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"A calf cannot fail to pick a color from its mother: Intergenerational transmission of trauma and its effect on reconciliation among post-genocide Rwandan youth"

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Abstract

Background: The 1994 genocide against the Tutsi took more than one million lives in a period of one hundred days. Most survivors were left severely traumatized, and similar trauma symptoms found among adults are also currently being observed among young people including those who were born after and who did not physically witness or experience the horrific events of the genocide. Based on a growing and substantial body of theory and evidence suggesting the possibility of transmission of trauma across generations, our study aimed to explore mechanisms of trauma transmission to youth born of genocide survivors after the genocide and the effects trauma may have on the reconciliation process among this younger generation in post-genocide Rwanda.

Methods: A qualitative study was conducted in Rwanda among youth born after the genocide from genocide survivor parents, parents who survived the 1994 genocide against the Tutsis and mental health and peace-building professionals. Nineteen individual interviews (IDIs) with post-genocide descendants of survivors, ten IDIs with mental health and peacebuilding professionals, and six focus group discussions (FGDs) with genocide survivor parents were conducted in Eastern Province and Kigali city of Rwanda. Respondents were recruited through five local organisations that work closely with survivors and their descendants. A thematic analysis approach was used to analyse the data.

Results: Findings from our study suggest that the trauma experienced by genocide survivor parents is perceived to be transmitted through various pathways including biological means, silence and disclosure of genocide experiences, and everyday contact with a traumatized parent. Life at home as well as the recurrent genocide commemoration period, during which remembrance events such as re-burial of genocide victims, testimonies of survivors and commemoration rituals that refresh the memories of the past, appear to potentiate this phenomenon. Additionally, such trauma transmitted to survivor descendants (descendants of genocide survivors) is understood to negatively affect their psychological well-being which can limit their involvement in reconciliation process out of fear of re-traumatizing their parents, due to mistrust towards families of perpetrators and parents' reconciliation involvement including its potentially traumatic impacts on them.

Background

This study is inspired by earlier study[1] in which during a focus group discussion one of the young girl descendants of genocide survivor parents reported that "*The victims of trauma are not those who survived the genocide only. Most of the youth who suffer from trauma crisis today were born after the genocide*", Solange, young girl, FGD, Bugesera, 2017; and another young boy born of genocidal rape shared the following "People *who committed the genocide make me feeling sad. They wounded the whole ethnicity, our ethnic group. Our people got traumatized. When my mother thinks about the genocide, she gets depressing. When she is not happy, I also feel bad. I collaborate with them, I talk to them but when you think about what they committed you feel you should not even greet any of them Patel, young boy, FGD,* Bugesera, *2017.* The two quotes show that almost 30 years now, the effects of the 1994 genocide against Tutsi in Rwanda heavily weight not only on the mental health   and psychosocial lives of survivors witnessed during the genocide but, that to some extents are also impacting the mental health and relationships of their young descendants with families of perpetrators [1,2]. Trauma resulting from the unlived past and which is transmitted intergenerationally among the post-genocide generation and difficulties in relationships between young descendants born of genocide survivors and members of genocide perpetrator families are examples of such effects [3,4]. However, even if a lot has been documented among the first generation (those who were alive and in Rwanda during the genocide), empirical data regarding the long-term consequences of trauma among the Rwandan youth born after the genocide and to what extent these consequences impact reconciliation processes is however still scant if not missing. To our knowledge, beyond fewer studies that revealed the transmission of trauma from Tutsi survivor mothers to their descendants who were in utero during the genocide and this through epigenetic mechanisms (37) other possible and perceived mechanisms through which the 1994 genocide trauma gets passed down to post-genocide youth are still relatively undocumented and undertheorized. This

article fills in this gap by exploring the mechanisms of trauma transmission to the Rwandan youth born after the genocide. Specifically, it is our interest to respond to two main research questions: 1) What are the possible mechanisms through which the trauma that is found among post-genocide Rwandan youth gets transmitted to them? What are the effects of intergenerational trauma among these youth may have on reconciliation processes? Study findings suggest mechanisms of and interlinkage between intergenerational trauma and reconciliation among youth who did not experience the genocide in real time. This study is relevant in the context of Rwanda, because intergenerational transmission is at the front of contemporary mass violence research given how powerful trauma has become as a driver in political violence globally. Additionally, it may complements previous studies that used other methods than qualitative ones to contribute to trauma debates (37) and other researchers who included youth with almost similar characteristics, but which did not explore intergenerational transmission of trauma from one generation to another nor the effects of the latter on reconciliation processes [5–7].

Trauma has been widely understood as the collective imprint left by a horrific past traumatic experiences that may have happened years or generations ago [8]. Local trauma counsellors who were firstly called to intervene and accompany trauma victims soon after the 1994 genocide in Rwanda have expanded on this definition and defined it as a normal response to an abnormal situation by normal people or a range of changes in a person's beliefs, way of thinking, behaving, interacting with others and performing daily activities due to the threatening events witnessed, heard or otherwise experienced that are beyond an individual's coping capacity with unusual problems. In the understanding of local people trauma is conceptualized as *Ihungabana* or *Ihahamuka*. *Ihungabana* is understood as a milder form of distress that one lives with as a result of a troubling past [9]. *Ihahamuka*, which is also referred to as trauma crisis, is partly explained as the manifestation of PTSD or sometimes confounded with panic attack accompanied with fear and shortness of breath [10]. Rwandan victims of *Ihahamuka* may make noises, run away as if they are dangerously attacked, see things that other people surrounding them do not see at that moment and act out as if they are not in their own body [11]. In this article, we shall use the definition of trauma provided by ARCT-Ruhuka, 2011, and that of *Ihahamuka* as trauma crisis [12].

It has been argued that in countries that faced extreme violence and/or genocide, trauma becomes part of a people's history, affecting individual survivors as well as their friends, family members, communities, and is passed on to following generations. Such passed on trauma is known as Intergenerational trauma. Intergenerational trauma is understood as the trauma among the generation which did not actively experience the traumatic events, resulting from absorption of unresolved trauma or psychological burden of primary victims of such a horrific past [13]. In this article, we refer to intergenerational trauma as the trauma that is currently found among youth born after the 1994 genocide in Rwanda. In particular, here the post-genocide youth included are those born of the genocide survivor parents.

Four major theoretical approaches to understand the transmission of trauma from parents to their children have been identified in the literature: psychodynamic and relational, culture and socialization, family systems and communication and, finally, biological or epigenetics mechanisms [13,14]. The psychodynamic or relational dimension emphasizes the transmission of trauma through unresolved or repressed parental emotions that are unconsciously and indirectly displaced onto children by parents, hence leading children to develop problems and behave as if they went through the traumatic events themselves [13]. Parents and their children develop strained relationships characterized by difficulties of parents to maintain ties with their children from which they also want to differentiate themselves at the same time [14,15].

For the sociocultural and socialization dimension, trauma is transmitted through parenting and modelling. This transmission can be both conscious and direct through a social learning process. Such a process involves the way human cognitive and emotional development over the life course shape and are shaped by embodied interactions with others and within the world surrounding us [16]. Previous studies for example have argued that through bonding or social interactions, descendants can sense threats and harm that are present in the everyday life of the body of the violence victims [17].

Another possible mechanism of trauma transmission is through family enmeshment and communication modes. The family is the primary place for trauma to be shared across generations. Among families of survivors, it is suggested that this could be due to the fact that such families often prefer to keep close relationships with other survivor families. Thus, their children grow up in an environment where the past is ever-present, where both children and parents are concerned with each other's well-being and try to protect each other [14].

Some other authors theorized that trauma can travel from parents to their children through biological means or physiological processes, or even electro-chemical processes in the brain. Consequently, children are at risk of inheriting parental traumatic stress and are specifically vulnerable to mental health problems resulting from hereditary aetiology following changes to a parent's biology due to being exposed to traumatic events. This would mean that trauma-induced changes in a person's biology could have a direct impact on one's own children. Along these lines, research has shown that negative effects of PTSD on parenting and epigenetic programming may in turn lead to the descendants of mothers with PTSD to be at risk of suffering from PTSD, anxiety or depression [15,18,19]. This implies to wonder whether feelings of detestation, fear, rage, retaliation as well as violence toward descendants of and former opponents or whether descendants of survivors of traumatic experiences deviate from such feelings and go beyond past division and develop a propensity towards reconciliation in their communities remain a question for debate to advance our understanding in this domain [20].

