



PRISON FELLOWSHIP RWANDA

MEMBER OF THE PRISON FELLOWSHIP INTERNATIONAL

Headquarters: Kicukiro District, Kigali City,

P.o.box: 2098 Kigali Rwanda

Website: www.pfrwanda.com

Email: info.pfrwanda@gmail.com

Tel: +250787473588

ACTION BASED APPROACH IN FOSTERING RECONCILIATION IN POST GENOCIDE RWANDA: CASE OF PRISON FELLOWSHIP RWANDA' RECONCILIATION VILLAGES



Principal investigator

Felix BIGABO

Dr.Darius Gishoma

Dr. Clementine

Mr. Biracyaza

Mrs. Jeannette KANGABE

November 2022

FOREWORD

While addressing the healing and reconciliation issues in Rwanda, it is worth to reflect on the genocide against Tutsi that culminated into deaths of more than one million of Tutsi, destruction of infrastructures, broken Rwandan social fabric, and created enormous wounds amongst the majority of the population especially genocide survivors, but also genocide perpetrators and their families, with all resulting in broken relationships throughout society as a whole.

Prison Fellowship Rwanda, since 1995, was involved in fostering interventions that support psycho-social healing, peace building and reconciliation, restorative justice, spiritual resilience, in prisons and communities. Since 2003, PFR activities evolved and a particular focus on healing and reconciliation between former prisoners and genocide survivors and contributing to effective psychosocial reintegration in the same communities. It was in that context that reconciliation village program started as one of means to foster action based community healing and reconciliation which is characterised and evidenced by interpersonal relations between genocide perpetrators and genocide survivors who live in the same villages where forgiveness-seeking is done in practical way through routine and mutual benefit activities, resulting in psychological relief from both sides of perpetrators and victims. PFR runs 8 reconciliation villages across the country that accommodate 4,080 people from families of released genocide perpetrators, genocide survivors, new returnees, and vulnerable members of the community.

The results from this research that aimed at documenting the success and challenges of action-based reconciliation approach implemented by Prison Fellowship Rwanda through reconciliation villages will contribute to provide information on the current state of reconciliation villages since 2003 in regard with healing and reconciliation process, but also socio-economic situation. The results will also inform PFR programming, but also inform future policy reforms which will inform the government institutions including the Ministry of National Unity and Civic engagement (MINUBUMWE) and other PFR partners.

I would like to express my gratitude to Norwegian Aid (NCA), and Association des amis de la fraternite internationale de prison, for their financial support that enabled the building of 8 reconciliation villages in the Eastern and Northern provinces of Rwanda.

I would also like to thank the team of researchers for their expertise and hard work in conducting this study, and also to all respondents for their cooperation and commitment to the success of this study.

Bishop John Rucyahana
Chairman Prison Fellowship Rwanda

EXECUTIVE SUMMARY

The overall aim of the study was to document the success and challenges of action-based reconciliation approach implemented by Prison Fellowship Rwanda through reconciliation villages. In 2003 the presidential decree announced the provisional release of prisoners who had confessed their crimes and sought pardon and this created unpredictable situations where perpetrators were returning to live in the same village as the survivors. The Government put in place different strategies to support reconciliation, including the decision to revive the *Gacaca* (Minami, 2014). At the same period in 2003, Prison Fellowship Rwanda initiated the reconciliation villages program. PFR has been using a variety of approaches to implement the healing and reconciliation programs including peace building and reconciliation, psychosocial healing and Reconciliation, Human rights promotion, Legal aid, and Spiritual Resilience as well. Under peace building and reconciliation, Prison Fellowship Rwanda since 2003 started the reconciliation villages program. PFR runs 8 reconciliation villages across the country that accommodates 4,080 people from families of released genocide perpetrators, genocide survivors, new returnees, and vulnerable members of the communities. In the context of practical reconciliation, those groups living in reconciliation villages (ex-prisoners and genocide survivors) accepted to come and live together as a result of long process of community dialogues on unity and reconciliation. This practical reconciliation approach creates for the target groups an enabling environment for talking, sharing that generate a mutual understanding and trust. PFR reconciliation villages in post genocide Rwanda serve as Good practices at national and international level of reconciliation in post conflict societies. PFR reconciliation villages compared to other existing villages were primarily intended to provide an enabling environment for a continued practical reconciliation, while also offering shelter to the target groups.

Different studies have been carried out in general on reconciliation, and peace-building; however, few studies have particularly examined the practical reconciliation model, which is still not fully explored. After 19 years of existing in those reconciliation villages, PFR has conducted research to document the success and challenges of action-based reconciliation model, and its impact on the reconciliation process in post-genocide Rwanda.

The research findings revealed that most of the respondents from the families of genocide survivors, before living in reconciliation villages were feeling depressed, hopeless, and wounded, and those from families of genocide perpetrators were fearful, and ashamed, with the feeling of stigma from the rest of the community members. Under the Action based reconciliation model, forgiveness was generated from interaction experience. Respondents from both families of genocide survivors and families of former genocide prisoners expressed that reconciliation is a process that depends on different factors including healing, respect, repentance, and forgiveness. Living in a reconciliation village enabled them to heal each other, and build friendships among themselves. Reconciliation villages have also a positive impact on community reintegration and sustainable peace. Issues related to reparation toward genocide survivors were amicably addressed as former genocide prisoners get closer to

genocide survivors, they expressed their remorse and apology, and gradually started paying back the properties that were rooted/damaged during the genocide. On the other hand, some of the genocide survivors were able to forgive those who were unable to pay back due to poverty. Re-humanisation was a pivot narrative from many former genocide perpetrators who said that throughout the action-based reconciliation journey, they feel re-humanized compared to how they were feeling before being reintegrated in reconciliation villages. Regarding practical reconciliation, the majority of respondents said that they are not merely members of the same cooperatives for making money, but they are committed to reconciliation in action and they wish to restore a resilient community because they want that the rest of the world know that Rwandans are reconciling after the tragic period of the 1994 genocide against Tutsi.

For the community surrounding reconciliation villages, the respondents reported that genocide survivors and ex-prisoners still have wounds from their painful past, and these constitute a hindrance to their social cohesion. In general, they reported a low level of forgiveness. The feeling of mistrust and suspicion between former genocide prisoners and genocide survivors is still high compared to those living in the reconciliation villages.

Challenges

However, some challenges have been mentioned in this journey of reconciliation village, most of the respondents especially survivors from the surrounding communities, reported not burying the bodies and this remains a challenge to effective healing and reconciliation. It was highlighted that prisoners are not willing to show where the bodies of the Tutsi they killed were thrown, this truth is quite hidden. Moreover, mental health-related issues, low level of reconciliation, ethnic divisionism observed among youth and the lack of psychological interventions to address the above-mentioned health conditions are relevant issues that hinder the reconciliation process in the surrounding communities.

ACKNOWLEDGEMENTS

The Completion of this study on Action based approach in fostering reconciliation in post-genocide Rwanda: Case of Prison Fellowship Rwanda's reconciliation villages, is a result of joint efforts from Prison Fellowship Rwanda staff and professors at the University of Rwanda who tirelessly worked for this research.

Prison Fellowship Rwanda would also like to express its deep gratitude to its partners including the districts of Musanze and Kayonza where the two reconciliation villages are located for the good cooperation and partnership, and also to the inhabitants of reconciliation for facilitating the data collection during Focus group discussions, and In-depth Individual interviews. Our gratitude also goes to our international partner's Norwegian church aid (NCA) and Association des amis de la fraternite internationale de prison, for the financial supports they provided in the construction of the reconciliation villages.

I am grateful to all research respondents from the surrounding communities in Musanze, Bugesera and Kayonza district who participated in the research sample and who were willing to respond to research questions. We also appreciate the participation of the genocide survivors and perpetrators from Rweru, Mbyo reconciliation villages from Bugesera district, genocide survivors and perpetrators from Nyawera, Kabarondo and Remera reconciliation villages in Ngomba district, genocide survivors and perpetrators from Mwili, Nyawera, Kabarondo, and Kegeyo reconciliation villages in Kayonza district as well the genocide survivors and perpetrators from Kimonyi reconciliation village in Musanze district.

Prison Fellowship Rwanda, acknowledges the professionalism from the entire research team Felix BIGABO, Emmanuel Biracyaza, and Jeannette KANGABE on the side of Prison Fellowship Rwanda, on the other hand, Dr. Darius GISHOMA, and Dr. Chantal from the University of Rwanda, in conducting this valuable research.

The study would not have been possible without the financial and logistic contribution provided by PFR administration. This support was fundamental for the success of this study.

Bishop Gashagaza Deogracious

Executive Director, Prison fellowship Rwanda

TABLE OF CONTENTS

FOREWORD	2
EXECUTIVE SUMMARY	3
ACKNOWLEDGEMENTS	5
TABLE OF CONTENTS.....	6
ACRONYMS AND ABBREVIATIONS	10
CHAPITRE I: INTRODUCTION AND BACKGROUND OF THE STUDY.....	11
1.0. General introduction and background of the PFR.....	11
1.1. Vision	11
1.2. Mission.....	11
1.3. Reconciliation villages	13
1.5. Rationale of the study.....	14
1.6.1. Overall objective	15
1.6.2. Specific objectives.....	15
CHAPTER II: LITERATURE REVIEW.....	16
2.1. Key terms and definitions	16
CHAPTER III: METHODOLOGY	19
3.1. Study Design	19
3.2. Study procedures	19
3.3. Study Site and Population	20
3.4. Sampling procedure and sample size	20
3.5. Data collection.....	22
3.5.1. Data collection for qualitative measurement	22
3.5.2. Data collection for quantitative measurement:	22

3.6. Data analysis	26
3.7. Piloting study.....	28
3.7. Ethical consideration	28
CHAPTER IV: RESEARCH FINDINGS AND INTERPRETATIONS.....	29
4.1. Social demographic data	29
4.3. Perspectives of the respondents from qualitative methods on mental wellbeing.....	34
4.3. Results from qualitative results	36
Chapter V. DISCUSSIONS OF THE RESULTS	43
Strengths, limitations and future directions.....	46
CONCLUSION AND RECOMMENDATIONS.....	47
Conclusions	47
Recommendations	47
References	48
Appendices	53
Identification with the Rwandese nation questionnaire (Kanazayire, 2014).....	63

List of tables

Table 1: Number of participants by village	21
Table 2: Socio-demographic characteristics of the participants	29
Table 3: Descriptive analyses for the environmental characteristics	32
Table 4: Internal consistency for the psychometric instruments	33
Table 5: Magnitude of the PTSD among the respondents	33
Table 6: Mental disorders in respondents.....	33

List of figures

Figure 1: Number of houses in each reconciliation village	13
--	----

ACRONYMS AND ABBREVIATIONS

MINUBUMWE: Ministry of National Unity and Civic Engagement

MOH: Ministry of Health

NURC: National Unity and reconciliation Commission

PFR: Prison Fellowship Rwanda

RCS: Rwanda Correctional Services

CHAPITRE I: INTRODUCTION AND BACKGROUND OF THE STUDY

1.0. General introduction and background of the PFR

Prison Fellowship Rwanda (PFR), as a member of Prison Fellowship International, is a faith-based organization founded in 1995. PFR contextualized its psychological healing interventions in the post genocide Rwanda when many people were suffering from wounds resulting from the divisive past, violence and the 1994 genocide against the Tutsi. It is in this respect that, from 1995, Prison Fellowship Rwanda in collaboration with the Ministry of Justice, former National Unity and reconciliation Commission (NURC), Rwanda Correctional Services (RCS) put in use its psychosocial healing interventions to address the consequences of the genocide through various interventions including the areas of social cohesion, and reconciliation processes such as Spiritual Resilience; *Umuvumu* Tree; Action-based Community healing; Community protection and access to legal aid; Community based self-help empowerment activities (PFR, 2019).

1.1. Vision

A restoring community for all involved and affected by the 1994 genocide against Tutsi, other crimes, and people in emergencies.

1.2. Mission

Fostering interventions that support psycho-social healing, peace building and reconciliation, restorative justice, spiritual resilience, crime prevention, human rights promotion and legal aid, emergency response as well as nurturing socio-economic empowerment in Rwanda in the wake of the 1994 genocide against Tutsi and its aftermath

While addressing the healing and reconciliation issues in Rwanda, it is worth to reflect on the genocide against Tutsi that culminated into deaths of more than one million of Tutsi, destruction of infrastructures, broken Rwandan social fabric, and created enormous wounds amongst the majority of the population especially genocide survivors, but also genocide perpetrators and their families, with all resulting in broken relationships throughout society as a whole (Rugema et al., 2015; Schaal et al., 2012). In prior studies reconciliation is defined as a societal process that involves mutual acknowledgment of past suffering and the changing of destructive attitudes and behavior into constructive relationships toward sustainable peace (Brounéus, 2003; Majed & Malley-morrison, 2019). Similar studies documented that reconciliation is the effective way for preventing further conflict and this strategic is characterized by social cohesion and working together in socio-cultural values and various

activities that sustain their relationship among the community members (Brounéus, 2003; Perrott, 2012). Prior studies suggested that after destructive conflicts and while building the peace, it is necessary to create a situation of cohabitation of the former adversaries (Kriesberg, 2003).

In dealing with the aftermath of the genocide, different governmental and nongovernmental strategies were set up. As part of the national efforts to deal with the legacy of a violent past, the national unity and Reconciliation Commission (NURC) was created from 1999. Among its mission included preparing and coordinating the national programs for the promotion of national unity and reconciliation, healing and social cohesion. In the effort of contributing to restore the country, Prison Fellowship Rwanda was created in 1995, with the mission of fostering reconciliation, peace building, healing initiatives and development in the wake of the 1994 genocide against Tutsi and its aftermath. The ultimate objective of PFR is to contribute to national reconciliation process (Mafeza, 2013). PFR also “works to install practical reconciliation among all Rwandan people directly or indirectly affected by the genocide and other crimes through economic development and spiritual healing, creating communities of restoration (Mafeza, 2013). PFR activities expanded beyond the prisons into communities, focusing on instilling action-based practical reconciliation among Rwandans directly or indirectly affected by the 1994 genocide against Tutsi as well as other crimes (Minami, 2014). Since its inception in 1995, PFR worked with prisoners and community members to engage and foster reconciliation activities over the last twenty-five years (25) where more than forty-three thousand (43,000) inmates and around six thousand (6,000) community members were involved in the process of peace building. PFR is committed to transform affected individuals and communities through practical reconciliation efforts.

Peace activists believe that reconciliation is needed and is of most importance after a post-war to ensure regeneration. They view reconciliation as a necessary requirement for lasting peace. Most scholars and practitioners agree that reconciliation is a process rather than an end state or an outcome, which is aiming at building relationships between individuals, groups but also societies. The need for reconciliation is regarded as very high for those who especially were engaged in ethno-political conflict, since these are marked by a loss of trust, having an intergenerational transmission of trauma and grievances. Reconciliation is regarded as being necessary to prevent the desire for revenge (Fischer, 2011).

