



Development of a Family-based Intervention for Recovery and Resilience: A multi-site randomised controlled trial in Rwanda

EXECUTIVE SUMMARY

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This report outlines the findings of a randomised controlled trial (RCT) that assessed how effective multi-family healing spaces (MFHS) were at increasing family resilience, community trust, and individual healing. The RCT rigorously tested and measured the impact of this culturally adapted intervention in a number of different Rwandan communities affected by the genocide against the Tutsi. The MFHS programme was launched by Interpeace in collaboration with Prison Fellowship Rwanda, Haguruka, and Dignity in Detention and implemented with the support of the Rwandan government. It was funded by the Government of Sweden through the Swedish International Development Agency (Sida).

1. BACKGROUND

The genocide against the Tutsi in 1994 left an indelible mark on Rwandan society and caused the deaths of over one million people. It touched every level of Rwandan life: individuals suffered deep psychological wounds, families were disrupted, and community trust was fractured, giving rise to collective trauma. This legacy has had a lasting effect, in terms of post-traumatic stress, depression, and other mental health challenges that continue to affect Rwandans today. The 2018 Rwanda Mental Health Survey found that over 20% of Rwanda's people struggle with mental health issues, though fewer than 6% of affected individuals access mental health services.

A particular challenge has been the intergenerational transmission of trauma. Parents who lived through the genocide often struggle to process their experiences, and their children are more likely to show symptoms of depression, anxiety, PTSD and other psychological problems. Young people tend to internalise or even perpetuate the pain and mistrust of previous generations, especially in households where parental trauma has not been resolved. Families in these circumstances find it difficult to form healthy relationships or reconcile with the past.

In communal societies like Rwanda, psycho-social well-being is deeply rooted in family and community structures. Family provides the closest support system for Rwandans, and influences individual resilience and mental health outcomes. Historically, nevertheless, most mental health programmes have focused on helping individuals, which has left a significant gap in healing processes, since the trauma experienced by a family member reverberates throughout the household, affecting overall family dynamics and resilience. Recognising this, the MFHS model shifted the focus from individual treatment to a more integrated approach that considers family and community healing to be a central component of post-conflict recovery.

1.1 Understanding multifamily healing spaces

The MFHS programme was implemented in five of Rwanda's districts: Musanze, Nyabihu, Nyagatare, Ngoma, and Nyamagabe. They were selected because they are located in different regions and reflect communities' experience of the 1994 genocide. The programme supports family and community healing by fostering resilience, improving communication, and addressing intergenerational trauma. Each MFHS intervention involves a group of between four and seven families, who meet for 18 sessions that each last approximately three hours. To meet families' various needs, the sessions are delivered in four distinct formats, each of which fulfils a specific function in the healing process:

- I. **The intergenerational healing space.** All generations meet together to openly discuss past experiences and future aspirations, with the aim of strengthening family ties and understanding.
- II. **The family-only healing space.** Individual families improve their communication, helping them to address their daily challenges collaboratively.
- III. **The parents-only healing space.** Parents share and discuss their daily challenges, develop positive parenting skills, address their responsibilities, and build support within the family.
- IV. **The youth-only healing space.** Young participants explore their identities independently, which helps them to build their confidence and self-expression in the broader family context.

2. THE AIM AND METHODOLOGY OF THE STUDY

A randomised controlled trial (RCT) was designed to assess the effectiveness of MFHS interventions. By measuring the state of family dynamics and individual psychological well-being beforehand and afterwards, the trial sought to determine whether a structured, culturally adapted family-based programme can provide sustainable mental health and socio-emotional benefits in a post-conflict setting.

The RCT was conducted between 23 April 2023 and 15 September 2023 and involved 432 participants from all five districts. The participants were divided into clusters and assigned to a treatment group or a control group. Each group contained the same number of clusters. The treatment group received the MFHS intervention, while the control group did not; but members of the control group were placed on a waiting list and received the treatment at a later date. Baseline and post-intervention data were collected from both groups to measure changes attributable to the MFHS programme. The study's principal hypothesis was that participation in MFHS would improve family cohesion and communication. Secondary hypotheses were that participation would increase community trust, strengthen socioemotional skills, and improve livelihoods. The allocation of participants to groups was randomised to ensure that the trial was balanced.

The study received ethical approval from the Rwandan National Ethics Committee (RNEC), operating under Rwanda's Ministry of Health. All participants provided their written informed consent. To protect participants, especially given the sensitive nature of trauma-related discussions, a safety/stop mechanism allowed facilitators to pause sessions if they observed that participants were distressed. For reasons of fairness, as mentioned, participants in the control group received the MFHS intervention after the trial had ended.

3. KEY FINDINGS AND TESTIMONIES

The trial found that MFHS had a positive impact on family resilience, communication, parenting practices, and community well-being. Notable findings included:

- I. **MFHS interventions increased family resilience, communication, and cohesion.** The treatment significantly improved family resilience, organisation, and communication. After the intervention, families in the treatment group reported higher scores for family cohesion, problem-solving, and shared belief systems, relative to their scores at the start of the trial and to the scores of members of the control group at the end of the trial. Family resilience scores improved markedly; participants also displayed more adaptability and cohesion in family routines, and had improved their communication skills and their ability to

handle adversity together. The testimony of Antoine, a participant from Nyamagabe, highlights the personal transformation he achieved, and its positive effects on his family:

I used to spend days and nights abusing alcohol. When I returned home, I would beat my wife and children. They would run away and lock themselves up in their room when they saw me as they considered me a monster. After joining the groups and realising how my behaviours were destroying my family, I decided to quit drinking and made peace with my family. I now share all meals with my wife and children. The conflict with my wife had negatively affected the school performance of my elder daughter. I learned how to guide her and help her to do her homework. She has got the first position in her class. My children are very close to me now; we spend a lot of time together and that has created positive memories. When I look back, I regret that I spent so many years destroying my family and their future. But, thanks to multifamily healing dialogues, I feel proud of the father I have become.

