Interpeace
INTERNATIONAL ORGANIZATION FOR PEACEBUILDING

RWANDA WE WANT

PRISON FELLOWSHIP RWANDA

Exploring intergenerational legacies, transmission processes and their effects on engagement in risky behaviours among post-genocide youth in Rwanda

Final Research Report

Kigali, 2024

Sweden
Sverige

30 YEARS Making Peace Possible

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EXECUTIVE SUMMARY

This study explores the interplay of intergenerational legacies and the transmission processes of post-traumatic stress disorder (PTSD), guilt and shame, and aggression among post-genocide youth in Rwanda, along with the correlation of these intergenerational genocide legacies and their effects on engagement in risky behaviours.

This study was conducted in five districts Musanze, Ngoma, Nyabihu, Nyagatare, Nyamagabe Interpeace, along with Prison Fellowship Rwanda, Haguruka, Dignity in Detention, and in partnership with the Government of Rwanda through the Ministry of National Unity and Civic Engagement, is implementing the *Reinforcing Community Capacity for Social Cohesion and Reconciliation through Societal Trauma Healing programme* with funding from the Swedish International Development Cooperation Agency.

The study sought to:

- understand the dynamics of the genocide perpetrated against the Tutsi in terms of the circumstances and styles of parent–child communication
- determine whether or not parent–child communication induces transmission of genocide legacies (PTSD, guilt and shame, and aggression)
- examine the correlation between the prevalence of intergenerational genocide legacies and the engagement or involvement in risky behaviours among post-genocide youth.

The target population comprised households containing members of the younger generation (youth aged 18 to 29, i.e. those born after the 1994 genocide) and their parents or guardians (aged 30 and above). Specifically, the respondents included youth born of genocide victims/survivors and perpetrators; genocide survivors; genocide perpetrators; returnees; and ex-combatants. A total of 600 adults and 643 youth participated in the quantitative aspect of the study, while 85 adults and 80 youth participated in the qualitative aspect.

The sampling was conducted at different levels of local government structure (clusters), as follows:

- Five districts (Musanze, Ngoma, Nyabihu, Nyagatare, Nyamagabe) were identified as being covered by Interpeace interventions through the Reinforcing Community Capacity for Social Cohesion and Reconciliation through Societal Trauma Healing programme.
- Three sectors were randomly selected from each district.
- Two cells were randomly selected from each selected sector.
- Two villages were randomly selected from each selected cell.
- 23 households were randomly selected (based on the list of eligible households) from each selected village.
- One eligible youth was randomly selected from each selected household.
- One parent/guardian was randomly selected from each selected household.

The key finding is that parental reluctance to fully open up to youth and communicate about the genocide perpetrated against the Tutsi is due to the emotional complexity and the protective barriers the parents maintain given their fear of the potential harm such conversations could inflict on their children.

In more detail, the study revealed the following.

Dynamics of parent–child communication about the genocide perpetrated against the Tutsi and its aftermath.

Discussions about the genocide typically begin during early to mid-adolescence, a critical developmental stage for children and young adolescents. Some 38% of the youth reported having their first conversations about the genocide at ages 14-16. This is followed by those who stated that conversations start at ages 11-13, accounting for 27% of respondents. According to 31% of adult respondents, discussions predominantly start at ages 11-13. Some 25 % of adult respondents cited ages 8-10 and another 20% claimed 14-16 as the ages for starting discussions about the genocide. Overall, both youth and adults largely agree that discussions about the genocide typically begin during early to mid-adolescence.

Regarding styles of communication, casual discussions emerged as the most predominant form, reported by 74.8% of adults and 68% of youth. Normative/instructional conversations were also prevalent, with 50.5% of adults and 43% of youth reporting their use. Additionally, storytelling, cited by 28.3% of adults and 28% of youth, represents another key communication style. These communication styles indicate a preference for informal and spontaneous exchanges, with a significant use of structured dialogue to impart specific values and lessons, and storytelling to make historical events more relatable and memorable.

Concerning the distribution of parental involvement in conversations about the genocide, the study reveals that mothers or female figures predominantly participate in such discussions. This is reflected in the responses, with 55.4% of youth and 42.8% of adults reporting significant involvement from mothers. This finding highlights the central role mothers play in these important family discussions.

As far as triggers of the discussions about the genocide are concerned, it emerged that such conversations are most commonly triggered during the genocide commemoration period, with both youth (89%) and adults (89.2%) identifying it as a key moment for discussion. Media programmes and educational settings also play significant roles, prompting conversations for about half of the respondents in each group. Visits to genocide memorials are another important trigger, particularly for youth (25%). Less frequently, discussions are initiated by incidents in neighbourhoods, family milestones, and interactions with visitors or neighbours. These findings underscore the importance of commemorative events and educational settings in facilitating these crucial family discussions.

Barriers to communication about the genocide

Perceived barriers to parent–child communication about the genocide differ between youth and adults. Among youth, 40% cite parental reluctance as the main barrier, while 24% are unsure why communication does not occur. A broader lack of communication on any issues (22%) and parental fear of reliving trauma (13%) were also noted. Among adults, 35.3% do not find the topic important or relevant, and an equal percentage mention that their children do not ask about it. These barriers suggest a generational gap and discomfort in discussing traumatic events.

Relationship between communication and selected mental-health issues (PTSD, guilt and shame, and aggression)

The analysis of PTSD levels reveals distinct differences in trauma severity between youth and adults/parents. Among youth, 11.5% show no symptoms, 50.4% have mild to moderate symptoms, and 13.5% exhibit severe PTSD. For adults/parents, 13.5% show no symptoms, while 20.8% experience severe PTSD, likely due to direct exposure to the genocide perpetrated against the Tutsi. These findings indicate a greater prevalence of severe PTSD among adults/parents, which may have significance for the intergenerational transmission of trauma through various behaviours and communication patterns. This suggests a need for tailored interventions that address the unique experiences and needs of each group, emphasising the importance of supporting both individuals and families in their trauma recovery process.

The assessment of aggression levels shows that youth exhibit higher frequencies of mid-range scores, indicating moderate levels of aggression. Specifically, 9.3% of youth scored 1.80 out of 5, and 8.8% scored 1.67. In contrast, adults/parents show slightly higher aggression levels on average, with 9.7% scoring 1.87 and 8.8% scoring 1.80 and 1.73. Scores between 1.60 and 2.20, indicating moderate aggression, show a notable concentration in both groups, with youth displaying significant frequencies at 1.60 (6.2%) and 1.80 (9.3%), and adults/parents at 1.60 (6.8%) and 1.80 (8.8%). For scores above 2.20, indicating higher levels of aggression, adults/parents show a higher prevalence compared to youth, with 5.0% of youth scoring 2.27, while 5.7% of adults/parents scored 2.27. This suggests that while moderate aggression is common in both groups, higher aggression levels are more prevalent among adults/parents.

Regarding guilt and shame, a substantial portion of youth (52.4%) scored 0-8, indicating low levels of guilt and shame, compared to 48.0% of adults/parents. Scores between 9-16, indicating moderate levels of guilt and shame, accounted for 22.6% of the youth population, while among adults/parents, this range constituted 24.5%. Higher scores, representing high and very high levels of guilt and shame, were less common but still present, with 24.9% of youth reporting such scores (22.0% high and 2.9% very high), alongside 27.5% of adults/parents (23.5% high and 4.0% very high). This highlights that while low levels of guilt and shame are more prevalent among youth, adults/parents experience higher levels overall, indicating a more significant emotional burden related to these feelings.

Association between selected intergenerational genocide legacies and engagement in risky behaviours among post-genocide youth

The analysis of risky behaviours among youth reveals that impulsiveness is the most common, with 258 instances accounting for 42.9% of the surveyed youth. Unprotected sex (13.3% – 80 instances) and eating disorders (13.1% – 79 instances) are also notably prevalent.

Fighting (11.8% – 71 instances) and alcohol abuse (10.6% – 64 instances) are also significant concerns. Truancy (9.8% – 59 instances) and school drop-out rates are also alarming (7.7% – 46 instances.

Less frequent but nonetheless significant behaviours include gambling (5.3% – 32 instances), trespassing or vandalism (4.0% – 24 instances), and suicide attempts (3.7% – 22 instances). Additionally, excessive smoking (1.7% – 10 instances), drug abuse (1.5% – 9 instances), drug trafficking (1.3% – 8 instances), and wandering (7.2% – 43 instances) are less prevalent but remain critical to address.

These findings suggest the presence of a range of risky behaviours that require focused prevention and inter-

vention strategies to ensure the well-being and positive development of Rwandan youth.

Based on these findings, this study's authors recommend the adoption of innovative and scalable intervention approaches, combining education, mental-health support and social services to create a supportive environment that can help youth make healthier choices and reduce their engagement in risky activities. Such approaches include, but are not limited to:

- early education and awareness
- encouraging inclusive conversations
- supportive resources for parents
- community healing initiatives
- educational programmes on historical context
- mental-health support services
- parental-guidance programmes
- community engagement activities
- regular monitoring and evaluation.

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Finally, Interpeace, Rwanda We Want, and Prison Fellowship Rwanda highlight their appreciation for the Ministry of National Unity and Civic Engagement, the Ministry of Local Government through district authorities, and the National Institute of Statistics of Rwanda for their invaluable support, including recommendation letters and the dedication of their staff, who worked closely with the research team throughout all steps of the research process.

CHAPTER I.
INTRODUCTION

Background and rationale

The 1994 genocide against the Tutsi in Rwanda not only claimed over a million lives but also left behind a broken social fabric and severe mental-health problems among Rwandans (Ministère de l'administration locale, du développement local et des affaires sociales, 2004; Nates, 2021). The genocide also left severe socio-economic vulnerabilities among Rwandans at large, and in particular among genocide survivors, by destroying various assets crucial to improving their livelihoods (Murigande,2004). ()

In the aftermath of the genocide, the new government and its stakeholders strived to address the immense challenges left by this tragedy. Evidence suggests substantive progress has been made towards addressing the effects of the genocide on social cohesion, despite recurrent and emerging challenges. The Rwanda Reconciliation Barometer (National Unity and Reconciliation Commission, 2020, pp.148-152) revealed a sharp fall in genocide ideology and divisive politics among Rwandans (from 25.8% in 2015 to 8.6% in 2020), an increase in the level of unity and reconciliation (from 92.5% in 2015 to 94.7% in 2020), and a rise in the proportion of people who view themselves as Rwandans rather than through ethnicity from 95.6% in 2015 to 98.2% in 2020.

As far as mental-health issues are concerned, since 1994, scholars and practitioners have documented both the psychosocial impact of the genocide on the people of Rwanda and epidemiological evidence of the lasting effects of this catastrophic event (Sydor and Phillipot, 1996; Munyandamutsa et al., 2012; Lordos et al., 2021; Perroud et al., 2014). For instance, a study by Perroud and colleagues, (2014) gathered evidence of intergenerational transmission of PTSD; specifically, genocide survivors who were pregnant during the genocide had children who showed higher levels of PTSD and severe depression than the children of mothers who were not exposed to the genocide.

A recent Rwanda Mental Health Survey (Kayiteshonga, Sezibera, & Smith-Switonsky, 2018) revealed that 11.9% of all Rwandans aged between 14 and 65 met the criteria for major depressive episodes. Some 8.1% had panic disorders, 3.6% suffered from PTSD and an additional 3.6% met the criteria for obsessive- compulsive disorder.

The rates for genocide survivors were much higher: 35% for major depressive disorders, 27% for panic disorders, 28% for PTSD, and 12% for obsessive-compulsive disorder. In addition, the Rwanda Mental Health Survey revealed that 61.7% of the population was aware of the availability of mental-health services, but only 5.3% used them, suggesting a reluctance to do so. That study also found that mental disorders were more prevalent among women (23.2%) than men (16.6%).

A baseline survey conducted by Interpeace and its partners (2021) in the districts of Musanze, Nyabihu, Nyagatare, Ngoma and Nyamagabe found that genocide survivors aged over 45 have the highest prevalence of post-traumatic stress disorder, borderline personality disorder and panic disorder, closely followed by survivors aged between 28 and 44. Significantly, young people born after the genocide into families of genocide survivors displayed elevated levels of PTSD and panic disorder compared to their peers from families who had not been exposed to the genocide.

Additionally, the baseline survey revealed that most mental-health difficulties among the population have symptoms of trauma at their core. Specifically, anxiety, depression, identity disturbance, suicidality, substance abuse and aggression were all found to be correlated to PTSD, suggesting that genocide-related trauma underlies several of the current mental-health challenges in Rwanda (Interpeace, Prison Fellowship Rwanda and the Rwandan Ministry of National Unity and Civic Engagement, 2021, pp. 23-24).

In post-genocide Rwanda, there are direct and indirect pathways for the intergenerational transmission of the legacies of the genocide within families. The direct pathways concern parents' experiences with the genocide (i.e. the acts of violence) and its aftermath, which are reflected upon, reconstructed, and explicitly communicated (or not) to the second generation, while the indirect pathways are the ways in which the genocide and related events affect the second generation's socio-ecological environment, and through that, the child (Berckmoes et al., 2017, pp. 16-28). For example, parents may be open to disclosing some of their experiences to their children but remain silent on others, and children may fear asking about these because they are unsure of how it may affect their relationship with their parents (Ingabire et al., 2022). Our understanding of the mechanisms that underlie intergenerational transmission of experiences of mass violence and responses to it is limited, and there is a need to have robust policies or methods for addressing this phenomenon.

With respect to the intergenerational transmission of genocide legacies, this study identified two major challenges for young people. The first is the challenge of growing up in a family in which the parents suffer from extensive psychosocial wounds or chronic diseases due to their traumatic experiences, to an extent that undermines their capacity as parents. The second is the difficulty for parents to discuss events and experiences that often cause their children to feel confused, angry or insecure. Youth from specific social groups face their own unique challenges. Children of survivors are at greater risk of PTSD, depression and anxiety, often compounded due to the stories about the genocide they hear from their traumatised parents (Buckley-Zistel, 2006).

Children of perpetrators are often challenged by the experience of one or both of their parents being incarcerated, which affects their developmental trajectory, reduces their educational opportunities and places them at greater risk for substance abuse or delinquency. Children of both perpetrators and survivors of genocide can be prone to anger towards others, often in the context of an effort to display solidarity and support for their own parents. Despite varying perspectives on the intergenerational transfer of trauma, societies that are traumatised by ethnic conflict often consciously or unconsciously urge younger generations to perpetuate a particular mental representation of past events and maintain prominent ethnic identities (United Nations Office on Drugs and Crime, 2009, pp. 43-56).

The peacebuilding and development communities increasingly acknowledge the potential of trauma to hinder efforts to reconcile and rebuild societies after violent conflict. Numerous studies from different countries have demonstrated that individuals who are exposed to traumatic experiences face a higher risk of negative life outcomes. These outcomes encompass compromised physical health, engaging in risky behaviours such as dropping out of school, substance abuse, and unprotected sex, to name a few, that can affect future generations (Lordos and Hyslop, 2021, pp. 16-32).

At the same time, the rise in drug use among young people and the prevalence of pregnancy among teenagers present significant challenges to public health and families in Rwanda. The rate of teenage pregnancy in Rwanda rose from 6.1% in 2010 to 7.3% in 2015. Official statistics report that 17 849 adolescent girls became pregnant in 2016, with a slight decrease to 17 337 in 2017, followed by a jump to 19 832 in 2018. An estimated 23 544 children were born to teenage mothers in 2019 (National Institute of Statistics of Rwanda et al., 2016, pp. 42-68).

A cursory examination of Rwandan newspapers, media and scientific papers also reveals a significant concern regarding alcohol and illicit drug abuse among young people in Rwanda. The recent prevalence of illicit drug abuse, particularly of cannabis, among teenagers and adolescents has become a major public-policy issue and

a serious public-health problem (Igihe, 2022). Gishoma and colleagues (2023) found that 20.8% of participants in their research had consumed cannabis within the past 30 days.

While some studies suggest further investigations into the root causes of transmission of trauma and violence across generations, little attention has been given to exploring the link between historical wounds, and children's involvement in risky behaviours. Therefore, there is a need to investigate the causal relationships between these factors (Rheingold et al., 2004).

In this context, Interpeace commissioned Rwanda We Want to undertake participatory action research on the intergenerational transmission of experiences and legacies related to the genocide perpetrated against the Tutsi in the geographical areas covered by the Reinforcing Community Capacity for Social Cohesion and Reconciliation through Societal Trauma Healing programme. This comprehensive research study will sought to overcome the limitations of previous studies on the intergenerational transmission of genocide legacies.

Therefore, this research aimed to explore the interplay of intergenerational legacies and the transmission processes of post-traumatic stress disorder, guilt and shame, and aggression among post-genocide youth in Rwanda, as well as the correlation between these intergenerational genocide legacies and their effects on engagement in risky behaviours.

By unraveling these dynamics, the research also aimed to develop insights into effective strategies for addressing and healing the deep wounds caused by the intergenerational legacies of the genocide perpetrated against the Tutsi in Rwanda. The findings and conclusions of this research will inform the work of Interpeace and its partners to strategically design their interventions, particularly in connection with policies and strategies aimed at enhancing individual and community resilience for lasting national unity and peace at large.

Furthermore, the findings can inform the work of other relevant government institutions and non- state practitioners in the wider field of peacebuilding in Rwanda.

Research objectives

This study sought to contribute to the understanding of the potential link between parent–child communication and intergenerational transmission of genocide legacies, as well as the subsequent consequences of these legacies on the involvement of post-genocide youth in risky behaviours.

Specifically, the study aimed to:

- ➜ understand the dynamics of the genocide perpetrated against the Tutsi in terms of the circumstances and styles of parent–child communication
- ➜ determine whether or not parent–child communication induces transmission of genocide legacies (PTSD, guilt and shame, and aggression)
- ➜ examine the correlation between the prevalence of intergenerational genocide legacies and the engagement or involvement in risky behaviours among post-genocide youth.

Research questions

The research aimed to answer the following questions:

- To what extent do parents and children communicate about the genocide against the Tutsi and its legacies?
- Which dynamics (sparking circumstances, frequency, formats, parent(s) involved…) shape parent–child communication about the genocide?
- Does parent–child communication/conversation on the genocide induce the intergenerational transmission of PTSD, guilt and shame, and aggression as genocide legacies?
- Does the prevalence of intergenerational genocide legacies among post-genocide youth predict their engagement/involvement in risky behaviours?

Responding to these questions will contribute to the development of intervention strategies, policies, and programmes for sustained multisystemic recovery and resilience.

Scope

This study examined the interplay of intergenerational legacies and the transmission processes of post-traumatic stress disorder, guilt and shame, and aggression among post-genocide youth in Rwanda, as well as the correlation between these intergenerational genocide legacies and their effects on engagement in risky behaviours.