Reconciliation is understood as the development of trust, change or re-establishment of relationship between groups of people, communities and societies with the end of addressing the needs of partnership between conflicting parties based on reciprocity and mutual responsiveness [21]. Trust-building, has been recognized as crucial for promoting reconciliation in this process because, at the interpersonal level, safe relationships or at least co-existence between the victims and their perpetrators matter. Furthermore, there is evidence from African contexts that rebuilding relationships as well as lives between former enemies in order to live peacefully with one another depends on three important things: both perpetrators and victims should physically meet; perpetrators should seek pardon and, ideally, be forgiven by the victims; and perpetrators should acknowledge their wrongdoings, whereas survivors also need to reconcile with their past traumatic experience [22,23].

Although there is no model yet theorizing the interlinkage between intergenerational trauma and reconciliation, studies on traumatic experience among people in post-conflict societies have shown potential influences of trauma on reconciliation processes especially among adult people who witnessed the past traumatic events. This suggests that these dynamics may be further elucidated by examining the perceptions of intergenerational trauma transmission and reconciliation among youth from the views of different stakeholders in the context of post-genocide Rwandan society.

Historical context

For the last six decades, Rwanda has been repeatedly affected by different episodes of political violence [24,25]. The most recent was the 1994 genocide against the Tutsis that claimed around 1.074.000 lives within three months [26]. The violence was primarily directed toward the Tutsi ethnic group[2] by trained civilians (known as 'Interahamwe' militia), the army and Gendarmerie who were mostly from the Hutu ethnic group. Whereas in previous political crises Tutsi who took refuge in nearby Christian church premises were safe, in the 1994, genocide churches became killing fields [27]. The genocide severely affected physical and psychosocial well-being and caused mental health problems among the entire population [28]. Fear, mistrust and isolation following the destruction of social ties and rupture of former sources of support have been the main characteristics of the Rwandan life in the direct aftermath of the genocide whereas genocide survivors and perpetrators were supposed to inhabit side by side in the same entirely shattered communities [29,30]. Most of the judges had been killed, arrested or fled the country due to their involvement into the genocide. The justice system was entirely jeopardized and seemed to be non-existing [31,32].

In order to address some of the consequences mentioned above, the post-genocide government implemented multiple transitional justice mechanisms to promote healing and reconciliation between genocide survivors and perpetrators, all in the service of building a peaceful future. For instance, the number of mental health professionals was increased in order to respond to the high need for mental health services and fill the gap of a huge shortage of clinical mental health professionals, namely psychiatrists, psychologists and mental health nurses, in the aftermath of genocide [33,34]. This is an important mechanism as mental health and psychosocial support services are increasingly recognized as a critical component of peacebuilding work [35].

Another important healing and reconciliation mechanism is the annual genocide memorialization. Memorialization has the aim of acknowledging the country's violent history and healing the wounds of a severely harmful past in order to reduce tensions among ethnic groups and ensure the prevention of future collective violence among citizens including youth [36,37]. Memorials have been built for preservation of the history of the genocide and serve as educational spaces. For those who were killed and whose bodies were disposed of in unmarked sites or mass graves, the work continues to find and exhume their remains in order to give them a decent, sacred burial. Since 1994, exhumation and dignified burial of genocide victims takes place mainly during the commemoration period which lasts one hundred days (with one week of mourning which runs between April 7-13 each year) and such events are regularly attended by elderly, adults, youth and sometimes children [38,39]. The community justice system known as Gacaca courts was also put in place from 2002-2012 to contribute to healing as well as truth, justice and reconciliation [25,32,40,41]. Results show that these courts were achieved a lot but also it caused some adverse outcomes and its leftovers are still found.

Despite the country's reconstruction efforts to heal and reconcile victims and perpetrators trauma is still prevalent among the Rwandan population. For instance, symptoms of post-traumatic distress Disorder (PTSD) have been observed among Rwandan people who were children and adolescents during the genocide [42], and among half of genocide widows [10]. Similarly, symptoms of PTSD and comorbidities such as anxiety disorders as well as clinically significant depression have been found among both survivors and perpetrators of genocide, with a higher caseload of these mental health problems predominantly found among survivors [38]. Moreover, results from the Rwanda Mental Health Survey recently found that more than 30% of survivors have major depressive disorders and almost 30% had PTSD compared to 12% of depression and 3.6% of PTSD symptoms in the general population [43]. Other significant consequences of genocide that aggravate this trauma include poverty resulting from the destruction and looting of Tutsis properties and loss of a huge number of people and lack of social support due to disruption of social ties and a high level of mistrust among genocide survivors and perpetrators [3].

Previous studies documented a range of traumatic events and conditions that may constitute to potentially traumatic experiences among individuals, including war, genocide, threatening death or injury and learning about the unexpected or violent death of a close family member or friend [44]. Literature shows that in the particular context of Rwanda, traumatic events included genocide crimes such as mass killings, looting of properties, being hunted, being injured, witnessing the death of others and hiding in insecure places such as bush or in marshlands and/or other unsafe places. Other events included sexual abuse - such as sexual violence used as a weapon of war which was commonly inflicted on women during the genocide - as well as being betrayed by genocide perpetrators who were sometimes known to the victims [28,45,46].

Effects of traumatic experiences across generations have been highlighted by studies done among holocausts survivors [15], descendants of World War II veterans [47,48], Brazilians [49] and descendants of survivors in Rwanda [15,18,19,50]. One of those effects include trauma that pass down across generations. The possibility of this transmission is suggested to mostly happen within families that have high levels of PTSD [36,37,51]. Among what can be transmitted by parents to their descendants, there are bodily and affective connections to their traumatic experiences (e.g., genocide) among others. Similarly, in the contemporary Rwanda, trauma is no longer a deal for adult people who witnessed the 1994 genocide or

those who were alive during that period [51]. Symptoms of trauma are currently being observed among Rwandan youth who did not physically live through the traumatic events of the 1994 genocide against the Tutsis [13,14].

A substantial negative correlation between symptoms of trauma and eagerness for reconciliation has been found across the literature [52,53]. It is suggested that trauma victims may experience feelings of revenge and hatred, mistrust, and unwillingness to forgive or reconcile and may also be more likely to engage in future violent actions to end conflicts [38,54]. Moreover, such victims may also experience feelings of dissatisfaction with punishment given to perpetrators [58,59]. However, views of adult and those of young Rwandans on this issue differ from each other. While adults Rwandan believed that trauma may have negative effects on the reconciliation processes [57–59], some post-genocide Rwandans, descendants of survivors, reported that reconciliation has already taken place and hoped their country will continue to develop increasingly well based on this belief that reconciliation has been achieved [52,53,60]. Yet, an illustrative study among Croatian children showed that reconciliation among children showed that one of the factors that may facilitate in this process is the communication style that is used by parents [61]. What matters is how the trauma as part of history effects transcend to youth because the latter may lead to healing on one hand or strew future conflicts [62]. It is therefore vital in that perspective that mechanisms through which the trauma resulting from the 1994 genocide is transmitted to youth and its effects on reconciliation —if any—in Rwanda are perceived.

Methodology

Study design

The aim of this study is to investigate perceptions of the mechanisms of trauma transmission from survivor parents to children who were born after the genocide (post-genocide youth) and effects this trauma may have on reconciliation among younger generations. An exploratory qualitative study was conducted in two districts of the Eastern Province of Rwanda, namely Bugesera and Gatsibo, as well as in Kigali city between July and November 2019. The two regions in Eastern Province faced extremely human violation acts during the 1994 genocide but still having a huge number of genocide survivor families with young people showing trauma symptoms.

A topic guide that contained semi-structured (open-ended) questions explored through the Individual in-depth Interviews (IDIs) and Focus Group Discussions (FGDs) the topics that included the intergenerational transmission mechanisms of trauma, the meaning of reconciliation and the relationship between acquired trauma by the youth to the reconciliation process in post-genocide Rwanda was drafted, piloted, adjusted, and finalized to gather data around perceived understanding by the three categories of respondents (youth, survivor parents and professionals) toward this study's research questions.

Participants and study settings

In total, 65 respondents participated in the study. The participants consisted of 36 genocide survivor parents, 19 post-genocide descendants of survivors, two district mental health nurses and eight mental health and peace-building professionals from capital Kigali.[1] Despite the fact that the study included survivor parents and descendants of genocide survivors, this is not based on dyads, because it did not match each parent with own descendant.