Previous studies conducted in Rwanda indicate that living together in reconciliation village combined with economic joint-activities provided a favourable space in which negative-dehumanizing attitudes were overcome, while positive-re-humanizing attitudes were fostered (Brounéus, 2003). Additionally, the village can offer inhabitants the opportunity for communication, reduced prejudice and fear among them, and generated trust in the community (Mafeza, 2013). Also peaceful cohabitation can be associated with psychological, and economic welfare (Parent, 2012). It is in this context that PFR throughout a long process of interventions in prisons and communities targeting genocide perpetrators and genocide survivors, initiated reconciliation villages as an enabling environment for offering shelters to homeless people, and mainly promoting practical reconciliation between ex-prisoners and genocide survivors.

1.3. Reconciliation villages

From 2003, PFR initiated reconciliation villages Model, to foster peace building and coexistence between the offenders and victims. PFR runs 8 reconciliation villages across the country that accommodate 4,080 people from families of released genocide perpetrators, genocide survivors, new returnees, and vulnerable members of the community. The groups living in reconciliation villages (ex-prisoners and genocide survivors) accept to come and live together as a culmination of a long process of community dialogues on unity and reconciliation. This model of coexistence facilitates the target groups to have an enabling environment for routine talking, and sharing their history that generates mutual understanding and trust, while also offering shelter the target groups.

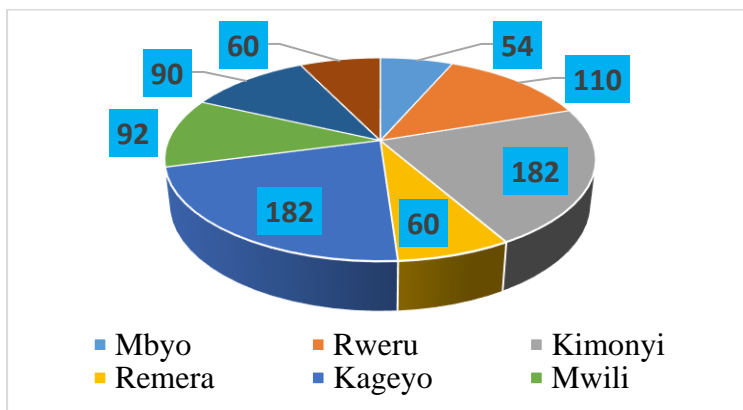


Figure 1: Number of houses in each reconciliation village

1.5. Rationale of the study

In 2003 the Rwandan Government announced the provisional release of prisoners who had confessed their crimes and sought pardon. This created unpredictable situations where perpetrators were returning to live in the same village as the survivors. The Government put in place different strategies to support reconciliation, including the decision to revive the *gacaca* (Masahiro, 2019). At the same period in 2003, Prison Fellowship Rwanda initiated the reconciliation villages program. PFR has been using a variety of approaches to implement the healing and reconciliation programs including peace-building and reconciliation, psychosocial healing and Reconciliation, Human rights promotion, Legal aid, and Spiritual Resilience as well. Under peace-building and reconciliation, Prison Fellowship Rwanda since 2003 started reconciliation villages program. PFR runs 8 reconciliation villages across the country that accommodate 4,080 people from families of released genocide perpetrators, genocide survivors, new returnees, and vulnerable members of the communities. In the context of practical reconciliation, those groups living in reconciliation villages (ex-prisoners and genocide survivors) accepted to come and live together as result of long process of community dialogues on unity and reconciliation. This practical reconciliation approach creates for the target groups an enabling environment for talking, sharing that generate a mutual understanding and trust. PFR reconciliation villages in post genocide Rwanda serve as Good practices at national and international level of reconciliation in post conflict societies. PFR reconciliation villages compared to other existing villages were primary intended to provide an enabling environment for a continued practical reconciliation, while also offering shelter to the target groups. Different studies have been carried out in general on reconciliation, and peace-building (Buckley-zistel, 2006; Kohen et al., 2011; Mafeza, 2013), however, few studies have particularly examined practical reconciliation model, which is still not fully explored to document its success and challenges as well. PFR reconciliation villages compared to other existing villages were primary intending to provide an enabling environment for a continued practical reconciliation, but also offering shelter to the target groups. Different studies have been carried out in general on reconciliation, and peace-building; however, few studies have particularly examined the practical reconciliation model, which is still not fully explored. Despite a long experience of 17 years existing of those reconciliation villages, PFR has not yet conducted a research to document the success and challenges and its impact on reconciliation process in post-genocide Rwanda.

1.6. Aim and objectives of the study

1.6.1. Overall objective

The broad aim of the proposed study was to document success and challenges of action-based reconciliation approach implemented by Prison Fellowship Rwanda through reconciliation villages.

1.6.2. Specific objectives

- **Specific objective 1:** Assess the psychological health of adult residing in 8 reconciliation villages;
- **Specific Objective 2:** Assess reconciliation sentiment, trust and social cohesion among residents of 8 reconciliation villages;
- **Specific objective 3:** Exploring the opportunities, success, challenges faced by the population living in the reconciliation villages.

CHAPTER II: LITERATURE REVIEW

2.1. Key terms and definitions

Action based reconciliation is characterised and evidenced by interpersonal relations between genocide perpetrators and genocide survivors who live in the same villages where forgiveness-seeking is done in practical way through routine and mutual benefit activities, resulting in psychological relief from both sides of perpetrators and victims. The Action-based Reconciliation approach involves several activities (Minami, 2014, Minami, 2018): A trained reconciliation counsellor first works with a survivor and a perpetrator separately to prepare them to accept the idea of living in the same village. PFR offers a shelter to genocide survivors, people from families of released genocide perpetrators, new returnees, and vulnerable members of the communities in order to facilitate all of them to live in the same village. Under the ABR model, perpetrators are not specifically invited to ask for forgiveness. Rather, they participate in common work for daily needs of survivors (perpetrators' actions as opposed to their words); the giving of labor – action (not words) to express remorse and the need for reparation. Survivors and perpetrators are progressively engaged in a collaborative relationship aiming at satisfying their daily; survivor and perpetrator also progressively talk about their experience of the day, but also past experience including asking for forgiveness.

The essential ingredient of reconciliation after violence involves group processes of apology and forgiveness. Therefore, successful reconciliation process, after divisions and violence, necessitates, on the one hand that the offenders voluntarily acknowledge their wrong doings, and apologize for these evildoings while on the other hand, it becomes much more beneficial when the victims voluntary forgiveness is also granted toward renewed relationships. This is in congruent with Zorbas assertion (2009) which has shown that the psychological repertoire which promotes reconciliation in Rwanda includes several dimensions, notably (1) forgiveness, (2) the restoration of the feeling of security and trust, (3) the recognition that truth has been told and justice has been achieved, and (4) the belief that former rivals can cordially coexist (Zorbas, 2009).

Trust: After genocide, other people (especially members of the out-group and members of the government) may appear untrustworthy (Staub, 2006). Lack of trust is a symptom of on-going conflict and lack of security (Paluck, 2009). In Rwanda, trust is a particularly important factor to consider (Zorbas, 2009) given that the genocide was promoted by the government of

the time and perpetrated mostly by people known to the victims (people from the neighbourhood, and sometimes family and friends).

Truth and justice may lead to greater willingness to reconcile (Mukashema, I., & Mullet, 2013; Nadler & Shnabel, 2008b; Worthington et al., 2015). In Rwanda, a justice process took place on a large scale under a transitional justice scheme, the Gacaca courts, which occurred between 2002 and 2012 and where tens of thousands of genocide perpetrators were judged.

Forgiveness: Forgiveness mitigates the moral inferiority generated by the role of perpetrators and allows perpetrators to be reintegrated to the moral community to which their membership was questioned (Exline & Baumeister, 2000; Noor et al., 2008).

Coexistence: Coexistence is the capacity for former rivals to live side by side (Nadler & Shnabel, 2008a; Zorbas, 2009) and to resume the capability to cooperate and have social interactions, to hear each other, and to live and work together on a daily basis (Parent, 2010).

Psychological wellbeing: Psychological wellbeing refers to both the psychological and social wellbeing of a person. The conditions of person's life experience can be determinant in shaping his or her psychosocial wellbeing (Biracyaza & Habimana, 2020). Psychosocial wellbeing is a superordinate construct that includes emotional or psychological well-being, as well as social and collective well-being (Eiroa-Orosa, 2020).

In the context of restoring positive psychosocial wellbeing among genocide perpetrators and genocide survivors, practical reconciliation can serve as mediation platform where victim and offender can build trust and desist to negative and emotional barriers to reconciliation and psychological wellbeing. Restorative justice can hold to desist from crime. The relationship between the offender and the victim, relatives, and community can be restored by practical reconciliation. The victim and offender might find common ground during victim offender mediation and resolve their conflict (Peretó, 2015). This can contribute to reduce the emotional barriers to healing and psychological wellbeing such as fear, hopelessness, guilt, shame, resentment, which stem from psychological distresses from the painful past of survivors and perpetrators. Victim-offender mediation (VOM) is an example of a restorative justice program (Hansen & Umbreit, 2018).

Rehumanisation: Dehumanization means violations of human dignity that makes the victims or offenders to feel degraded, humiliated and dehumanized (Kaufmann et al., 2011). Self-dehumanization is associated with aversive self-awareness, cognitive deconstructive states

and feelings of shame, guilt, sadness and anger (Bastian & Crimston, 2014). Self-dehumanization may also motivate behaviour aimed at reparation, perhaps in an attempt to regain humanity lost. Rehumanization is to make human again, reactivate the lost moral being. It is also the feeling of remorse of the wrong or the crimes committed against the victim. Despite the personal distress experienced by the offenders, remorse may lead to rehumanisation, so that the offender proves to himself that he is not a monster, but a moral being (PROEVE, 2016). Rehumanization is a process which re-identifies a previously devalued individual as uniquely human again (Eric Aoki, 2011). Being human implies a particular moral status: having moral value, agency, and responsibility (Bastian et al., 2011). The qualities that make us human are also those that give us moral status (Opatow et al., 2005). Moral reconstruction is linked to the narrative identity of offenders as a process of social reconstruction (Bigabo.F & Angela, 2019).

.

CHAPTER III: METHODOLOGY

3.1. Study Design

This study used a mixed methods approach to achieve the aim and specific objectives. The study was conducted among ex-prisoners, genocide survivors, new returnees, and local leaders in both Eastern and Northern provinces of Rwanda. Both adults and young people aged 25 years and more was identified.

3.2. Study procedures

A quantitative approach was used to assess psychosocial wellbeing and social cohesion among adult residing in 8 reconciliation villages initiated by PFR. To measure the impact of action based approach in fostering reconciliation in post genocide Rwanda; it would have been ideal to have pre and post-test design with a comparison group randomly assigned. This was not possible because the primary focus for PFR was to urgently implement the healing and reconciliation program. Therefore, this study used a post-test only design with 2 groups, a) ABR-group with ex-genocide prisoners, genocide survivors, and returnees residing in 8 reconciliation villages and b) a comparison group made by residents from surrounding selected village who were not exposed to ABR, matched upon certain characteristics: geography, genocide history, age of participants, number of genocide survivors and ex-genocide prisoners living in the village. The post-test only design has some limitations (no baseline assessment before the intervention, no randomization to have equivalent control group) but it is the only design that could provide some information in this context regarding the intervention that has been implemented. We selected a comparison group that is similar as much as possible to the ABR group but we cannot ascertain that both groups are totally comparable. For that reason, the post-test only design with two non-randomized group can only be expected to demonstrate that an intervention is associated with difference between groups and not that a treatment caused difference between groups, if any is observed. We also considered analysing independently data in the ABR group (one shot case study), comparing outcomes for instance among those who started the program in 2003 and those from 2012; those who attended regularly and those who engaged with the program unenthusiastically, genocide survivors and ex-genocide prisoners.

What are variables to be studied?

Objectives	Variables	Instrument
Specific objective 1 (psychological health of adult)	<ul style="list-style-type: none"> - PTSD, Depression, Anxiety symptoms - Posttraumatic Growth, Quality of life and Self-esteem 	MINI – International, Impact of Event Scale-Revised (IES-R), Post Traumatic Growth (PTG), Quality of Life (SF-36), Self-esteem (SE)
Specific objective 2 (Reconciliation and Interpersonal Relationships within the village)	<ul style="list-style-type: none"> - Reconciliation sentiment, - Forgiveness - Trust and social cohesion - Identification with Ndi UmunyaRwanda 	Neighborhood Collective Efficacy Scale (NCES), Forgiveness questionnaire, Reconciliation sentiment questionnaire, Identification with Ndi UmunyaRwanda Questionnaire

Specific Objective 3

A qualitative Approach (focus groups and Interviews) was used to select the participants using alias names to protect privacy and confidentiality, to explore qualitatively their journey before and after residing in reconciliation villages, opportunities, success and challenges faced by the population living in the reconciliation villages.

3.3. Study Site and Population

The study was conducted in 8 reconciliation villages located in Eastern and Northern provinces of Rwanda. The 2 villages in Bugesera district, 1 village in Ngoma district, 4 villages in Kayonza district, and 1 village in Musanze district. The population was composed of ex-genocide prisoners, genocide survivors, the returnees and other vulnerable people. The study included returnees, genocide survivors and perpetrators or their spouses or descendants aged between 25 years old and over. The study included participants who agreed to be interviewed and have their interviews audio-recorded for a data collection purpose. The study excluded the participants who do not fit the inclusion criteria.

3.4. Sampling procedure and sample size

For qualitative data, non-probability sampling was used in this research in order to find out how a small group of people living in the same village express their perspectives related to the reconciliation process in post genocide Rwanda. It is in this regard that the main target groups consisted of ex-offenders (genocide perpetrators), victims (genocide survivors), and other community members who are living in the same reconciliation villages as an outcome of restorative justice and reconciliation process. In this respect, purposive sampling method was important because in this kind of sampling, participants were purposively and

consecutively recruited to participate in the study that had the specific purpose. All participants was met and interviewed in their families and in the safe places.

For quantitative data, the probability sampling was performed for finding the number of the participants in the study. As the prevalence of reconciliation remains unknown, the prevalence of 50%, confidence intervals of 95% and 5% of significance was used for calculating the sample size of the participants who were administered.

$$n_0 = \frac{z^2 xp(1-p)}{e^2} = \frac{(1.96)^2 x(1-0.5)}{(0.05)^2} = 384$$

$$n = \frac{Nxn_0}{N + n_0} = \frac{830x384}{830 + 830} = 351.5 \approx 352$$

Regarding the sample size of the participants, 352 participants added to 5% of extra-participants to make 370 participants were recruited from the reconciliation villages. To find the participant from each reconciliation village the disproportionate sampling, simple random and consecutive sampling was conducted in the study area. As the participants are from the same villages, the systematic sampling was conducted to calculate the number of the households to be recruited and the only one household was jumped to get to the next household. Where the participant was not available, the next household was recruited to participate in the study. Using this method, in each household only one participant was recruited to participate.