The study covered five districts: Musanze, Ngoma, Nyabihu, Nyagatare, Nyamagabe These are the districts covered by Interpeace interventions in the Reinforcing Community Capacity for Social Cohesion and Reconciliation through Societal Trauma Healing programme. The target population encompassed all households comprising young people aged 18 to 29 (those born after the genocide) and their parents or guardians aged 30 and above. Specifically, the respondents included youth born to genocide victims, genocide survivors, and genocide perpetrators, along with adults who were genocide survivors, had been genocide perpetrators, were returnees or were ex-combatants.

CHAPTER II. THEORETICAL AND EMPIRICAL REVIEW

This section explores the literature on intergenerational genocide legacies and risky youth behaviours to better understand these concepts. The literature review also provided insight into the main published opinions on the existence or absence of linkages between these concepts, andon how they relate to each other (or not).

Key definitions

The key concepts explored include genocide legacies, PTSD, depression, aggression, guilt and shame, intergenerational transmission of trauma, post-genocide youth, and risky youth behaviours.

Intergenerational genocide legacies

The concept of "intergenerational genocide legacies" refers to the transmission of trauma and its effects across generations within a specific group, often due to a shared history of genocide (Bezo and Maggi, 2015; Kagoyire and Richters, 2018). "Intergenerational trauma", which is the transference of emotional, physical or social pain from one person to their descendants (Lang and Gartstein, 2018), is a concept that originated in the decades after the Second World War when various studies proved that children and grandchildren of Holocaust survivors demonstrated certain symptoms of trauma such as nightmares and emotional and behavioural problems, which showed that the original trauma of the grandparent or parent had far-reaching effects (Sagi-Schwartz, van Ijzendoorn and Bakermans-Kranenburg, 2008).

According to Iyengar and colleagues (2014), Intergenerational trauma can be the result of many things such as unresolved emotions and thoughts about a traumatic event, negative repeated patterns of behaviour (including patterns of behaviour among parents), untreated or poorly treated substance abuse or severe mental illness.

Depression, post-traumatic stress disorder, attention deficits and behaviour disorders are some of the symptoms that can be observed in the generation affected by intergenerational trauma (Powers et al., 2020; Selimbašić, Sinanović and Avdibegović, 2012). The descendants of the person who suffered the original trauma will not necessarily develop the same disorders, but they will, be much more vulnerable than other people to anxiety, stress and depression (Sagi- Schwartz, van Ijzendoorn and Bakermans-Kranenburg, 2008).

Intergenerational genocide legacies, as seen in the context of the genocide perpetrated against the Tutsi in Rwanda, are marked by the transmission of trauma and identity problems from the first generation to their descendants (Kagoyire and Richters, 2018). This can lead to transgenerational trauma, which is the psychological impact of this trauma on subsequent generations (Danieli et al., 2015). One example is the experience of the Armenian population, among whom a higher risk of depression has been observed – potentially due to the genetic and historical damage caused by genocide (Karenian et al., 2011). Transgenerational hostility and guilt

can also result from this trauma, as individuals may internalise and perpetuate the trauma and its associated emotions (Lang and Gartstein, 2018).

These legacies are transmitted through direct and indirect pathways, including family communication, life circumstances and community interactions (Kagoyire and Richters, 2018; Eichelsheim et al., 2019; Berckmoes et al., 2017). The effects of this transmission can manifest in various ways, from identity problems to challenges in children's lives (Kagoyire and Richters, 2018; Berckmoes et al., 2017). Gerson (2019) emphasises the enduring psychological impact of genocidal trauma, while Kagoyire and Richters (2018) and Berckmoes and colleagues (2017) explore the specific challenges faced by descendants of genocide survivors, including identity issues and the potential for a "cycle of violence".

Various authors have emphasised the importance of recognising and addressing these legacies, with a call for appropriate policies and programmes to mitigate their effects and strengthen resilience (Kagoyire and Richters, 2018; Eichelsheim et al., 2019). This is particularly relevant in post-conflict settings, where support organisations can play a crucial role in addressing these legacies (Eichelsheim et al., 2019).

Saxbe and colleagues (2015) and Gerard and Buehler (1999) have also highlighted the impact of family dynamics and environmental factors on youth violence, including the role of early aggressive behaviour, exposure to violence, and intergenerational conflicts. These factors can contribute to risky behaviours among young people, including suicide, and underscore the need for comprehensive prevention efforts.

In this study, "intergenerational genocide legacies" refer to select legacies, namely post-traumatic stress disorder, guilt and shame, and aggression resulting from the genocide perpetrated against the Tutsi and transmitted from parents/guardians to their children.

"Intergenerational" versus "transgenerational" genocide legacies

Intergenerational genocide legacies refer to the direct transmission of effects from the members of the generation who experienced genocide to their immediate descendants. This transmission often involves direct communication of memories and experiences, as well as the observable impact on parenting styles, familial relationships, and psychological well-being. This transmission can include negative impacts, such as psychological trauma, and adaptive cultural and social practices (Eichelsheim et al., 2019).

Transgenerational genocide legacies, on the other hand, extend beyond immediate descendants to multiple future generations, encapsulating a broader and often more diffuse set of alterations that can impact cultural identity, collective memory, and ongoing societal and behavioural patterns. These effects are not limited to direct descendants but permeate through the community and cultural group, potentially affecting individuals who are not directly descended from survivors (Der Sarkissian and Sharkey, 2021).

Post-traumatic stress disorder

Post-traumatic stress disorder is a psychiatric condition triggered by experiencing or witnessing traumatic events such as natural disasters, violence or severe accidents. Individuals with PTSD may have persistent, distressing memories or dreams related to the events, experience flashbacks and feel intense psychological distress at cues that resemble an aspect of the traumatic event (Herman, 1992). PTSD can also involve efforts to avoid reminders of the trauma, feelings of detachment, and heightened reactions such as difficulty sleeping or irritability (Breslau, 2009). The disorder varies in duration and severity, impacting social, occupational and other important areas of functioning.

Research supports the notion that PTSD represents a chronic condition that develops from trauma. For instance, Kolaitis (2017) noted that while acute stress reactions are common immediately following a traumatic event, PTSD involves persistent symptoms such as re-experiencing the trauma, avoidance, and hyperarousal that last for months or years, significantly impairing an individual's ability to function. Furthermore, a meta-analysis by Morina and colleagues (2014) found that spontaneous remission rates for PTSD vary, with a substantial proportion of individuals experiencing chronic symptoms without specific treatment, highlighting the long-term nature of the disorder.

While trauma represents an initial emotional response to a distressing event, PTSD is a chronic condition that can develop when these reactions do not resolve and instead persist and intensify over time. With this understanding, in the context of Rwanda 30 years after the genocide perpetrated against the Tutsi, looking for signs of PTSD becomes particularly relevant.

Depression

Depression, also known as major depressive disorder, is characterised by a persistent feeling of sadness and a lack of interest in previously enjoyed activities. It significantly affects how a person feels, thinks, and handles their daily activities. Symptoms must last at least two weeks and represent a change from previous functioning to be diagnosed. Common symptoms include changes in sleep, appetite, energy level, concentration, daily behaviour, or self-esteem. Depression can also be associated with thoughts of suicide (Fancher and Kravitz, 2010). The condition is complex, involving emotional, physical, and cognitive components, and can lead to substantial impairments in an individual's life (Belmaker and Agam, 2008).

Hostility

Hostility is often defined as a set of attitudes and judgments that motivate aggressive behaviours. It typically involves negative attitudes, such as anger and contempt toward others, and can manifest as verbal or physical aggression. Hostility is recognised as a response to perceived threats and can significantly affect interpersonal relationships and personal well-being (Buss, Durkee and Baer, 1956; Smith, 1992). Holt-Lunstad, Smith, and Uchino (2008)Research suggestthat high levels of hostility are linked to various health risks, including cardiovascular diseases, owing to their impact on stress levels and social interactions.

Aggression

Aggression is a multifaceted behaviour, characterised by actions intended to harm or injure another individual, either physically or psychologically. According to Buss and Perry (1992), aggression encompasses a range of behaviours, including physical and verbal actions that are aimed at causing harm or asserting dominance over others. It can manifest in various forms, such as physical aggression (e.g. hitting, kicking), verbal aggression (e.g. yelling, insulting), and indirect aggression (e.g. spreading rumours, social exclusion).

While aggression and hostility are related concepts, they are distinct in their definitions and implications. Hostility is generally understood as a negative attitude or disposition towards others, characterised by feelings of anger, resentment, and mistrust. It often precedes aggressive behaviour but does not always result in overt acts of aggression. Hostility can manifest as chronic suspiciousness and a tendency to interpret others' actions

as malevolent. On the other hand, aggression refers to the actual behaviours that are intended to harm or injure another person. In essence, while hostility reflects an internal state of negative affect and cognitive bias, aggression represents the external expression of these feelings through harmful actions (Ramírez and Andreu, 2006).

Guilt and shame

Guilt is a complex emotional experience that arises when a person believes they have done something wrong, violating their moral or social standards. It involves a critical self-assessment and is often associated with feelings of remorse and the desire to make amends. Guilt's primary function is to maintain personal and social order by encouraging individuals to adhere to moral codes and societal norms (Brooke, 1985; Baumeister, Stillwell and Heatherton, 1994). It plays a crucial role in regulating behaviour and fostering healthy relationships by promoting empathy and prosocial actions.

Shame is an emotion that arises when individuals perceive themselves as failing to meet certain standards, norms or ideals. It is often characterised by feelings of inferiority, self-consciousness, and a desire to hide or disappear. This emotion can be triggered by actions or attributes that one finds deeply humiliating or dishonourable. Unlike guilt, which focuses on specific behaviours and the harm caused to others, shame is more about a global negative evaluation of the self and the perception of being fundamentally flawed. Shame plays a significant role in social interactions and can be both a product of and a contributing factor to various psychological and social issues (Scheff, 2014; Thomason, 2015).

Risky youth behaviours

The definition of risky youth behaviours is complex and multifaceted, and it has been influenced by social, economic and individual factors. Gruber (2001) highlights an economic dimension, noting the influence of economic incentives and macroeconomic conditions on risk-taking behaviour among young people. Brener and colleagues (2004) provide a comprehensive overview of specific risky behaviours, including those related to unintentional injuries, violence, substance abuse, unsafe sexual behaviours, unhealthy dietary habits and physical inactivity.

In this study, the term "risky youth behaviours" is used to refer collectively to several behaviours that can have an immediate, medium-term or long-term negative impact among people between the ages of 16 and 30 years old in Rwanda, as per the definition of "youth" indicated in the national youth policy (Ministry of Youth and ICT, 2015).

Intergenerational genocide legacies in Rwanda

Dong and Krohn (2015) provide a summarised explanation of the transmission of legacies across generations; intergenerational continuity, and intergenerational discontinuity. These authors suggest that intergenerational continuity can be homotypic, in which the same behaviours in parents are predicted at a later stage in the second generation, but can also be heterotypic, when a behaviour in parents predicts another behaviour at a later stage in the second generation. Dong and Krohn refer to intergenerational resilience when explaining the intergenerational discontinuity.

In Rwanda, after recurrent outbreaks of mass violence since 1959, the 1994 genocide against the Tutsi and its aftermath led to drastic changes in family and societal structures. Of a total population of over 7 million, it is estimated that over 1 million people were killed (Rieder and Elbert, 2013). Roughly 56% of the deceased were men (ibid.). Many women survived as captives, often subjected to extreme violence, and they consequently continue to struggle with their physical, mental and social well-being (e.g. Berckmoes et al. 2017) V.

As a result, after stopping the genocide, many perpetrators were detained, while tens of thousands fled to neighbouring countries and were also (often upon their return from exile) detained, tried and imprisoned on genocide-related charges by normal criminal and Gacaca community courts (Clark and Kaufman, 2008). As such, the sex ratio and traditional gender roles in Rwandan society have been significantly modified (Rutayisire and Richters, 2014). Women had to step into the void left by men and attend to roles traditionally occupied by men and vice versa (Schindler, 2010). Also, many women or men had to provide for their husbands or wives who were and, in some cases, still are detained (Tertsakian, 2004).

In this context, a deep concern exists over the potential intergenerational transmission of the legacies of the negative consequences of the genocide perpetrated against the Tutsi and its aftermath – from those who experienced the genocide directly to those who did not (i.e. the children who were not yet born in 1994). However, there is a limited understanding of the mechanisms underlying intergenerational transmission of experiences of mass violence and responses to it, and how to best address this phenomenon through policy and practice. In the context of this study, the focus was on intergenerational PTSD, guilt and shame, and aggression as the intergenerational legacies of the genocide in Rwanda.

The effects of the 1994 genocide have been mainly studied among the generation that consciously lived through the genocide as victims, perpetrators or bystanders (Rieder and Elbert, 2013). Most of these studies include participants who were 18 years of age or older during the genocide, while only some include young people who were children or adolescents at that time, and only rarely are children included who were born in the years immediately following the genocide.

It is, however, important to acknowledge that all outcomes of war and genocide do not solely lead to loss and disability, but rather can promote creative coping skills and be transformed into sources of strength, resilience and success (Lehrner and Yehuda, 2018). According to Braga, Mello and Fiks (2012), resilience is the process of adapting well to distressing life or societal conditions by counteracting the effects of risk factors by means of adopting both internal and externally available protective measures that, in the end, contribute towards achieving a positive adaptation in the face of significant adversity.

Exploratory studies have been conducted on the pathways of transmission and the consequences observed among youth. Findings demonstrate that how mothers talk or act silently about past events in interactions with their children is an example of a pathway of direct intergenerational transmission (Berckmoes et al., 2017). The same authors also highlight that the transmitted legacies of the genocide and its aftermath may manifest themselves through the adverse conditions in which the child grows up (indirect intergenerational transmission). Some of the identified elements include poverty; disturbed family structures, such as missing or unavailable family members; and compromised family functioning, which sometimes manifests in marital conflict or violence or inadequate caregiving (Berckmoes et al., 2017).

Trauma, as one of the triggers of intergenerational legacies, has far-reaching consequences for individuals and communities. Understanding the factors that contribute to the transmission of trauma within families is crucial for developing effective strategies to address and heal its deep wounds. This research sought to explore how communication about the genocide relates to differences in the prevalence of PTSD within families.

Guilt and shame, aggression, and other significant intergenerational legacies carry complex emotions that intertwine with personal and collective responsibility. In the context of the genocide, guilt and shame and ag-

gression are multifaceted phenomena experienced by the descendants of both the victims and survivors and of the perpetrators. The present research examined how intergenerational communication influences the experience of guilt and shame and aggression among Rwandan youth born after the genocide perpetrated against the Tutsi.

CHAPTER III. METHODOLOGY

This section outlines the research methodology employed to investigate the intergenerational legacies of genocide and their relationship with risky behaviours among post-genocide youth in Rwanda. A mixed-methods approach, combining qualitative and quantitative techniques, was used to provide a holistic understanding of the phenomena under study. The methodology facilitated an in-depth exploration of the experiences and perceptions of post-genocide youth and their parents. The study's design, population targeting, sample-size determination, data collection methods and analytical strategies are described next.

Study design

This study combined qualitative and quantitative methods to gain a comprehensive understanding of the interplay of intergenerational legacies among post-genocide youth in Rwanda. This combined design enabled a deep dive into the lived experiences, perceptions and narratives of respondents and participants, providing rich and contextual insights into the dynamics of intergenerational transmission of PTSD, guilt and shame, and aggression, along with the potential link between these legacies and the prevalence of risky behaviours among post-genocide youth in Rwanda.

Target population and inclusion criteria

The study covered five districts: Musanze, Ngoma, Nyabihu, Nyagatare, Nyamagabe. These are the districts addressed by Interpeace through its Reinforcing Community Capacity for Social Cohesion and Reconciliation through Societal Trauma Healing programme. The target population comprised all households where youth aged 18 to 29 (those born after the genocide) live with their parents/guardians aged 30 and above.

Data collection methods

The study used four main methods:

1. a desk review of literature
2. a pair of structured questionnaires
3. key-informant interviews (KIIs)
4. focus group discussions (FGDs).

Desk review

The desk review examined published literature on three aspects:

1. parent–child communication in post-conflict settings
2. intergenerational transmission of trauma
3. risky behaviours among youth

and the potential connections between them.

Relevant books, research reports, journal articles and institutional reports were consulted. The desk review proved helpful in defining the research background and research problem (above) and in informing the study design and discussion of the findings (below).

Structured questionnaires

The study included two structured questionnaires. The first was composed of self-assessment questions to be answered bey either young people born after the genocide or by their parents/guardians. The self-assessment questions were designed to measure symptoms of PTSD, guilt and shame, and aggression – the genocide legacies suspected to be transmitted by parents/guardians through intergenerational communication about the genocide against the Tutsi and its aftermath.

The second questionnaire was used to measure the prevalence of risky behaviours such as drug abuse, alcohol abuse and unprotected sex, among others. The aim was to find out whether a correlation exists between the presence of intergenerational genocide legacies and the engagement in risky behaviours among post-genocide youth.

Focus group discussions

Organising focus groups provided a valuable opportunity for participants from diverse backgrounds or experiences to engage in group discussions. The participants included youth born after the genocide (aged 18 to 29 at the time) living in families with adult parents/guardians (aged 30 and above), from different sociohistorical backgrounds:

- ➔ born to survivors
- ➔ born to perpetrators
- ➔ old-case and new-case returnees
- ➔ ex-combatants:
  - ex-Rwandan Patriotic Army (RPA)
  - ex-Rwanda Defence Force (RDF)
  - ex-Forces Armées Rwandaises (FAR),
  - ex-other armed groups.

The FGDs also included adult parents/guardians aged 30 and above in families with children born after the genocide (aged 18 and above), from different sociohistorical backgrounds:

- genocide survivors
- genocide perpetrators
- old-case and new-case returnees
- ex-combatants:
  - ex-RPA
  - ex-RDF
  - ex-FAR
  - ex-other armed groups.

The FGDs featured a good gender balance with half the participants being male, and half being female.

The FGDs facilitated dynamic interactions among participants, allowing for the exploration of shared perspectives, collective meanings and social influences surrounding the transmission of intergenerational legacies through parent–child communication about the genocide, and the perceived link and relationship between these legacies and risky behaviours among post-genocide youth.

Key-informant interviews

Key-informant interviews were conducted with selected individuals based on their professional experience with issues such as mental health, intergenerational dialogue, family dynamics and risky behaviours, among others. The aim of engaging these people was to understand their insights as experts, practitioners or decision makers into intergenerational dialogue in a post-genocide context, and the potential link between such communication and the intergenerational transmission of genocide legacies. In a similar vein, participants were able to share their perspective on the potential connections between intergenerational legacies and youth engagement in risky behaviours.

Sample-size determination and sampling techniques

Sampling plan for the quantitative component

Sample-size determination

The determination of the sample size followed two major steps:

1. calculation of the minimum sample size

2. calculation of the sample size for the five districts.

The sample size was calculated using Raosoft sample size calculator (Raosoft, Inc.,2023**)**, with the following parameters:

- size of the study population: an estimate of 20 000 individuals was used, given that the actual size of the study population was not known

- margin of error: 5%
- confidence level: 95%
- response distribution: 50%.