All parents were living in Rwanda before, during and after the 1994 genocide. Rwandan Genocide survivors were defined as people who have been targeted, hunted or victimized because of Tutsi ethnicity or because of having opposed genocide ideology during the genocide. The respondents were recruited through five organizations: four local non-governmental organizations or committees that work closely with genocide survivors and one public institution. At the time of interviews, almost a quarter of the survivor descendants interviewed still had both parents, while others were living with one parent, usually the mother. Most fathers had died due to the genocide or its consequences, such as beatings during the genocide and HIV/AIDS infection from the rape of a spouse. And, in one case, a father had died after having

been named as a judge in Gacaca courts then subsequently becoming suspected by his family's perpetrators of influencing the entire team of judges to give them heavy sentences.

Data collection

Data were collected by four trained and experienced assistant researchers with backgrounds in psychology, sociology, social work and public health. IDIs and FGDs lasted between 40 minutes and one and a half hours. IDIs with descendants of survivors were mostly held where they resided, whereas interviews with professionals were conducted in their organizations' offices. FGDs among parents were held at a chosen and safe location close to the respondents' neighbourhood, based on their choice.

Youth and professionals attended 29 IDIs (10 with professionals and 19 with youth), whereas each parent attended one of the six FGDs conducted. Each FGD had six people, thus making a total of 36 parent respondents. Year of birth for youth ranged between 1995-2000, whereas parents and professionals were born between 1942-1987. The education level of young respondents and parents ranged between the fourth year of primary school to the second year of university, while some professionals had achieved Master's level education. All data was collected in Kinyarwanda (the local language), later simultaneous translated from Kinyarwanda into English while transcribing them verbatim for analytical purposes.

Data analysis

A thematic analysis was approach, guided by the research questions, drove the data analysis. This approach has previously been shown to be a valid and successful way to build knowledge on psychological, emotional, and social processes such as the relationships between trauma and healing based on lived experiences and perceptions around the impact of the narrated phenomena explored among individuals [63].

Interviews and focus group discussion transcripts were independently read and re-read several times by each of the two authors, to analyse as well as report most recurrent patterns of the meaning across the data set. Each interview was also coded. The two authors cross-checked the coding and where a different theme was detected they both discussed on such themes until agreement on meaning was reached. The coding was done manually, and corresponding codes were written aside by applying themes and sub-themes to corresponding chunks of text across all the transcripts.

Ethics

All methods of the current study were applied in alignment with the regulations and standards of Helsinki Declaration [64]. To protect the privacy of the respondents, their names have been changed into pseudonyms after analysis. After being given an explanation about the objectives of the study, all the respondents provided their consent to participate prior to taking part in IDIs or FGDs. In compliance with national standards for human subject's research ethics, an approval note (No. 1674/RBC/2018) was obtained from the Rwanda Biomedical Center prior to the start of field work. In addition, it was explained to all respondents that the files containing the information they provided would be kept confidential. Study respondents were also assured their names would be de-identified throughout reports and publications to protect their privacy.

Findings

The findings of this study present perceptions of respondents to convey the perceptions respondents have made of their experiences. Each section presents summary overviews of the perceptions that youth, parents, and/or professionals narratively shared on the relevant themes, as well as exemplar quotes to illustrate key findings in fine-grained detail. The first section showcases details on everyday life conditions the descendants of survivors experience in their homes as shaped by the vulnerability of parents and various repercussions of parental trauma on the life of the young people. The

second section describes perceptions around mechanisms through which trauma associated with the 1994 genocide against the Tutsis among parents passes on to their descendants born after the genocide. The third section shows impact that trauma among the youth may have on reconciliation as a crucial element in the process of ensuring future peaceful cohabitation between genocide survivors and perpetrators. The fourth section is the discussion after which study limitations, conclusions and ethical consideration points are presented. The headings are made by the identified themes.

Everyday life of survivor descendants

Findings of this study suggest that the genocide has had a myriad of consequences on the family as a whole with particular effects on the well-being of survivor families. Some of the young Rwandans, especially those who were born after the genocide, grew up in uprooted families due to genocide, and thus they currently feel saddened by not having a family (place) to visit especially during the holidays as other children of their age do— because most of their aunts, uncles and grandparents were killed—. Some children have parents who are physically handicapped and/or traumatized by beatings, being cut by machetes, injured with spears, or other violent experiences during the genocide. Other young people's parent developed chronic diseases, and were unable to adequately respond to their children' needs across their lifespan. The most prevalent illnesses reported among parents by youth were HIV/AIDS, *Ihahamuka* during the genocide commemoration period, and/or *Ihungabana* during other months of the year. The ill health of parents causes youth to feel deprived of parental affection due to both physical and emotional absence of their parents, in addition to growing up in impoverished families.

Youth reported that their everyday life is marked by living in distressing health conditions that remind them of the suffering they would *not* face if there had not been the genocide. According to young respondents, they carry the burden of living with traumatized parents as well as not living a life to its full potential. They repeated several times that they grow up in families that are emotionally and financially affected, hence leading them to act as their own mothers and sometimes their own fathers, which led to some dropping out of school, working for money and performing some of the parents' household activities to take care of their vulnerable parents. Divine, shares how her role shifted:

*'Consequences are many. I am not happy because of how I see her (*the mother*). If my mother is always sick, I cannot go anywhere. I cannot look for a job because I am the one to take care of her. I cannot go to school. Whenever I get money, I give it to my mother to pay medical bills. Other consequences are that I do my mother's work, which is greater than what I can do under normal circumstances.'* **Divine**, **# A young girl, IDI**

Growing in such conditions which youth perceive as abnormal heavily weight on their everyday life and activities.

Changes in the family during the genocide commemoration period

Respondents across all categories described a change of the life mood in the familial milieu especially during the genocide commemoration period. Observed changes are associated with a deep sorrow among their parents as well as family members remembering the loss of their loved ones killed during the genocide. Isolation of parents, silence within the family and harsh behaviours towards children are the main characteristics cited. In spite of physical parental presence at home, normal life habits are often disturbed, as parents tend to emotionally return back to their past in ways that are a more or less visible to their descendants.

Interpersonal relationships which might seem normal and positive between children and their parents become irritating, whereas parent-child communication is dominated by warnings. Youth repeatedly highlighted that their parents warn them especially in terms of behaving carefully towards others and being home before it gets dark. Youth expressed that these warnings result from parents' fear and worries about their children's safety, presuming that they may be killed by former family perpetrators who some of the survivors still mistrust. King, narrated the following:

'During the genocide commemoration period, there are many rules at home. My mother warns us that we should be at home early, if we do not want to be killed and buried in unknown places. She tells us that during this period of commemoration, killers are very angry. That they are not happy. She tells us that they may kill us. Those warnings are many during the commemoration…My mother is no longer the mother we know. I feel bad, but she looks worried too. I feel against her [mother] but I respect her, though I do not feel happy of that.' King, **#** A young boy, IDI

On one hand, young respondents perceive the commemoration events as beneficial and enable them to join their families in remembering their loved ones killed and learn some of their familial genocide experiences that are normally silenced outside of the period and events related. On the other hand, youth in this study dislike hearing how their parents have been victimized. They expressed that they get abruptly exposed to such experiences that are sometimes vivid when parents are suffering from *Ihahamuka*, which increases significantly during this period. According to youth respondents, parental behaviours and warnings during the commemoration that result from their suffering, often create boundaries between young descendants of survivors and their parents, as well as between them and their peers from the perpetrator's side. The experience of Sandra illuminates this:

'*When they play commemoration songs or talk about genocide experiences, he* [the father] *is not happy. He doesn't talk to us or look happy as usual. He is not free to talk to us*.' Sandra, # A young girl, IDI.

Mechanisms of trauma transmission

Findings of this study have revealed four perceived possible mechanisms of trauma transmission. Those mechanisms include transmission of trauma through biological means, through silence and through disclosure of traumatic experiences in everyday life.