Table 1: Number of participants by village

Year	Name of village and location	Beneficiaries	Village population	Sample size
2003	Mbyo village/ Bugesera	54	270	24
	Rweru village/Bugesera	110	550	49
	Kimonyi village/Musanze	182	910	81
2012-2015	Remera village/Ngoma	60	300	27
	Kageyo village/Kayonza	182	910	81
	Mwili village/Kayonza	92	460	41
	Nyawera village/Kayonza	90	450	40
	Kabarondo village/Kayonza	60	300	27
Total	8 villages	830	4150	370

For comparison, residents from other selected village of the same sector not exposed to ABR were purposively sampled based on geography and resident's characteristics with regard to genocide experience.

3.5. Data collection

3.5.1. Data collection for qualitative measurement

The qualitative data aimed to grasp the lived experiences of the participants, including opinions regarding topics and questions asked in the study. For qualitative data, five reconciliation villages with the highest number of populations were identified. Based on the above table, the villages with high population are those of Rweru, Kamonyi, Kageyo, Mwili and Nyawera villages. In each of these villages, one focus group discussion (FGD) was conducted and each FGD was composed of 10 individuals including 4 genocide survivor, 4 genocide perpetrators and 2 other community members living in the same villages. In addition to the FGDs, in-depth interview (IDIs) was administered among 6 individuals including 2 genocide survivors, 2 genocide perpetrators, 1 community member and 1 head of the village who also lived in the same reconciliation villages. All IDIs was conducted in the three remaining villages whose name Kabarondo, Remera and Mbyo reconciliation villages. The 3 individual interviews involved 6 genocide survivors, 6 perpetrators, 3 community members and 3 village leaders.

Consecutive sampling for interviewing the participants and saturation method were also essential for these interviews. There was an interview guide about psychological wellbeing, interpersonal relation, and practices that sustain their reconciliation journey within their village. Further, different components of reconciliation were explored in this study include religious, socio-cultural, economic, psychological and judicial aspects. The attention was put on examining the experience lived by the population in reconciliation villages across the time in the practical reconciliation setting. The main thematic questions in this regard consisted of the following: (a) Practical reconciliation as generated by reconciliation villages, (b) Effect of cohabitation in reconciliation villages on psychosocial wellbeing, (c) Practical reconciliation and socio-economic development, and (d) Social demographic situation in Reconciliation villages.

3.5.2. Data collection for quantitative measurement:

Socio-demographic questionnaire: Socio-demographics of the residents of the reconciliation villages were gathered. This questionnaire included the questions related to the age, gender, the background of the village residents, family size, source of family income, educational level, cooking status, access to water, number of children per household and number of children at school, frequency of daily meal, marital status of the residents, occupation, and access to communication (television, computer, radio, refrigerator etc.).

Concerning the exposure to reconciliation activities, the following question was asked to participants; (a) life in Reconciliation village and (b) Action-Based Reconciliation activities.

Psychological and social measurements

Post Traumatic Growth (PTG): The research explored the ways in which individuals have adjusted and reconstructed since they live in reconciliation villages. This aimed to gain a qualitative understanding of the impact of living together in reconciliation villages in post genocide Rwanda with a particular focus on the expression of Post-Traumatic Growth which is a framework for reading the kinds of positive adjustment and benefit that individuals can experience after suffering. Typically, post-traumatic growth was measured in five domains: (1) Stronger, and more intimate relationships with other people. (2) An increased sense of personal strength and ability to handle future challenges, (3) Greater spirituality, (4) Greater appreciation of the value of life and the need not to take life for granted, and (5) Identification of new possibilities or activities in life.

To measure PTG, the Posttraumatic Growth Inventory was used. PTG is a 21-item self-report measure of positive outcomes following trauma. The inventory yields a potential range of 0–105, with a higher score indicating greater experience of posttraumatic growth (Maltby et al., 2012). In PTG, personal factors that contribute to positive PTG include (self-efficacy, emotional regulation, self-expression, confidence, radical self-acceptance, health, and past experience) and environmental factors desirable for PTG are family, personal relationships, friends, colleagues, supervisors, teachers or guides, community, financial resources, and neighbourhood). Together with the personal, external, and situational factors, an individual collects the strength to look at the bigger picture and bounce back after setbacks. Higher scores indicate more positive and negative changes respectively in the reconciliation journey (Joseph et al., 2005). Based on the items, PTG consists of five factors relating to others (6, 8, 9, 15, 16, 20, 21), new possibilities (3, 7, 11, 14, 17), personal strength (4, 10, 12, 19), spiritual enhancement (item 5) and appreciation (1, 2, and 13 items) (Saltzman et al., 2015).

Neighbourhood Collective Efficacy Scale (NCES): Collective efficacy is a measure of how confident residents are that their neighbours trust each other and worked together for the good of the neighbourhood (R. Sampson et al., 1997). This protocol which is scored using 5 Likert-scale consists of two subscales including (a) Social Cohesion and Trust Scale; and (b) Informal Social Control Scale that have five items each. The construct 'collective efficacy' includes two elements: the social cohesion among neighbours and their willingness to

intervene on behalf of the common good (R. Sampson et al., 1997). Informal social control is hypothesized to be closely related to social cohesion and trust. Collective efficacy is considered to be an attribute of neighbourhoods rather than of individuals: a combination of the networks, norms, and trust between residents and the capacity this endows them with to control and suppress anti-social and criminal behaviour (Brunton-Smith et al., 2018). Although collective efficacy is a broad concept referring to the collective sense of being able to accomplish some collective task, much recent social science literature utilizing this concept uses neighbourhoods as the collectively of interest and the specific task of reducing crime through the provision of informal social control (Hipp, 2017; R. Sampson et al., 1997). Similarly, they asked residents the degree to which they feel responsible for the neighbourhood (Steenbeek & Hipp, 2011).

Collective efficacy is measured using six items tapping different aspects of social cohesion and informal social control (R. Sampson et al., 1997). To complete the 5-item informal social control section, respondents use a 5-point scale (1=very likely; 5 = very unlikely) to rate statements such as, “Would you say it is likely or unlikely that your neighbours would intervene if a fight broke out in front of your house?” To complete the 5-item social cohesion and trust section, respondents use a different 5-point (1=strongly agree; 5=strongly disagree) to rate statements such as, “People around here are willing to help their neighbours.” Researchers later reverse-code the two negatively worded items so that high values mean more collective efficacy, and then calculate a score for each respondent by averaging their ratings.

Social cohesion is high when neighbours know each other, trust each other, and have shared value. Social control is the ability of the neighbourhood to intervene in a particular problem and regulate its members according to desired principles (R. Sampson et al., 1997). The same authors described neighbourhood as capacity to achieve these common goals as collective efficacy, and have identified two linked components of collective efficacy: social cohesion and social control (R. J. Sampson & Stephen, 2004). By involving the residents within the eight reconciliation villages, the households were randomly selected for inclusion into the study using a list of all households constructed by PFR. This tool was used for assessing the level of social cohesion among the residents of the reconciliation villages.

Rosenberg’s Self-Esteem scale (RSES): It is the psychometric tool consists of 10 items that are used for measuring self-esteem of the individuals. The items are recorded a number 0, 1,

2 or 3 which indicates how much the statement applied to you over the past two weeks (0=Strongly disagree, 1=disagree, 2=Agree and 3=Strongly disagree). Self-esteem was assessed with the RSES (Rosenberg, 1965) as a global self-esteem measure (Rosenberg, 1989). The 10-item RSES is conceptualized as a single-factor scale and is considered to be unidimensional. The internal consistency in the present sample was $\alpha = 0.88$ (Altmann & Roth, 2018; Roth et al., 2008).

Forgiveness Questionnaire: This is the 18-item measure that is used for assessing the level of forgiveness (Mullet et al., 2003). This questionnaire was designed to assess forgivingness in a variety of cultural contexts. This psychological measure that consists composed of two factors that include the first factor explained 30% of the variance and was identified as the revenge versus forgiveness factor. The second factor explained 9% of the variance and was identified as the personal and social circumstances factor. The reliability of FQ in Congo varied between 0.9, and 0.69 while in France it varies between 0.91 and 0.7 (Kadiangandu et al., 2001; Nateghian et al., 2008).

Reconciliation Sentiment Questionnaire (RSQ): It is the 12-item psychometric tool developed for assessing the level of reconciliation sentiment between the victims and offenders. This tool is composed of two components including Non-Lethal Co-Existence (Intra-personal Component) and Renewed Trust and Cooperation (Interpersonal Component) (Mukashema & Mullet, 2010).

Impact of Event Scale-Revised (IES-R): The IES-R is a 22-item self-report measure (for DSM-IV) that assesses subjective distress caused by traumatic events. It is a revised version of the older version, the 15-item IES (Horowitz et al., 1979). The IES-R contains seven additional items related to the hyper arousal symptoms of PTSD, which were not included in the original IES. Items correspond directly to 14 of the 17 DSM-IV symptoms of PTSD. The coefficients ranged from .79 to .92, with an average of .86 for the intrusive subscale and .90 for the avoidance subscale (Horowitz et al., 1979). Respondents are asked to identify a specific stressful life event and then indicate how much they were distressed or bothered during the past seven days by each "difficulty" listed. Items are rated on a 5-point scale ranging from 0 ("not at all") to 4 ("extremely"). The IES-R yields a total score (ranging from 0 to 88) and subscale scores can also be calculated for the Intrusion, Avoidance, and Hyperarousal subscales. In general, the IES-R (and IES) is not used to diagnosis PTSD,

however, cut-off scores for a preliminary diagnosis of PTSD have been cited in the literature (Wess & Marmar, 1996).

3.6. Data analysis

For qualitative analysis

Data analyses were based on qualitative and quantitative methods. The two authors performed qualitative analysis and the results from the participant perspectives were discussed with the research team. The analysis of participant's perspectives related to the questions that was used for interviews was focused on descriptive and interpretative techniques. For descriptive step, we involved immersion in the data or reading and re-reading the transcripts to identify structure and content of the narratives from the participants who was interviewed. For the second stage of interpretative, all fragments of the interviews were coded and categorized into themes. Then, the investigators connect the themes of the narratives of participants with the relevant literatures (Murray, 2008). Qualitative data was computerized text analysis to identify clearly the perspectives from the participants. Transcripts of interview responses were analysed using ATLAS Ti version 5.2. The themes were created based on participant's point of views.

For quantitative analysis

Descriptive and analytical analyses were performed using SPSS software version 22. In descriptive analyses, the socio-demographics data was computed for mapping and documenting the conditions of life of the residents from the reconciliation villages. The statistical parameters including percentage, standard deviation, mean, median, maximum, rang, minimum and cross-tabulation was performed. For referential analyses, psychometric and social measurements were validated for indicating the reliability. Then, Alpha of Cronbach was computed and then demonstrates their validity and reliability. After validation, the level of resilience, psychological wellbeing, and social wellbeing was indicated and then find the relationship between these scales and socio-demographic data. Indeed, the contribution of religion, socio-cultural activities, political policies, and juridical, psychological and economic aspects to the reconciliation journey was assessed using the statistic test with the 95% confidence intervals and 5% of the significance. For basic descriptive analyses, the item that represents the standard deviation greater than or equal to 1 was indicating sufficient variability in each item of PTG and Collective Efficacy Scale.

For PTGI, the five facets were decided to have reliability when the reliability is as follow (a) greater sense of closeness with/relating to others ($\alpha=0.85$); (b) increased realization of new possibilities ($\alpha = 0.84$); (c) enhanced sense of personal strength ($\alpha = 0.72$); (d) greater spiritual growth ($\alpha = 0.85$); and (e) increased appreciation of life ($\alpha=0.67$). The PTGI is scored using a sum score of all items; individual scores for each subscale was obtained (Saltzman et al., 2015). High total score implies that the person has undergone a positive transformation whereas low scores indicate that the person has undergone a negative transformation. But a closer look at the scores of each section provided a more in-depth insight into what has changed significantly and what aspects of the self may still need some improvement. In addition to that, the positive changes were found in the participants who was reflecting in one or more of the following five areas (a) embracing new opportunities; (b) improved personal relationships and increased pleasure derived from being around people we love; (c) a heightened sense of gratitude toward life altogether; (d) greater spiritual connection, and (e) increased emotional strength and resilience. Then, correlation between each item and PTG was computed using the Pearson correlation.

For Collective Efficacy Scale: The Informal Social Control subscale items are Q1, Q2, Q3, Q4, and Q5. The answer format for these items is: 1 = very likely; 2 = likely; 3 = neither likely nor unlikely; 4 = unlikely; 5 = very unlikely. The Social Cohesion and Trust subscale items are Q6, Q7, Q8 and Q9. The answer format for these items is: 1 = strongly agree; 2 = agree; 3 = neither agree nor disagree; 4 = disagree; 5 = strongly disagree. Q8 and Q9 should be reverse-scored. Reverse-scored items are worded in the opposite direction of what the scale is measuring. The formula for reverse-scoring an item is: $((\text{Number of scale points}) + 1) - (\text{Respondent's answer})$. For example, Q8 is a 5-point scale. If a respondent answered 2 on Q8, you would re-code their answer as: $(5 + 1) - 2 = 4$. In other words, you would enter a 4 for this respondents' answer to Q8. To calculate subscale scores, take the average by adding respondents' answers to each subscale's items and dividing this sum by 5 for the Informal Social Control subscale or dividing the sum by 4 for the Social Cohesion and Trust subscale (R. Sampson et al., 1997). Therefore, association between Collective Efficacy Scale and PTG was computed.

In addition to the validation and descriptive analyses, the association between socio-demographics and psychometric measures were computed using chi-square. This association indicated the influence of socio-demographic on positive psychological changes, and social cohesion. In order to test the hypothesis of this study, using, t-test analysis and Pearson

correlation computed data. The results were interpreted as statistically significance of 5% and the confidences intervals of 95%.

3.7. Piloting study

Piloting study will be performed for validating the tools before starting data collection. 5 participants including 2 genocide survivors, 2 genocide perpetrators and 2 of their cohabitants from the same reconciliation of Rweru reconciliation village located in Bugesera district. All these participants were only administered the questionnaire for validating the tools. After, the collected data were analysed and then confusing items was changed and clarified according to the context of the target population as well as the histories of the country.