These values resulted in a minimum sample size of 380 individuals. Regarding the sample size based on five strata (districts) for the sake of generalising research findings, Kish's formula (Kish,1965) was used as follows.

Computed by the Raosoft sample size calculator, the sample size (n) for this study was n = 380. This is the minimum sample size for one stratum. Given that the survey findings will be generalised to the district level, for the sake of representativeness, the corrected sample size (N) considers five districts (strata), which can be represented by D (number of strata) and stands as follows:

n = 380

N = n x (D x 0.65) = 380 x (5 x 0.65) (see Kish, 1965)

N = 1 082

Furthermore, we assumed a 10% non-response rate, making the mitigated sample size:

N = 1082 + (1082*10/100) = 1 340, to include 670 youth and 670 parents/guardians.

Sampling methods

The selection of respondents relied on multistage sampling and stratified techniques. With the former technique, the sampling was conducted at different levels of local government structure (clusters) as follows:

- The five districts that were addressed by the societal healing programme.
- Three sectors were randomly selected from each district.
- Two cells were randomly selected from each selected sector.
- Two villages were randomly selected from each selected cell.
- Some 23 households were randomly selected (from the list of eligible households) from each selected village.
- One eligible youth was randomly selected from each selected household.
- One parent/guardian was randomly selected from each selected household.

The National Institute of Statistics of Rwanda was the source of the names of the districts, sectors, cells and villages that served as the sampling frame for decentralised entities (see the appendix to this report).

The stratified sampling technique consisted of respondents in two strata, namely youth born after the genocide on the one hand, and parents/guardians on the other hand. During the selection of respondents at the household level, enumerators made sure that if a youth was selected in the household, a parent/guardian was

selected in the next household, and so on. Similarly, for the sake of ensuring gender balance in the study sample, enumerators carefully selected male and female respondents, both among youth and parents/guardians.

Sampling plan for the qualitative component

Some 150 individuals (in FGDs) were engaged to provide qualitative insights. Three focus group discussions comprising 10 people each took place in each of the five districts:

1. one for parents/guardians only
2. one for youth only
3. one for a mix of parents/guardians and youth.

A deliberate sampling technique was used to select these participants. In this way, the study was inclusive of key sociohistorical categories of Rwandans such as genocide survivors, former genocide prisoners, old-case and new-case returnees, bystanders (those who were neither victims/survivors nor perpetrators of the genocide but were living in Rwanda during the event), demobilised ex-combatants, and so on. Men and women, boys and girls falling within the aforementioned age criteria were included equally.

Lastly, 15 people were engaged via key-informant interviews. These included a representative each of the local authorities at the district and sector levels and a youth representative in each district.

Data analysis

The quantitative data were extracted from the server and transferred to a Google sheet for cleaning before being imported to STATA for analysis. Descriptive statistical analysis was used to determine the extent of intergenerational dialogue (parent–child) at the family level on the genocide against the Tutsi and assess levels of trauma (PTSD), depression, guilt, aggression, and risky behaviours among the youth. Similarly, linear-regression analysis was performed to assess whether any correlation exists between parent–child communication and intergenerational transmission of genocide legacies (PTSD, guilt and shame, and aggression), on the one hand, and between genocide legacies among youth and risky behaviours on the other hand.

With respect to qualitative-data analysis, the collected qualitative data from all districts were consolidated to allow manual thematic data analysis. Large themes associated with the study objectives were broken down into sub-themes, sub-sub-themes, and so forth. Similarities and dissimilarities were thus established and examined.

For the purpose of data triangulation, validity and reliability of the results, data collected from different sources and through different methods were compared (on similar aspects covered by different methods). The comparison allowed us to check whether the data corroborated, nuanced or contradicted each other.

Quality control

Several quality assurance measures were taken before, during and after the data collection. Before the data collection, there was a review of the methodology and data collection tools by Interpeace, Prison Fellowship Rwanda and the National Institute of Statistics of Rwanda. During data collection, a tablet-based questionnaire

was used to not only ease the data collection but also minimise potential errors. Also, field team leaders supervised the field activities to ensure that data were collected only from eligible respondents, that the questionnaires were correctly administered and that responses were entered properly. After the data collection, the data were cleaned before being analysed in STATA. This report was reviewed and validated internally by Rwanda We Want, Interpeace, and Prison Fellowship Rwanda before publication.

Ethical considerations

In conducting this research, several ethical considerations were meticulously addressed to ensure the integrity of the study and the protection of participants. These include obtaining a research visa, securing informed consent, and maintaining confidentiality throughout the research process.

Research visa

Interpeace requested the study visa from the National Institute of Statistics of Rwanda as per the normal procedures and guidelines (National Council for Science and Technology, 2023). A recommendation letter from the Ministry of National Unity and Civic Engagement was requested to that end.

Informed consent

Prior to engaging participants, the enumerators and facilitation team members clearly advised the respondents and participants on how they had been identified and selected, the study objectives, what the collected information was to be used for and the voluntary nature of their participation in the study. Verbal consent was sought and obtained, such that data were collected only from those who accepted to participate. Moreover, because of the sensitivity of the research, the supervisor paid particular attention and briefed the enumerators on people management skills for the FGDs.

Confidentiality

The researcher's duty to protect participants from possible harm is enshrined in World Health Organization recommendations on ethics and safety (World Health Organization, 2007, pp.12-18). Maintaining confidentiality was therefore a critical ethical consideration in this study to safeguard the privacy and dignity of the participants. All the data collected, including the questionnaire response and the contributions to the KIIs and the FGDs were treated with the utmost confidentiality. The data were anonymised to ensure that individual identities remain protected. Access to the data was restricted to authorised personnel involved in the research process. As was assured to the participants during the data collection phase, their information was used solely for research purposes and was not disclosed to anyone outside the research team without participants' explicit consent.

CHAPTER IV. RESULTS

This chapter presents and discusses this study's findings, providing a detailed analysis of the sociodemographic characteristics of the study participants, the dynamics of intergenerational communication, and the prevalence and impact of risky behaviours among post-genocide youth in Rwanda. It examines the connections between intergenerational transmission of PTSD, guilt and shame, and aggression from parents to their children, and how these legacies influence youth behaviours. By exploring the patterns and outcomes of these communications, this chapter offers insights into the complex interplay between historical trauma and current societal challenges, shedding light on the potential pathways for societal healing and transformation.

Response rate

A total of 600 adults and 643 youth participated in the surveys. Only 601 youth participants had discussed the genocide with their parents and could therefore be included. The remaining 42 participants reported that they had not engaged in such discussions with their parents or guardians. The survey thus achieved a good participation and response rate. All targeted participants for both quantitative and qualitative consultations were reached successfully and provided their perspectives, opinions and views.

Sociodemographic characteristics

Age

Table 1: Distribution of respondents by age group

Category	Age	Female	Male	Total	Percentage
Youth	18-20	156	131	287	44.64%
	21-24	126	120	246	38.26%
	25-29	43	67	110	17.10%
	Total	325	318	643	100.0%
Adults	30-40	67	37	104	17.30%
	41-50	130	119	249	41.50%
	51-60	62	74	136	22.70%
	61-70	34	54	88	14.70%
	70+	10	13	23	3.80%
	Total	303	297	600	100.00%

Table 1 presents the distribution of respondents by age group, delineating both youth and adult segments and offering a gender breakdown within each age group. These data provide a clear picture of the demographic

composition of the survey participants, which is crucial for understanding the context and implications of their responses.

First, among the youth respondents, the 18-20 age group is the largest, comprising 44.64% of the youth sample. This group includes 156 females and 131 males, indicating a slightly higher female representation. The significant proportion of respondents in this age group suggests a focus on young adults who are transitioning from adolescence to adulthood, a period often marked by critical developmental changes and challenges.

The second-largest youth age group is 21-24, making up 38.26% of the total youth respondents. This group is relatively balanced in terms of gender, with 126 females and 120 males. The distribution indicates that a substantial portion of the youth respondents are in their early twenties, a stage where they are likely facing the pressures of establishing their careers and personal identities. This demographic is essential for understanding the impact of the genocide on young adults who may be pursuing higher education or entering the workforce.

The smallest youth age group is 25-29, accounting for 17.10% of the youth respondents, with 43 females and 67 males. The lower representation of this age group might reflect demographic trends or challenges in reaching this population. This group is significant as they are often more settled in their careers and personal lives than their younger counterparts, providing a perspective on how the effects of the genocide continue to influence slightly older young adults.

Among adult respondents, the largest age group is 41-50, representing 41.50% of the adult sample. This group has 130 females and 119 males, highlighting a balanced gender distribution. Adults in this age range likely include parents of the youth respondents and individuals who were directly affected by the genocide as young adults or older children, making their insights particularly valuable for understanding the long-term impact of the genocide on middle-aged Rwandans.

The second-largest adult age group is 51-60, comprising 22.70% of the adult respondents, with 62 females and 74 males. This group includes individuals who were adults during the genocide, and their experiences and current mental-health status can provide critical insights into the enduring effects of the trauma and the challenges they face in supporting younger generations.

The adult respondents aged 30-40 account for 17.30% of the sample, while those aged 61-70 make up 14.70%, and those aged 70+ represent 3.80%. These groups provide a range of perspectives from relatively younger adults who may still be raising children to older adults who are likely grappling with the long-term consequences of the genocide in their later years. The diversity in age among adult respondents ensures a comprehensive understanding of the intergenerational effects of the genocide and the varying needs of different age groups in post-genocide Rwanda.

Education

Table 2: Distribution of respondents by level of education

Category	Level of education	Male	Female	Total
Youth	Primary	90	106	196
	Lower secondary	90	57	147
	Uncompleted primary	51	65	116
	Upper secondary	47	44	91
	None	5	11	16
	Professional training	10	4	14
	TVET	5	4	9
	Bachelor	4	3	7
	Postgraduate studies	3	2	5
	Total	305	296	601
Adults	Primary	90	114	204
	Uncompleted primary	88	80	168
	None	93	65	158
	Lower secondary	20	21	41
	Professional training	2	7	9
	Upper secondary	5	2	7
	TVET	2	4	6
	Postgraduate studies	3	2	5
	Bachelor	0	2	2
	Total	303	297	600

Table 2 provides a detailed breakdown of the educational levels among youth and adult respondents. Among youth respondents, completion of only primary education stands out as the most prevalent category, with 196 individuals (90 males and 106 females) representing 32.6% of the total sample. This suggests a foundational level of education is widely accessible, although barriers to progressing beyond primary school are evident. Lower-secondary education follows with 147 participants (90 males and 57 females), accounting for 24.5% of the youth respondents.

A significant number of young people – 116 individuals (51 males and 65 females) – did not complete primary education, comprising 19.3% of the youth sample. This reflects potential barriers such as socio-economic challenges or the lingering effects of the genocide on families. Completion of upper secondary education was reported by 91 individuals (47 males and 44 females), representing 15.1% of the youth respondents.

Additionally, 16 youth (five males and 11 females) reported having no formal education, while professional training had been undertaken by 14 individuals (10 males and four females), and technical and vocational education and training (TVET) by nine (five males and four females). These alternative education paths highlight diverse opportunities for skills development beyond traditional academic routes.

Among adults, completion of primary education only was also predominant, with 204 individuals (90 males and 114 females), representing 34% of the adult sample. This indicates historical improvements in female ed-

ucation and their participation. However, 168 adults (88 males and 80 females) had not completed primary education, comprising 28% of the adult respondents and underscoring ongoing challenges in educational continuity. A significant number of adults –158 individuals (93 males and 65 females) – reported no formal education, accounting for 26.3% of the adult sample.

Lower-secondary education had been completed by 41 adults (20 males and 21 females), and upper secondary by only seven (five males and two females), reflecting limited access to higher-education opportunities among adults. Few adults had pursued higher education, with nine in professional training, six in TVET, five in postgraduate studies, and two at the bachelor's level.

Sociohistorical category

Table 3: Youth respondents' sociohistorical categories

Category	Male	Female	Total
Descendant of a bystander (neither survivor nor perpetrator, but living in Rwanda during the genocide)	162	174	336
Descendant of a new-case returnee (1994-na nyuma yaho)	36	36	72
Descendant of a genocide survivor	30	29	59
Born of mixed marriage	22	18	40
Descendant of a genocide perpetrator	10	11	21
Young people with no identity reference	15	5	20
Ndi umunyarwanda ("I am Rwandan")	9	6	15
Descendant of an old-case returnee (1959-1963, 1973, 1990)	6	8	14
Descendant of demobilised RPA/RDF combatants	5	5	10
I don't know	4	2	6
Descendant of a protector of the friendship covenant	4	1	5
Descendant of ex-FAR combatants	2	1	3

Table 4: Adult respondents' sociohistorical categories

Category	Male	Female	Total
Bystander	163	166	329
New-case returnee	73	57	130
Genocide survivor	33	11	44
Old-case returnee	5	14	19
Genocide perpetrator	3	14	17
Ndi umunyarwanda	8	6	14
Other	6	6	12
Demobilised RPA/RDF combatants	2	8	10
Protector of the friendship covenant	2	7	9
Ex-FAR combatants	1	7	8

Category	Male	Female	Total
Married to a genocide perpetrator	6	0	6
A former armed group member	1	1	2

This study captured a diverse array of sociohistorical backgrounds among youth and adult respondents, reflecting the complex interplay of identities and experiences stemming from the genocide perpetrated against the Tutsi in Rwanda. The participants include descendants of genocide survivors, perpetrators, and those associated with various roles during the genocide. This diversity is crucial for understanding the varied ways in which the legacy of the genocide perpetrated against the Tutsi is experienced and transmitted across generations.

Among the respondents, there were individuals from families of genocide survivors who were still carrying the psychological and emotional imprints of the experiences of their relatives. Similarly, some relatives of genocide perpetrators still grapple with the burden of the historical actions committed by their family members and this affects their family identity and societal perception.

Furthermore, this study includes respondents who are descendants of bystanders, mixed marriages, and different wives of returnees, enriching our understanding of the Rwandan diaspora's impact on identity and societal integration. The presence of families with members who were once part of the armed forces, including RPA/RDF and ex-FAR combatants, adds another layer of complexity, highlighting and stressing the ways in which the legacies of the genocide perpetrated against the Tutsi have continuously been transmitted during and since the genocide.

It is essential to recognise that these backgrounds may influence the ways in which parents and communities transmit memories and narratives of the genocide to younger generations, potentially shaping their perceptions and interactions in contemporary Rwandan society.

Dynamics of parent–child communication about the genocide perpetrated against the Tutsi and its aftermath

This section delves into the intricate dynamics of communication between parents and children regarding the genocide perpetrated against the Tutsi and its aftermath. It explores how and when these critical discussions are initiated, the varying styles of communication employed, the roles of different family members in these conversations, and the specific aspects of the genocide that are most frequently discussed. By examining these dynamics, this study aims to shed light on the intergenerational transmission of trauma and other genocide legacies, the role of family dialogue in healing and education, and the broader societal implications of these intergenerational exchanges. The findings offer a comprehensive understanding of the barriers and enablers to effectively initiate communication about these profound and sensitive traumatic events.

Age at which the genocide is first discussed

Table 5: Youth respondents

How old were you when you discussed the genocide with your parents?	Frequency	Percentage
5-7	8	1%
8-10	72	12%
11-13	163	27%
14-16	228	38%
17-19	95	16%
20+	26	4%
I don't remember	9	1%
Total	601	100%

Table 6: Adult respondents

How old was your youngest child when you discussed the genocide with him or her?	Frequency	Percentage
5-7	90	15%
8-10	147	25%
11-13	187	31%
14-16	122	20%
17-19	26	4%
20+	5	1%
I don't remember	23	4%
Total	600	100%

The data from Tables 5 and 6 indicates a predominant age range during which conversations about the genocide typically begin. Analysis of both youth and adult responses shows a marked concentration of discussions starting within the 11-16 age range, capturing a critical developmental stage for children and young adolescents. Yurgelun-Todd (2007) characterises this period as being marked by significant cognitive, emotional and social development. Hence, parents and guardians may deem it most suitable for introducing and navigating the complex themes of PTSD, guilt and shame, aggression and reconciliation that are intertwined with the genocide's legacy.

Some 38% of the youth reported having their first conversations about genocide at ages 14–16. This was followed by those who stated that such conversations started at ages 11-13, accounting for 27% of responses. Among adults, reports of genocide-related discussions predominantly started at ages 11-13 concerned 31% of responses, followed closely by ages 8-10 (25%) and 14-16 (20%). Both youth and adults showed a similar trend, in that the peak for initiating discussions is during early to mid-adolescence. However, there is a notable shift in the initiation of conversations at slightly earlier ages when viewed from the adult perspective, with a higher frequency of discussions reported at ages 8-10 compared to the youth reports.

The aging stability hypothesis suggests that as individuals grow older, their personality traits, values and be-

haviours become increasingly stable and resistant to change (Alwin and Krosnick, 1991). Pöge (2020) supports this and classifies the ages 13 to 19 as formative years because values become more stable parts of an individual's personality during this period. Therefore, the consistency in focusing discussions during the 11-16 age range has significant implications for how genocide legacies – such as PTSD, guilt and shame, and aggression – are transmitted. This age is crucial for developmental reasons, as children begin to form stronger moral and ethical understandings and are more capable of processing complex historical and emotional information (Yurgelun-Todd, 2007). The timing suggests a strategic approach by parents and guardians to introducing such sensitive topics when children are most receptive to learning and discussing historical context, emotional impact and social implications.

Studies such as that by R Dyregrov and colleagues (2000) highlight the profound psychological impacts and high levels of PTSD observed among Rwandan children exposed to genocide. These findings reinforce the importance of timing discussions to coincide with developmental stages that can handle the psychological burdens of such conversations. Additionally, Schaal and Elbert (2006) note the long-term psychological effects observed in adolescents a decade post-genocide, underscoring the necessity of engaging children in discussions during their formative years to help process and mitigate these impacts.

Engaging with the history and consequences of genocide during these formative years might be intended to foster a deeper understanding and a personal connection to these events, helping to cultivate a sense of identity and community responsibility. Moreover, the initiation of these discussions at a relatively young age underscores the importance of early education on serious topics to prepare younger generations for the complexities of their societal narratives.

The variation in initiation ages also points to a personalised approach within families, likely influenced by individual perceptions of a child's readiness, emotional maturity, and the family's direct or cultural connection to the events discussed. This variation highlights the need for sensitivity and adaptability in how such topics are introduced to young people.