Transmission through biological means

When asked about the trauma transmission mechanisms, parents and professionals reported a vertical transmission where maternal trauma passes down to children through maternal blood during pregnancy and/or through breastmilk. For instance, one lady who was pregnant during the genocide explained that when perpetrators attached their hiding area and she gets scared her child in the womb stopped moving until fear diminished. However, this type of transmission was rather unknown among youth. Parents also argued that a baby born from a traumatized mother may develop similar symptoms as his/her mother, namely fear, sorrow and pain as explained by one of the mothers:

"*I think those symptoms [of trauma) are transmitted to the baby when is still in her/his mother's womb; may be through maternal blood. Although the baby did not see the mother with those symptoms of ihungabana, but after birth, you will gradually observe him/her developing some of the symptoms you presented when you were carrying his/her pregnancy*". Cansilde, # parent, FGD.

"*I think it's born with. When a mother is pregnant and then develop trauma (Ihungabana), the symptoms she presents may be transmitted to the child in her womb…A baby in her mother's womb usually understands whatever her mother says, all pains and feelings that she goes through. Hence the reason why after birth, the child may present symptoms of trauma, similar to those her mother present*". Cynthia, # parent, FGD

Transmission of trauma through silence of (parental) genocide experiences

"For e.g., on my side, one of the symptoms I commonly show is that I often find it difficult to disclose my problems to other people, I am always quiet, especially in regards to what I passed through during the genocide. The symptom of not disclosing things that pains us is common both to me and my children; I think my children have got it from me. Just as Kinyarwanda proverbs say "a calf can't fail to pick a colour from the mother (*Ntayima nyina akabara*)".

Narratives across all of the data and from all categories of respondents showed that survivor parents seemed reluctant to share their traumatic experiences with their own descendants despite the eagerness of their children to know their parents' past. Youth's interest of knowing the past is prominent in terms of knowing how Hutus[1] and Tutsis people look like, how they differ from each other and where the three ethnic group (Hutu, Tutsi and Twa) that lived in Rwanda until the genocide are residing today. They are interested in knowing reasons that pushed some people to turn against their family members. Youth ask their parents to tell and show them genocide perpetrators, especially the killers of their families and want to know whether their parents may forgive or have forgiven those who wronged them in the past. Furthermore, descendants whose parents have bodily scars as a result of genocide showed an interest in knowing the 'why' of such scars; others wanted to know their parental survival mechanisms, while a few others did not express the need to learn about this past out of fear of the consequences this knowing might have on their life.

Even though many youths wish to have knowledge about their family's genocide history, most of the parents in this study expressed having difficulties answering their children's natural questions. Silencing such information is one of parents' strategies to stop their children from inquiring so much. In order to deal with this questioning some parents opted to silence the truth. Some others chose to make up stories that would help their descendants understand the past while mitigating the risks that may result from a full disclosure, namely feelings of revenge among youth.

'One day I went with my child to visit a memorial site, but they would not allow him to enter because he was still underage. Then we moved around outside the building. I was showing him the bodies of people who were killed during the genocide. As we walked, he asked me, "What are those sticks?" I said those are bones of the limbs. "Then where are the muscles and skin like ours?" I did not have an answer for that; but when he kept asking me the same question, I told him that the perpetrators who killed them went away. I told him like that because I did not want him to ask whether they are among our neighbours, otherwise he would later cause trouble in our neighbourhood.' Geneviève*, #* A parent, FGD

In other cases, youth expressed that some parents are unable to reiterate their genocide experiences due to emotional distress. To simplify the conversation, some parents respond to their children that they do not know how they survived, especially when children inquire about individual parental past experiences, while others burst into emotions with an inability to verbally respond to their children such questions that bring back the painful past into their minds.

Silence among parents was given a meaning by respondents. From the point of view of professionals, parents resist telling their genocide story because they have not been able to come to terms with their own traumatic past. They argue that traumatic experiences have impaired parents' ability to give a meaning and find a speech that describes such bad experiences because the latter are painful and difficult to reiterate, hence an inability to integrate trauma as well. As a result, avoiding discussing this topic with their children helps parents to protect themselves from emotional suffering that may result once a parent engages into sharing such experiences on the one hand. On the other hand, some parents silence their traumatic past experiences in order to protect their children from side effects such experiences may cause to children once narrated to them.

"Because witnessing the genocide events has caused some parents to feel as if they already died, some parents avoid telling their children that they once died and then reborn. This is because they think it is not necessary to emptying themselves into their children. For me as well, I think there is a need of reserving some parts of genocide experiences because they may affect children's lives." Julia # A psychologist, IDI

Despite the silence from parents to protect themselves as well their children from adverse outcomes, the study findings suggest that silence is a potential mechanism through which trauma of the past is transmitted through. Some survivors' descendants may get vicariously traumatized due to sympathizing with the parents when they struggle to silence their past but display some signs of discomfort due to emotional pain resulting from the inquiry of children when they want to know more about the past of parents. In circumstances where there is an absence of this information due to silencing,

other descendants may get traumatized due to their imagination of unknown genocide events, mostly based on what they observe from trauma victims including their parents and memory representations found in the memorials. One of the young respondents shared the following:

"*What I think can cause that trauma is imagination. Even if parents do not like to tell us about the genocide, someone can imagine what his/her parents went through and make a link between that imagined experience and what he/she sees in the memorial sites, and immediately creates a scenario in his head leading up to trauma crisis. This may happen especially when one sees the parent remembering the bad experiences that marked the country and go back to that time, you may also feel sad when he puts himself in her/his shoes*". Parfait, # A young boy, IDI

This imagination sometimes leads to descendants feeling as if they lived through the events themselves, thus developing trauma symptoms which are almost similar to those commonly observed among adult survivors.

'The trauma among the youth is also because parents do not answer all of the questions, they are asked by the youth. For instance, some youth take alcohol and drugs so they can easily cope with this parental silence.' Joanitha, # A psychiatric nurse, IDI

The experiences of the youth show that parents do not just hide the truth, but when they make up stories, they may inadvertently introduce more emotional risks than what they hope to mitigate.

Transmission of trauma through disclosure of genocide-related stories, experiences and testimonies

Although some respondents emphasized that there is a transmission of *Ihungabana* through silence on one hand, the opposite (the disclosure of the past) was also found as shared by Genevieve in the following quote:

'*Whatever children hear [about the genocide], they keep it in their mind, and as they keep absorbing all those stories, they develop Ihungabana.'* Geneviève, # A parent FGD.

Most of the youth reported that the primary place where they learn genocide history and stories related is at school through history classes that include the genocide history in Rwanda, hence motivated to ask more about such a history. Second, young people encounter such (hi)stories through being exposed to individual genocide-related testimonies of mostly survivors at the memorial sites while attending commemoration events. Third, accounts of youth suggest that they acquire trauma through hearing stories related to genocide experiences sometimes from parents, elder siblings or other family members. Some of these stories are more traumatizing than others. According to the majority of young respondents, the most traumatizing side of the past is learning the inhumane actions done by perpetrators to the victims, such as those resulting in the death of a relative or genocide experiences of one's own parent(s). With sympathy towards his parents, and with an emotionally disturbed tone, tears in his eyes, Damien, a young man, gives here:

'My mother usually tells me about it and even when we go to the memorial site, they tell us some victims and we find that they are our relatives…Since I knew it, it was hard for me to accept the way they died. It is painful when a razor cuts you - imagine how hard it is to accept that they have cut someone's head or leg with a machete.'

Young respondents recognize that not all the testimonies can lead to *Ihungabana or Ihahamuka*. The majority shared that it depends on how those testimonies are shared, the psychological state of people surrounding the child in everyday life and the behaviours of members of the communities and environment in which these youth grow up. For instance, some youth said that some parents or family members share genocide experiences unwittingly when they are suffering from *Ihahamuka*. This is to say that they convey horrible stories through howls or screams, flashbacks and calling out to people unknown to the youth. Yet youth judge these kinds of stories to be fragmented or incomplete, with difficulties of getting the full story at once; because sometimes the suffering person looks like he/she is in another world where she/he sees things that other people do not and have difficulties interacting and communicating with people around

him/her. Furthermore, the content of the story itself may be dangerous though speaking plainly is not the choice of the Ihungabana victims, but rather the incident resulting from the overwhelming emotions expressed by victims following remembrance of past violence committed against them.