3.7. Ethical consideration

The study will be reviewed and approved by the Institutional Review Board of the University of Rwanda, College of Medicine and Health Sciences (IRB/CMHS). The confidential and privacy of the participants were respected. They will receive information about the procedure and the informed consent form to the researchers before they participate in the study. Participation will be voluntary and the participant was allowed to withdraw from the study and no negative effect occurred to the participant due to his participation. The residents from reconciliation villages were invited to participate in the study about important life events since they resided in the villages. The procedure of the study included socio-demographic questions, questions about reconciliation and psychosocial health status.

CHAPTER IV: RESEARCH FINDINGS AND INTERPRETATIONS

4.1. Social demographic data

The results indicated that the overall average of the participants was 49.9 years (SD=11.9). Our results indicated that the overall average age was in the communities (Mean=50years, SD= 12.3) than in the reconciliation villages. The majority of the participants were aged 41-50 years (n=146, 30.8%) among the overall participants. Among the study participants, a majority of the participants were males (n=251, 53%). The results indicated that the overall average of the participants was 49.9 years old (SD=11.9). The overall average age in the communities (Mean=50years, SD= 12.3) was almost the same to the one in reconciliation villages. Regarding the age categories, the majority of participants were aged between 41-50 years old (n=146, 30.8%) from all groups, and the majority of participants in general as male (n=251, 53%), but in reconciliation villages the majority of participants were females (n=108, 53,2%). Regarding marital status of participants, more than ¾ (n=409, 86.3 %) were married. Concerning the sources of family income, even if the majority of respondents do casual works (n=194, 40,9%), the big number of respondents involved in this work, are coming from reconciliation villages (n=93, 95.8%). The big numbers of respondents that are involved in cooperatives are from reconciliation villages compared to those from surrounding communities. About external supports, only 13.9% of all respondents receive external supports including 15,76 % from reconciliation villages and 13.55% from surrounding communities. Regarding respondents education background, the majority of them 29.7 % completed primary school, but a high number of respondents in reconciliation villages (33%) are illiterates whereas the majority from the surrounding communities completed primary school (37.27 %) (Table 2).

Table 2: Socio-demographic characteristics of the participants

Variables	Overall		Reconciliation		Community		p-value
	Number	%	Number	%	Number	%	
Age (Mean ± SD); Min ± Max	49.9 ±11.9; 27±86		49.9 ± 11.3		50 ± 12.3		
Age category							
30yrs and below	29	6.1	6	2.96	23	8.49	0.094
31-40yrs	87	18.4	42	20.69	45	16.61	
41-50yrs	146	30.8	66	32.51	80	29.52	
51-60yrs	126	26.6	50	24.63	76	28.04	
above 60yrs	86	18.1	39	19.21	47	17.34	
Sex							
Female	223	47.0	108	53.20	115	42.44	0.020*

Male	251	53.0	95	46.80	156	57.56	
Marital status							
Married / cohabited	409	86.3	185	91.13	224	82.66	0.026*
Single	29	6.1	7	3.45	22	8.12	
Separated/divorced	36	7.6	11	5.42	25	9.23	
Source of family income							
Casual work	194	40.9	93	45.81	101	37.27	<0.001***
Cooperative	45	9.5	42	20.69	3	1.11	
Livestock	36	7.6	14	6.90	22	8.12	
Farming	114	24.1	30	14.78	84	31.00	
Teaching	8	1.7	1	0.49	7	2.58	
Trading	34	7.2	9	4.43	25	9.23	
Others	43	9.1	14	6.90	29	10.70	
Monthly income							
5000 and less	308	65.0	148	72.91	160	59.04	<0.001***
5001-10,000	42	8.9	23	11.33	19	7.01	
10,001-20,000	49	10.3	16	7.88	33	12.18	
20,001-50,000	39	8.2	14	6.90	25	9.23	
50,001-100,000	12	2.5	1	0.49	11	4.06	
100,001 and above	24	5.1	1	0.49	23	8.49	
Religion							
No religion	11	2.3	4	1.97	7	2.58	0.493
Christian	449	94.7	195	96.06	254	93.73	
Muslim	14	3.0	4	1.97	10	3.69	
Education							
Illiterate	121	25.5	67	33.00	54	19.93	<0.001***
Not completed primary school	69	14.6	38	18.72	31	11.44	
Completed primary school	141	29.7	40	19.70	101	37.27	
Not completed O'L	39	8.2	24	11.82	15	5.54	
Completed O'L	31	6.5	18	8.87	13	4.80	
Not completed secondary school	12	2.5	6	2.96	6	2.21	
Advanced secondary school	39	8.2	8	3.94	31	11.44	
University	22	4.6	2	0.99	20	7.38	
Daily meals							
Once	162	34.2	99	48.77	63	23.25	<0.001***
Twice	294	62.0	96	47.29	198	73.06	
Thrice	18	3.8	8	3.94	10	3.69	
Social category							
Category III	174	36.7	58	28.57	116	42.80	<0.001***
Category II	127	26.8	33	16.26	94	34.69	
Category I	173	36.5	112	55.17	61	22.51	
Background							
Genocide survivor	340	71.7	137	67.49	203	74.91	<0.001***
Ex-prisoner	134	28.3	66	32.51	68	25.09	

Number of family members (Mean ± SD)	4.97 ± 2.43		4.7 ± 2.51		5.18 ± 2.35		
Categories family members							
Less than 5	208	43.9	97	47.78	111	40.96	0.138
5 and above	266	56.1	106	52.22	160	59.04	

The results indicated our respondents had variability in their environmental characteristics. While overall number of the respondents (40.9%) presented that a majority of them experienced casual work as their major source of family income, in the reconciliation villages (45.81%) and communities (37.27%) the majority of the respondents were casual workers. But a higher number of the respondents with farming were from the communities (31%) than the reconciliation villages (4.78%). Only 32.02% of the respondents had kitchen garden in the reconciliation villages and 36% of the respondents in the communities. There was an iniquity in accessing to external supports where getting external supports was higher in communities (87.45%) than in the reconciliation villages (84.24%). The respondents who used improved source of water were higher in communities (96.31%) than in the reconciliation villages (73.4%). Only 90.04% of respondents in communities had kitchen while 82.76% in the reconciliation villages. About source of cooking, 72.91% used woods in the reconciliation villages and 81.55% in reconciliation communities (**Table 3**).

Based on the findings from qualitative research on the contribution of socio-economic initiatives to Reconciliation, respondents highlighted that gathering of survivors and perpetrators in same cooperative group, cultivating in one plot, supporting each other in good (weeding) and bad (burials) contribute a lot to reconciliation but also to social, positive relationship and development to all:

“We have a cooperative named ABUNZUBUMWE, we started by raising chicken but we sold it due to the illness, another thing we have a hall that we rent on 60,000frw per month, we also have 100 plastic chairs and we rent it on 100frw/one, so these are items that support us to cover some basic needs’ hope that after the COVID -19 we will initiate new projects as we plan to have general meeting soon in two weeks. Decisions on what to do are taken equally here in this village”.

Table 3: Descriptive analyses for the environmental characteristics

Variables	Overall		Reconciliation		Community		p-value
	Number	%	Number	%	Number	%	
Source of family income							
Casual work	194	40.9	93	45.81	101	37.27	<0.001***
Cooperative	45	9.5	42	20.69	3	1.11	
Livestock	36	7.6	14	6.90	22	8.12	
Farming	114	24.1	30	14.78	84	31	
Teaching	8	1.7	1	0.49	7	2.58	
Trading	34	7.2	9	4.43	25	9.23	
Others	43	9.1	14	6.90	29	10.70	
Monthly income							
5000 and less	308	65.0	148	72.91	160	59.04	<0.001***
5001-10,000	42	8.9	23	11.33	19	7.01	
10,001-20,000	49	10.3	16	7.88	33	12.18	
20,001-50,000	39	8.2	14	6.90	25	9.23	
50,001-100,000	12	2.5	1	0.49	11	4.06	
100,001 and above	24	5.1	1	0.49	23	8.49	
Receiving external supports							
No	408	86.1	171	84.24	237	87.45	0.317
Yes	66	13.9	32	15.76	34	12.55	
Kitchen garden							
No	165	34.8	65	32.02	100	36.90	0.270
Yes	309	65.2	138	67.98	171	63.10	
Access to water							
No	79	16.7	69	33.99	10	3.69	<0.001***
Yes	395	83.3	134	66.01	261	96.31	
Source of water							
Improved	410	86.5	149	73.40	261	96.31	<0.001***
Non-improved	64	13.5	54	26.60	10	3.69	
Access bank account							
No	221	46.6	106	52.22	115	42.44	0.035*
Yes	253	53.4	97	47.78	156	57.56	
Source of energy while cooking							
Wood	369	77.8	148	72.91	221	81.55	0.022*
Charcoal	93	19.6	53	26.11	40	14.76	
Others	12	2.5	2	0.99	10	3.69	
Having kitchen							
No	62	13.1	35	17.24	27	9.96	0.02*
Yes	412	86.9	168	82.76	244	90.04	

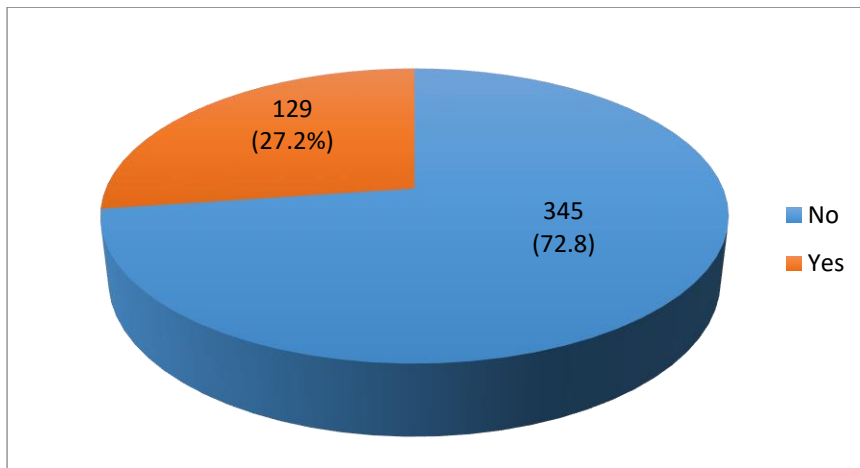
Our findings indicated that the research instruments had acceptable internal consistency with the reliability ranging from 0.73 and 0.92 (**Table 4**).

Table 4: Internal consistency for the psychometric instruments

Instrument	Alpha of Cronbach	Items
IES-R	0.917	15
PTG	0.754	21
WEMWBS	0.917	14
SE	0.917	10
RSQ	0.797	6
NCES	0.734	10

The results from the IES-R reported 25.06 (SD=10.8) for the impact of event. Our results indicated that the prevalence of the PTSD among our respondents was (n=129, 27.2%) (Figure 1).

Table 5: Magnitude of the PTSD among the respondents



The prevalence of PTSD is higher in the surrounding communities (n= 92, 33.9 %) than in reconciliation villages (n=37,18.2 %). In general, those in reconciliation villages their level of self-esteem and feeling of empowerment is high compared to others. The prevalence of PTSD is higher in the surrounding communities (n= 92, 33,9 %) than in reconciliation villages (n=37,18.2 %). In general, those in reconciliation villages their level of self-esteem and feeling of empowerment is high compared to others (Table 6).

Table 6: Mental disorders in respondents

Mental health status	Communities		Reconciliation villages		Total
	N	%	N	%	
PTSD					
No PTSD	179	66.1	166	81.8	345
PTSD	92	33.9	37	18.2	129

Mentall well-being					
Negative mental well-being	179	19.2	166	23.6	345
Positive mental well-being	92	80.8	37	76.4	129
Self-esteem					
Low SE	47	17.2	31	15.3	78
Noraml SE	224	82.8	172	84.7	396
Clinical depression					
No clinical depression	180	58.44	128	41.56	308
Physical conditions	109	53.69	94	46.31	203
No physical condition	162	59.78	109	40.22	271
Neighborhood					
Informal social control	271	57.2	203	65	474
Social cohesion and trust	271	42.8	203	35	474

Mental wellbeing

Our results indicated the mean for mental wellbeing (n=52.4, SD=8.5). This addition to that, our findings showed that 70 respondents (14.8%) had low mental wellbeing, 332 respondents (70%) for moderate mental wellbeing and 72 respondents (15.2%) for high mental wellbeing. Based on the results from these results, 384 respondents had positive mental wellbeing while only 90 respondents (19%) presented a negative mental wellbeing. The good mental wellbeing is higher in reconciliation villages (n=183, 90.1%) than in surrounding communities (n=201, 74.2 %). Using the cut-off, our results indicated that the majority of the respondents had a normal self-esteem since the mean of the scores is higher than the cut-off (M=17.84, SD=2.8). The incidence of self-esteem is 16.5 % (78 participants), the prevalence of low self-esteem is higher in the surrounding communities (n=47,60.3%) than in the reconciliation villages.

4.3. Perspectives of the respondents from qualitative methods on mental wellbeing

Most of the respondents on the side of genocide survivors said that before living in reconciliation villages, they were depressed and hopeless, and on the side of genocide perpetrators, they said having experienced the feeling of fear, shame related to genocide crimes they committed, and also the feeling of stigma from the rest of community members, in general both respondents from both sides expressed that they were much frustrated for not having decent shelters for their families. A genocide survivor said:

“The hope for future was restored in my life, since I started living in reconciliation village. I am no longer feeling depressed or stigmatized because of my diseases. I would say that living in reconciliation village was a God’s purpose of protecting me from my suicidal ideation due to severe depression”.

“Now 17 years living in reconciliation village, my heart doesn’t beat like it used to do before. The fear I had is gone, I have the peace of mind after having reconciled with people I betrayed. I can now sleep well” said by a former prisoner.