Communication styles

Table 7: Communication styles used by parents/guardians to discuss with youth about the genocide (youth respondents)

Style	Female	Male	Total	Percentage
Casual discussions	222	228	450	68%
Normative/instructional conversations	147	156	303	43%
Storytelling	85	86	171	28%
Formal discussions	38	38	76	13%
Educational resources	18	23	41	9%

Table 8: Communication styles used by parents/guardians to discuss with youth about the genocide (adult respondents)

Style	Male	Female	Total	Percentage
Casual discussions	206	203	409	74.8.%
Normative/instructional conversations	126	130	256	50.50%
Storytelling	82	88	170	28.30%
Formal discussions	38	40	78	12.70%
Educational resources	30	24	54	6.80%

The findings on communication styles used by parents and guardians to discuss the genocide reveal a distinct preference for casual discussions, as reported by both youth and adults. This trend underscores a familial inclination towards informal and spontaneous forms of communication in handling such a sensitive and weighty topic as genocide. Casual discussions are preferred by a significant majority, with 74.8% of adults and 68% of youth identifying this style as the primary mode of communication. This approach may reflect a broader societal tendency to favour accessible, approachable methods that foster a safe and open environment conducive to emotional expression and engagement. The preference for these less formal, more spontaneous communication styles indicates a strategic choice by families to engage with traumatic history in a manner that prioritises emotional accessibility and engagement.

> *There are some times when my mother sees a machete and tells us not to put something like that where it is visible, and that can directly lead to a conversation about genocide, which starts with discussing how machetes were used to kill people.*
>
> – Youth respondent from Nyamagabe district during focus group discussions

This quote highlights how everyday objects and casual moments can trigger spontaneous discussions, allowing sensitive topics to be addressed in a more natural and less confrontational manner.

The prominence of casual discussions can be attributed to several factors. First, the informal nature of these conversations may lower barriers to emotional engagement, making it easier for children and adolescents to articulate their feelings and thoughts about such complex subjects. In the context of discussing traumatic historical events like genocide, creating a non-threatening atmosphere is crucial for facilitating deeper understanding and emotional processing. This aligns with findings by Ingabire and colleagues (2022), which highlight the complex social navigation involved in discussions about genocide within Rwandan families, balancing emotional well-being with the conveyance of historical truths.

Following casual discussions, normative/instructional conversations are also prevalent, with 50.5% of adults and 43% of youth reporting their use. This style involves more structured dialogue with a focus on imparting specific values or lessons. It suggests that while there is a preference for informal discussions, there is also a significant reliance on more directive forms of communication. These conversations likely serve to frame the genocide within moral or ethical contexts, aiming to teach specific lessons about right and wrong, and the importance of understanding historical events not just as past occurrences, but as integral elements of moral education.

Storytelling, reported by 28.3% of adults and 28% of youth, represents another key communication style. This method utilises narratives, often personalised or culturally significant, to convey the realities and implications of the genocide. Storytelling can be particularly effective in making historical events relatable and memorable, especially for younger audiences. It allows parents and guardians to embed harsh truths within more digestible and engaging formats, potentially easing the transmission of difficult knowledge and facilitating a more

empathetic connection to the past, as noted in the study by Melander and colleagues (2016) on the communication between Khmer Rouge genocide survivors and their offspring.

The extensive reliance on casual discussions for conveying the legacies of genocide, such as PTSD, guilt and shame, and the complexities of historical narratives, has profound implications for the intergenerational transfer of these sensitive topics. Casual conversations typically foster a climate of emotional openness, allowing for more spontaneous and personal exchanges. This style of communication can be instrumental in facilitating emotional healing, as it encourages individuals to express their feelings and share personal stories related to the genocide (Jessee, 2017). Such an approach is invaluable for addressing the personal and communal impacts of historical trauma, creating a supportive environment where family members feel safe to explore their emotions.

However, this same openness may also lead to gaps in understanding the full scope of historical events. The informal nature of these discussions often means that certain nuances or complexities of the genocide might not be fully addressed, which can result in a less comprehensive grasp of the events and their broader implications (Jessee, 2017). Meanwhile, normative and instructional conversations, which are also frequently used, provide a more structured approach to discussing genocide. This method involves direct teachings about moral and historical lessons, which help to form a framework through which younger generations can interpret such events. Although less prevalent than casual discussions, these conversations are crucial for instilling a deeper, more contextual understanding of the genocide, embedding it within a broader ethical or moral narrative.

Storytelling, another significant method, employs personal narratives or culturally resonant stories to make the history of the genocide more tangible and accessible to younger listeners. By personalising the events, storytelling can make the abstract and often overwhelming details of genocide more relatable and digestible. For instance, a parent from Nyamagabe district during focus group discussions mentioned, “I often tell my children stories about how we survived and the challenges we faced. It helps them understand our history in a way that they can relate to.” This method bridges emotional and factual learning, providing a memorable and impactful way to educate about the past.

However, the preference for informal over formal discussions presents certain challenges. This tendency might reflect a societal inclination to shy away from more rigid, structured settings that could lead to confrontational discussions about difficult truths. While casual discussions are less intimidating and more accessible, they may lack the depth required to foster a full understanding of the genocide’s complexities. This aversion to formal discussions could limit opportunities for critical engagement with crucial topics such as guilt, responsibility and the need for reconciliation, which are essential for comprehensive historical education and the healing process.

While the favoured informal communication styles facilitate initial emotional engagement and personal connection to the history of genocide, they might also impede the transmission of a more complete understanding of the events. Balancing these styles with more structured educational approaches could enhance the depth of understanding and ensure that younger generations are both emotionally connected to and intellectually informed about their history.

Parents/guardians involved in conversations about the genocide

Table 9: Youth respondents

Parents involved in the conversation	Frequency	percentage
Mother/Female figure	333	55.4%
Both	134	22.9%
Father/Male figure/Guardian	134	22.9%
Total	529	100%

Table 10: Adult respondents

Parents involved in the conversation	Frequency	Percentage
Mother/Female figure	255	42.8%
Father/Male figure/Guardian	199	32.5%
Both	146	24.7%
Total	600	100%

The distribution of parental involvement in the conversations shows a predominant involvement of mothers/female figures as reported by youth (55.4%) and adults (42.8%). This could reflect cultural or societal norms regarding emotional effort and communication within families, where women often take on roles that involve emotional support and discussing sensitive topics. The predominance of mothers or female figures in discussions with children about the genocide against the Tutsi reflects societal, cultural and psychological dynamics. Societal norms often position women as primary caregivers, responsible not only for physical but also emotional nurturing, placing them at the forefront of conversations on sensitive topics (Mannergren Selimovic, 2020). One youth from Nyagatare district during focus group discussions explained, "Mom is the one who's mostly at home, so she is the one we talk to. Dad is often out for work, and when he's back, he's mostly out with his friends." This highlights the accessibility of mothers and their central role in daily family interactions.

The role of mothers in these discussions is underpinned by the emotional labour they frequently undertake, managing and sometimes suppressing their own emotions to address the emotional needs of the family (Woolner, Denov and Kahn, 2018). This emotional labour is evident in comments like this from a youth in Ngoma district during focus group discussions: "It is mostly my mother who talks to us about these things. My father prefers not to discuss it, and when he does, he keeps it very brief." This quote underscores the reluctance of fathers to engage in detailed discussions, reflecting traditional gender roles where women are more often responsible for emotional communication within the family.

Psychologically, women's tendencies toward greater empathy and emotional expressiveness make them more effective at navigating discussions about traumatic events, making them appear more approachable to children for such conversations (Denov and Piolanti, 2019). A parent from Nyamagabe district during focus group discussions shared: "In my household, it is my wife who usually takes the lead or takes time to invest in these conversations, but it is not only about the genocide, even all the others, she takes the lead. But this is mostly because I am usually not at home as I am the breadwinner." This further illustrates the traditional family roles where fathers are often away working, leaving mothers to manage the emotional and communicative aspects of family life.

These findings align with the pattern identified by studies like those by Byng-Hall (2008), which emphasise the emotional roles often taken on by mothers within the family, and research by Hallers-Haalboom and col-

leagues (2014), which highlights the higher levels of sensitivity displayed by mothers compared to fathers. These findings suggest that mothers' greater emotional availability and nurturing roles make them primary figures in discussions on sensitive topics such as genocide. Moreover, Arditti's (1999) exploration of divorced mothers and their roles further supports the notion that mothers often extend beyond caregiving to become confidants and central emotional supports in the dynamics of family communication.

Insights from the qualitative data further affirm those from the quantitative data, revealing a consistent pattern where discussions about the genocide, especially those involving detailed and emotionally charged narratives, predominantly involve the female parent. Across the districts, youth expressed more comfort and openness when conversing with their mothers than with their fathers. This trend is often attributed to the cultural roles of mothers in child-rearing, their proximity and availability at home, and the perception that fathers are more focused on providing for the family. Mothers are seen as more approachable and willing to share personal stories of survival, loss and healing, while fathers may provide more generalised advice.

Aspects of the genocide discussed

Table 11: Youth respondents

Which aspect of the genocide have you so far discussed with your parents?	Frequency	Percentage
The history of Rwanda	281	47%
Causes of the genocide	386	64%
Consequences of the genocide	281	47%
Genocide-targeted group	298	46.1%
Perpetrators of the genocide	217	36%
Survivors of the genocide	135	20.9%
The process (steps) of the genocide	247	41%
Tools/approaches used in killing	163	27%
Family experience with the genocide	76	13%
Genocide commemoration	149	25%

Table 12: Adult respondents

Which aspects of the genocide have you so far discussed with your children?	Frequency	Percentage
The history of Rwanda	304	50.7%
Causes of the genocide	420	70%
Consequences of the genocide	365	60.8%
Genocide-targeted group	305	50.8%
Perpetrators of the genocide	249	41.5%
Survivors of the genocide	155	25.8%
The process (steps) of the genocide	254	42.3%
Tools approaches used in killing	169	28.2%

Which aspects of the genocide have you so far discussed with your children?	Frequency	Percentage
Family experience with the genocide	77	12.8%
Genocide commemoration	137	22.8%

The findings from the adults and youth (Tables 11 and 12) shed light on the diverse facets of the genocide perpetrated against the Tutsi that are discussed in parent–child discussions. A striking observation is that almost half of the survey participants have participated in conversations with their parents about the history of Rwanda. This level of engagement underscores a significant dedication to unraveling the historical backdrop that culminated in the genocide. It signifies a concerted effort within families to transmit crucial historical insights, ensuring that younger generations understand the context within which such a catastrophic event unfolded. As one youth from Musanze district during focus group discussions noted, "Sometimes when the parents hear a country at war, they tell us about the history of the genocide to show us that we too had a struggle that started with small things and escalated over time to the point of resulting in a genocide." This highlights how parents use contemporary events to draw parallels with Rwandan history, fostering a deeper understanding of the gradual escalation that led to the genocide.

Furthermore, the analysis reveals a pronounced emphasis on dissecting the causes of the genocide perpetrated against the Tutsi in Rwanda. Approximately two thirds of respondents acknowledged having discussions about why the genocide occurred. This focus on causation is critical for nurturing a comprehensive grasp of the complex interplay of societal dynamics that led to the genocide. It represents a foundational step in educating the youth about the intricate factors that can drive a society toward such a dark juncture. As a parent from Nyagatare district shared during focus group discussions, "When we talked about it, I tried to explain why it happened, not just what happened. I wanted my children to understand the causes behind the events." This emphasises the depth and scope of these family conversations, aiming to provide a comprehensive understanding of the historical and sociopolitical context, fostering deeper awareness and critical thinking among the youth.

The Rwanda Reconciliation Barometer 2020 emphasises the critical role of understanding and confronting historical divisions in the reconciliation process. According to thebBarometer, 95% of respondents believe that the causes or factors of the genocide perpetrated against the Tutsi in Rwanda have been frankly discussed and commonly understood among Rwandans. This aligns with the findings of this study, which indicate that discussions about the genocide often focus on its causes. By fostering open dialogue about these aspects, families can contribute to a deeper understanding and healing, reinforcing the importance of these conversations for national reconciliation.

Conversations regarding the consequences of the genocide are also prevalent, with nearly half of the participants indicating engagement in such discussions. This reflects a widespread recognition of the importance of grappling with the long-lasting effects of the genocide on both individuals and the broader community. By exploring the ramifications of these historical events, families contribute to a collective understanding and empathy for those who were directly affected.

While there is appreciable awareness and discussion concerning the ethnic group that was targeted in the genocide, its perpetrators, and the unfolding of events, a discernable decline in engagement is observed (25.8%)when it comes to discussing the survivors' experiences and specific family narratives. This drop in percentages may point to the increased sensitivity and emotional weight of these topics. It suggests that while there is a robust inclination toward discussing the genocide in broader terms, delving into personal stories and the harrowing experiences of survivors presents a more formidable challenge within the family setting. The implications of this decline are significant: it can hinder the healing process for survivors and their families, carry on the silence and stigma around traumatic experiences, and prevent younger generations from

fully understanding and empathising with the personal impact of the genocide. This lack of engagement with personal narratives may also affect the transmission of cultural memory and the collective acknowledgement of survivors' resilience and strength, thereby influencing how future generations perceive, commemorate and preserve historical memory about the genocide.

Implications for perpetrators and their descendants are significant as well. Perpetrators may have a reluctance to discuss their personal experiences with their families as a shield from feelings of shame and guilt and a fear of intergenerational conflicts within families. This avoidance of discussion, however, can affect their descendants who may not understand the societal stigmatization associated with their relatives' actions. As shared by a youth from Ngoma during focus group discussions, "Although my father had not discussed with us about his role in the genocide, I would often hear rumours in the neighbourhood and whispers when I passed by. This made be mad because I did not fully understand what was happening. I started hating the people that would act weird around me. We were aware of it as a family but did not discuss it, it was like this invisible weight over our heads." This shows that this silence can lead to feelings of confusion, frustration, hate and resentment due to these unprocessed emotions and underscores the importance of these discussions for mutual understanding and healing.

Notably, the data also underscore the importance placed on commemorating the genocide. Nearly a quarter of respondents have discussed this aspect, highlighting a collective commitment to memory and honour for the victims. Such discussions are pivotal for the ongoing societal endeavor to remember the atrocities, ensuring they remain a part of collective memory and serving as a stern warning against the recurrence of such events.

Circumstances that induce conversations about the genocide

Table 13: Youth respondents

What are the circumstances that induced the conversation about the genocide between you and your parents/guardians?	Frequency	Percentage
Genocide commemoration period	535	89%
Media programmes on the genocide	288	48%
Events/conferences at school	184	31%
Visits to genocide memorial	148	25%
Subjects learnt at school	262	44%
Conversation with visitors/neighbours	60	10%
Incidents in neighbourhoods	69	10.7%
Dating or marriages in the family	23	4%
Temporary separation between children and parents (for school, vacation, work...)	30	5%
Other	5	1%

Table 14: Adult respondents

What are the circumstances that induced the conversation about the genocide between you and your children?	Frequency	Percentage
Genocide commemoration period	535	89.2%
Media programmes on the genocide	305	50.8%
Events conferences at school	236	39.3%
Visits to genocide memorial sites	132	22%
Subjects learnt at school	289	48.2%
Conversations with visitors/neighbours	65	10.8%
Incidents in neighbourhoods	83	13.8%
Dating or marriages in the family	22	3.7%
Temporary separation between children and parents	22	3.7%
Others	12	2%

The genesis of dialogue: commemoration and media as catalysts

The data highlight two predominant catalysts for initiating conversations about the genocide: commemoration periods and media programmes. These serve as the genesis for dialogue, offering a communal and structured context that facilitates the introduction of such weighty topics.

Commemoration period: This period serves as a powerful communal reminder of the past, acting as a collective trigger for memory and discussion. It marks a shared space where personal and collective narratives intersect, offering a potent moment for reflection and education. On the other hand, this communal engagement could serve a cathartic function or, conversely, could reignite unresolved emotions related to PTSD, guilt and shame, and aggression. As one youth from Nyabihu district shared during focus group discussions, "We talked about the genocide, but it was not always easy. During the commemoration period, my mother did not want us to call her mom but rather by a nickname. She would become triggered and get angry or sad because being called mom in this period reminded her that she did not have enough time with her own mother who was killed during the genocide."

Additionally, during focus group discussions, another youth from Musanze district stated, "We often talk about the genocide during the commemoration week because the entire country is focused on remembering. It's hard not to bring it up." These quotes highlight the emotional sensitivity and the profound impact that commemoration periods can have on individuals and families.

Media programmes on the genocide: With 50.8% of adults and 48% of youth citing media as a trigger, modern narratives and representations of the genocide can serve as a potent stimulus for conversation. The influence of media speaks to its role as an intermediary, potentially offering a less direct, yet pervasive, entry point for conversations about sensitive historical topics. This suggests that media can bridge generational gaps, providing accessible content that encourages discussions about the genocide.

The role of educational spaces: schools as conduits of conversation

Schools emerge as key arenas for conversation, through both curricular and extracurricular channels. 44% of youth and 48.2% of adults mentioned subjects learnt at school as initiators of conversations about the geno-

cide, while events and conferences at school were noted by 39.3% of adults and 31% of youth. The school environment is a critical space for the younger generation to learn and discuss the genocide.

Visits to memorials: encounters with history

The act of visiting genocide memorial sites, though less frequent overall, may parallel the profound impact of direct engagement with history. The fact that 22% of adults and 25% of youth report these visits as triggers for discussion suggests that they provide a tangible, visceral encounter with the past. For youth, these visits are a form of active engagement with history. They transform abstract numbers and stories into tangible and emotional experiences. For example, a youth visiting the Kigali Genocide Memorial might feel a profound connection to the victims upon seeing personal belongings and reading survivor testimonies, prompting them to seek further understanding and dialogue with their parents.

Infrequent but not inconsequential: personal and social interactions

Conversations with visitors and neighbours, incidents in neighbourhoods, and family occasions like weddings or dating, though infrequent, suggest a direct impact on the family's sense of security or a perceived connection between current and past conflicts. These less common triggers for conversation might reflect a more spontaneous or intimate process of engagement. They often arise from personal experiences and observations that prompt individuals to reflect on and discuss the genocide. For instance, an incident in the neighbourhood might bring up memories or stories related to the genocide, leading to discussions within the family. As a youth from Nyamagabe district shared during focus group discussions, "Most of the conversations were started by me asking for something like school fees or clothes, and my mom would tell me that if my father had not been involved in committing genocide crimes, we would possibly be able to buy those things for you." This illustrates how daily conversations including personal needs and family history can intersect, prompting discussions about the past.

Qualitative-data analysis affirmed that conversations are often prompted by children's exposure to discussions at school or through media channels. Questions from children about family history can also be a trigger for these discussions. Additionally, lessons learnt at school, radio talk shows, and the absence of family members contribute to the initiation of discussions in different regions. Qualitative-data analysis also revealed that the commemoration period serves as a common catalyst, sparking curiosity among children and leading them to seek information about the genocide. Discussions tend to happen annually during that period, with some instances of spontaneous talks triggered by specific events. As a parent from Nyabihu district mentioned during focus group discussions, "We recently had the discussion with kids when they started asking about the war in the Democratic Republic of Congo." This showcases how current events can also serve as a trigger, linking past and present conflicts in the minds of children and prompting intergenerational dialogue.