'*The way parents narrate the story may end up psychologically traumatizing the children. For instance, telling the children how their father or uncles were being chased, how they escaped, how they found them where they were hiding, and how they cut them in pieces with panga and so forth. That way of narrating stories of what happened during the genocide to children is the one that arouse emotions that may lead to Ihungabana among the youth*.' Jeannine, # A psychologist, IDI

According to parent respondents, genocide-related stories shared wholeheartedly with the children at once are also a possible mechanism through which *Ihungabana* from parents is transmitted towards their young post-genocide descendants who did not witness the traumatic past. This unlimited openness is commonly found among severely traumatized parents or among perpetrators who still display genocide ideology. Indeed, most youth fail to understand reasons that have led to such hatred and killings. A few of the young survivors' descendants were also exposed to traumatizing testimonies of some of the genocidal inhuman actions publicly testified to by the perpetrators themselves. Such narratives are sources of trauma among some youth.

'They [perpetrators] should say it in a humble manner. Sometimes they list what they did and people they killed, the target numbers of people they wanted to kill; and they do that proudly. So, that makes me sadder to think that they seek for forgiveness by telling stories but behave inappropriately. That causes a problem in me…Another thing is that a parent can continue to implant those things in me by repeating what happened and who did it…Repeating its cruelty causes trauma for us.' Jacob, # A young boy, IDI

Transmission through everyday contact with (a) traumatized parent (s)

"*Whenever she developed mental trauma and cried, I would also cry, until they would take me away from her; after that some people would remain counselling me, while other would take her to the hospital; after a few days, I could see her brought back in stable condition; and that when I would also feel relieved. Then, I would stop thinking about that". Josée, # A young girl, IDI*

Respondents across all categories mentioned that trauma among descendants of survivors can also result from behaviours these descendants observe from own parent (s), everyday contact and how a child is taken care of or treated by the parent, during breastfeeding, bathing or feeding the kid. One of the professionals explain this:

There is a common saying that "history repeats itself" or history may be transmitted from generation to generation" not because it is Genetical, but due to environmental factors such as those in which traumatized parents raise up their children. For instance, if the parents are traumatized, live with sorrow, always sad, or in pain as result of atrocities committed against them during the genocide, the child who grew up seeing such parents in that mood, will also live in hopeless life, sad, unsocial with likelihood of culminating into severe trauma (Ihungabana rikomeye). Ange, # A psychologist, FGD

In addition, respondents believed that some parents may also transmit their *Ihungabana* through physically abusing their children, such as beating them.

Whenever they [children] *approached me, I was always harsh to them; sometimes I would scratch them with nails and leave them with scratch sores. Thus, my children adapted those bizarre habits they observed from me. This is why they often show sign of Ihungabana; they often feel rude to other children; they are never free with other people and often feel like isolating themselves. Cynthia, # A Parent, FGD*

Moreover, respondents argue that many children who were brought up by such parents end up developing similar maladaptive (or culturally perceived as inappropriate) behaviours and symptoms of *Ihungabana*. Some of the manifestations of trauma among children are similar to those of their parents, although *Ihungabana* transmitted to young people manifests itself in different ways. Findings show that commonly embodied symptoms of *Ihahamuka* among children include *making noises* as if they are physically attacked. Some others shared that they lose consciousness, whereas others run away to find refuge.

One of the parents who attended a FGD listed common symptoms of *Ihahamuka* among youth as follows:

'To *lose a sense of direction, keeping quiet, lack of a sleep, losing appetite, feeling rude and talk to others harshly; others look mad, they may look as if they have sorrow, others complain about headaches that do not respond to analgesics/medications, while some others have deep thoughts about the past and withdrawal from others.' Cancilde, #* A parent FGD Bugesera

Although most of the symptoms of *Ihahamuka* among youth are similar to those symptoms in adults, a difference was also found. For instance, children who manifest reviviscency of past experiences do not express names especially those of attackers as this is spontaneous among adult survivors. Moreover, parents and professionals perceived that *Ihungabana* and *Ihahamuka* are mostly apparent among youth whose parents are severely traumatized and those who silence their genocide experiences. Still, despite the fact that youth recognize symptoms of trauma among adults and their peers, half of the youth in this study doubted that intergenerational trauma could be transmitted to those who were not yet born at the time of the genocide events.

The effects of (intergenerational) trauma on reconciliation

Before asking respondents the effects of trauma among the younger generation on reconciliation, they were first asked how they make sense of reconciliation. The respondents across all categories defined reconciliation as restoration of former relationships between genocide survivor and perpetrator families. This re-establishment of relationships requires seeking forgiveness from the side of perpetrators, which was valued and reported as an important and a key element in this process. According to the respondents, however, seeking pardon should be accompanied with reparations by perpetrators for what they damaged during the genocide.

Reparation and seeking genuine forgiveness mean, for survivors and their post-genocide descendants, acceptance of moral responsibility, as opposed to the attribution of the genocide acts to the former government as mostly observed among the perpetrators, meaning acceptance of one's own individual role/responsibility for the genocide and being accountable for that matter. In addition to reparation and seeking forgiveness, finding the remains of their loved ones' bodies for their decent burial was much valued as one of the remedies to heal trauma of both parents and their young descendants, experience some relief in their hearts, let the past go, forgive the offender and make reconciliation successful and sustainable.

'No, it's not easy to talk about unity to such people who still have Ihungabana because they are still taken up by the past. It's hard for that person to forgive. It requires a strong heart; so, they need to be counselled first to get relieved from trauma, prior to telling them about unity and reconciliation.' Josée, # a young respondent, IDI

Most of the youth suggest that for reconciliation to be possible, survivors should also offer forgiveness to those who wronged them and apologized. This process of seeking and offering pardon was reported to be one of the durable strategies to enable former enemies to genuinely re-unite and truly live peacefully after the genocide.

While assessing the impact of intergenerational trauma among youth on reconciliation processes, parents and professional respondents reported that it is clear that trauma of the past is being transmitted from adults to their young

descendants. Additionally, it was perceived that traumatized young people cannot be open to reconciliation because those who are traumatized are still tied by the past, due to losing hope for the future and difficulties of looking ahead because trauma has the capacity to somehow damage that possibility. Respondents valued having peace of mind as a prerequisite for healthy interpersonal relationships between people and for future peace. Furthermore, trust was elucidated as important. The findings revealed that a trauma victim may mistrust the person who did harm to him in the past and feel afraid of them because the trauma victim keeps seeing his/her former perpetrators as their enemies who can attack and wrong him/her anytime.

Similar feelings were also reported by young respondents. They expressed that some of the youth may develop grudges after being traumatized by genocide experiences of their parents. Others grow up with fear towards genocide perpetrators they came to know through their parents' past disclosure or other sources.

'When I see someone who committed Genocide, like the ones I was showed, I am worried that they can kill me. When I see him, I run away because I am afraid of being killed.' Divine, # A young respondent, IDI

On contrary, post-genocide descendants of survivors whose parents do not talk about the past tend to deny the genocide because one the one hand they fail to understand how a human being can kill another human being. On the other hand, such youth mistrust community members other than their family members and suspect them of being genocide perpetrators. Such youth also live with fear (as adults do) that the genocide might happen again and anytime. They are confused and anxious. Some of them look isolated, unhappy, and mentally unstable. Some others are aggressive towards others, look depressed and limit their interpersonal relationships towards their peers born of perpetrator parents. Professionals assert that someone who presents these trauma symptoms cannot take steps towards reconciliation.

Reconciliation was reported as something that can be possible among the youth but that also is influenced by the willingness, healing or degree of trauma and level of one's own parent's involvement in the reconciliation processes. For instance, young respondents expressed that some parents are still disconnected from other community members because of their trauma and inability to forgive those who wronged them.

'*For me, when my mother gets trauma crisis (Ihahamuka), I get so sad. It is impossible for me to live peacefully with the killers' families knowing that they are the reason why my mother is severely traumatized. I start to focus on myself, isolate myself and get on my mother's side. So, in this way, I think that parents may also influence us when it comes to reconciliation because they did not forgive and do not want us to forgive either.* Divine, # A young respondent, IDI

Young people also expressed that such disconnected parents may possibly discourage their young descendants from interacting with perpetrators as well as their family members, including their young descendants, as a way of protecting them from being harmed by those families. This was also confirmed by one of the professionals:

'Yes, it (Ihungabana) may have negative effect on unity and reconciliation process and we have seen that any traumatized individual is not mentally well; yet a mentally affected person cannot think of unity and reconciliation. Another issue related to that is that children take their parents as role models. So, if parents are not mentally stable, they will not think of unity and reconciliation. Likewise, if parents are not united, even their children will not think of unity and reconciliation with their fellow children or with other people.' Ange, # A Professional, IDI

The inability of some youth to participate in reconciliation as well as associated difficulties with relating to their peers from the perpetrator families appear to potentially be linked to trauma induced in them. This trauma can be intensified by the community environment in which these children grow up. Additionally, both the trauma among survivor parents and the way perpetrators seek forgiveness are among the factors that hamper their openness and commitment toward reconciliation. In this line if thinking, testimonies of perpetrators (during the commemoration) when asking for pardon were judged by youth to be superficial since some of the perpetrators diluted their role and the severity of their

wrongdoings by attributing their own involvement in genocide crimes to the former government. Such distancing from one's own crimes among genocide perpetrators is interpreted by descendants of survivors as a form of denial.