II. MFHS interventions reduced family conflicts and improved parenting practices. The intervention led to improved parenting styles and fewer family conflicts. The Parenting Practices Questionnaire (PPQ) showed increases in warmth and democratic participation among parents, and authoritarian and aggressive communication declined. The intervention also improved relational harmony between partners: couples reported higher relationship satisfaction and better dyadic adjustment. A district local leader Musanze remarked on this change:

We had over 20 families that were very conflicted at the start of this process but today it is very different; there was a significant reduction of these intrafamily issues, approximately from 70% to 20%. We had high rates of aggressivity, domestic violence, and malnutrition of children in this area... As of today, the reports from the Rwanda Investigation Bureau show significant changes. We are receiving fewer critical issues compared to before.

III. The MFHS had positive impacts on youth and the family environment. Although improvements in the situation of youth (such as reductions in family enmeshment) were only marginally significant statistically, qualitative feedback from youth participants and their families revealed that a meaningful shift in family relations occurred. Young people reported that they felt more at ease, and said that their families were more supportive and peaceful, allowing them to focus on their studies and personal growth. Amos, a young participant from Nyamagabe district, shared his experience:

In the past, there were no conversations at home; arguments were the norm. When I left for school, it was common to return and find [my parents] still in the middle of a dispute. Before, they rarely sat down together, but now they gather to discuss their plans. As children, we're much happier now because we can learn in a peaceful environment. This is a stark contrast to before when we went to school but couldn't focus on learning because our minds were preoccupied with the turmoil happening at home.

IV. The MFHS improved community trust and social cohesion. The intervention had a broader community impact too. Local leaders reported improvements in family harmony and falls in aggressive behaviour and domestic violence. The intervention helped to strengthen community trust, as families rebuilt relationships and resolved longstanding conflicts. It also addressed child welfare issues: there were improvements in the nutritional status and overall well-being of children. A Musanze district leader noted:

The family of Daniel [an MFHS participant] had finance-related misunderstandings with his wife, but their children would be affected the most as they would starve. Today, this family has been referred to as an example in several village meetings. Their children moved from being malnourished to being well fed by parents who participated in a healing space.

These findings demonstrate the effectiveness of the MFHS model in enhancing family resilience and promoting healing from intergenerational trauma, as well as creating lasting positive impacts on participants' lives and strengthening community bonds. Participants and local leaders provided qualitative testimonies about the intervention's transformative impact on strengthening family dynamics, and rebuilding a foundation of trust and support.

However, the study found no significant statistical effects on broader community-level outcomes, such as perceived community threats, tolerance of others, and a sense of belonging. Similarly, while the intervention marginally improved youth-specific enmeshment and individual accountability, these changes were not statistically robust. These results suggest that the MFHS model excels at enhancing family-level resilience but has limited impact on fostering community cohesion and integration among youth. This limitation means that the MFHS approach should be complemented by other approaches that foster community cohesion, such as sociotherapy.

RECOMMENDATIONS

The results of the trial show that the MFHS model has the potential to support Rwanda's mental health goals and contribute to the country's broader mental health and psychosocial support (MHPSS) framework. Key recommendations of the report include:

- 1. Scale up the MFHS model nationally across community health structures.** To extend the benefits observed in the five pilot districts, the report recommends that Rwanda should extend the MFHS model to additional districts, prioritising districts that have high levels of trauma and mental ill-health. Rwanda's Ministry of Health has established mental health units in all district hospitals, supported by community health workers who engage directly with families. These structures could be used to implement MFHS programmes through local health centres and community networks.
- 2. Incorporate MFHS as a family-centred approach in the MHPSS system.** If MFHS became a core MHPSS intervention, Rwanda could address the intergenerational transmission of trauma and support family resilience, which plays a crucial role in society. MFHS could be a bridge between individual forms of clinical support and community-based sociotherapy programmes, and also offer MHPSS professionals a structured family-oriented model.
- 3. Develop training programmes for MHPSS and health professionals.** If MFHS programmes are scaled up, facilitators, CHWs, and MHPSS practitioners will need to be trained. The report recommends that Rwanda should develop a standardised MFHS training curriculum in collaboration with the Rwanda Biomedical Center and MHPSS organisations to certify facilitators who can deliver MFHS interventions reliably and competently.
- 4. Collaborate with local leaders and community structures. The success of MFHS** relies on local community collaboration and the support of local leaders. As the programme expands, deeper collaboration with village leaders, local cooperatives, women's groups and other local structures will be required. These local entities can provide logistical support, encourage family participation, and create a supportive environment for sustained healing. Formalising these partnerships would ensure that MFHS is perceived to be a community-driven initiative that is aligned with local values and government objectives, as well as with Rwanda's decentralised approach to healthcare.

The findings from the RCT study demonstrate the effectiveness of the MFHS model in enhancing family and community resilience, creating lasting positive impacts on participants' lives and strengthening community bonds. The testimonies from individuals and local leaders further underscore the transformative nature of the intervention in helping Rwandan families heal from intergenerational trauma and rebuild a foundation of trust and support.



Interpeace Kigali Office

Kimihurura KG 2 Ave, 15 Kigali, Rwanda.
(+25) 0784404884

Interpeace Headquarters

Office 5A, Avenue de France 23,
1202 Geneva, Switzerland