Frequency of communication about the genocide

Table 15: Youth respondents

How often does such communication take place?	Frequency	Percentage
Very rarely	61	10%
Rarely	127	21%
Sometimes	305	51%
Often	95	16%
Very often	13	2%
Total	601	100%

Table 16: Adult respondents

How often does such a communication take place?	Frequency	Percentage
Rarely	99	16.5%
Sometimes	334	55.7%
Often	149	24.8%
Very often	18	3%
Total	600	100

The data in Tables 15 and 16 show that while a majority of both adults and youth report that conversations about the genocide occur sometimes, there is a notable proportion of the younger generation that perceives these discussions as happening less frequently than what adults report. This could indicate a discrepancy between the intention and action of parents or a difference in generational engagement with the topic.

The presence of a small but significant percentage of both groups that engage in these conversations often or very often suggests that there are pockets within the community for whom the legacy of the genocide is a persistent and active element of daily life. These conversations could be vital for processing collective trauma but also run the risk of reinforcing traumatic legacies if not handled with care.

The data reflect the complexity of dealing with a traumatic historical event within a family context, balancing the need for remembrance with the potential for retraumatisation. The variance in frequency also suggests that the conversations might be contingent on numerous factors, including anniversaries, public discourse, media representation, and the family's direct experiences related to the genocide.

For adults and youth alike, the frequency of these conversations plays a crucial role in how the legacy of the genocide is understood and integrated into their identities and views of the world. Regular, thoughtfully conducted discussions could foster resilience, empathy and a nuanced understanding of the past. Conversely, infrequent or superficial discussions might leave gaps in understanding or potentially lead to an incomplete or skewed transmission of the historical narrative and its accompanying emotional legacies.

Barriers to communication about the genocide

Effective communication about the genocide is crucial for education, remembrance and healing. However, various barriers impede these efforts. This section explores the main barriers to an open and constructive dialogue about the genocide, examining both societal and individual factors that contribute to these challenges.

Table 17: Reasons for reluctance to communicate about the genocide (Youth respondents)

Reasons	Frequency	Percentage
Parents/Guardians are not willing to communicate.	17	40%
I don't know.	11	24%
We don't communicate even on other matters.	9	22%
Parents'/Guardians' fear of reliving traumatic experiences/actions.	2	13%
I am not comfortable discussing with my parents about the genocide.	5	7%
Parents'/Guardians' fear of transmitting genocide legacies to us.	2	2%

Table 18: Reasons for reluctance to communicate about the genocide (Adult respondents)

Reasons	Frequency	Percentage
I don't deem it important or relevant.	6	35.3
They don't ask me about the genocide.	6	35.3
We don't communicate even on any other issues.	2	11.8
I don't know.	2	11.8
I am not comfortable discussing with my children about genocide.	1	5.9

Individual/personal factors

Reluctance of parents to communicate

The National Policy on Unity and Reconciliation (National Unity and Reconciliation Commission, 2007) underscores the importance of family engagement in fostering reconciliation. Specifically, it emphasises that a family should be the foundation of unity and reconciliation, mentoring children on values such as trust, unity and patriotism. Despite these policy goals, this study's findings reveal a significant gap: many parents struggle to discuss their traumatic experiences, often because of their own unresolved trauma.

Some 40% of the young people surveyed indicated that their parents are not willing to communicate on this sensitive topic. This individual factor points to a potential emotional barrier within parents, where they may carry personal hesitations or reservations about addressing the historical trauma with their children. This reluctance could stem from a variety of sources, including the emotional toll of reliving traumatic experiences, fear of causing distress to their children, or a desire to shield them from the harsh realities of the past. Furthermore, 35.3% of parents expressed that they don't deem it important or relevant to discuss the genocide with their children. This indicates a lack of awareness among some parents about the importance of transmitting memory to the next generation. Understanding and addressing this reluctance is essential for fostering open and constructive communication between parents and their post-genocide youth.

Reluctance of parents to initiate conversations

The fact that 35% of parents avoid discussing the genocide against the Tutsi, awaiting their children's questions to initiate the conversation, underscores a concerning dynamic of passive communication within families. This approach not only aggravates a silence around crucial aspects of personal and collective history but also misses vital opportunities for education and healing. It places an undue burden on the younger generation to raise conversations on a subject they may have little knowledge of or feel intimidated by, potentially leading to gaps in understanding and empathy. Such a dynamic fails to acknowledge the responsibility of parents as custodians of history and educators within the family and as those who should proactively engage their children in discussions about the past, regardless of discomfort. This is crucial not just for transmitting historical knowledge but also for fostering a sense of identity, resilience and understanding, enabling families to process and heal from past traumas together. Encouraging parents to initiate these conversations can bridge the intergenerational gap, ensuring that lessons from the past are learnt and the legacy of resilience is passed down.

Personal discomfort

Another noteworthy individual factor hindering communication is the personal discomfort expressed by 7% of youth and 5.9% of adults. This discomfort indicates a psychological barrier for youth and parents when it comes to discussing the genocide with each other. It suggests that the topic may evoke strong emotions, memories or internal conflicts within parents, making it challenging for them to initiate or engage in conversations. Exploring the roots of this discomfort – whether related to personal trauma, guilt and shame, or other emotional factors – can provide insights into the individual dynamics that contribute to communication challenges. Addressing these emotional aspects is crucial for creating a supportive environment that encourages dialogue and understanding between generations.

Fear of reliving trauma

The fear of reliving traumatic experiences or actions reflects a personal factor where the memory of the genocide creates apprehension within parents, affecting communication with their children. This fear underscores the impact of historical events on the psyches of parents and how trauma can permeate family dynamics.

Societal or cultural factors

Broader communication gap

Some 11.8% of adults and 22% of youth highlighted a broader communication gap, indicating that societal factors may contribute to a breakdown in parent-youth communication extending beyond discussions related to the genocide. This societal factor suggests that broader influences, such as changes in communication norms or generational gaps, may be affecting family dynamics. Societal shifts, whether related to technology, cultural changes, or evolving family structures, can also influence how individuals communicate within the family unit. A parent from Ngoma shared during an interview: "Children nowadays are busy with a lot of things. For example, because I come home from work late in the night, the only time I am at home with my children is during the weekend, and even then, they just want to borrow my phone to watch Youtube. It has become very difficult to engage in conversations with them."

Another noteworthy aspect is the imprisonment of mainly male genocide suspects or convicts after the genocide perpetrated against the Tutsi that led to the disruption of family structures, resulting in many single-parent families, predominantly single female parents (Eichelsheim et al., 2019). This can cause broader family communication problems, as research highlights that single-parent families often face unique challenges that

hinder effective communication with their children and social networks (Miller-Ott, 2015), particularly in the case of single mothers (Larson and Gillman, 1999).

Assessing the relationship between parent–child communication about the genocide and the transmission of genocide legacies

This section examines the relationship between parent–child communication about the genocide perpetrated against the Tutsi and the transmission of its legacies. It explores how discussions between parents and children influence the emotional and psychological outcomes associated with the aftermath of the genocide. By analysing various aspects such as fear, loss of confidence, identity crisis and feelings of shame, we provide insights into how these conversations impact both the younger and older generations. This assessment also considers the role of communication patterns such as communication frequency, the specific parent involved, and the nature of the discussions in shaping the intergenerational transmission of trauma. The findings offer a comprehensive understanding of the complexities involved in these dialogues and their implications for mental health in post-genocide Rwanda.

Outcomes of conversations about the genocide between parents/guardians and children

Table 19: Youth respondents

Aspects resulting from discussions with parents about the genocide	Frequency	Percentage
Fear	521	87%
Loss of confidence	191	32%
Loss of hope for tomorrow	161	27%
Identity crisis	198	33%
Feelings of shame	169	28%
Psychological trauma	104	17%
Dislike for any sociohistorical category of the Rwandan population	145	24%
Dislike for parents	24	4%
Dislike for family	33	5%
Feelings of guilt	66	11%

Table 20: Adult respondents

Aspects resulting from discussions with children about the genocide	Frequency	Percentage
Fear	454	75.7%
Loss of self-confidence	130	21.7%
Loss of hope for tomorrow	104	17.3%
Identity crisis	145	24.2%
Feeling of shame	168	28%
Psychological trauma or wounds	114	19%

Dislike of any sociohistorical category of the Rwandan population	125	20.8%
Dislike for children	31	5.2%
Dislike for family	31	5.2%
Feelings of guilt	76	12.7%

The data across both youth and adults show significant overlap in the recognition of negative outcomes such as fear, loss of confidence and feelings of shame. These outcomes point to the deep emotional resonances of the genocide for individuals and families, resonances that may be exacerbated by intergenerational discussions. One young person from Ngoma district shared during focus group discussions: "After talking about what my family went through, I felt really sad and sometimes angry. It's hard to shake off those feelings." This quote highlights the profound and lasting emotional impact that these conversations can have, particularly the difficulty in processing and moving past these heavy emotions.

The lower reported rates of hope and the incidences of psychological trauma underscore the challenge of discussing historical trauma in a way that fosters resilience and healing. Moreover, the disconnect between youth and adult perceptions, especially regarding hope and confidence, may indicate generational differences in processing and discussing traumatic experiences. The similarities in reporting on identity crises (33% for youth and 24.2% for adults) and dislike for sociohistorical groups (24% youth and 20.8% for adults) signal an awareness of the potential for historical narratives to impact current individual and social identities. These outcomes suggest that conversations about the genocide could benefit from being framed within contexts that promote healing, understanding, and reconciliation to prevent the entrenchment of negative legacies.

For both youth and adults, these discussions are clearly fraught with emotional challenges. Yet, they are also a conduit for important familial and societal communication. The task for Rwandan society, as reflected by these data, is to navigate these discussions in a way that minimises harm while maximising understanding, empathy, and hope for the future. This requires a thoughtful approach that recognises the developmental stage of the youth, the context of the conversations, and the potential long-term impacts of these intergenerational dialogues.

Qualitative-data analysis further reveals the emotional impact of discussions about the genocide. Common themes for the youth include the unhappiness of youth born during the commemoration period, restrictions on celebrating birthdays, and mixed emotions tied to family history. Parents' moods during the commemoration period significantly influence youth, especially those with survivor parents who may experience sadness or anger. One youth from Ngoma district during focus group discussions recalled: "There was a child I went to school with, and one day he came unusually quiet. When it was time for a break and the bell rang, he screamed and looked traumatised. Afterward, we learned from his mother that they had talked about the genocide the previous night." This example illustrates the immediate and visible impact such discussions can have on children's emotional states.

Youth from mixed families often grapple with an identity crisis and may feel mistrust transferred from their parents. Some youth also experience guilt and shame if their relatives were involved in the genocide. Overall, the discussions evoke a range of emotions, including fear, deep sadness, empathy toward survivors and a desire for care and understanding. There is a notable impact on marital decisions, and in some cases, discussions may lead to profound pain, feelings of revenge, isolation, alcohol abuse, and feelings of rejection.

The above warrants an exploration of the relationship between communication and mental health regarding discussions between parents/guardians and children about the genocide. By addressing these conversations with sensitivity and a focus on healing, there is potential to transform these discussions into powerful tools for emotional growth and societal cohesion.

Relationship between communication and selected mental-health issues

Assessing selected mental-health issues among youth and parents from the perspective of parent–child communication about the genocide perpetrated against the Tutsi

In examining the mental-health landscape among Rwandan youth and parents, the lens of parent–child communication about the genocide against the Tutsi offers profound insights. This section assesses the prevalence of PTSD, aggressive behaviours, and feelings of guilt and shame (among several other psychological issues) that adults/parents can unintentionally transmit to younger generations in post-conflict contexts. These issues are not only indicators of individual psychological distress but also reflections of the intergenerational transmission of trauma, shaping familial narratives and community healing processes. Understanding how these dynamics intersect through communication can illuminate the pathways to resilience and recovery in post-genocide Rwanda.

1. Post-traumatic stress disorder

Table 21 Prevalence of PTSD among youth and adult parents

Youth			Parents		
Score out of 48	Frequency	Percentage	Score out of 48	Frequency	Percentage
0.00	69	11.5%	0	81	13.5%
1.	49	8.2%	1	19	3.2%
2	43	7.2%	2	32	5.3%
3	27	4.5%	3	21	3.5%
4.	39	6.5%	4	38	6.3%
5	17	2.8%	5	16	2.7%
6	39	6.5%	6	35	5.8%
7	26	4.3%	7	21	3.5%
8	32	5.3%	8	27	4.5%
9	22	3.7%	9	15	2.5%
10	25	4.2%	10	20	3.3%
11	18	3.0%	11	14	2.3%
12	24	4.0%	12	32	5.3%
13	17	2.8%	13	19	3.2%
14	19	3.2%	14	20	3.3%
15	8	1.3%	15	21	3.5%
16	20	3.3%	16	20	3.3%
17	14	2.3%	17	15	2.5%
18	8	1.3%	18	17	2.8%
19	11	1.8	19	16	2.7%
20	12	2.0%	20	8	1.3%
21	10	1.7%	21	11	1.8%
22	11	1.8%	22	11	1.8%
23	8	1.3%	23	9	1.5%

Youth			Parents		
Score out of 48	Frequency	Percentage	Score out of 48	Frequency	Percentage
24	8	1.3%	24	13	2.2%
25	2	0.3%	25	9	1.5%
26	3	0.5%	26	8	1.3%
27	3	0.5%	27	8	1.3%
28	3	0.5%	28	7	1.2%
29	2	0.3%	29	4	0.7%
30	4	0.7%	30	1	0.2%
31	1	0.2%	31	3	0.5%
32	3	0.5%	32	4	0.7%
33	1	0.2%	33	1	0.2%
35	1	0.2%	35	1	0.2%
38	2	0.3%	37	1	0.2%
Total	601	100.0	38	1	0.2%
			41	1	0.2
			Total	600	100.0

The analysis of PTSD levels among youth and adults/parents, considering a cut-off for severity of 18/48 on the PTSD scale, provides insights into the prevalence and severity of trauma symptoms within these groups. Among youth, approximately 11.5% scored 0 on the PTSD scale, indicating an absence of PTSD symptoms. A majority of youth, around 50.4%, fell within the range of 1 to 10 on the scale, with mild to moderate PTSD symptoms. A smaller percentage, about 13.5%, scored 18 or higher, corresponding to severe PTSD symptoms. This distribution suggests that while many youth experience mild to moderate PTSD symptoms, a significant proportion also suffer from severe PTSD.

In contrast, among adults/parents, 13.5% scored 0 on the PTSD scale – similar to the youth score. A notable portion, approximately 47.6%, fell within the range of 1 to 10 on the scale, with mild to moderate PTSD symptoms. Importantly, a higher percentage of adults/parents (20.83%) scored 18 or higher on the PTSD scale, indicating a higher prevalence of severe PTSD compared to youth. This suggests that adults/parents are more likely to experience severe PTSD symptoms, possibly due to their direct exposure to traumatic events such as the genocide perpetrated against the Tutsi.

Comparing the two groups reveals that, while both youth and adults/parents experience PTSD symptoms, there are distinct differences in the severity and prevalence of these symptoms. Youth tend to exhibit fewer severe PTSD symptoms compared to adults/parents, who show a higher likelihood of scoring above the cut-off of 18. This difference can be attributed to the direct exposure of adults/parents to traumatic events, which may lead to more profound and enduring trauma.

The higher prevalence of severe PTSD among adults/parents has important implications for the intergenerational transmission of trauma. Parents experiencing severe PTSD may unintentionally transmit their trauma to their children through various behaviours and communication patterns. This transmission can impact the psychological well-being and coping mechanisms of children, potentially perpetuating cycles of trauma within families.

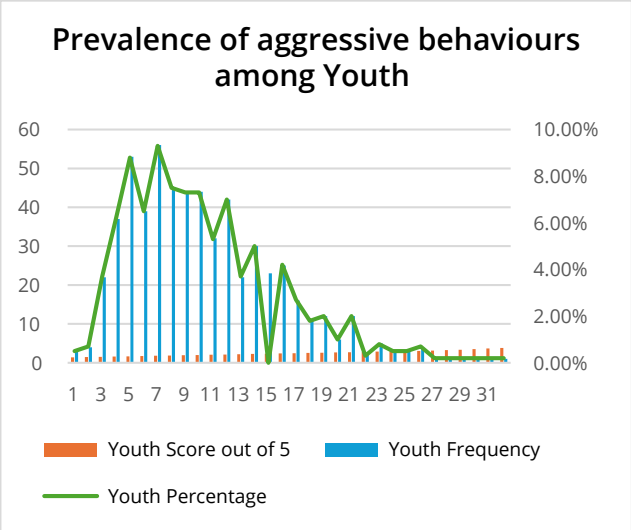
Moreover, the sociohistorical context, such as experiences as survivors, perpetrators, or bystanders during the genocide against the Tutsi, further influences PTSD levels among adults/parents. These varied backgrounds contribute to diverse PTSD profiles and require nuanced approaches to trauma recovery and support. Understanding these contexts is crucial for designing effective interventions that address the specific needs of indi-

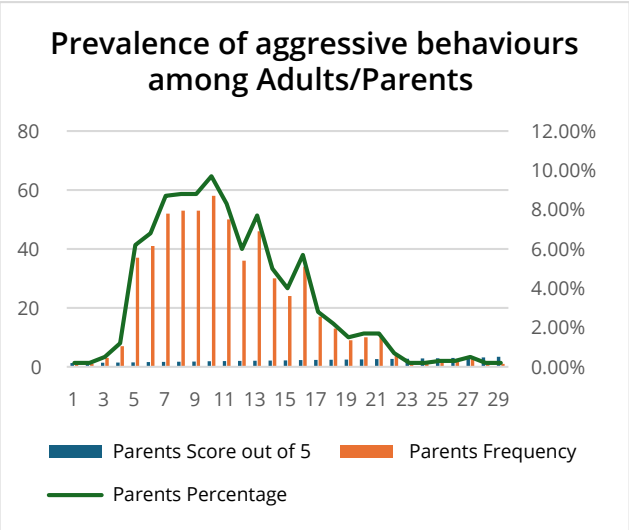
viduals and families affected by historical trauma.

Overall, the analysis highlights the varying degrees of trauma experienced by youth and adults/parents affected by historical events like the genocide against the Tutsi. Addressing these disparities necessitates tailored interventions that consider the unique experiences and needs of each group, aiming to mitigate severe PTSD symptoms and promote resilience across generations impacted by profound trauma.

2- Aggression

Table 22 Prevalence of aggressive1 behaviours among youth and adults/parents





The analysis of aggressive behaviours among youth and adults/parents in post-genocide Rwanda reveals notable trends and differences. The scores range from 1 to 5, with higher scores indicating higher levels of aggression. Among youth, the distribution of aggression scores is more concentrated in the mid-range, with frequencies tapering off at both extremes. Adults/parents, however, display a broader distribution with higher frequencies in the upper range of aggression scores.

Young people exhibit higher frequencies in mid-range scores, indicating moderate levels of aggression. For example, 9.3% of youth scored 1.80, and 8.8% scored 1.67. This suggests that a significant portion of the youth population displays moderate aggression. In contrast, adults/parents have their highest frequencies in slightly higher scores, with 9.7% scoring 1.87 and 8.8% scoring 1.80 and 1.73. This indicates that adults/parents might experience slightly higher aggression levels on average compared to youth.