Most of the respondents testified that relationships between youth from both survivors and former enemies seem better than that of their parents, despite difficulties and individual reasons that hinder parents themselves from being able to forgive and reconcile. Some parents support that their post-genocide descendants should live peacefully with their peers because they were not alive during the genocide. Youth supported parents' perspective arguing that they are willing to have good relationship with their peers from the perpetrator families since they are equally treated by the government through, for instance, attending the same schools, learning the same history and using the same services, such as health facilities, and without facing any discrimination. However, on the other hand, youth stress that this willingness can be possible under certain conditions. For instance, they argued that they cannot reconcile with the enemy before their parents do so because parents are the primary victims among which reconciliation should take place first. According to young respondents, reconciling with the opponent's side before a parent reconciles with his/her perpetrator is consequently perceived as a re-traumatization action toward their parents. Moreover, they expressed that a person not healed from trauma faces difficulties in terms of reconciling with his or her former enemies.

This has been also confirmed by one survivor parent who attended one of the FGDs:

'After more than 20 years, nobody has ever come to tell me where my beloved relatives (who were killed) were thrown, nor tell me: "You know I am the one who looted your home." Yet, those are people we stay with in this village! Perpetrators have instilled a weevil of trauma in our souls! (Imungu y'umutima). If they happen to find that weevil of trauma is over from me, then I will forgive them.' Dancilla, # A parent FGD

Despite challenges that hinder reconciliation today, all of the interviewed respondents support the idea that young people from both survivors and perpetrators should be assisted and facilitated to join and attend platforms that may help them to have good relationships today and in the future. It was recommended by a sizeable number of respondents that all post-genocide generations should have their space for healing from their trauma, developing a sense of connectedness and hence becoming able to secure a peaceful future.

[1] Ethnic group from which the perpetrators belong to, while Tutsis ethnic group was composed of victims during the genocide. so, youth ask this because it is difficult to easily know who belonged to this category or not. Yet, even if this might be associated by the fact that Rwandans have resemblances, ethnicity was also outlawed from the identity cards.

Discussion

This study explored the mechanisms of intergenerational transmission of trauma among young Rwandans whose parents survived the 1994 genocide against the Tutsis and effects of this trauma on reconciliation from the Rwandan context. Our findings suggest that trauma of the 1994 genocide against the Tutsis extends its effects on post- genocide descendants of survivors. Our results are similar to prior studies [21] and they suggest that such descendants of survivors inherit trauma of their parents through various mechanisms, with most symptoms of trauma that to some extent can be similar to those of the survivors in general.

The transmission of trauma takes place mostly within the family environment, mostly during the genocide commemoration events and associated rituals. These findings are in line with literature indicating that beyond affecting the primary victims or individuals, past stressful events may also have long-term and deep intergenerational effects on those who did not go through these events [65,66]. The trauma transmitted to young descendants has also implications on reconciliation between young descendants of survivors and families of genocide perpetrators, including their descendants as well.

The first perceived mechanism of trauma transmission in the context of this study is the transmission through biological means which normally reflects the possibility of transmission of traumatic effects epigenetically. Though parents reported this possibility and that effects of trauma on germline or on fetoplacental interactions during prenatal periods were found in other settings [67], we did not examine this type of transmission due to the limitations of the methodology used. Our analysis is only informed by the perceptions of genocide survivor parents, post-genocide youth born of survivor parents and mental and peacebuilding professionals. Rwandan survivor parents perceived that they already transmitted their trauma, anger and aggressivity when they were hiding in the bush while having the pregnancy of their young descendants and during their life course when raising these children. This somehow has the connotation with the cultural way of valuing blood and milk as the foundation of life. In Rwandan culture, through blood a parent gives life to her child before birth and through breastfeeding a parent may transmit bad or good behaviours and attitudes to own children. This milk giving is not only limited to breastfeeding in its literal way, but to the parenting style which determines who the child will be in the future. From our understanding the perceptions of respondents also reflect how vital milk and blood are important in the Rwandan life and context. In accordance with previous studies [68,69], this is shown in the perceptions of respondents that trauma from one generation to another can be carried through milk and blood as human substances as this has been also echoed by Taylor: "*the healthy body is seen as a system of fluids in constant flow, and so are society and the entire universe. Illness, as well as social and cosmological disorder, is interpreted as the result of blockage or excessive flow… Flowing substances which represent the vitality and fertility of life include milk and blood*" [70].

The second identified mechanism is the transmission of trauma via parent-child interactions. This transmission probably results from everyday exposure of children to parental emotional suffering and growing up in families where parent-child attachment have been weakened by trauma [71]. We argue that developing *Ihungabana* or *Ihahamuka* symptoms among this category of youth is also (probably) the result of identification by children of their parents' experiences as their own, as reported by preceding researchers [51].

Both silence and communication of traumatic experiences are also perceived as potential mechanisms of trauma transmission. Findings revealed that youth whose parents silence their traumatic past are also traumatized probably because they are unable to grasp and digest the genocide stories, they encounter from different sources such as neighbours, commemoration events and those (fragmented) stories that are sometimes narrated by parents, perpetrators or because such stories are sometimes contradicting [72].

As observed by our young respondents, some of them presented *Ihungabana* and / or *Ihahamuka* symptoms. In agreement with the earlier studies conducted in Cambodian youth [73], the next to resulting from their imagination of what happened during the genocide, their trauma might have resulted from being exposed to demonizing stories of survivors shared at genocide memorials. Moreover, in contrast to the usefulness of open communication in the study by Braga and colleagues [74], in this study disclosure of past related stories was mainly shared by people other than parents (such as perpetrators), and this has contributed to *Ihungabana or Ihahamuka* symptoms, too because they were sometimes overwhelming. In some other cases, trauma emerges among the youth because some parents have shared their past to descendants explicitly, especially when disclosure was associated with negative emotions such as anger.

A poor family environment where silence and social as well as emotional withdrawal are dominant fosters intergenerational transmission of parental trauma as opposed to an improved family environment which encourages more adaptive coping patterns such as perseverance and self-esteem/confidence among children [75]. Additionally, some factors foster the transmission process: growing up in an environment where parents are vulnerable due to trauma, where survivors live next to their offenders, the annual commemoration events/rituals, parenting style and communication of overwhelming stories to children, mostly by family members and neighbours. There is a strong relationship between intergenerational trauma transmitted within families, the impacts of reconciliation processes such as issues that were not solved by Gacaca courts, memorialization rituals and events and education interventions that have implications both for

trauma and for its intergenerational aspect, since the next generation members are included within these settings and the parents' trauma is also affected in various ways by them.

Findings suggest that the aspect of trauma that parents mostly transmit to their young children is their trauma symptoms such as feeling of mistrust and hatred towards the perpetrator families, fear of being killed, hopelessness and a negative worldview towards another which may lead to revenge or another potential future political violence. *Ihahamuka* symptoms also were found. Still, these findings are a new additional evidence base to preceding studies [76,77] that report findings from respondents who were born before the genocide, thus who are assumed to have been reliving what they already went through. In addition, in our sample most of those observations were reported by all three respondent groups: parents, professionals and a few young respondents who had themselves suffered from *Ihahamuka*.

Other young people denied that trauma resulting from the genocide could attack them. This confirms the results [78]. These authors found that despite the fact that some people may deny trauma as a psychological coping strategy, the psychological pressure related to this denial can immigrate and express itself through the body and manifest itself in it. This can also probably result from marginalization following the cultural connotation of trauma with madness or being crazy, hence causing youth to deny it in order to save their image in their communities as this was found among young Cambodians too [79]. However, this stigma may also hinder youth seeking mental health services that would normally help them to overcome trauma transmitted to them intergenerationally.