From both former genocide prisoners and genocide reconciliation is a process that depends on different factors including respect, repentance, forgiveness and healing: *“Reconciliation is possible when people get opportunities to talk about the crimes they have committed and apologize; genocide survivors are able to forgive the offenders.*

Genocide survivors expressed that living in the reconciliation villages has been a reason why they are still alive. Genocide survivor said: *“If I didn't come to live here I would be dead”*

Among community surrounding reconciliation villages, the respondents reported that genocide survivors and ex-prisoners still have wounds from genocide experiences, and these constitute a hindrance to their social cohesion:

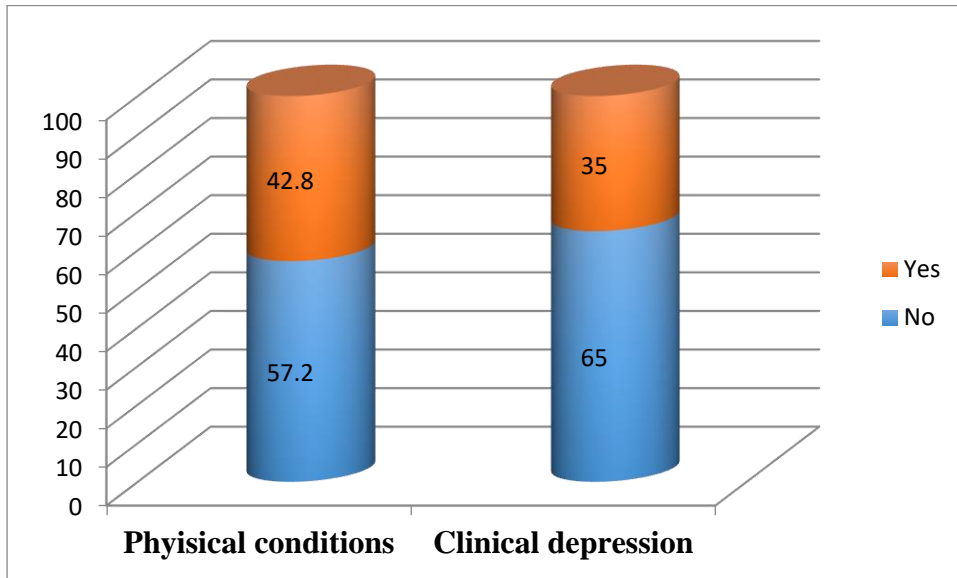
“There are some of genocide prisoners who were released, whereas their behaviors have not yet changed; imprisonment didn’t bring any change in them. Nevertheless, among other released former genocide prisoners, you can realize that they repented and changed, and when you greet them, even if it is difficult, you feel relieved. Due to depression, we sometimes feel unable to greet the genocide perpetrators. Thanks to God because we are still alive and we hope that no one will cut us again like what happened to us in the genocide”. Said a genocide survivor.

An ex-prisoner said “I was incarcerated for 11 years and I felt devalued and I considered myself as an animal because the heaviness of the atrocities I committed. I used to think about the people around me; I thought that upon my release, the victims would revenge, but it was not the case”.

Quality of life

The SF-12 is a general HRQoL survey that measures general health status in 8 domains (physical functioning, role limitations due to physical problems, bodily pain, general health, vitality, social functioning, role limitations due to emotional problems, and mental health).

Using the SF-12 for assessing the quality of life, we found that 203 respondents (42.8%) had physical conditions while 166 respondents (35%) had clinical depression. The mean PCS-12 score for this sample of participants was 50.7 (SD=11.3; 95% CI 49.6, 51.7) that is greater than the cut-off of 50. The mean MCS-12 score in this sample was 43.3 (SD=43.3; 95% CI 42.8, 43.8) was reasonably well preserved which is greater than the cut-off of 42.



Comparing the respondents from the communities and reconciliation villages, our results indicated that the majority of the respondents among those with the clinical depression and those with physical conditions were from the communities with 54.82% and 53.69% for depression and physical conditions respectively.

4.3. Results from qualitative results

In reconciliation villages, the genocide survivors and genocide perpetrators expressed that before they came to the reconciliation villages, they suffered from psychological distresses and social problems, but reconciliation village has been for them a doctor who treated their psychiatric wounds and social distresses which negatively affected their level of reconciliation. Under the ABPRA, forgiveness was situated as a possible product of the new dyadic interaction experience engaging in purposeful actions and interactions. The data revealed not only instances of both decisional and emotional forgiveness but also inner transformation. Living in the same reconciliation villages and attending the psychosocial healing dialogues created opportunities for survivors to receive services from perpetrators and became opportunities for the genocide perpetrators to seek service from the genocide survivors.

“The experience of witnessing perpetrators’ sincere devotion in labor accumulated over the course of sessions paralleled the temporal transformation of forgiveness from decisional to love. The hard work of a perpetrator finally touched a survivor’s heart.”

A genocide survivor said “I have forgiven him already. I don’t have a problem with him anymore. He is always committed while working for me without any problem... What increases (in me) is a love, not forgiveness. Forgiveness has been granted. Now it is the love that increases.” In addition to that, living together has contributed towards sharing the truth related to genocide crimes (bodies of the victims, restitution, etc.) and practical reconciliation:

“I’m telling the truth that the genocidaires didn’t say very bad things to us. They didn’t insult or hit us. We also do not insult them or harm them. Rather, we work together, especially in cooperatives or socio-economic groups; we pray together, our children study together; we fetch water together.”

Most of genocide survivors testified that before they live together with the genocide perpetrators, they were very traumatised and fearful. They were also not willing to meet with genocide perpetrators because of fearing being harmed by them. But living together has contributed to increase their relationship and they do share different things in their daily lives. In his narrative, one of genocide survivor said:

“When I look at how we lived with those who offended us, I notice a difference because today we live better than before coming to reconciliation village. When we lived outside the village, we were living with those who killed our relatives, but we were afraid of them and they were ashamed of what they did also. I was so afraid of the genocide perpetrators that I did not want to meet them or talk to them due to the atrocities against us. I felt like I didn’t want to go to church. I could not go to genocide commemoration events, even in April of each year. I didn’t want to listen to commemorative dialogues about the genocide (on radio, TV or in conferences). These were triggers of my trauma. When I met a genocide perpetrator, I became afraid of him and immediately went back to avoid that he could greet me or kill me. But today in reconciliation village, we live in harmony with them. Today, if I meet a genocide perpetrator who has a machete going to his farm, I cannot be afraid of him as it was before coming to reconciliation village. They are not afraid of us either, or look as murders. Today when we meet, we talk with them and help each other.

Neighborhood Collective Efficacy Scale (NCES)

Descriptive statistics are shown and indicated the level of neighbourhood through social cohesion and trust, information social control among the genocide perpetrators and survivors from the communities and the reconciliation villages. Mean levels of study variables were compared for reconciliation villages and the surrounding communities using t-tests. The models for reconciliation villages and communities showed significant differences for reports of informal social control ($t(472) = -4.16, p < 0.001$). Respondents from reconciliation villages reported higher levels of informal social control ($M = 14.5, SD = 1.5$) than those from the communities ($M = 14.1, SD = 0.9$). Our results indicated the community trust, social cohesion and social control are higher in the reconciliation than in the surrounding communities.

	Levene's Test for Equality of Variances		t-test for Equality of Means					
	F	Sig.	t	df	p-value	Mean Difference	95% CI	
							Lower	Upper
Informal social control	5.13	.024	-4.2	472	.001**	-0.84	-1.24	-0.44
Social cohesion and trust	54.42	.000	-2.9	472	.004*	-0.33	-0.55	-0.11

Forgiveness questionnaire

The estimation of the reliability showed good internal consistency: the genocide survivors indicated a satisfactory overall internal consistency (Alpha of Cronbach, $\alpha = 0.84$), a satisfactory internal consistency in the communities (Cronbach's Alpha, $\alpha = 0.79$) and good internal consistency in the reconciliation villages (Alpha of Cronbach, $\alpha = 0.83$).

Following the FQ original structural factor (Mullet et al., 1998), the three first-order factors model was successful for both samples, indicating good fit indexes for the participants of the studies [$\chi^2(169) = 3225.6, p < 0.001$].

	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	p-value	Mean Diff	Std err.	95% CI	
								Lower	Upper
Equal variances assumed	.37	.543	-3.2	338	.001	-2.78	.82	-4.47	-1.1
Equal variances not assumed			-3.2	262.7	.002	-2.78	.88	-4.52	-1.04

The descriptive characteristics of the items of the forgiveness questionnaire. Our preliminary analyses were conducted to explore the correct distribution of items. The skewness and kurtosis for FQ items were in an unacceptable range (between -2, 2), showing a no normal distribution of all items (Shapiro–Wilk statistic). The independent t-test indicated the mean differences for the level of the forgiveness between the genocide survivors from the reconciliation villages and the surrounding communities. The results showed significant differences in some of the items scores of our psychometric instrument (FQ), with survivors from the reconciliation villages who scored higher on item 5 compared to males. In comparison to females, survivors from the communities scored higher on item 5, item 6, item 12, and item 18 than those from the reconciliation villages. But the genocide survivors from the reconciliation villages scored higher on the items item 1, item 2, item 7, item 8, item 9, item 10, item 11, item 13, item 14, item 15, item 16, and item 17 than emerging the genocide survivors from the surrounding communities. But the genocide survivors expressed similar scores on the item 3.

Items	All	Community	Reconciliation village	t	p-value	Skewness	Kurtosis
	M(SD)	M(SD)	M(SD)				
Item 1	1.964(0.75)	1.87(0.6)	2.1(0.87)	-2.966	.003*	1.42	3.43
Item 2	1.95(0.7)	1.86(61)	2.08(0.79)	-2.866	.004*	1.23	3.10
Item 3	1.96(0.67)	1.96(0.6)	1.96(0.71)	-.105	.916	1.04	3.16
Item 4	2.06(0.79)	2.04(0.8)	2.08(0.75)	-.410	.682	1.36	2.64
Item 5	2.19(0.92)	2.2(0.96)	2.18(0.85)	.216	.829	1.10	0.86
Item 6	3.48(0.94)	3.5(0.9)	3.43(0.98)	.741	.459	-0.80	-0.29
Item 7	3.46(0.97)	3.39(0.9)	3.57(1.02)	-1.680	.094	-0.74	-0.46
Item 8	3.49(0.94)	3.41(0.92)	3.6(0.97)	-1.821	.070	-0.85	-0.23
Item 9	3.48(0.98)	3.34(0.99)	3.69(0.92)	-3.233	.001*	-0.85	0.01
Item 10	3.51(0.96)	3.33(0.95)	3.78(0.91)	-4.321	.000*	-0.78	-0.29

Item 11	3.19(1.11)	3.01(1.1)	3.44(1.08)	-3.506	.001	-0.41	-1.10
Item 12	3.93(0.76)	3.34(0.75)	3.92(0.79)	.192	.848	-1.63	4.17
Item 13	3.78(0.7)	3.7(0.65)	3.88(0.75)	-2.333	.020*	-1.29	3.20
Item 14	3.76(0.67)	3.67(0.66)	3.89(0.66)	-3.033	.003*	-1.49	3.53
Item 15	3.71(0.76)	3.64(0.71)	3.83(0.81)	-2.359	.019*	-1.26	2.27
Item 16	3.67(0.82)	3.58(0.77)	3.8(0.86)	-2.479	.014*	-1.37	2.19
Item 17	3.75(0.74)	3.74(0.64)	3.77(0.88)	-.334	.739	-1.59	4.02
Item 18	3.93(0.85)	3.9(0.8)	3.9(0.92)	.382	.703	-1.88	4.91
Overall	57.3(7.7)	56.3(7.3)	58.9(8.4)	-3.25	0.001*	-0.61	1.560

Also findings from focus group discussions and in-depth Individual interviews showed that living in the reconciliation village has significantly impacted the reconciliation journey. One of former genocide prisoners said:

“I was released from prison in 2010, and found that the reconciliation village was built and my family was living there because they gave them a house to live in. I continued to live well with my family members and genocide survivors. We have been working together on various projects to help us grow and get socio-economic development. Together with the genocide survivors, I joined a cooperative called "Twuzuzanye".

People from the communities around the village expressed their perspectives on the population living in reconciliation village. Both genocide survivors and ex-prisoners testified that they work together and help each other by engaging in different activities such as labouring, livestock and cooperatives that strengthen the practical reconciliation and social connections. In a small village, everyone knows who the survivor was, who the perpetrator was and their relationships. Many villagers questioned why they were working together, and the dyad always explained that they were engaged in reconciliation in action (ubwiyunge nyabwo) due to “igiti cy’umuvumu”. The respondents expressed:

“We are not doing this for money. We are doing this because we are committed to this reconciliation in action and we wish to restore a resilient community because we wish the best of world to know that Rwandese are reconciling after the extreme tragedy they experienced during the genocide.”

Some of genocide survivors from the communities surround the reconciliation villages said that they live in poor conditions in comparison to their colleagues who are living in the reconciliation village:

“We want development. Compared to the residents of Mbyo reconciliation villages ‘Igiti cy’Umuvumu, they have better quality of life than we do. So, wish to have reconciliation village. In the Igiti cy’umuvumu, people do various activities such as agriculture; tailoring, cooperatives and these activities bring together the genocide survivors and ex-prisoners. They also take time for dialogues and solving together their social problems. In the ‘Igiti cy’umuvumu’, tourists give them money.”

An ex-prisoner from the community surrounds reconciliation villages expressed:

“The genocide perpetrators who live in ‘Igiti cy’umuvumu’ they apologized and were forgiven. Another thing that helps them is that they built houses to live with the genocide survivors, they live together, they share life, they always meet, and they pray together, they have more in common than we do. When one of them lacks water, his neighbour gives it to him, and if he has a problem, they help him; they are generally united and have many things in common that we do not have.”

Among the factors hindering reconciliation, most of the respondents especially survivors from the surrounding communities, reported not burying the bodies of their loved ones as one of the most challenge to reconciliation. It was highlighted that prisoners are not willing to show where bodies of the Tutsi they killed were thrown, this truth is quite hidden. Moreover, mental health related issues, low level of reconciliation; genocide ideologies observed among youth and the lack of psychological interventions to address the above-mentioned health conditions are relevant issues that hindering reconciliation process:

“Another thing is the inability to explain where people who were killed are buried; the cows were eaten by whom? All of this, delays unity and reconciliation “Said by a respondents from the community.”

In addition to that, the majority of the respondents indicated that the lack of forgiveness and repentance are the major factors of the low level of reconciliation between the respondents from the communities around the reconciliation villages. An ex-prisoner said:

“People who are not from ‘Igiti cy’umuvumu’ refuse to testify saying that testimonies on forgiveness must be provided by those from the reconciliation village who went through healing sessions,”

Indeed, there are some genocide survivors who did not bury their beloved ones who were killed during the genocide. This is one of the factors hindering the reconciliation process”.

Limited information sharing from parents to children also was reported as factor hindering reconciliation; As it is not easy to introduce discussions related to genocide, it is the reason why information shared to -children are very limited because words are not enough to explain what happened in genocide- The wrong information that parents tell to their children make children suffer from legacies of the genocide. On the other hand, concerning factors enabling reconciliation; during discussions with people living in reconciliation village, it was reported that apology and forgiveness enabled visits between people who were enemies and it has reduced the fear among former genocide prisoners and the families of genocide survivors. Few of respondents reported that the truth on genocide crimes was revealed and this made easier the process of reconciliation:

“I noticed that seeking forgiveness is the main element in reconciliation process, in addition I can highlight that the truth sharing as another key element of reconciliation because the truth accompanies even our children, by knowing the truth; they grow bearing in mind how to avoid bad things, said a mother survivor, reconciliation village”.