Scores between 1.60 and 2.20, indicating moderate aggression, show a notable concentration in both groups. Youth have significant frequencies at 1.60 (6.2%) and 1.80 (9.3%), while adults/parents have high frequencies at 1.60 (6.8%) and 1.80 (8.8%). These findings may imply that while both groups experience moderate aggression, the slightly higher percentages in adults/parents might reflect lingering effects of past trauma and the stressors of adulthood in a post-conflict context.

For scores above 2.20, indicating higher levels of aggression, adults/parents show a higher prevalence compared to youth. For instance, 5.0% of youth scored 2.27, while 5.7% of adults/parents scored 2.27. As scores increase, the gap widens, with adults/parents showing higher frequencies. This suggests that while moderate

1 We used 15 items from Buss and Perry (1992).

aggression is common in both groups, higher levels of aggression are more prevalent among adults/parents.

The post-genocide context likely contributes to these findings. Adults/parents who directly experienced the genocide may have unresolved trauma and stress, manifesting as higher aggression levels. Intergenerational communication and the potential transmission of trauma and aggressive behaviours to their children might also influence aggression levels in youth. While they did not experience the genocide first-hand, the narratives and emotional responses from their parents could contribute to their behaviours.

The potential intergenerational transmission of aggressive behaviours is a hypothesis that was further investigated in this study. The regression analysis conducted below provides insight into the extent of this transmission. Understanding these dynamics is crucial for developing targeted interventions to address aggression and promote healing in both generations.

In summary, the analysis highlights significant differences in the prevalence of aggressive behaviours between youth and adults/parents in post-genocide Rwanda. While moderate aggression is prevalent in both groups, higher aggression levels are more common among adults/parents, likely due to their direct experiences and trauma from the genocide. Addressing these issues through appropriate mental-health support and considering the potential intergenerational transmission of aggression is essential for fostering long-term peace and stability in the community.

3- Guilt and shame

Table 23 Prevalence of guilt and shame2 feelings among youth and parents

Youth			Adult/parents		
Score/28	Frequency	%	scoring/28	Frequency	%
0	315	52.4	.00	288	48.0
1	30	5.0	1.00	11	1.8
2	39	6.5	2.00	28	4.7
3	14	2.3	3.00	19	3.2
4	23	3.8	4.00	16	2.7
5	12	2.0	5.00	14	2.3
6	22	3.7	6.00	12	2.0
7	23	3.8	7.00	20	3.3
8	8	1.3	8.00	15	2.5
9	10	1.7	9.00	16	2.7
10	14	2.3	10.00	11	1.8
11	6	1.0	11.00	13	2.2
12	11	1.8	12.00	16	2.7
13	4	.7	13.00	9	1.5
14	12	2.0	14.00	8	1.3
15	9	1.5	15.00	8	1.3

2 Using the scale by Hoppen et al. (2022).

Youth			Adult/parents		
Score/28	Frequency	%	scoring/28	Frequency	%
16	6	1.0	16.00	12	2.0
17	1	.2	17.00	5	.8
18	5	.8	18.00	4	.7
19	5	.8	19.00	5	.8
20	4	.7	20.00	7	1.2
21	12	2.0	21.00	20	3.3
22	3	.5	22.00	10	1.7
23	2	.3	23.00	6	1.0
24	3	.5	24.00	5	.8
25	3	.5	25.00	10	1.7
26	1	.2	26.00	5	.8
27	1	.2	27.00	2	.3
28	3	.5	28.00	5	.8
Total	601	100.0	Total	600	100

The prevalence of guilt and shame feelings among youth and adults/parents in post-genocide Rwanda reveals significant differences and patterns when categorised into low, moderate, high, and very high levels. Among the youth, a substantial portion, 52.4%, scored between 0 and 8, indicating low levels of guilt and shame. In comparison, 48.0% of adults/parents also scored within this range. This slight difference may imply that adults/parents may carry a marginally heavier burden of guilt and shame, likely due to their more direct involvement in or proximity to the events of the genocide.

Youth displayed a varied distribution of scores, with a noticeable decrease in frequency as scores increased. Scores between 9-16, which indicate moderate levels of guilt and shame, accounted for 22.6% of the youth population. In contrast, among adults/parents, this range constituted 24.5%. This closeness suggests that both groups experience similar levels of moderate guilt and shame, potentially influenced by intergenerational communication and the collective memory of the genocide. The narratives passed down from parents to children might significantly shape the emotional experiences of the younger generation.

Higher scores, representing high and very high levels of guilt and shame, were less common but still present. Among youth, 24.9% reported such scores (22.0% high and 2.9% very high), while 27.5% of adults/parents did so (23.5% high and 4.0% very high). This discrepancy underscores the heavier psychological burden on the older generation, likely due to their direct experiences and possibly their roles during the genocide. Adults/parents might also be grappling with the survivor's guilt or remorse over actions taken or not taken during that period.

The differences in the prevalence of guilt and shame between youth and adults/parents highlight the complex ways in which traumatic experiences and emotions are transmitted across generations. The slightly higher prevalence of severe guilt and shame among adults/parents may influence their parenting styles and communication patterns, potentially contributing to the emotional landscape of youth. In the Rwandan post-genocide context, where family and community ties are paramount, these dynamics play a critical role in shaping individual and collective healing processes.

Intergenerational communication is a key factor in understanding these patterns. It is possible that parents may unconsciously transmit their feelings of guilt and shame to their children through both verbal and non-verbal communication. Stories, behaviours and emotional responses related to the genocide can deeply affect young people, contributing to their own feelings of guilt and shame, even if they did not directly experience the traumatic events. This hypothesis regarding the potential intergenerational transmission of guilt and shame will be examined more rigorously through regression analysis in a later section.

While the analysis of guilt and shame feelings among youth and adults/parents in Rwanda reveals significant intergenerational emotional impacts, it is important to consider that these findings are based on assumptions about intergenerational transmission. Youth tend to report lower overall levels of guilt and shame, but a notable portion still experience moderate to severe levels, potentially influenced by their parents' experiences and the collective memory of the genocide. Further research is needed to fully understand these dynamics and develop effective mental-health interventions.

Overall, understanding the prevalence of guilt and shame among youth and adults/parents in Rwanda is crucial for supporting the ongoing healing process in post-genocide Rwanda at large, and fostering a healthy intergenerational dialogue. By considering the potential for intergenerational transmission of these feelings, mental-health professionals can better address the needs of both generations and promote a more holistic approach to community healing.

Table 24: Association between communication patterns and aggression

Communication and aggression	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I.for Exp(B)	
							Lower	Upper
Negative communication outcomes	0.000	0.000	1.000	1.000	0.002	1.006	0.000	1.000
Who of the two parents/ guardians (father or mother) is involved in the conversation?	0.040	0.091	2.000	1.000	0.006	1.032	0.021	1.003
Frequency of parent-child communication	0.000	0.000	1.000	1.000	0.001	1.000	0.000	1.000
Constant	-1.000	0.000	6.000	1.000	0.001	1.013		

Table 24 analyzes the association between various communication patterns and aggression, employing logistic regression to determine how these factors might influence aggressive behavior. Each element—negative communication outcomes, parental involvement in communication, the frequency of communication, and a constant—is evaluated using logistic regression metrics such as Beta coefficients, Standard Errors, Wald statistics, degrees of freedom, significance levels, exponentials of the coefficients (Exp(B)), and 95% confidence intervals.

The Beta Coefficient for **negative communication outcomes** is reported as 0.000, with a Standard Error of 0.000, and a Wald statistic of 1.000. Despite the low significance level of 0.002, suggesting some statistical relevance, the Exp(B) of 1.006 and a confidence interval ranging from 0.000 to 1.000 indicate an almost negligible impact on aggression. This finding suggests that while statistically significant, the practical influence of negative communication outcomes on aggression is minimal, implying that the type of negative communication captured in the study may not be robustly associated with increasing aggression.

For the variable assessing **which parent or guardian is involved in the conversation**, the Beta Coefficient is 0.040 with a Standard Error of 0.091. The Wald statistic of 2.000, coupled with a significance level of 0.006, in-

dicates a potential impact, albeit small. The Exp(B) of 1.032 and a confidence interval stretching from 0.021 to 1.003 suggest a slight increase in aggression when a specific parent is involved, possibly reflecting differences in communication style or emotional responses triggered by one parent more than the other. However, the overall effect size is relatively small, suggesting that while parental involvement has some influence, it does not drastically alter aggression levels.

The analysis of the **frequency of communication** shows a Beta of 0.000, an SE of 0.000, and a Wald statistic of 1.000, with a significance of 0.001. The Exp(B) is 1.000, with a confidence interval from 0.000 to 1.000. These statistics suggest that the frequency of communication does not have a measurable effect on aggression levels, indicating that how often communication occurs between parents and children does not significantly alter the likelihood of aggressive behavior. This might imply that the quality or content of the communications is more critical than mere frequency.

The **constant** shows a Beta of -1.000 with a Wald statistic of 6.000 and a significance level of 0.001. The Exp(B) of 1.013 indicates a low baseline likelihood of aggression when all predictors are at their reference levels. This low baseline suggests that in the absence of the specific factors measured, the propensity for aggression is not strongly influenced by the communication patterns examined.

Overall, the data provides a nuanced look at how specific communication patterns within families might influence aggression. While statistical significance is noted in a few cases, the practical implications of these findings are limited by small effect sizes and narrow confidence intervals that hover around no effect. This analysis suggests that interventions aiming to reduce aggression might benefit from focusing on the quality and emotional content of communications rather than merely increasing the frequency of interactions or altering which parent is involved. Further research could explore more detailed aspects of communication, such as emotional tone, content, and context, to better understand how these elements impact aggression.

Table 25: Association between selected communication patterns and guilt and shame

Communication and Guilty and shame	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I.for EXP(B)	
							Lower	Upper
Negative communication outcomes	0.000	0.000	1.000	1.000	0.001	1.043	0.066	3.000
Who of the two parents/ guardians (father or mother) is involved in the conversation?	0.000	0.000	1.000	1.000	0.001	1.007	0.000	1.000
How often does such communication take place?	0.093	0.002	2.017	1.000	0.003	1.096	1.023	1.007
Constant	.-1.000	0.000	11.000	1.000	0.003	1.140		

Table 25 provides a detailed statistical analysis on the relationship between various communication patterns and feelings of guilt and shame using logistic regression. This approach quantifies the influence of negative communication outcomes, the specific involvement of a parent (father or mother), and the frequency of such communications, alongside a constant factor that reflects baseline levels.

The impact of **negative communication outcomes** on feelings of guilt and shame is statistically noteworthy but shows a Beta Coefficient of 0.000 with a Wald statistic of 1.000 and a very low significance level of 0.001. Despite the statistically significant p-value, the Exp(B) value of 1.043 and a wide confidence interval ranging

from 0.066 to 3.000 indicate a relatively moderate influence on increasing feelings of guilt and shame. This suggests that while negative communication outcomes are associated with increased feelings of guilt and shame, the magnitude of this effect varies, potentially influencing some individuals more significantly than others.

For the variable assessing the **involvement of either the father or mother in the conversation**, the Beta Coefficient again is 0.000, with a Wald statistic of 1.000 and a significance level of 0.001. The Exp(B) is 1.007, with the confidence interval spanning from 0.000 to 1.000. This narrow range around a value close to one suggests that whether the father or mother is involved does not significantly alter the levels of guilt and shame experienced by the individual. This minimal impact indicates that the specific parent's involvement might not be a critical factor in influencing these emotions compared to other aspects of the communication.

The **frequency of communication** emerges as more influential, with a Beta of 0.093, an SE of 0.002, a Wald statistic of 2.017, and a significance level of 0.003. The Exp(B) is 1.096, with a relatively narrow confidence interval from 1.023 to 1.007, indicating that increased frequency of communication correlates with a higher likelihood of experiencing guilt and shame. This suggests that more frequent interactions may exacerbate feelings of guilt and shame, possibly due to the repetitive nature of negative exchanges or the persistent exposure to stressful communication dynamics.

The constant term with a Beta of -1.000, a Wald statistic of 11.000, and a significance of 0.003 shows an Exp(B) of 1.140. This indicates that in the absence of the specified variables, the baseline probability of experiencing guilt and shame is slightly elevated, hinting that other unmeasured factors might also play a significant role in influencing these feelings.

Overall, Table 25 highlights that while certain communication patterns, especially the frequency of communication, are associated with increased feelings of guilt and shame, the role of who is involved (father or mother) may not be as impactful. The significant influence of communication frequency points to the need for interventions that address not just the content and tone of communications but also their frequency to mitigate adverse emotional outcomes. Additionally, the variance in the impact of negative communication outcomes suggests that individual differences might affect how people perceive and are affected by such interactions, emphasizing the complexity of emotional responses in family communication dynamics. These findings can inform targeted strategies to improve communication practices within families to support better mental health outcomes.

Table 26 Association between parent–child communication patterns and PTSD

Communication patterns and PTSD	Unstandardised coefficients		Standardised coefficients	t	Sig.
	B	SE	Beta		
(Constant)	.088	.056		1.585	.114
Which of the two parents is involved in the conversation?	-.002	.015	-.005	-.131	.896
How often does such communication take place?	.021	.016	.054	1.313	.190

a. Dependent Variable: PTSD

The regression analysis examines the impact of two patterns of parent–child communication on PTSD among youth in post-genocide Rwanda. The predictors analysed are: which of the two parents is involved in the conversation and how often such communication takes place, with PTSD as the dependent variable.

First, the involvement of either parent in the conversation shows no significant relationship with PTSD. The unstandardised coefficient (B = -0.002, p = 0.896) suggests a very slight negative association, but this relationship is not statistically significant. The standardised coefficient (Beta = -0.005) and the t-value (t = -0.131) further confirm this lack of significance. This indicates that whether the mother or father is involved in the communication does not have a meaningful impact on the PTSD levels of the youth. This finding suggests that a specific parent's involvement in conversations about trauma is not a determining factor in the severity of PTSD symptoms.

Second, the frequency of communication also does not show a significant relationship with PTSD. The unstandardised coefficient (B = 0.021, p = 0.190) indicates a slight positive association between the frequency of communication and PTSD scores, but this relationship is not statistically significant. The standardised coefficient (Beta = 0.054) and the t-value (t = 1.313) support this non-significant result. This suggests that how often conversations about the genocide occur between parents and children does not significantly affect PTSD levels. It implies that the mere frequency of communication may not be as critical as the quality or content of the conversations when it comes to influencing PTSD symptoms.

The constant term (B = 0.088, p = 0.114) represents the baseline level of PTSD when all the predictors are zero. Although the constant term is not statistically significant (p = 0.114), it provides an intercept value, indicating a baseline PTSD level in the absence of the analysed communication patterns.

In summary, the regression analysis suggests that neither the specific parent's involvement in conversations about the genocide nor the frequency of such communications has a significant impact on PTSD among youth in post-genocide Rwanda. These findings highlight the complexity of parent–child communication dynamics and their effects on mental health. It appears that other factors, potentially related to the content and emotional quality of the conversations, might play a more critical role in influencing PTSD symptoms. This insight is essential for designing effective communication strategies and interventions to support youth dealing with the trauma of genocide, emphasising the need to focus on the quality and nature of parent–child interactions rather than just their frequency or specific parental involvement.

Table 27 Association of negative communication outcomes and PTSD

Negative communication outcomes and PTSD	Unstandardised coefficients		Standardised coefficients	t	Significance
	B	SE	Beta		
(Constant)	.126	.034		3.714	.000
Negative communication outcomes	.009	.019	.020	.489	.625

Dependent variable: PTSD

The regression analysis examines the relationship between negative communication outcomes (of parent–child communication about the genocide) and PTSD among Rwandan youth. The constant term in the regression (B = 0.126, p < 0.001) represents the baseline level of PTSD when negative communication outcomes are absent. This baseline provides a starting point for understanding PTSD levels among youth who have experienced the aftermath of genocide in Rwanda, highlighting the importance of contextual factors in shaping mental-health outcomes.

Regarding negative communication outcomes (of parent–child communication about the genocide) specifically, the regression coefficient (B = 0.009, p = 0.625) indicates a positive relationship with PTSD. However, the p-value of 0.625 suggests that this relationship is not statistically significant at the conventional alpha level of 0.05. This lack of significance indicates that, based on the current data and sample size, there is insufficient evidence to conclude that negative communication outcomes significantly influence PTSD levels among the youth in post-genocide Rwanda.

The standardised coefficient (Beta = 0.020) further supports this interpretation, indicating a very small positive relationship between negative communication outcomes and PTSD after adjusting for the scale of measurement. This suggests that higher levels of negative communication experiences may correspond to slightly higher levels of PTSD among Rwandan youth, but this relationship is not strong enough to be considered significant based on statistical criteria.

These findings underscore the complexity of factors influencing PTSD among youth in post-genocide Rwanda. While negative communication outcomes may play a role in shaping mental-health outcomes, other variables such as trauma exposure, social-support systems, cultural influences, and individual resilience likely interact in more nuanced ways to impact PTSD levels. Understanding these dynamics is crucial for developing effective interventions that address both the psychological impacts of trauma and the social contexts in which youth navigate post-conflict recovery.

Overall, while the regression analysis identifies a positive trend between negative communication outcomes and PTSD among Rwandan youth, the lack of statistical significance suggests that additional research is needed to comprehensively understand the factors driving PTSD in this population. Future studies should consider larger sample sizes, longitudinal designs, and the inclusion of broader sociocultural variables to capture the multifaceted nature of post-genocide experiences and their impacts on youth mental health in Rwanda. This approach would help inform targeted interventions aimed at promoting mental-health resilience and improving communication dynamics within post-conflict communities.

Relationship between parenting and selected psychosocial issues

Table 28: Association between parenting practices and aggression

Aggression and Parenting practices	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I.for EXP(B)	
							Lower	Upper
Authoritative warmth and involvement	.233	.117	3.995	1	.046	1.262	1.005	1.586
Authoritative democratic participation	-.092	.099	.856	1	.355	.912	.751	1.108
Authoritarian verbal aggression	.231	.071	10.587	1	.001	1.260	1.096	1.448
Constant	-1.370	.293	21.887	1	.000	.254		

Table 28 provides a detailed regression analysis assessing how various parenting styles influence levels of hostility. This analysis includes evaluating beta coefficients, standard errors, Wald statistics, degrees of freedom, significance levels, and exponential coefficients (Exp(B)), complemented by 95% confidence intervals.

The analysis shows a beta coefficient of .233, suggesting that higher levels of authoritative warmth and involvement are associated with an increase in aggression. This result might appear counterintuitive, as authoritative parenting is generally linked with positive developmental outcomes. However, the finding suggests that if warmth and involvement are perceived as overly controlling, they could lead to increased aggression in children. The significance level of .046 and an Exp(B) of 1.262 indicate that the effect is statistically significant and quantitatively meaningful, with each unit increase in warmth and involvement raising the odds of aggression by approximately 26.2%. The confidence interval, ranging from 1.005 to 1.586, supports this relationship by not including the null effect value of 1.