For the linkage between intergenerational trauma and reconciliation, on the one hand, young respondents in our study showed willingness to forgive and reconcile with their peers from the perpetrator group and their parents were in support of this reconciliation among the younger generation. On the other hand, youth denied the possibility of this reconciliation as a way of protecting their parents against re-traumatization, arguing that their parents should forgive first to pave the way for youth. For the youth, this is to say, "*I will forgive after my parents did so*". These accounts can probably be attributed to the inherited severe family trauma, hatred and the low intergroup trust and forgiveness resulting from greater discrimination that have led to trauma among parents. Furthermore, these challenges among youth might be resulting from influences by parental discourses in the familial milieu [80].

Along the same lines, our respondents underlined that reconciliation can be possible after victims of trauma are healed from this trauma of their past. Our findings revealed that the healing of the emotional wounds is a prerequisite to personal well-being, to healthy and effective communication, including within families, and to reconciliation with others. These findings correlate with the previous studies [61] and support the larger hypothesis that healing trauma can lead to development and is 'a condition for peace' [78,81]. We suggest that healthy communication, which may lead to reconciliation, cannot be easily attained among descendants of survivors before their parents integrate/heal from their trauma of the past. Similarly, although we recognize that unhealthy communication among parents might be attributed to the fact that trauma has silenced these parents who must be the ones to testify to others regarding what happened; indeed, when they come to speak, some do that overtly through their bodies, gestures and uncoordinated speeches, and sometimes it is unpredictable, as they talk about people others do not see, as reported above [82]. From our point of view, this communicative manner can be understood as non-conducive for youth, hence the difficulties of developing constructive communication styles which should normally intercede reconciliation between them and their peers from the perpetrator families.

The findings of this study confirm the existence of trauma transmission mechanisms as suggested by earlier studies [13,74]. It is also clear that it is possible for the trauma of parents transmitted through these different mechanisms to negatively affect the possibility of reconciliation between descendants of survivors and those of perpetrators in the context of this study. Similarly, openness and willingness towards reconciliation depends on their level of integrating trauma of the past into their lives as well as on their parents' healing and their ways of engaging with the reconciliation.

Despite difficulties that youth are currently facing in terms of reconciliation, interventions are available to support youth in overcoming their trauma and helping them to reconcile with others. For instance, evidence suggests that interventions carried out through community-based healing groups may contribute to the open communication about the past traumatic events within the family environment [83,84], to an improved psychosocial well-being, stead family environment, peaceful cohabitation promotion in communities with possibilities of hastening unity and reconciliation process among both descendants of survivors and those of perpetrators.   Additionally, some evidences suggest that having open communication has led to resilience, while a healthy communication proved that reconciliation is also possible [85]. Therefore, creating safe spaces in order to help both survivors and perpetrator parents as well as their descendants to discuss about their past towards healing from trauma of the past may nurture an improved parent-child communication, thus ensuring improved intergenerational relationships between parents which can also extend to the descendants of both.

In addition, much effort should be put into mobilizing genocide perpetrators to show their moral responsibilities, repairing what they damaged while seeking forgiveness in order to facilitate survivors to heal from their trauma. These are conditions that will support and enable survivors to consider offering pardon to their perpetrators and have the feeling of benefiting from justice. Where possible, creating spaces that would enable perpetrators and survivors to meet, discuss about the benefits of reconciliation as well as to seek and offer forgiveness in the presence of their young children would also have a positive impact on the way youth understand the genocide and regard and engage in reconciliation processes. This is because the parental role matters in the interpersonal relationships of their young children. In this respect, witnessing reconciliation of parents by the descendants may lead to breaking the cycle of intergenerational trauma and hatred and ensuring sustainable peace across generations in the future. These intergenerational dialogues should be created as platforms where mentorship of youth is done by adults (those who are integrate people) to avoid contradictions in the history and should also involve testimonies from families that were able to reconcile and thus encourage youth to look positively towards intergenerational reconciliation.

Of additional value may include defining the framework of trauma-healing of the past among the post-genocide generation in mental health policy. For instance, youth centres and schools are places where a concentrated package of trauma-healing and promotion of reconciliation can be delivered. In this regard, these settings should be considered for peace-building purposes. Moreover, creating jobs and mobilizing youth to work together in small income-generating activities may help them to be more or less cohesive, facilitating those who are stigmatized by their communities due to suffering from *Ihungabana* or *Ihahamuka* to feel socially connected and reintegrated. Otherwise expecting reconciliation among traumatized people can be a wrong aspiration. Furthermore, though disclosure of the past is also among the mechanisms of trauma, it was clear that this transmission depends on the content shared and the context in which it is shared. In this regard, we suggest that communication of (the parental) traumatic experiences to children and teachings of the genocide history should consider their age, the content to share, how (the manner) and when to share those past experiences. Healing from individual and collective trauma is most important in this process because healthy minds are needed toward making peaceful societies.

Study limitations

This study also had limitations. The findings of our study are limited to the perceptions and lived experience of a few numbers of respondents in the three above-mentioned sub-categories of Rwandans. Therefore, these findings cannot be generalized due to a small sample. Furthermore, the views of perpetrator families are missing. Research should explore intergenerational trauma and reconciliation among young descendants of genocide perpetrators and their parents, as well. In addition, there is a need of conducting a large study on the communication styles that Rwandan parents use while communicating past experiences, understanding the process and exploring which appropriate age for children to be told about such traumatic experiences, as well as the appropriate manner to communicate such a past. Furthermore, our study

did not also focus on the father-son, or mother-daughter transmission or check effects on gender though male parents were part of the study. We suggest that future studies should explore this too.

Conclusion

Our findings showed that trauma resulting from the 1994 genocide is locally understood in Eastern Rwanda as intergenerationally transmitted from survivor parents to their young Rwandans. The traumatic events related to genocide have severely affected the mental well-being of parents. Such trauma is currently being transmitted to their post-genocide descendants, as well. The genocide commemoration period and familial milieu where children have been and still constantly exposed to their traumatized parents are among the enabling factors/ settings for the transmission of that trauma. Trauma transmitted to survivor descendants negatively affects their psychological well-being with possibilities of limiting their involvement towards reconciliation due to fear of re-traumatizing parents, mistrust towards families of perpetrators and sometimes due to the influence by the trauma of and level of involvement into the reconciliation processes by parents.

In order to make reconciliation possible among the post-genocide youth, programmes aiming at mental health well-being and peace-building should consider attending to adults' mental health needs while also prioritizing the participation youth, including those born after the genocide. We suggest that, to better foster intergenerational reconciliation, we suggest that seeking pardon should shift from an individual request and become a family responsibility, process and commitment. This is because in many cases children consider their parents as their role models. So, seeking pardon and witnessing reconciliation between families by younger generation may heal trauma of survivor parents and allow descendants of survivors to reconcile with perpetrator families, thus breaking the cycle of intergenerational trauma while increasing the chances of having a reconciled post-genocide generation. This may in turn ensure future peace between individuals, in the communities as well as in the country as a whole. However, the mental health of the encounters should always be considered while envisioning this reconciliation and this activity should be a voluntary initiative. Mental health professionals and peace-building organizations are called on to continue reinforcing the integration of trauma management among survivors, perpetrators and their descendants in their services to succeed in this journey of rebuilding peaceful societies after mass atrocities. Specific programmes for strengthening unity and reconciliation processes and those aiming at healing among parents are needed to warrant reconciliation and promote harmonious relationships and peaceful cohabitation among the former enemies and the descendants of both. Scale-up of these programmes among youth is also needed to foster mutual understanding, trust, mutual tolerance and to prepare for a smooth transition from parents' painful past towards building a new future free from another cycle of violence.

Declarations

Ethics approval and consent to participate

In concur with the standards and regulations of Helsinki Declaration, this study was reviewed and approved by the ethics committee of Rwanda Biomedical Center with the refence number (No. 1674/RBC/2018). To protect the privacy of the respondents, their names have been changed into pseudonyms after analysis. All the respondents provided their consent to participate prior to taking part in interviews or FGDs, after being given explanation about the objectives of the study. Confidentiality was maintained.

Consent for publication

Not applicable.

Availability of data and materials

Data are available from the corresponding authors and may be shared upon substantial and rational request.

Competing interests

Authors declared that they have not competing interest through this study.

