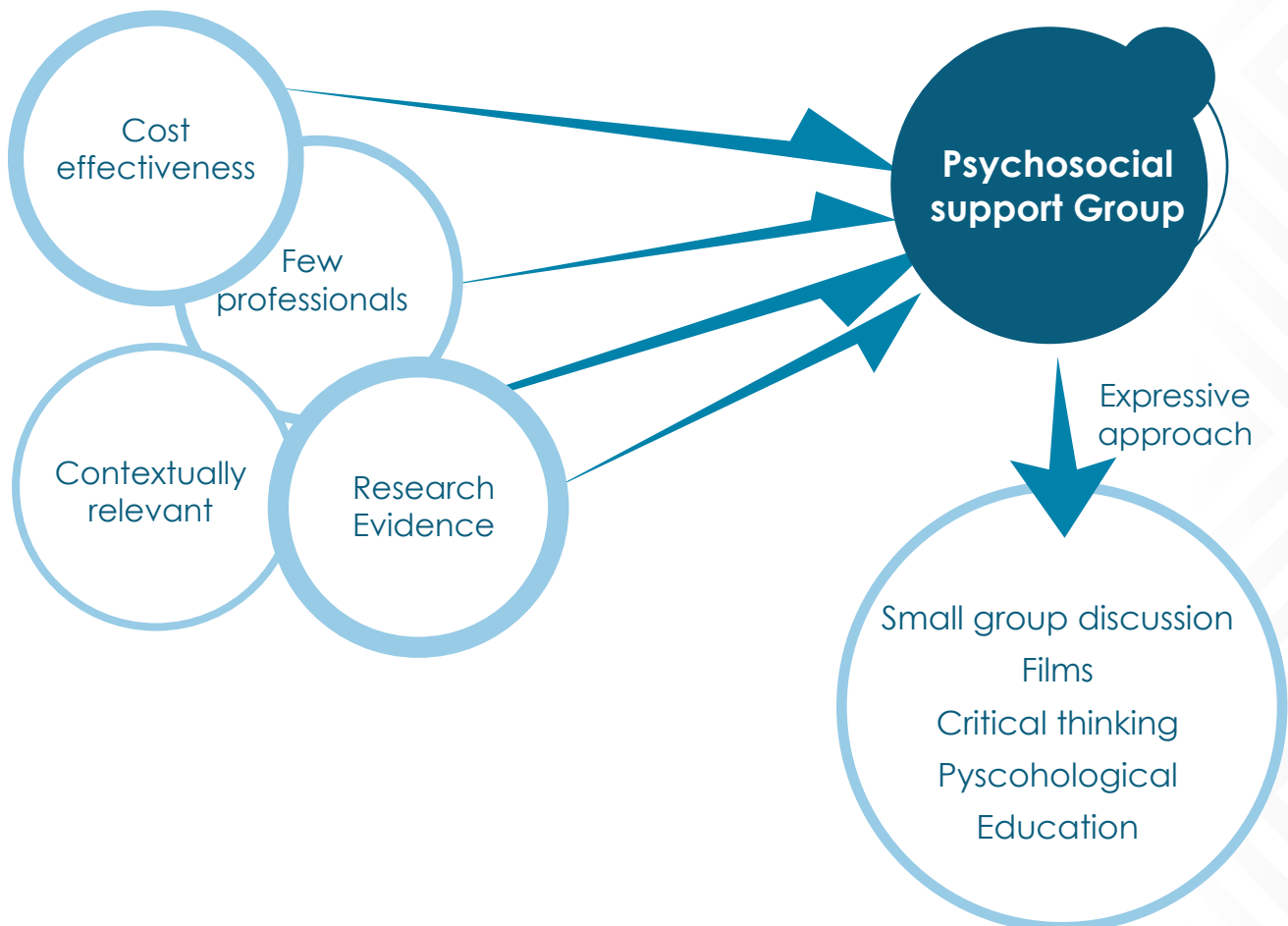




Consequences of Wounds



NAR Approaches to Healing





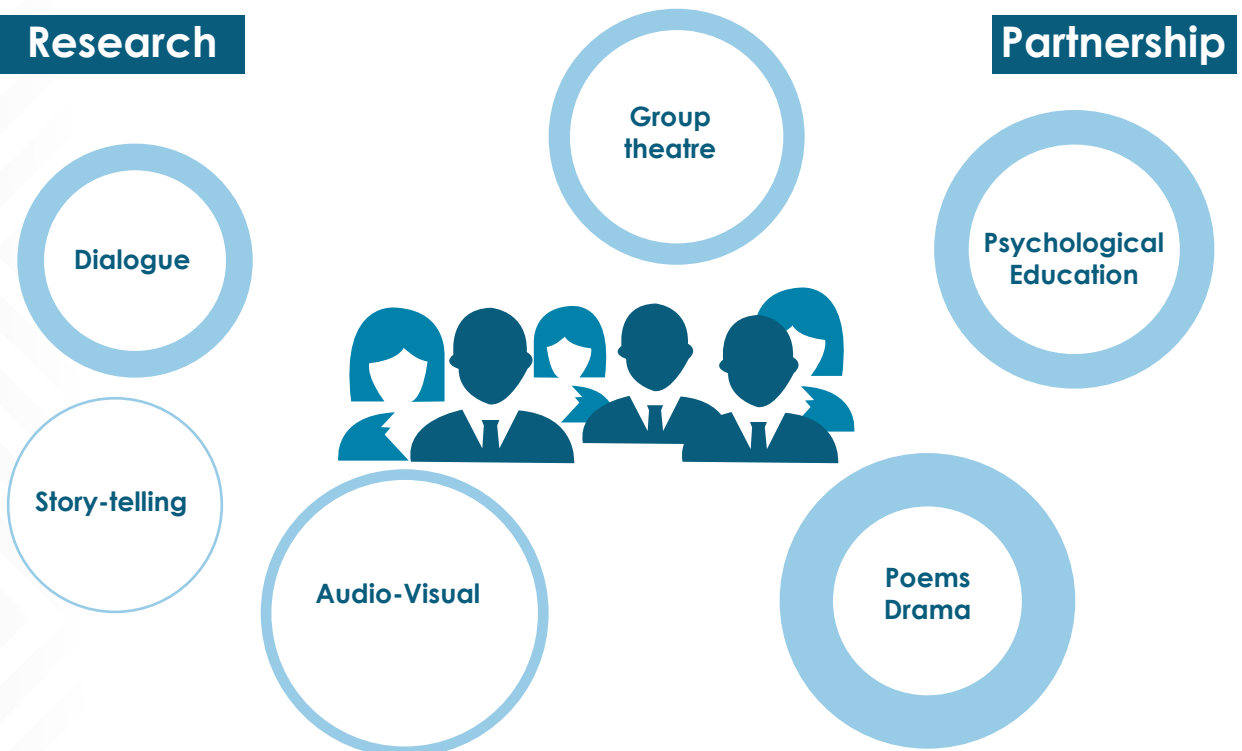
Peace Agents (Facilitators)



Psychosocial Support Group

Research

Partnership





Benefits of Psychosocial Group Approach



Belonging



Hope

Recognition



Knowledge and sharing



Self development

Acceptance & Relationships



Empathy



“

healing is a process
which is not counted in years, but rather in
decades or even generations,

”

Therese Seibert, Professor of Sociology

Never Again Rwanda
58 KG 9 Avenue Kigali
Nyaruturama, Kigali-Rwanda
+250 788 386 688
info@neveragainrwanda.org
www.neveragainrwanda.org

 NARwanda
 NARwanda
 NARwanda

never
again

— R w a n d a —