As regards Authoritative Democratic Participation, it shows a negative beta coefficient of -.092, indicating that more democratic participation within an authoritative framework might decrease aggression, although the effect is small. The significance level of .355 suggests that this finding is not statistically significant, potentially due to sample variability or the nuanced nature of democratic participation's impact on aggression. The Exp(B) of .912, which suggests a decrease in aggression odds by about 8.8%, and the confidence interval ranging from .751 to 1.108, which includes 1, further highlight the uncertainty around this effect.

Concerning Authoritarian-Verbal Aggression, the study suggests that the beta coefficient for this variable is .231, demonstrating a clear link between this style of parenting and increased aggression. This finding aligns with existing research that harsh, authoritarian behaviors can exacerbate aggression in children. The very low significance level of .001 and an Exp(B) of 1.260 show a strong, statistically significant effect, where authoritarian verbal aggression raises the odds of higher aggression by 26%. The confidence interval from 1.096 to 1.448 firmly excludes 1, emphasizing the robustness of this adverse impact.

The regression constant of -1.370 with a significance of .000 adjusts the baseline aggression level downwards when all predictors are zero, indicating the influence of these specific parenting styles on the base level of aggression observed in the model.

Overall, the regression analysis highlights the complex and varied impacts of different parenting styles on child aggression. While authoritative warmth and involvement unexpectedly may lead to increased aggression when perceived as excessive, democratic participation does not significantly alter aggression levels. In contrast, authoritarian verbal aggression clearly increases aggression, underscoring the detrimental effects of harsh parenting practices. These insights are crucial for designing parenting programs that aim to minimize aggression by carefully balancing parenting behaviors.

Table 29: Association between selected parenting practices and feelings of guilt and shame

Variables

Parenting practices and feelings of guilt and shame	B	SE	Wald	df	Sig.	Exp(B)	95% CI for EXP(B)	
							Lower	Upper
Authoritative warmth and involvement	.000	.000	10.000	1	.001	1.000	1.000	1.000
Authoritative democratic participation	.000	.000	2.000	1	.000	.000	.000	1.044
Authoritarian verbal aggression	.000	.078	4.000	1	.028	1.000	1.019	1.000
Constant	-1.000	.000	32.000	1	.000	.000		

The regression analysis examines the relationship between parenting practices and feelings of guilt and shame among post-genocide youth. Three variables related to parenting styles are included in the equation: authoritative warmth and involvement, authoritative democratic participation, and authoritarian verbal aggression.

The coefficient for authoritative warmth and involvement is statistically significant (p = 0.001), with a value of .000. This indicates that higher levels of authoritative warmth and involvement are associated with increased feelings of guilt among youth. The odds ratio of 1.000 suggests that, for every unit increase in authoritative warmth and involvement, the odds of experiencing guilt increase by a factor of 1.000. This positive association suggests that parenting characterised by warmth and involvement may foster a sense of responsibility or accountability in individuals, leading to heightened feelings of guilt.

Similarly, the coefficient for authoritative democratic participation is also statistically significant (p < 0.001), with a value of .000. However, the odds ratio is negligible, indicating that the relationship between authoritative democratic participation and guilt is minimal. This suggests that the level of democratic participation in authoritative parenting styles may not significantly influence feelings of guilt among individuals.

In contrast, the coefficient for authoritarian verbal aggression is statistically significant (p = 0.028), with a value of .000. The odds ratio of 1.019 indicates that higher levels of authoritarian verbal aggression are associated with increased feelings of guilt. This positive association suggests that exposure to authoritarian parenting characterised by verbal aggression may lead to the internalisation of negative messages or heightened self-criticism, resulting in increased feelings of guilt among youth.

Overall, the regression analysis reveals a nuanced relationship between different parenting practices and feelings of guilt. While authoritative warmth and involvement, as well as authoritarian verbal aggression, are associated with increased guilt, the impact of authoritative democratic participation appears to be negligible. These findings underscore the importance of considering the specific components of parenting styles and their potential influence on individuals' emotional experiences and well-being.

Table 30 Association between selected parenting practices and PTSD

Parenting practices and PTSD	Unstandardised coefficients		Standardised coefficients	t	Sig.
	B	SE	Beta		
(Constant)	.469	.109		4.294	.000
Authoritative warmth and involvement	.031	.045	.031	.689	.491
Authoritative democratic participation	-.077	.039	-.091	-2.002	.046
Authoritarian verbal aggression	.047	.027	.073	1.754	.080

a. Dependent Variable: PTSD

The regression analysis examines the impact of different parenting practices on PTSD among youth in post-genocide Rwanda. The three parenting practices analysed are authoritative warmth and involvement, authoritative democratic participation and authoritarian verbal aggression, with PTSD as the dependent variable.

First, the relationship between authoritative warmth and involvement and PTSD is found to be positive but not statistically significant. The unstandardised coefficient (B = 0.031, p = 0.491) indicates that an increase in warmth and involvement is associated with a slight increase in PTSD scores. However, the significance level (p = 0.491) and the t-value (t = 0.689) suggest that this relationship is not strong enough to be considered statis-

tically significant. The standardised coefficient (Beta = 0.031) also shows a weak effect. This result implies that while warmth and involvement are positive aspects of parenting, they do not significantly affect PTSD levels in the sample studied. The positive yet non-significant relationship could indicate that, while supportive parenting is generally beneficial, it may not directly impact PTSD symptoms, possibly due to the overwhelming influence of other factors related to the post-genocide context.

Conversely, authoritative democratic participation demonstrates a statistically significant negative relationship with PTSD. The unstandardised coefficient (B = -0.077, p = 0.046) suggests that higher levels of democratic participation in parenting are associated with lower PTSD scores. The standardised coefficient (Beta = -0.091) and the t-value (t = -2.002) further support this finding, indicating that participative parenting practices, where children are involved in decision-making, can help reduce PTSD symptoms. This significant negative relationship highlights the potential protective effect of democratic parenting on mitigating PTSD. The involvement in decision-making might empower youth, providing them with a sense of control and security, which can counteract the feelings of helplessness and fear associated with PTSD.

The relationship between authoritarian verbal aggression and PTSD is positive, suggesting that higher levels of verbal aggression are associated with increased PTSD scores, but this relationship is not statistically significant. The unstandardised coefficient (B = 0.047, p = 0.080) and the t-value (t = 1.754) indicate a trend towards a positive impact of verbal aggression on PTSD, though it does not reach statistical significance. The standardised coefficient (Beta = 0.073) shows a modest effect size. This result implies that while verbal aggression is generally negative, its specific impact on PTSD within this sample is not definitively demonstrated. The trend, however, suggests that hostile and punitive parenting may exacerbate PTSD symptoms, potentially by creating a stressful home environment that mirrors the trauma experienced during the genocide.

The constant term (B = 0.469, p < 0.001) represents the baseline level of PTSD when all the parenting practices are at zero. The highly significant p-value (p < 0.001) of the constant term indicates a substantial baseline level of PTSD in the sample, independent of the parenting practices analysed. This baseline PTSD level reflects the pervasive impact of the genocide on the youth, suggesting that PTSD is a common issue regardless of specific parenting practices.

In summary, the regression analysis provides insights into how different parenting practices influence PTSD among youth in post-genocide Rwanda. Authoritative democratic participation has a significant protective effect, reducing PTSD symptoms, while authoritative warmth and involvement and authoritarian verbal aggression do not show significant relationships with PTSD. These findings underscore the importance of promoting democratic and participative parenting practices to help mitigate PTSD symptoms and foster resilience among youth in post-genocide contexts. The overall interpretation highlights that while supportive and democratic parenting can provide a buffer against PTSD, the traumatic legacy of the genocide continues to profoundly affect the youth, necessitating comprehensive mental-health and community support interventions.

Association between selected intergenerational genocide legacies and engagement in risky behaviours among post-genocide youth

This section investigates the association between selected intergenerational genocide legacies and engagement in risky behaviours among post-genocide youth. It delves into how the traumatic legacies passed down from parents to children influence behaviours such as impulsiveness, unprotected sex, alcohol abuse and other high-risk activities. By examining the connection between mental-health issues like PTSD, guilt and shame, and aggression with these risky behaviours, this study aims to uncover the underlying psychological and emotional drivers that lead youth to engage in such activities. Additionally, this analysis explores the impact of parenting practices on these behaviours, highlighting the protective role of authoritative parenting and the potential exacerbating effects of authoritarian practices. The findings provide a comprehensive understanding of the behavioural and psychological challenges faced by post-genocide youth, offering insights for targeted interventions to foster resilience and promote healthier lifestyle choices.

Relationship between mental health and risky behaviours

Engagement in risky behaviours

Table 31 Youth engagement in risky behaviours in the preceding 3 months

Behaviour	Frequency	Percentage
Impulsiveness	258	42.9
Unprotected sex	80	13.3
Eating disorders	79	13.1
Fighting	71	11.8
Alcohol abuse	64	10.6
Truancy	59	9.8
School drop-out	46	7.7
Wandering	43	7.2
Gambling	32	5.3
Trespassing or vandalism	24	4.0
Suicide attempts	22	3.7
Excessive smoking	10	1.7
Drug abuse	9	1.5
Drug trafficking	8	1.3

Table 31 presents data on youth engagement in various risky behaviours over the 3 months preceding the survey in the context of post-genocide Rwanda. The frequency and percentage of each behaviour are listed, highlighting the extent of these activities among youth and the challenges they face in the aftermath of the genocide. It is important to note that some risky behaviours may have been under-reported due to social-desirability bias, whereby respondents may avoid disclosing behaviours that they perceive as socially unacceptable. Additionally, the potential link between these behaviours and underlying mental-health issues should be considered in this analysis.

First, impulsiveness is the most common risky behaviour, with 258 instances accounting for 42.9% of the surveyed youth. This high prevalence suggests significant issues with self-control and decision-making, likely exac-

erbated by the trauma and instability following the genocide. The high rate of impulsiveness indicates a need for programmes focusing on improving self-regulation and decision-making skills, which are crucial in helping youth navigate their environment and make healthier choices. The link between impulsiveness and potential underlying psychosocial issues, such as PTSD, guilt and shame, and aggression warrants further investigation.

Unprotected sex (13.3% – 80 instances) and eating disorders (13.1% – 79 instances) are also prevalent in the data. These behaviours pose serious health risks, including sexually transmitted infections and long-term physical- and psychological-health issues. In the post-genocide context, these behaviours may be driven by a lack of education and resources, as well as the psychological impact of trauma. Comprehensive sexual education and mental-health support are essential to effectively addressing these issues. The prevalence of eating disorders may be linked to underlying issues such as depression, anxiety, and trauma-related stress, suggesting the need for integrated mental-health assessments and interventions.

Fighting (11.8% – 71 instances) and alcohol abuse (10.6% – 64 instances) are also significant. These behaviours not only endanger the youth but also have broader social implications, including violence and public-safety concerns. The prevalence of fighting may reflect unresolved conflicts and aggression stemming from the traumatic experiences of the genocide. Addressing these issues requires both preventive measures, such as conflict resolution training, and support systems for those struggling with substance abuse. The relationship between substance abuse and mental-health disorders should be explored to provide more effective interventions.

The data on truancy (9.8% – 59 instances) and school drop-out (7.7% – 46 instances) rates are concerning. These behaviours disrupt educational attainment and future opportunities, perpetuating a cycle of disadvantage. The instability and economic hardship following the genocide may contribute to these high rates. Efforts to keep youth engaged in education through supportive and inclusive school environments are essential to combating these trends and providing a pathway to stability and success. Mental-health issues such as depression, anxiety and trauma can significantly impact academic performance and engagement, highlighting the need for mental-health support within educational settings.

Less common but nonetheless noteworthy behaviours include gambling (5.3% – 32 instances), trespassing or vandalism (4.0% – 24 instances), and suicide attempts (3.7% – 22 instances). These activities, though less frequent, indicate underlying issues of economic stress, rebellion and severe mental-health struggles. The trauma and loss experienced during the genocide may contribute to these behaviours, necessitating targeted interventions to provide economic support, mental healthcare, and positive outlets for youth. Suicide attempts, in particular, point to severe mental-health crises that require immediate and comprehensive mental-health interventions.

Finally, excessive smoking (1.7% – 10 instances), drug abuse (1.5% – 9 instances), drug trafficking (1.3% – 8 instances) and wandering (7.2% – 43 instances) are less prevalent, but still critical to address because of their dual crime- and health-related nature. These behaviours reflect broader issues of addiction, criminal activity, and instability, suggesting a need for comprehensive addiction treatment and social-support services. In the context of post-genocide Rwanda, these behaviours may also be influenced by the breakdown of social structures and the availability of illicit substances. Underlying mental-health issues such as anxiety, depression and trauma-related stress may also play a role in these behaviours.

In summary, the data highlight the diverse range of risky behaviours prevalent among post-genocide youth in Rwanda, each with its own set of challenges and implications. Addressing these behaviours requires a multifaceted approach, combining education, mental-health support, and social services to create a supportive environment that can help youth make healthier choices and reduce their engagement in risky activities. The findings underscore the importance of targeted interventions to address the most prevalent issues while also considering less common but equally impactful behaviours, all within the unique context of post-genocide re-

covery. It is crucial to acknowledge the potential for under-reporting due to social-desirability bias, which may mean that the actual prevalence of these behaviours is even higher than reported. Additionally, the potential link between these behaviours and underlying mental-health issues should be assessed to provide more effective and comprehensive support for youth.

Table 32 Association between selected mental-health issues and risky behaviours

	B	SE	Wald	Df	Sig.	Exp(B)	95% CI for Exp(B)	
							Lower	Upper
Guilt and shame	-.091	.000	.069	1	.000	.000	.669	13.672
Aggression	1.223	.387	9.984	1	.002	3.399	1.558	8.104
PTSD	-.160	.944	.029	1	.866	.852	.116	4.204
Constant	-6.299	.914	47.468	1	.000	.002		

a. Variable(s) entered on step 1: guilt and shame; Aggression; PTSD

The regression analysis explores the relationship between selected mental-health issues – guilt and shame, aggression, and PTSD – and risky behaviours among youth in post-genocide Rwanda. The results provide valuable insights into how these psychological factors influence the propensity for engaging in risky behaviours within this context.

First, the relationship between feelings of guilt and shame and risky behaviours is both significant and inverse. The negative coefficient ($B = -0.091$, $p < 0.001$) suggests that as feelings of guilt and shame increase, the likelihood of engaging in risky behaviours decreases. This finding indicates a protective effect, where higher levels of these emotions might deter youth from engaging in risky behaviours. The odds ratio ($Exp(B) = 0.000$) underscores the strength of this relationship, although the wide confidence interval (0.669 to 13.672) suggests variability. Despite this variability, the statistical significance of the results highlights the importance of addressing guilt and shame in interventions aimed at reducing risky behaviours among Rwandan youth.

In contrast, the analysis reveals a significant positive relationship between aggression and risky behaviours. The positive coefficient ($B = 1.223$, $p = 0.002$) indicates that higher levels of aggression are associated with an increased likelihood of engaging in risky behaviours. This is further supported by the odds ratio ($Exp(B) = 3.399$), which shows that each unit increase in aggression increases the likelihood of risky behaviours by a factor of approximately 3.4. The confidence interval (1.558 to 8.104) confirms the robustness of this relationship. These findings suggest that aggression is a significant risk factor for engaging in risky behaviours and should be a focal point in mental-health and behavioural interventions for youth in post-genocide Rwanda.

PTSD, on the other hand, does not exhibit a significant relationship with risky behaviours in this analysis. The negative coefficient ($B = -0.160$, $p = 0.866$) suggests a slight decrease in the likelihood of risky behaviours with higher PTSD levels, but this relationship is not statistically significant. The odds ratio ($Exp(B) = 0.852$) and its wide confidence interval (0.116 to 4.204) further indicate that the effect of PTSD on risky behaviours is not reliable in this context. This lack of significance suggests that other factors may play a more critical role in influencing risky behaviours among Rwandan youth, and PTSD alone may not be a primary determinant in this setting.

The constant term ($B = -6.299$, $p < 0.001$) in the model represents the log odds of engaging in risky behaviours when all predictors are zero. The highly significant p-value of the constant term highlights the importance of considering baseline levels of risky behaviours independently of the selected mental-health issues.

Overall, the regression analysis provides a nuanced understanding of how specific mental-health issues influence risky behaviours among youth in post-genocide Rwanda. While guilt and shame appear to have a protective effect, reducing the likelihood of risky behaviours, aggression significantly increases this likelihood, indicating a critical area for intervention. PTSD does not show a significant impact on risky behaviours in this model.

Insights from qualitative data from suggest a relationship between mental-health issues and risky behaviours. Participants shared numerous instances of engaging in risky behaviours as coping mechanisms when faced with mental-health issues. For example, a young person from Nyagatare during focus group discussions shared: "A friend of mine lost his family during the genocide. During the commemoration period, he struggles with intense grief, leading him to turn to excessive alcohol consumption as a means to cope with his sorrow."

Another youth from Nyamagabe shared during focus group discussions: "I know a mother who is a survivor and had two children from her first marriage. After the 1994 genocide, she remarried but her husband is Hutu. As the children grew older, they figured out that their stepfather is a Hutu. Due to constant family fights and insults related to history, the daughters were always depressed due to the constant fear they lived in in their household. To get away from this the girls left their home now they are prostitutes."

A young respondent from Nyagatare also shared during focus group discussions: "After my father came back from prison, there would always be conflicts and fights at home, so me and my siblings became wanderers, always looking to avoid being at home as much as possible because of that environment which always made us sad."

This discrepancy between the quantitative and qualitative data can be attributed to social-desirability bias as participants wanted to be viewed favourably rather than share their true thoughts or behaviours when questioned directly, but found a way to share their real experiences and behaviours through projection by attributing or redirecting their own behaviour onto another person in the narrative during FGDs.

The above suggests the need for a broader approach to understanding and addressing the determinants of risky behaviours in this population. These insights are crucial for developing targeted mental-health and behavioural interventions to promote resilience and well-being among Rwandan youth.

Table 33: Parenting and risky behaviours

	B	SE	Wald	df	Sig.	Exp(B)	95% CI for Exp(B)	
							Lower	Upper
Authoritative warmth and involvement	.000	.000	.043	1	.000	1.000	.000	2.000
Authoritative democratic participation	.000	.000	1.000	1	.000	1.000	.000	4.014
Authoritarian verbal aggression	.000	.000	.000	1	.000	1.000	.000	2.000
Constant	-6.000	1.000	18.000	1	.000	.001		

In this regression analysis, the focus is on examining the association between selected parenting practices and risky behaviours among post-genocide youth.

The first variable, authoritative warmth and involvement, shows a statistically significant negative association ($p < .001$) with risk behaviours. This suggests that, as the level of warmth and involvement in parenting increases, there is a corresponding decrease in the likelihood of individuals engaging in risky behaviours. This finding

underscores the importance of parents providing emotional support, encouragement and active involvement in their children's lives as a protective factor against engaging in risky behaviours.