Chapter V. DISCUSSIONS OF THE RESULTS

The findings from this study revealed that the citizens from the reconciliation villages have a lower level of mental disorders such as depression when compared to the residents from the communities surrounding the reconciliation villages. These findings corroborate the prior studies that reconciliation villages are notable initiatives for promoting peace-building and have great contribution to a reduction of mental distresses such as trauma-associated identities of survivor and perpetrator gradually become less salient, while citizens have an opportunity to rediscover each other through their present- and future-oriented socioeconomic roles and identities (Lordos, Oannou, et al., 2021). In agreement with the previous studies that established that the trust is higher among people who living each other and know each other compared to those who do not know each other or share shelters each other (Fundiswa T. Khaile et al., 2022), social control and trust in reconciliation villages is higher than in the communities and these are influenced by the opportunities they often share including the meetings and working in the same socio-economic groups.

The respondents expressed that the reconciliation has been an social experiment that reinforces their social identity. This is because after they experience psychosocial healing, they also developed a social cohesion and social networking. These results are supported by the previous studies that reported that social participatory significantly improve mental health and reduce social exclusion (Baxter et al., 2022). These social participatory can be compared to the reconciliation villages which brings to together people for reconstructing the social identity and enhance their social participation by helping each to health mental health distresses associated with their past experiences.

Our findings revealed that the genocide survivors forgave the genocide perpetrators and this reconciliation increased the friendship among the two groups and helped to foster unity among them. Although forgiveness refers to a voluntary, conscious decision taken by the victim or survivor to abandon negative feelings toward another who has caused hurt and replacing those feelings with unconditional love and compassion (Mullen et al., 2022). Difference has been revealed by this research on the side of communities surrounding the reconciliation villages where respondents reported a lower level of reconciliation and forgiveness because the genocide survivors and genocide perpetrators have not been able to proceed with a genuine unity and reconciliation, and this due to mainly the existing social distance between the two groups.

In accordance with the previous studies (Baxter et al., 2022). Genocide survivors and perpetrators expressed that forgiving past wrongs has become their major key to reconciliation between friends, family members, spouses, neighbours and cultures.

The findings showed that the genocide survivors and perpetrators from the reconciliation villages have a better self-esteem than the respondents from the surrounding communities. This is because living in the reconciliation villages became a great opportunity to increase their quality of life and help each other. But in the communities the genocide perpetrators still suffering from stigma associated related to the genocide crimes they committed. Reconciliation villages also enabled the practical reconciliation through joint socio-economic initiative among genocide perpetrators and genocide survivors. These are relevant with the previous studies that found the impact of reconciliation villages on socio-economic development, reconstructing community resilience and peace-building (Lordos, Oannou, et al., 2021).

In accordance with the previous studies on the impact of forgiveness on life (L. Toussaint et al., 2012), the results from this survey revealed that the process of forgiveness from both the ex-perpetrators and the genocide survivors was a great way of living longer and way to get better life. The entire experience was very moving, to say the least. These results are supported by the previous studies on transformative capacity of communication; achievement of civil and peaceful cooperation with former enemies as co-citizens relies (in part) on this transformative capacity (Pukallus, 2022).

The findings revealed that confessions, remorse, apology and forgiveness played a very big role. These findings are supported by the previous studies (Michalski et al., 2020). It eased the process of prosecuting offenders; it removed suspicion among the people from the perpetrator and victim groups. It also reassures victims that perpetrators have now renounced to evil. In addition, it relieves perpetrators who apologise. As far as testimonies are concerned, the research has found that they heal survivors; and help in young generation education. However, they could cause post-traumatic stress disorders to not only those who give their testimonies but also other people because they do not digest information in the same way. The study findings asserted that truth telling contributed and continues to contribute much on reconciliation in post-genocide Rwanda. Research findings also revealed an improved process of asking and granting forgiveness between ex-prisoners, families of prisoners and survivors in the reconciliation village, compared to those from the communities

who are still struggling to overcome their feeling of mistrust and suspicion. The results corroborate the previous studies which reported a weaker community belonging associated with both poorer general and mental health, though a stronger association was observed with mental health for the offenders and victims who do not get enabling environment for healing and forgiveness (Michalski et al., 2020).

While the respondents expressed that they had vowed to act in a good faith to become community catalysts in promoting reconciliation and social cohesion in the reconciliation villages, in the communities surrounding they showed that their stigma and trauma-related to traumatic events of genocide did not allow them to create an effective social cohesion. Interestingly, some of the genocide survivors from the communities expressed that they have unconditional forgiveness since they have already forgiven independently the genocide perpetrators. Our results are supported by the prior studies which showed that the victims can develop unconditional forgiveness for healing his wounds and become resilient (L. L. Toussaint et al., 2017). The concept of conditional forgiveness posits that before forgiveness can be granted, the offender must take certain steps and meet specific conditions. From an unconditional forgiveness concept, the victim can forgive independently of the behaviour of the wrongdoer. The results are in collaboration with the previous studies (L. Toussaint et al., 2012).

Interestingly, the respondents indicated that living in the reconciliation villages was a good opportunity that helped the genocide perpetrators to comprehend the importance of promoting unity and reconciliation through repentance, confessions by seeking forgiveness to survivors, which they had previously refused to do. The difference was observed from ex-prisoners from the communities who said that they are still feeling ashamed and stigma and fearing to approaching the genocide survivors for repentance.

Moreover, the results from this survey revealed that the genocide survivors and perpetrators from the reconciliation villages have significant contribution to the smooth implementation of the national reconciliation programs. In addition, they said that the society, eye witnessed and experienced the spirit of tolerance, forgiveness and social cohesion, which led community members to accept living in harmony. These results are relevant with the previous studies which emphasised on the importance of community dialogues in fostering the reconciliation (Lordos, Ioannou, et al., 2021). Reconciliation villages have been the umbrella that enhances the unity and social identity among former genocide prisoners and genocide survivors.

. Most of the respondents from the surrounding communities expressed their wishes to also live in the reconciliation villages as it would enable them to move forwards in reconciliation and healing journey. These results corroborate the findings from the previous studies that showed that reconciliation villages are part of a state-sponsored reconciliation and peace building programme by virtue of which selected genocide perpetrators serving prison terms receive an official pardon, are trained in peace building, and are given resources to join genocide survivors in the construction of village infrastructure and community (Lordos, Ioannou, et al., 2021; Traverso & Broderick, 2020).

Strengths, limitations and future directions

Since 1995, PFR did not conduct before any research to explore the level of mental disorders and reconciliation; this study is the first one conducted in this area. In addition, the This is the study has included a large sample in reconciliation and used mixed methods to assess the level of mental disorders and reconciliation. This study was also able to compare the mental health outcomes in reconciliation villages and its surrounding communities. However, this study encountered several limitations. First, the study did not assess the factors associated with the mental health outcomes. This requires further investigation to explore the causal relationships of reconciliation villages and mental health outcomes and there is a need to explore the factors associated with an increase of the mental health issues among the genocide survivors and perpetrators from the communities. Second, our study was limited to the study design, cross-sectional study design, which was not able to investigate the risk factors. So, a longitudinal study design to assess the risk factors of mental disorders in reconciliation villages and communities is essential. Third, our study was limited to the sample size where and did not compare the mental disorders among genocide survivors and genocide perpetrators. The future studies should focus on the comparison of mental disorders between genocide survivors and genocide perpetrators. Finally, our study was also limited to the number of participants, especially ex-prisoners who did not like to participate in the research due for their personal reasons.

CONCLUSION AND RECOMMENDATIONS

Conclusions

Findings from this survey revealed a picture of increased prevalence of different mental disorders in communities surrounding the reconciliation village and low level of mental disorders in the reconciliation villages. While the prevalence of PTSD in reconciliation villages was 18.2%, the prevalence of PTSD was 33.9% in the surrounding communities. In addition, most of the genocide survivors from the reconciliation villages indicated that before joining the villages, they were suffering from mental problems such as depression and hopeless, and on the side of genocide perpetrators, they said having experienced the feeling of fear, shame related to genocide crimes they committed, and also the feeling of stigma from the rest of community members. The level of trust, reconciliation and social cohesion was found high in reconciliation villages compared to people from the surrounding communities. This is based on the benefit of proximity and action-based reconciliation activities that generated closeness and overcoming emotional barriers such as fear, anger, and resentment among genocide perpetrators and genocide survivors who live in the same reconciliation villages. However, much is still needed to improve socio-economic conditions in reconciliation villages and boosting the initiative of the self-help groups of former genocide prisoners, and genocide survivors in order to alleviate poverty.

Recommendations

The following recommendations are proposed in order to improve mental health structures and strengthen unity and reconciliation in Rwandan communities:

1. Our study indicated the magnitude of the mental health outcomes and the level of the reconciliation among the genocide survivors and perpetrators from the reconciliation villages and communities, but the factors associated with such mental health outcomes and reconciliation were not investigated, so, there is a need of further studies to explore the factors contributing to this.
2. As the mental health problems such as PTSD, depression and low-self-esteem were found among respondents, the mental health strategies are highly needed to raise the awareness as well as utilization of mental health services and promote the level of reconciliation and forgiveness;

3. We recommend that genocide survivors and perpetrators from the communities should be provided similar psychosocial dialogues to those provided to residents of the reconciliation villages in order to promote their quality of life and increase their mental wellbeing, and reconciliation sentiment.
4. The genocide survivors and perpetrators are recommended to visit genocide memorial sites to reach to the depth of impact of the atrocities.
5. The PFR is recommended to expand the reconciliation villages so as the genocide survivors and perpetrators from the communities get opportunity to live together with the purpose of fostering the repentance and forgiveness and sustainable social cohesion and peace.
6. There is a need of multidisciplinary team involving all the government and private institutions, national and international to sustain psychosocial conditions of the residents of the reconciliation villages. The PFR calls upon everyone interested to join hands and walk this journey of transforming the lives of the people we serve together and promote an effective community reintegration of former genocide prisoners and genocide survivors.

References

- Altmann, T., & Roth, M. (2018). The Self-esteem Stability Scale (SESS) for Cross-Sectional Direct Assessment of Self-esteem Stability. *Front. Psychol*, 9(February), 1–9. <https://doi.org/10.3389/fpsyg.2018.00091>
- Bastian, B., & Crimston, C. R. (2014). *SELF-DEHUMANIZATION*. September. <https://doi.org/10.4473/TPM21.3.1>
- Bastian, B., Laham, S. M., Wilson, S., Haslam, N., & Koval, P. (2011). *Blaming , praising , and protecting our humanity : The implications of everyday dehumanization for judgments of moral status*. 469–483. <https://doi.org/10.1348/014466610X521383>
- Baxter, L., Burton, A., & Fancourt, D. (2022). Community and cultural engagement for people with lived experience of mental health conditions: what are the barriers and enablers? *BMC Psychology*, 10(71). <https://doi.org/10.1186/s40359-022-00775-y>
- BIGABO,F,&Angela Jansen (2019). From child to genocide perpetrator:Narrative identity analysis among prisoners incarcerated in Muhanga prison, Rwanda.Psychological research and behaviour management, <https://www.dovepress.com>
- Biracyaza, E., & Habimana, S. (2020). Contribution of community-based sociotherapy interventions for the psychological well-being of Rwandan youths born to genocide

- perpetrators and survivors : analysis of the stories telling of a sociotherapy approach. *BMC Psychology*, 9, 1–15. <https://doi.org/10.1186/s40359-020-00471-9>
- Brounéus, K. (2003). *Reconciliation: Theory and Practice for Development Cooperation* (Issue September). Sida. <https://www.researchgate.net/publication/257251588>
- Brunton-Smith, I., Sturgis, P., & Leckie, G. (2018). How collective is collective efficacy? The importance of consensus in judgments about community cohesion and willingness to intervene. *Criminology*, 56(3), 608–637.
- Buckley-zistel, S. (2006). Dividing and uniting: The use of citizenship discourses in conflict and reconciliation in Rwanda. *Global Society*, 20(December 2014), 37–41. <https://doi.org/10.1080/13600820500405616>
- Eiroa-Orosa, F. (2020). Understanding Psychosocial Wellbeing in the Context of Complex and Multidimensional Problems. *Int J Environ Res Public Health*, 17(16), 5937. <https://doi.org/10.3390/ijerph17165937>
- Eric Aoki, A. K. M. J. (2011). *Title RECONCILIATION EFFORTS*. 11(2), 10–14. <https://doi.org/10.16194/j.cnki.31-1059/g4.2011.07.016>
- Exline, J., & Baumeister, R. (2000). Expressing forgiveness and repentance: Benefits and barriers. In M. McCullough, K. Pargament, & C. Thoresen (Eds.), *Forgiveness: Theory, research, and practice* (pp. 133–155). Guilford Press.
- Fischer, M. (2011). Transitional Justice and Reconciliation: Theory and Practice. In B. Austin, M. Fischer, & H. Giessmann (Eds.), *Advancing Conflict Transformation: The Bergh of Handbook* (Second, pp. 406–430). Opladen/Framington Hills: Barbara Budrich Publishers.
- Fundiswa T. Khaile, Roman, N. V., October, K. R., Staden, M. Van, & Balogun, T. V. (2022). Perceptions of Trust in the Context of Social Cohesion in Selected Rural Communities of South Africa. *Social Sciences*, 11, 359. <https://doi.org/10.3390/socsci11080359>
- Hansen, T., & Umbreit, M. (2018). State of Knowledge: Four Decades of Victim-offender Mediation Research and Practice: The Evidence. In T. Hansen & M. Umbreit (Eds.), *Conflict Resolution Quarterly* (pp. 1–15). Conflict Resolution Quarterly. <https://ssrn.com/abstract=3280629>
- Hipp, J. R. (2017). Collective efficacy: How is it conceptualized, how is it measured, and does it really matter for understanding perceived neighborhood crime and disorder? *J Crim Justice*, 46, 32–44. <https://doi.org/10.1016/j.jcrimjus.2016.02.016>
- Horowitz, M., Wilner, M., & Alvarez, W. (1979). Impact of Event Scale: A measure of subjective stress. *Psychosomatic Medicine*, 41(3), 209–218. <https://doi.org/10.1097/00006842-197905000-00004>
- Joseph, S., Linley, P., Andrews, L., Harris, G., Howle, B., Woodward, C., & Shevlin, M. (2005). Assessing positive and negative changes in the aftermath of adversity: Psychometric evaluation of the Changes in Outlook Questionnaire. *Psychological Assessment*, 17, 70–80.
- Kadiangandu, J. K., Mullet, E., & Vinsonneau, G. (2001). Forgivingness: A Congo-France comparison. *Journal of Cross-Cultural Psychology*, 32(4), 504–511.