Similarly, authoritative democratic participation exhibits a statistically significant negative association ($p < .001$) with risky behaviours. This implies that, when parents encourage democratic participation and decision-making within the family, the likelihood of their children engaging in risky behaviours tends to decrease. This finding suggests that involving children in decision-making processes and fostering autonomy and responsibility may contribute to healthier behavioural outcomes.

On the other hand, authoritarian verbal aggression does not show a significant association with risky behaviours ($p = 1.000$). While this finding indicates that verbal aggression alone may not directly influence the likelihood of engaging in risky behaviours, it does not discount the potential negative impact of such parenting behaviour on other aspects of individuals' well-being, such as mental health and interpersonal relationships.

Overall, the results suggest that authoritative parenting practices characterised by warmth, involvement and democratic participation play a crucial role in mitigating the risk of engaging in harmful behaviours among individuals. These findings underscore the importance of fostering positive parent–child relationships and providing a supportive and nurturing family environment to promote healthy development and reduce the likelihood of risky behaviours.

CHAPTER V. CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The exploration of the intergenerational legacies of the genocide, their transmission processes and their effects on engagement in risky behaviours among post-genocide youth in Rwanda reveals a complex interplay of different factors. This concluding section of this report synthesises these insights and contemplates their broader implications.

Early engagement and developmental sensitivity

While some Rwandan parents begin broaching the subject at early ages (5-7 years) to seed an understanding of this pivotal historical event, the main age for more in-depth discussions about the genocide is between 11 and 16. This timing aligns with children's cognitive and emotional maturation, allowing them to better grasp the complexities of trauma, guilt and shame, and reconciliation. This showcases a nuanced approach by parents to match the content of the discussions with the child's developmental readiness.

The National Mental Health Policy of Rwanda emphasises the importance of early mental-health interventions and education to effectively address historical trauma (Ministry of Health, 2010). It advocates for mental-health education beginning at a young age to build resilience and understanding among children and adolescents. This policy supports the need for early and consistent engagement in discussions about traumatic events like the genocide. The findings of the present research indicate that parents need guidance on how to engage in these difficult discussions without negatively impacting their children's mental health.

The predominance of informal conversations

The preference for informal conversations over formal discussions about the genocide reveals a societal and cultural tendency towards fostering a personal and empathetic dialogue space within families. These findings also align with the Rwanda Reconciliation Barometer 2020, which indicates that informal social-interaction spaces, such as schools and community gatherings, play a significant role in fostering trust and openness among Rwandans, with 97% of respondents reporting no discrimination in these spaces (Rwanda Reconciliation Barometer, 2020).

This method is favoured for its ability to create a comfortable environment conducive to emotional sharing, although it raises concerns about the accuracy and comprehensiveness of the information being shared. This informal approach is significant as it reflects broader societal norms for handling sensitive subjects by promoting open and understanding communication within the family context.

Mothers' central role in communication

Central to the communication about the genocide is the role of mothers or female figures, who are predominantly involved in leading these sensitive discussions. This dynamic underscores the traditional societal expectations placed on women to carry out emotional labour and sensitive communication within the family. While highlighting the nurturing and empathetic role women play, the study also points out the necessity for a more equitable distribution of emotional labour. Encouraging balanced parental involvement could enrich family dialogues with diverse perspectives and shared emotional responsibilities.

Topics of discussion and the genesis of dialogue

The range of topics covered in conversations about the genocide is extensive, spanning from its causes and consequences to its broader historical context. The commemoration period of the genocide and related media programmes often serve as catalysts for initiating these conversations, indicating the role of communal and structured contexts in facilitating dialogue about historical trauma. This broad engagement reflects a concerted effort by families to ensure that younger generations have a comprehensive understanding of the genocide, highlighting the importance of contextual and historical awareness in these discussions.

The frequency of and barriers to communication

While conversations about the genocide occur at varying frequencies, there is a measurable gap in the perceived frequency of these discussions between adults and youth. This discrepancy highlights potential challenges in communication dynamics and underscores the complex nature of addressing historical trauma within families. Moreover, barriers such as parental reluctance, personal discomfort and societal communication gaps further complicate these conversations, indicating a need for supportive mechanisms to encourage open dialogue.

Prevalence of intergenerational legacies

The data vividly demonstrate the double-edged sword of parent–child communication about the genocide. On one hand, such discussions are pivotal for historical awareness and the preservation of memory. On the other hand, they can inadvertently transmit legacies of PTSD, guilt and shame, and aggression.

The findings highlight the profound emotional impact that discussions about the genocide have on both youth and adults. The data shows that intergenerational legacies manifest in various emotional and psychological outcomes, including fear, loss of confidence, identity crises, and feelings of shame. The intergenerational transmission of these legacies is evident in the shared experiences of PTSD, guilt and shame, and aggression, which persist across generations. Both youth and adults reported experiencing psychological trauma, with notable rates of PTSD and aggression. This prevalence underscores the deep-seated impact of the genocide on Rwandan society and the importance of addressing these legacies through targeted interventions.

Mental health and risky behaviours

Aggression was found to be a significant predictor of risky behaviours, with higher levels of aggression associated with an increased likelihood of engaging in such activities. This finding suggests that aggression, potentially stemming from unresolved trauma and stress related to the genocide, manifests in behaviours that pose risks to individuals' physical and psychological well-being. Conversely, feelings of guilt and shame were found to have a protective effect, reducing the likelihood of risky behaviours. This inverse relationship suggests that while guilt and shame are often viewed as negative emotions, they may also serve as deterrents against engaging in harmful activities. These emotions can lead to increased self-reflection and a heightened sense of responsibility, which may discourage behaviours such as substance abuse or unsafe sexual practices. However, it is crucial to balance this protective effect with support systems to ensure that these emotions do not lead to debilitating psychological conditions such as depression or severe anxiety.

Parenting styles and risky behaviours

This study also examined the influence of different parenting styles on the likelihood of engaging in risky behaviours. Authoritative parenting, characterised by either warmth and involvement or by democratic participation, was found to be associated with lower levels of risky youth behaviours. In contrast, authoritarian parenting, characterised by verbal aggression, was associated with higher levels of aggression and subsequent risky behaviours. These findings underscore the importance of positive parenting practices in promoting healthy development and reducing engagement in risky behaviours. Encouraging democratic participation and providing emotional support within the family are key strategies for fostering resilience and mitigating the negative impacts of trauma.

Recommendations

This section outlines key recommendations to address the challenges faced by post-genocide youth in Rwanda. It includes strategies for early education and awareness, fostering inclusive conversations, providing supportive resources for parents, establishing community healing initiatives, developing comprehensive educational programmes, enhancing mental-health support, offering parental guidance, and promoting community engagement. These recommendations aim to support the holistic development of youth, fostering resilience, understanding and reconciliation and, ultimately, contributing to long-term peace and stability in Rwanda.

Early education and awareness

This study's findings underscore the importance of initiating conversations about the genocide perpetrated against the Tutsi at an early age, highlighting a critical period between 11 and 16 years when these discussions are most prevalent. This period is significant due to the developmental stage of children in question, who are at a point where they can begin to understand complex historical events and their emotional implications. Therefore, implementing educational programmes tailored to different age groups can foster an early understanding of the genocide's history and its sociopolitical context. These programmes should aim to cultivate empathy, resilience and a deeper understanding of human rights, emphasising the importance of tolerance and peacebuilding in diverse communities.

To effectively implement such educational initiatives, collaboration between educators, psychologists and historians is essential to ensure that the content is not only age-appropriate but also accurate and sensitive to the traumatic nature of the genocide. Educational materials should be developed with care to include narratives that foster hope and resilience, highlighting stories of survival, reconciliation and community rebuilding. Engaging interactive methods such as storytelling, art and drama can make these lessons more relatable and impactful for children, helping to embed these critical lessons into their worldview in a way that is meaningful and lasting.

Furthermore, awareness-raising campaigns targeting parents and guardians can play a vital role in reinforcing the educational content at home. By providing parents with resources and guidance on how to discuss these topics sensitively and effectively, these campaigns can ensure that children receive consistent messages both in school and at home. Workshops and seminars can equip parents with strategies to handle difficult questions and emotional reactions, creating a supportive environment for children to explore and understand their nation's history. This holistic approach ensures that education on the genocide perpetrated against the Tutsi becomes a shared responsibility, fostering a culture of dialogue and reflection across generations.

Supportive resources for parents

Recognising the challenges parents face in initiating conversations with their children about the genocide perpetrated against the Tutsi, especially concerning the emotional weight of the subject, there emerges a clear need for supportive resources. The reluctance of some parents to engage in these discussions, as highlighted in this study's findings, may stem from a lack of confidence in addressing complex emotions or a fear of exposing children to the harsh realities of the past. To mitigate this, the development and dissemination of comprehensive guides and tailored toolkits for parents can provide essential support. These resources should offer practical advice on how to approach sensitive topics, manage emotional responses and foster a constructive dialogue that respects the child's developmental stage and emotional maturity.

Workshops and seminars for parents, led by experts in psychology, history and education, can create platforms for learning and sharing experiences about effective communication for disclosing traumatic events. These sessions can also serve as support groups, offering parents a space to express their concerns and learn from the experiences of others. By normalising the discussion of the genocide in educational and parental settings, these programmes can help reduce the stigma or reluctance associated with these conversations, empowering parents to take a proactive role in their children's historical education.

Incorporating digital resources, such as online platforms and mobile applications, can further extend the reach of these supportive measures. Digital platforms can offer interactive learning tools, discussion forums and access to expert advice, making it easier for parents to find information and support when they need it. By leveraging technology, educational authorities and non-governmental organisations can ensure that resources for facilitating discussions about the genocide are widely accessible, providing parents with the confidence and skills needed to navigate these essential conversations with their children. Through these combined efforts, parents can be better equipped to engage in meaningful dialogues that contribute to the intergenerational transmission of knowledge, empathy and a commitment to peace and reconciliation.

Community healing initiatives

The establishment of community healing initiatives is paramount to creating safe spaces where young adults from different historical backgrounds and their families can come together to share stories, experiences, and coping strategies. These platforms can significantly aid in the communal processing of the genocide's legacies, including PTSD, guilt and shame, and aggression. By fostering an environment of mutual understanding and empathy, such initiatives can break down the barriers of isolation and silence that often accompany these legacies. Community centres, local non-governmental organisations, and religious institutions can play a critical role in organising workshops, support groups, and commemorative events that encourage open dialogue and reflection on shared history and its impact on present-day relationships and community dynamics.

Integrating traditional healing practices such as storytelling circles, music, and dance with modern therapeutic techniques offers a culturally sensitive approach to addressing the emotional and psychological wounds left by the genocide. This combination respects the cultural heritage of the Rwandan people while providing effective, evidence-based support for those struggling with the intergenerational legacies of trauma. These traditional practices can be powerful tools for expressing emotions and fostering a sense of connection among community members. When coupled with professional psychological support, these practices can offer a holistic healing experience that honours the past while promoting resilience and hope for the future.

To sustain the impact of these community healing initiatives, it is essential to build capacity among local leaders, educators, and health professionals in trauma-informed care and reconciliation processes. Training programmes and workshops can equip these key community figures with the skills and knowledge necessary to guide their communities through the healing journey. Moreover, involving the youth in these processes not only helps address their specific needs but also empowers them as agents of change and reconciliation within their communities. Through sustained engagement and capacity building, community healing initiatives can lay the groundwork for long-term peace and stability, ensuring that the legacies of the genocide are met with understanding, compassion and a collective commitment to healing.

Educational programmes on historical context

The transmission of genocide legacies, such as PTSD, guilt and shame, and aggression, underscores the need for comprehensive educational programmes that provide a holistic view of Rwanda's history, including the genocide against the Tutsi. Such programmes should aim to educate the youth not only about the events of the genocide but also about the underlying causes, the aftermath and the ongoing efforts toward reconciliation and nation building. By providing a full spectrum of historical context, these educational initiatives can help demystify the genocide, reducing the potential for the transmission of negative legacies. Curriculum development should involve historians, educators, psychologists and survivors to ensure accuracy, sensitivity and inclusivity in how the genocide is taught.

In addition to formal education, extracurricular programmes can offer interactive and engaging ways for young people to learn about and reflect on the genocide and its legacies. These programmes might include visits to memorials, participation in commemorative events and involvement in peace and reconciliation projects. Such activities can help bridge the gap between historical knowledge and personal reflection, encouraging deeper understanding and empathy. By actively engaging with history and its ongoing implications, youth can develop a more nuanced perspective that counters simplistic narratives of guilt and shame and of aggression with understanding, compassion and a commitment to peace.

Finally, fostering dialogue between generations is crucial in the educational process. Initiatives that bring together survivors, their families and youth can facilitate the sharing of personal stories and experiences, providing a living context to the historical facts learnt in classrooms. These dialogues can be transformative, allowing for the transmission of not just the hard facts of the genocide but also the emotional and moral lessons that accompany them. Such intergenerational exchanges can promote healing, understanding and the resilience necessary to move forward. Through comprehensive educational programmes that include formal, informal and intergenerational learning opportunities, the transmission of genocide legacies can be addressed with a focus on healing, reconciliation and the prevention of future violence.

Mental-health support

The significant correlation between mental-health issues stemming from intergenerational genocide legacies and risky behaviours among post-genocide youth necessitates robust mental-health support systems. The prevalence of PTSD, depression, guilt and aggression, as outlined in this study's findings, highlights the complex interplay between historical trauma and current behavioural outcomes. Establishing accessible, comprehensive mental-health services that specifically cater to the needs of post-genocide youth is critical. These services should offer a range of therapeutic options, including individual counselling, group therapy, and community-based support programmes, designed to address the nuanced manifestations of trauma and its behavioural consequences.

Moreover, awareness and education campaigns are essential to destigmatise mental-health issues and encourage help-seeking behaviour among youth. Collaborations between educational institutions, community organisations and mental-health professionals can promote an understanding of the links between historical trauma, mental health and risky behaviours. By raising awareness about the importance of mental health and the availability of support services, these campaigns can break down barriers to accessing care, ensuring that post-genocide youth receive the support they need to navigate their complex legacy and reduce engagement in risky behaviours.

Parental-guidance programmes

The influence of parenting practices on the emotional and psychological well-being of post-genocide youth, as revealed by this study, underscores the need for parental-guidance programmes. These programmes can provide parents with the knowledge and tools necessary to foster positive communication, reduce verbal aggression and support their children's mental health. Education on effective parenting strategies that emphasise warmth, involvement and democratic participation can help mitigate the intergenerational transmission of trauma and its associated risks. By equipping parents with strategies to engage in open, supportive dialogue, these programmes can strengthen family bonds and create a nurturing environment conducive to healing and positive development.

Parental-guidance programmes should also address the challenges parents face in discussing with their children the sensitive topic of the genocide against the Tutsi. Offering workshops and resources that guide parents on how to approach these conversations can alleviate anxiety and hesitation, promoting a more open and healthy communication dynamic within families. Facilitating discussions about the emotional legacies of the genocide, including how to recognise and address symptoms of PTSD, guilt and shame, and aggression in children, can empower parents to be proactive in supporting their children's emotional needs.

Furthermore, integrating these parental-guidance programmes into community settings, such as schools,

health centres and religious institutions, can enhance their accessibility and impact. Community leaders and educators can play a pivotal role in promoting these programmes, encouraging participation among parents and caregivers. By fostering a community-wide commitment to positive parenting and mental-health awareness, these programmes can contribute to a supportive ecosystem that nurtures the well-being of post-genocide youth, reducing their propensity to engage in risky behaviours.

Community engagement activities

Engaging post-genocide youth in community activities offers a constructive outlet for their energies and emotions, potentially diverting them from risky behaviours. Involvement in community service, sports, arts and cultural projects can provide a sense of purpose, belonging and identity, counteracting the feelings of isolation or alienation that may arise from the legacies of the genocide. These activities can also foster skills such as teamwork, leadership and empathy, contributing to the personal development and social integration of youth. Creating opportunities for meaningful participation in community life encourages positive peer relationships and connections with supportive adults, offering a buffer against the lure of risky behaviours.

Collaboration between local organisations, schools and youth groups is essential to developing and implementing a wide range of community activities. Tailoring these activities to the interests and needs of post-genocide youth ensures their relevance and appeal, increasing participation rates. Moreover, involving youth in the planning and execution of these activities can enhance their sense of agency and investment in their community, further reinforcing the protective effects against risky behaviours. By providing diverse and inclusive platforms for engagement, communities can cultivate a vibrant, supportive environment that celebrates the strengths and resilience of post-genocide youth.

Finally, monitoring and evaluation mechanisms should be integrated into community engagement programmes to assess their impact on reducing risky behaviours and improving mental-health outcomes among participants. Feedback from youth, parents and community members can inform ongoing programme development, ensuring they remain responsive and effective. Successful models can then be replicated or adapted across different communities, amplifying the positive impact on post-genocide youth nationwide. Through sustained commitment and collaboration, community engagement activities can play a pivotal role in healing the legacies of the genocide, fostering a generation of youth who are resilient, engaged, and hopeful about their futures.

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Appendix: Research areas

District	Sector	Cell	Village
Nyamagabe	Kibirizi	Ruhunga	Gakoma and Munombe
		Gashiha	Muganza and Muduha
	Gasaka	Nyabivumu	Nyabivumu and Dusego
		Kigeme	Gakoma and Nyentanga
	Kaduha	Musenyi	Nganzo and Gasovu
		Nyabisindu	Kirehe and Muduha
Nyagatare	Rukomo	Rukomo II	Nyarurama and Rugabano
		Gahurura	Isangano I and Ruyonza
	Nyagatare	Cyabayaga	Nyakabuye and Urugero
		Nyagatare	Mirama ii and Nyagatare III
	Gatunda	Nyarurema	Muhabura and Bubare
		Rwensheke	Kabuye and Kamate
Ngoma	Rurenge	Rugese	Nyamigende And Kamwiru
		Rwikubo	Ruhuha and Kabashumba
	Rukumberi	Rubona	Rugenda II and Maswa II
		Rwintashya	Rwimpongo II and Bare
	Karembo	Karaba	Umurehe and Urutare
		Nyamirambo	Mumahoro and Gitaraga
Musanze	Musanze	Rwambogo	Rwunga and Runyangwe
		Nyarubuye	Bannyisuka and Kavumbu
	Gashaki	Kivumu	Ruhehe and Nyakariba
		Mbwe	Budiho and Raro
	Remera	Kamisave	Rwampunga and Mukinga
		Rurambo	Nyanza and Bitsibo
Nyabihu	Karago	Gatagara	Karambi and Bikereri
		Gihirwa	Kanombe and Biseke
	Mukamira	Rurengeri	Rutovu and Kibugazi
		Rubaya	Kaburende and Cyivugiza
	Kabatwa	Ngando	Gaharawe and Ngando
		Rugarama	Rebero and Karambi

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