<https://doi.org/10.1177/0022022101032004009>

- Kaufmann, P., Kuch, H., Neuhaeuser, C., & Webster, E. (2011). Human Dignity Violated. In P. Kaufmann, H. Kuch, C. Neuhaeuser, & E. Webster (Eds.), *Humiliation, Degradation, Dehumanization*. <https://doi.org/10.1007/978-90-481-9661-6>
- Kohen, A., Zanchelli, M., & Drake, L. (2011). Personal and Political Reconciliation in Post-Genocide Rwanda. *Social Justice Research*, 1–23. <https://doi.org/10.1007/s11211-011-0126-7>
- Kriesberg, L. (2003). Comparing reconciliation actions within and among countries. In Y. Bar-Siman-Tov (Ed.), *From conflict resolution to reconciliation* (pp. 81–110). Oxford University Press.
- Lordos, A., Ioannou, M., Rutembesa, E., Christoforou, S., Anastasiou, E., & Björgvinsson, T. (2021). Societal Healing in Rwanda: Toward a Multisystemic Framework for Mental Health, Social Cohesion, and Sustainable Livelihoods among Survivors and Perpetrators of the Genocide against the Tutsi. *Health Hum Rights*, 23(1), 105–118.
- Lordos, A., Oannou, M., Rutembesa, E., Christoforou, E., Anastasiou, E., & Björgvinsson, T. (2021). Societal Healing in Rwanda: Toward a Multisystemic Framework for Mental Health, Social Cohesion, and Sustainable Livelihoods among Survivors and Perpetrators of the Genocide against the Tutsi. *Health and Human Rights Journal*, 23(1), 105–118.
- Mafeza, F. (2013). Restoring relationship between former genocide perpetrators and survivors of genocide against Tutsi in Rwanda through reconciliation villages. *International Journal of Development and Sustainability*, 2(2), 787–798.
- Majed, A., & Malley-morrison, K. (2019). Apology, Forgiveness, and Reconciliation: An Ecological World View Framework. *Individual Differences Research*, 8(1), 17–26. www.idr-journal.com
- Maltby, J., Wood, A. M., Stockton, H., Hunt, N., & Regel, S. (2012). The Psychological Well-Being — Post-Traumatic Changes Questionnaire The Psychological Well-Being X Post-Traumatic Changes Questionnaire (PWB-PTCQ): Reliability and Validity. *Psychology*, 4(4), 420–428.
- Masahiro, M. (2019). *Action-Based Psychosocial Reconciliation Approach : Canadian Counselling Psychological Contribution to Interpersonal Reconciliation in Post-Genocide Rwanda*.
- Michalski, C., Diemert, L., Helliwell, J., Goel, V., & Rosella, L. (2020). Relationship between sense of community belonging and self-rated health across life stages. *SSM Popul Health*, 12(12), 100676. <https://doi.org/10.1016/j.ssmph.2020.100676>
- Minami, M. (2014). *Development and field testing of action-based psychosocial reconciliation approach in post-genocide Rwanda* [University of British Columbia]. <https://doi.org/10.14288/1.0167231>
- Mukashema, I., & Mullet, E. (2013). (2013). Unconditional Forgiveness, Reconciliation Sentiment, and Mental Health Among Victims of Genocide in Rwanda. *Social Indicators Research*, 113(1), 121–132. <http://www.jstor.org/stable/24719405>
- Mukashema, I., & Mullet, E. (2010). Reconciliation Sentiment Among Victims of Genocide in Rwanda: Conceptualizations, and Relationships with Mental Health. *Social Indicators Research*, 99, 25–39. <https://doi.org/10.1007/s11205-009-9563-1>

- Mullen, L., Bistany, B., Kim, J., Joseph, R., Akers, S., Harvey, J., & Houghton, A. (2022). Facilitation of Forgiveness: Impact on Health and Well-being. *Holist Nurs Pract*, *37*(1), 15–23. <https://doi.org/10.1097/HNP.0000000000000559>. PMID: 36378088.
- Mullet, E., Barros, J., Frongia, L., Usai, V., Neto, F., & Shafighi, S. R. (2003). Religious Involvement and the Forgiving Personality. *Journal of Personality*, *71*(1), 1–19. <https://doi.org/10.1111/1467-6494.t01-1-00003>
- Mullet, E., Houdbine, A., Laumonier, S., & Girard, M. (1998). “Forgivingness”: Factor structure in a sample of young, middle-aged, and elderly adults. *European Psychologist*, *3*(4), 289–297. <https://doi.org/10.1027/1016-9040.3.4.289>
- Murray, M. (2008). "Narrative psychology," in *Qualitative Psychology: a Practical Guide to Research Methods*. In J. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 111–132). Sage.
- Nadler, A., & Shnabel, N. (2008a). Instrumental and socioemotional paths to intergroup reconciliation and the needs-based model of socioemotional reconciliation. In A. Nadler, T. E. Malloy, & J. D. F. J (Eds.), *The Social Psychology of Intergroup Reconciliation*. Oxford University Press.
- Nadler, A., & Shnabel, N. (2008b). Intergroup reconciliation: The instrumental and socio-emotional paths and the need-based model of socio-emotional reconciliation. In A. Nadler, T. Malloy, & J. Fisher (Eds.), *Social psychology of intergroup reconciliation* (pp. 37–57). Oxford University Press.
- Nateghian, S., Shirinzadeh, S., Molazadeh, J., & Ghaderi, E. (2008). Factor Structure of Forgivingness Questionnaire and its Relation with Mental Health: A Report from Iran. *Iranian Journal of Psychiatry*, *3*(3), 114–120.
- Noor, M., Brown, R., & Prentice, G. (2008). Prospects for Intergroup Reconciliation: Social-Psychological Predictors of Intergroup Forgiveness and Reparation in Northern Ireland and Chile. In *The Social Psychology of Intergroup Reconciliation*. <https://doi.org/10.1093/acprof:oso/9780195300314.003.0006>
- Opotow, S., Gerson, J., & Woodside, S. (2005). From Moral Exclusion to Moral Inclusion: Theory for Teaching Peace. *Theory Into Practice*, *44*(4), 303–318.
- Paluck, E. (2009). Reducing intergroup prejudice and conflict using the media: A field experiment in Rwanda. *Journal of Personality and Social Psychology*, *96*(3), 574–587. <https://doi.org/10.1037/a0011989>
- Parent, G. (2010). Reconciliation and Justice after Genocide: A Theoretical Exploration. *Genocide Studies and Prevention*, *5*(3), 277–292.
- Parent, G. (2012). Identifying factors promoting or obstructing healing and reconciliation: Observations from an exploratory research field in ex-Yugoslavia. *International Journal of Peace Studies*, *17*(1), 26–45.
- Peretó, A. M. (2015). *Restorative Justice and Desistance The impact of victim-offender mediation on desistance from crime* [Universitat Autònoma de Barcelona]. https://ddd.uab.cat/pub/tesis/2015/hdl_10803_309139/amp1de1.pdf
- Perrott, R. A. (2012). *God comes home to Rwanda: A case study of transformational development* (Issue December). Dalhousie University.

- Prison Fellowship Rwanda (PFR). (2019). *Annual Report Organisation Overview*.
<https://pfrwanda.com/wp-content/uploads/2020/04/PFR-ANNUAL-REPORT-2019-FINAL.pdf>
- PROEVE, M. (2016). *Remorse_ Psychological and Jurisprudential Perspectives - Michael Proeve, Steven Tudor - Google Books*.
- Pukallus, S. (2022). The Transformative Capacity of Communication: Integrative Communicative Acts Across the Communicative Spectrum of Civil Society. In S. Pukallus (Ed.), *Communication in Peacebuilding*. Palgrave Macmillan, Cham.
https://doi.org/10.1007/978-3-030-86190-2_5
- Rosenberg, M. (1989). *Society and the adolescent self-image (Rev. ed.)*. Wesleyan University Press.
- Roth, M., Decker, O., Herzberg, P. Y., & Brähler, E. (2008). Dimensionality and norms of the Rosenberg self-esteem scale in a German general population sample. *European Journal of Psychological Assessment*, 24(3), 190–197. <https://doi.org/10.1027/1015-5759.24.3.190>
- Rugema, L., Mogren, I., Ntaganira, J., & Krantz, G. (2015). Traumatic episodes and mental health effects in young men and women in Rwanda , 17 years after the genocide. *BMJ Open*, 5.
- Saltzman, L. Y., Easton, S. D., & Salas-Wright, C. P. (2015). A Validation Study of the Posttraumatic Growth Inventory Among Survivors of Clergy-Perpetrated Child Sexual Abuse. *Journal of the Society for Social Work & Research*, 6(3).
<https://doi.org/10.1086/682730>
- Sampson, R. J., & Stephen, R. W. (2004). Seeing disorder: Neighborhood stigma and the social construction of “broken windows. *Social Psychology Quarterly*, 67, 319–42.
- Sampson, R., Raudenbush, S., & Earls, F. (1997). Neighborhoods and violent crime: a multilevel study of collective efficacy. *Science*, 277, 918–924.
- Schaal, S., Weierstall, R., Dusingizemungu, J., & Elbert, T. (2012). Mental health 15 years after the killings in Rwanda: imprisoned perpetrators of the genocide against the Tutsi versus a community sample of survivors. *J Trauma Stress*, 25, 446–453.
- Staub, E. (2006). Reconciliation after Genocide, Mass Killing, or Intractable Conflict: Understanding the Roots of Violence, Psychological Recovery, and Steps toward a General Theory. *Political Psychology*, 27(6), 867–894.
<https://www.jstor.org/stable/20447006>
- Steenbeek, W., & Hipp, R. J. (2011). A Longitudinal Test of Social Disorganization Theory: Feedback Effects among Cohesion, Social Control and Disorder. *Criminology*, 49, 833–871.
- Toussaint, L. L., Shields, G. S., & Slavich, G. M. (2017). Forgiveness, Stress, and Health: a 5-Week Dynamic Parallel Process Study. *Physiology & Behavior*, 176(1), 100–106.
<https://doi.org/https://dx.doi.org/10.1007/s12160-016-9796-6>. Forgiveness
- Toussaint, L., Owen, A., & Cheadle, A. (2012). Forgive to live: forgiveness, health, and longevity. *J Behav Med*, 35(4), 375–386. <https://dx.doi.org/10.4473/TPM21.3.1>
- Traverso, A., & Broderick, M. (2020). Forgiveness is something that can be seen from

behind'. Visualizing a conversation with a perpetrator and a survivor of the 1994 Rwandan genocide in a reconciliation village. *Continuum*, 34(2), 299–310. <https://doi.org/10.1080/10304312.2020.1737439>

Wess, D., & Marmar, C. (1996). The Impact of Event Scale - Revised. In J. Wilson & T. Keane (Eds.), *Assessing psychological trauma and PTSD* (pp. 399–411).

Worthington, E. L., Lavelock, C., Witvliet, C., Rye, M. S., Tsang, J., & Toussaint, L. (2015). Measures of Forgiveness: Self-Report, Physiological, Chemical, and Behavioral Indicators. *Measures of Personality and Social Psychological Constructs*, 474–502. <https://doi.org/10.1016/B978-0-12-386915-9.00017-6>

Zorbas, E. (2009). What does reconciliation after genocide mean? Public transcripts and hidden transcripts in post-genocide Rwanda. *Journal of Genocide Research*, 11(1), 127–147. <https://doi.org/10.1080/14623520802703707>

Appendices

CONSENT FOR PARTICIPATION IN A RESEARCH STUDY

Study Title: “ACTION BASED APPROACH IN FOSTERING RECONCILIATION IN POST GENOCIDE RWANDA: CASE OF PRISON FELLOWSHIP RWANDA’ RECONCILIATION VILLAGES”

Principal Investigator (the person who is responsible for this research):

- Felix Bigabo
- Dr. Darius Gishoma
- Emmanuel Biracyaza
- Jeanette Kangabe.

Research Study Summary:

- We are asking you to join a research study.
- The purpose of this research study is to document success and challenges of action-based reconciliation approach implemented by Prison Fellowship Rwanda through reconciliation villages.
- Study activities will include: completing a survey that contains questions asking for information about yourself such as your age and employment status, participation to reconciliation activities, your overall wellbeing, reconciliation sentiment, trust and social cohesion in your village.
- Your involvement will require about 45 minutes
- There may be some risks from participating in this study, such as discomfort and possible loss of confidentiality.
- The study may have no benefits to you. However, your responses may help to improve reconciliation programs,
- Taking part in this study is your choice. You can choose to take part, or you can choose not to take part in this study. You can also change your mind at any time. Whatever choice you make will not have any negative effect on you.
- If you are interested in learning more about the study, please continue reading the consent form, or have someone read to you, the rest of this document. Ask about anything you do not understand. Once you understand it, we will ask you if you wish to participate; if so, you will have to sign this form.

Why is this study being offered to me?

We are asking you to take part in a research study because we are interested in understanding the impact of reconciliation activities implemented in your village.

Are there any risks from participating in this research?

If you decide to take part in this study, you may experience minimal discomfort over the nature of the questions. There is the possible risk of loss of confidentiality. We will do everything we can to protect your privacy. As part of this effort, no information that can allow anyone to identify you like your name will be linked to your answers.

How can the study possibly benefit me or others?

You may not benefit from taking part in this study. We hope that our results will add to the knowledge about reconciliation program implemented in Rwanda.

Are there any costs to participation?

You will not have to pay for taking part in this study. The only cost to you will be your time.

Will I be paid for participation?

You will not be paid for taking part in this study.

How will you keep my data safe and private?

All of your responses will be held **in confidence**. Only the researchers involved in this study will have access to any information that could identify you that you provide. Responses and all your data will be kept on password-protected computers. When we publish the results of the research or talk about it in conferences, we will not use your name.

What if I want to refuse or end participation before the study is over? Taking part in this study is your choice. You can choose to take part, or you can choose not to take part in this study. You also change your mind at any time. Whatever choice you make will not have any negative effect on you.

If you choose to withdraw from the study, the information collected as part of the research will not be used or distributed for future research studies.

Who should I contact if I have questions?

Please feel free to ask about anything you don't understand.

If you have questions later or if you have a research-related problem, you can call Mr. Felix Bigabo (+250)788541117 or Dr. Darius Gishoma 0783071616, responsible of this study.

If you have questions about your rights as a research participant, or you have complaints about this research, you can call the Chairperson of the Institutional Review Boards of the College of Medicine and Health Sciences, Dr.Jansen Stefan at 0784575900.

Documentation of Informed Consent

Your signature below indicates that you read and understand this consent form and the information presented and that you agree to be in this study.

Please feel free to print a copy of this consent form

Participant Printed Name Participant Signature Date

Questionnaire

A. Socio-demographic questionnaire

1. Code : Age : Resident/ Reconciliation village:.....

2. Sex of the participant: Male Female

3. Marital status

Single Married/cohabiting Separated/divorce

4. What is the source of the family income?

Cooperative	<input type="text"/>	Small livestock	<input type="text"/>
Teacher	<input type="text"/>	Large livestock	<input type="text"/>
Casual work	<input type="text"/>	Plantation	<input type="text"/>
NGOs	<input type="text"/>	Trader	<input type="text"/>
Other	<input type="text"/>	Specify

5. What is your family monthly income in Rwandan francs?

.....

6. Do you receive any external support?

Yes No

Which one?

Religious NGOs Friends
Public institutions Others Specify

7. Occupation

Farming activities Small livestock
Large livestock Casual work
Salary Others . Specify:

8. Religion of the participant

Christian Muslim No religion

9. Education

Illiterate No complete primary Completed primary
Not completed O'L Completed O'L Not completed secondary
Completed secondary University VTC

10. Social category

Category I Category II Category III Category I

11. Background of village residents?

Ex-prisoner Survivor Others

12. Daily meals taken/Frequency

Once twice Thrice

13. Kitchen garden

Yes No

14. Access to water?

Yes No

15. What is the main source of water used in your household?

Piped water piped into dwelling Piped to yard/plot
Public tap/standpipe Tube well or borehole
Dug well protected well Unprotected well
Water from spring protected spring Unprotected spring
Rainwater Tanker truck
Cart with small tank Bottled water
Surface water (river/dam/ lake/pond/stream/canal/ irrigation channel)
Other Specify:

16. Where is that source of water located?

In own dwelling In own yard/plot Elsewhere

17. What is the distance from the water source?

Less than 200m 200-500m More than 500 m

18. Do you get any means to make safer safe for drink it?

Yes No

If yes, which ones among the following

Boiling Add chlorine Strain through a cloth
Use water filter Solar disinfection Let it stand and settle
Others Specify:.....

19. Which means do you have to keep water?

Jerry can Pot Bottle Tanks
Cooking pot Other specify

20. Having bank account

Yes No

If so, where?

Bank SACCO Cooperatives Other.....

21. Do you get any support from other?

Yes No

If yes, what kind of support?

School fees Seeds House equipment
Livestock Others: Specify:

22. Which type of energy does your house use for cooking?

Biogas Electricity Charcoal Wood Others

23. Do you have a cuisine?

Yes No

If no where do you cook

In the house Outside

B. Family characteristics

Family size (parents + children + others)

Parent Children Adopted children / other relative

Number of children

None 1-2 [Males..... Female.....]

3-5 More than 5 [Males..... Female.....]

How many children at school does your family have?

.....

C. Exposure to reconciliation activities:

a. Living in Reconciliation village

- Conditions / decision to live in reconciliation village:
 - o Lived naturally in the reconciliation village (Yes/No),
 - o Joined the reconciliation village in order to have a shelter (Yes/No)

- Asked to live in reconciliation village (Yes/No),
- Decided himself/herself to Join Reconciliation Village (Yes/No)
- How satisfied were you when you joined reconciliation village for the first time: Very Unsatisfied, unsatisfied, neutral, satisfied, very satisfied?
- How satisfied are you currently with living in reconciliation village: Very Unsatisfied, unsatisfied, neutral, satisfied very satisfied.

b. Action-Based Reconciliation activities

Answer: **Never, Rarely, sometimes, frequently, and always.**

- How frequent have you had an opportunity to meet and greet the former perpetrator / survivors whom you have harmed: Never, Rarely, sometimes, frequently, always
- How frequent have you had an opportunity to walk along with the former perpetrator / survivors whom you have harmed
- How frequent have you had an opportunity to work side-by-side with the former perpetrator / survivors whom you have harmed
- How frequent have you had an opportunity to have a continuous collaborative engagement in labor with the former perpetrator / survivors whom you have harmed
 - House renovation
 - Hygiene improvement,
 - Cultivating a field, harvesting crops, processing food
 - Food/meal sharing
 - Medical aids,
 - Business support,
 - Education
- How frequent have you had an opportunity to have conversation with the former perpetrator / survivors whom you have harmed about your experience of the day
- How frequent have you had an opportunity to have conversation with the former perpetrator / survivors whom you have harmed about genocide experience
- How frequent have you had an opportunity to express remorse and guilt feelings with the survivors whom you have harmed/ be asked for forgiveness by the former perpetrator

D. Psychometric tools

a. Post traumatic growth (PTG)

Listed below are 21 areas that are sometimes reported to have changed after traumatic events. Please mark the appropriate box beside each description indicating how much you feel you have experienced change in the area described. The 0 to 5 scale is as follows: 0= I did not experience this change as a result of my crisis; 1= I experienced this change to a very small degree; 2= a small degree; 3= a moderate degree; 4=a great degree and 5=a very great degree as a result of my crisis

#	Possible areas of growth and change	1	2	3	4	5
1	My priorities about what is important in life					
2	An appreciation for the value of my own life					
3	I developed new interests					
4	A feeling of self-reliance					

5	A better understanding of spiritual matters					
6	Knowing that I can count on people in times of trouble					
7	I established a new path for my life					
8	A sense of closeness with others					
9	A willingness to express my emotions					
10	Knowing I can handle difficulties					
11	I'm able to do better things for my life					
12	Being able to accept the way things work-out					
13	Appreciating each day					
14	New opportunities are available which wouldn't have been otherwise					
15	Having compassion for others					
16	Putting effort into my relationships					
17	I'm more likely to try to change things which need changing					
18	I have a stronger religious faith					
19	I discovered that I am stronger than I thought I was					
20	I learned a great deal about how wonderful people are					
21	I accept needing others					

b. Neighborhood Collective Efficacy Scale (NCES)

Description: This protocol includes two subscales which are social cohesion and trust, information social control. Each subscale has 5 items answer using Likert-style. Q8 and Q9 should be reverse-scored. Reverse-scored items are worded in the opposite direction of what the scale is measuring. The formula for reverse-scoring an item is: $((\text{Number of scale points}) + 1) - (\text{Respondent's answer})$.

For example, Q8 is a 5-point scale. If a respondent answered 2 on Q8, you would re-code their answer as: $(5 + 1) - 2 = 4$. In other words, you would enter a 4 for this respondents' answer to Q8.

To calculate subscale scores, take the average by adding respondents' answers to each subscale's items and dividing this sum by 5 for the Informal Social Control subscale or dividing the sum by 4 for the Social Cohesion and Trust subscale.

Subscale 1: Informal Social Control

Description: This protocol includes 10 Likert-style, interviewer-administered questions from the Project on Human Development in Neighborhoods (PHDN). The Social Cohesion and Informal Social Control subscales include five items each.

Specific Instructions:

Although used in the context of a personal interview, the questions and response categories are straightforward and can be adapted to a self-administered format.

Sub-scale 1: Community Cohesion

Now I'm going to read some statements about things that people in your neighborhood may or may not do.

For each of these statements, please tell me whether you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree.

1. This is a close-knit neighborhood.

strongly agree agree neither agree nor disagree disagree strongly disagree don't know

refused

2. People around here are willing to help their neighbors.

strongly agree agree neither agree nor disagree disagree strongly disagree don't know

refused

3. People in this neighborhood generally don't get along with each other. /kutumvikana

strongly agree agree neither agree nor disagree disagree strongly disagree don't know

refused

4. People in this neighborhood do not share the same values.

strongly agree agree neither agree nor disagree disagree strongly disagree don't know

refused

5. People in this neighborhood can be trusted.

strongly agree agree neither agree nor disagree disagree strongly disagree don't know

refused.

Subscale 2: Social Cohesion and Trust subscale

For each of the following, please tell me if it is very likely, likely, neither likely nor unlikely, unlikely, or very unlikely that people in your neighborhood would act in the following manner.

6. If a group of neighborhood children were skipping school and hanging out on a street corner, how likely is that your neighbors would do something about it?

If children from families of ex-prisoners and genocide survivors play together and share food

very likely likely neither likely nor unlikely unlikely very unlikely

don't know refused

7. If parents are not around in the villages their children can be cared by their neighbors regardless of their backgrounds

very likely likely neither likely nor unlikely unlikely very unlikely

don't know refused

8. If your child was showing disrespect to an adult, how likely would consider that people in your neighborhood would scold that child?

very likely likely neither likely nor unlikely unlikely very unlikely

don't know refused

9. If there was a fight in the house of your neighbor and someone was being beaten or threatened, how likely you would like to break it up?

very likely likely neither likely nor unlikely unlikely very unlikely

don't know refused

10. Suppose that you don't have food for your family, and that your children are starving. How likely is it that your neighbors would like to try to assist you

very likely likely neither likely nor unlikely unlikely very unlikely

don't know refused.

SELF-ESTEEM [SE]

I'll now be asking you some questions about your feelings. For each statement, please let me know if you strongly agree, agree, disagree, or strongly disagree. Read each statement to the participant and ask the participant for her rating. Responses can only be in whole numbers. Please read each statement and record a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past two weeks

0=Strongly disagree, 1=disagree, 1=agree 2=Agree 3=Strongly agree

Statement	3	2	1	0
SE1. I feel that I am a person of worth, at least on an equal plane with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SE2. I feel that I have a number of good qualities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SE3. All in all, I am inclined to feel that I am a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SE4. I am able to do things as well as most other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SE5. I feel I do not have much to be proud of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SE6. I take a positive attitude towards myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SE7. On the whole, I am satisfied with myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SE8. I wish I could have more respect for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SE9. I certainly feel useless at times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SE10. At time, I think am no good at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reference: Rosenberg, M. (1989). *Society and the adolescent self-image*. Revised edition. Middletown, CT: Wesleyan University Press.

Forgiveness: Forgiveness Questionnaire – FQ (Mullet et al., 2003) /ask Biracyaza for clarification.

1.Strongly disagree.2. disagree.3. Neutral.4. agree.5. Strongly agree

Please rate the following items on a scale from 1 - “Disagree to 5 strongly agree”

#	Statements	1	2	3	4	5
1	I feel unable to forgive even if the offender has begged for forgiveness.					
2	I feel unable to forgive even if the offender has apologized.					
3	The way I consider the world has brought me to never forgive.					
4	I cannot forgive even if the consequences of the harm are minimal.					
5	I do not feel able to forgive even if the consequences of the harm have been canceled.					
6	I can forgive more easily when I feel good.					
7	I feel it is easier to forgive once the consequences of harm have been cancelled.					
8	I feel it is easier to forgive when my family or my friends have invited me to do so.					
9	It is easier to forgive a member of the family than someone else.					
10	I feel it is easier to forgive somebody I know well than somebody I do not know well.					
11	I forgive less easily when I feel bad.					
12	I forgive more easily if the offender has begged for forgiveness.					
13	I can forgive easily even if the consequences of harm have not been canceled.					
14	I can truly forgive even if the consequences of harm are serious.					
15	I can forgive easily even when the offender has not begged for forgiveness.					
16	I can easily forgive even when the offender has not apologized.					
17	I can truly forgive even if the offender did harm intentionally.					
18	I think it is better to forgive than to seek revenge.					

Reconciliation: Reconciliation Sentiment Questionnaire – RSQ (Mukashema & Mullet, 2013)

Below is a list of comments made by people after stressful life events. Using the following scale, please indicate (with) how frequently each of these comments were true for you DURING THE PAST SEVEN DAYS. How much have you been distressed or bothered by these difficulties?

#	Items	Not at all	Rarely	Sometimes	Often
1	I thought about it when I didn't mean to				
2	I avoided letting myself get upset when I thought about it or was reminded of it				
3	I tried to remove it from memory				

4	I had trouble falling asleep or staying asleep because of pictures or thoughts about it that came into my mind				
5	I had waves of strong feelings about it				
6	I had dreams about it				
7	I stayed away from reminders of it				
8	I felt as if it hadn't happened or wasn't real				
9	I tried not to talk about it				
10	Pictures about it popped into my mind				
11	Other things kept making me think about it				
12	I was aware that I still had a lot of feelings about it, but I didn't deal with them				
13	I tried not to think about it				
14	Any reminder brought back feelings about it				
15	My feelings about it were kind of numb				

Please rate the following items from 1 strongly disagree to 5 strongly agree”

Non-Lethal Co-Existence (Intra-personal Component)

1. I feel I can now be in control of myself when I am in the presence of the people who harmed me/ the presence of genocide survivors (for ex-genocide prisoners)
2. I can now tolerate that the people who harmed me have opinions that differ from mine.
3. I feel I can keep being myself in the presence of the people who harmed me.
4. I feel I can keep calm when I am in the presence of the people who harmed me.
5. I feel I can control myself when the people who harmed me are evoked in a discussion.
6. I feel I can put up with the fact that that the people who harmed me disagree with me.

Renewed Trust and Cooperation (Interpersonal Component)

1. I feel I am willing to share pleasurable activities again with the people who harmed me.
2. I feel I am now on good terms with the people who harmed me.
3. I feel I can now be liked by the people who harmed me.
4. I feel that I now wish the best for the people who harmed me.
5. I feel now that the people who harmed me are part of the same community of destiny.
6. I feel that I am now in agreement with the people who harmed me on a certain number of issues concerning the past.

Identification with the Rwandese nation questionnaire (Kanazayire, 2014)

Response on Likert scales (from 1 strongly disagree” to 5 strongly agree”).

1. I feel good about being Rwandese;
2. I often regret that I am Rwandese(reversed);
3. In general, I am glad to be Rwandese;
4. If I could be born again, I would want to be Rwandese;
5. Being Rwandese is important for me;
6. If someone says something bad about the Rwandese they say something bad about me;
7. Overall, I often do not like being Rwandese (reverse-coded)

E. Interviews for the participants

Interview guide: Psychosocial wellbeing

- a) Describe your feelings before starting living in reconciliation village
- b) Describe your feelings after being reintegrated in reconciliation village
- c) Can you share with us what you found interesting in reconciliation villages compared to your life before?
- d) Can describe your life as an ex-prisoner before living in reconciliation village?
- e) Can you describe your life as ex-prisoner after living in reconciliation village?
- f) Can you describe your life as a genocide survivor before living in reconciliation village?
- g) Can you describe your life as genocide survivor after living in reconciliation village together with ex-genocide prisoners?

The reconciliation process

- a) Describe your journey of living in reconciliation village up to know
- b) Describe the relationship of genocide perpetrators with genocide survivors before living in Reconciliation village
- c) Regarding reconciliation and forgiveness, describe your personal experience from your journey in reconciliation village.
- d) According to your personal experience, explain the uniqueness of reconciliation village in fostering reconciliation.

Interview guide: Post-traumatic growth

- a) How do you describe your relationship with others in reconciliation village?
- b) How do you consider yourself towards facing the current life challenges and your future as well?
- c) What did religion mean to you during the genocide? Describe
- d) What does religion mean to you now? Describe
- e) What does life mean to you now after a long journey of living in reconciliation village?
- f) Can you describe your socio-economic experience and perspective all along your journey in reconciliation village? (e.g. different activities)
- g) What challenges do you face in the reconciliation village?