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Authors' contributions

GK designed the study project, drafted the topic guide, analysed the data, drafted the manuscripts and contributed to the final version as well. JK participated in the draft of the topic list, data collection, drafted the methodology read the drafts of the manuscripts, worked on the layout. MCI contributed to the conceptualisation of the study, revised the first draft of the manuscript, coordinated the data collection and transcription process, contributed to the writing up process. All authors equally contributed to and approved the final document for submission.

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References

1. Banyanga J, Björkqvist K, Österman K. Trauma inflicted by genocide: Experiences of the Rwandan Diaspora in Finland. Cogent Psychol. 2017;4(1).
2. Rieder H, Elbert T. Rwanda – lasting imprints of a genocide : trauma , mental health and psychosocial conditions in survivors , former prisoners and their children. Confl Health. 2013;7(1):1.
3. Richters A, Rutayisire T, Dekker C. Care as a turning point in sociotherapy: remaking the moral world in post-genocide Rwanda. Med Antropol. 2010;22(July).
4. Berckmoes LH, Eichelsheim V, Rutayisire T, Richters A. How Legacies of Genocide Are Transmitted in the Family Environment : A Qualitative Study of Two. Soc 2. 2017;7(24):1–18.
5. Ingabire C, Kagoyire G, Habarugira C, Rutayisire N, Richters A. They tell us little and we end up being confused": Parent–child communication on familial experiences of genocide and its aftermath in Rwanda. Transcult Psychiatry. 2022;1–13.
6. Kahn S, Denov M. Transgenerational trauma in Rwandan genocidal rape survivors and their children: A culturally enhanced bioecological approach. Transcult Psychiatry [Internet]. 2022; Available from: https://doi.org/10.1177/13634615221080231
7. Denov M, Kahn S. "They Should See Us as a Symbol of Reconciliation": Youth Born of Genocidal Rape in Rwanda and the Implications for Transitional Justice. J Hum Rights Pract. 2019;11(1):151–70.
8. Fassin D, Rechtman R. The empire of trauma: An inquiry into the condition of victimhood. (R. Gomme, Trans.). 1st editio. Princeton: Princeton University Press.; 2009. 320 p.
9. Richters A, Kagoyire G. Of death and rebirth: Life histories of female genocide survivors. J Rehabil Torture Vict Prev Torture. 2014;24(1 Suppl. 1):6–11.
10. Hagengimana A, Hinton D, Bird B, Pollack M, Pitman R. Somatic panic-attack equivalents in a community sample of Rwandan widows who survived the 1994 genocide. Psychiatry Res [Internet]. 2021;117(3). Available from:

https://doi.org/10.1016/S0165-1781(02)00301-3

11. Gishoma D, Brackelaire J-L, Munyandamutsa N, Mujawayezu J, Mohand AA, Kayiteshonga Y. Remembering and Re-Experiencing Trauma during Genocide Commemorations: The Effect of Supportive-Expressive Group Therapy in a Selected District Hospital in Rwanda. Rwanda J Ser F Med Heal Sci [Internet]. 2015;2(2). Available from: https://doi.org/10.4314/rj.v2i2.8F
12. Gishoma D, Brackelaire J-L, Munyandamutsa N, Mujawayezu J, Mohand AA, Kayiteshonga Y. Supportive-Expressive Group Therapy for People Experiencing Collective Traumatic Crisis During the Genocide Commemoration Period in Rwanda: Impact and Implications. J Soc Polit Psychol [Internet]. 2014;2(1):469–88. Available from: https://doi.org//10.5964/jspp.v2i1.292
13. Kellermann N. Transmission of Holocaust Trauma - An Integrative View. Psychiatry Interpers Biol Process [Internet]. 2001;64(3):256–67. Available from: https://doi.org/10.1521/psyc.64.3.256.18464
14. Kellermann NPF. The long-term psychosocial effects and treatment of Holocaust trauma. J Loss Trauma [Internet]. 2011;6(3):197–218. Available from: https://doi.org/10.1080/108114401753201660
15. Kellermann NP. Epigenetic transmission of Holocaust trauma: can nightmares be inherited? Isr J Psychiatry Relat Sci. 2013;50(1):33–9.
16. Rosenthal BS, Wilson WC, Futch VA. Trauma, protection, and distress in late adolescence: A multi determinant approach. Adolescence. 2009;44(176):693-703.
17. Kidron CA. Breaching the wall of traumatic silence: Holocaust survivor and descendant person–object relations and the material transmission of the genocidal past. J Mater Cult [Internet]. 2012;17(1). Available from: https://doi.org/10.1177/1359183511432989
18. Uwizeye G, Thayer ZM, DeVon HA, McCreary LL, McDade TW, Mukamana D, et al. Double Jeopardy: Young adult mental and physical health outcomes following conception via genocidal rape during the 1994 genocide against the Tutsi in Rwanda. Soc Sci Med [Internet]. 2021;278:113938. Available from: https://doi.org/10.1016/j.socscimed.2021.113938
19. Uwizeye G, DeVon HA, McCreary LL, Patil CL, Thayer ZM, Rutherford JN. Children born of genocidal rape: What do we know about their experiences and needs? Glob Public Heal Nurs [Internet]. 2022;39(1):350–9. Available from: https://doi.org/10.1111/phn.13023
20. Biracyaza E, Habimana S. Contribution of community-based sociotherapy interventions for the psychological well-being of Rwandan youths born to genocide perpetrators and survivors: analysis of the stories telling of a sociotherapy approach. BMC Psychol [Internet]. 2020;9:1–15. Available from: https://doi.org/10.1186/s40359-020-00471-9
21. Castro-Vale I, Severo M, Carvalho D, Mota-Cardoso R. Intergenerational transmission of war-related trauma assessed 40 years after exposure. Ann Gen Psychiatry [Internet]. 2019;18(1):1–10. Available from: https://doi.org/10.1186/s12991-019-0238-2
22. Mafeza F. Restoring relationship between former genocide perpetrators and survivors of genocide against Tutsi in Rwanda through reconciliation villages. Int J Dev Sustain. 2013;2(2):787–98.
23. Kabwete CM. Towards justice and reconciliation in post-conflict countries: Meaningful concepts and possible realities. African J Confl Resolut. 2018;18(1):65–91.
24. Nikuze D. The Genocide against the Tutsi in Rwanda: Origins, causes , implementation, consequences , and the post-genocide era. Int J Dev Sustain. 2014;3(5):1086–98.
25. Koulen S-J. Traditional Justice and Reconciliation After Violent Conflict: Learning from African Experiences [Internet]. Huyse L, Salter M, editors. Stockholm: International Institute for Democracy and Electoral Assistance; 2009. Available from: https://www.idea.int/sites/default/files/publications/traditional-justice-and-reconciliation-after-violent-conflict-learning-from-african-experiences_0.pdf

26. MINALOC. Rapport préliminaire du recensement des victimes du génocide des Tutsi du Rwanda en 1994. [Preliminary report of the census of victims of the genocide of Tutsi in Rwanda in 1994] [Internet]. Kigali, Rwanda; 2001. Available from: https://reliefweb.int/report/rwanda/rwanda-government-puts-genocide-victims-107-million
27. Brown SE. Gender and the genocide in Rwanda: Women as rescuers and perpetrators. Gender and the Genocide in Rwanda: Women as Rescuers and Perpetrators. 2017. 1–176 p.
28. Rieder H, Elbert T. The relationship between organized violence, family violence and mental health: findings from a community-based survey in Muhanga, Southern Rwanda. Eur J Psychotraumatol. 2013;4:1–10.
29. Kumar K. Women and Civil War: Impact, Organization, and Action. In: Kumar K, editor. Civil Wars, Women, and Gender Relations: An Overview. London: Lynne Rienner: Lynne Rienner Publisher; 2001. p. 27–38.
30. Clark P. Negotiating Reconciliation in Rwanda: Popular Challenges to the official Discourse of Post-genocide National Unity. J Interv State Build [Internet]. 2014;8(4):303–20. Available from: https://doi.org/10.1080/17502977.2014.958309
31. Clark P. The Gacaca Court. Post-Genocide Justice and Reconciliation in Rwanda. Cambridge: Justice without Lawyers: Cambridge University Press; 2010.
32. Kirkby C. Rwanda's Gacaca Courts: A Preliminary Critique. J Afr Law [Internet]. 2006;50(2):94–117. Available from: https://www.jstor.org/stable/27607966
33. Mukamana D, Levers LL, Johns K, Gishoma D, Kayiteshonga Y, Mohand AA. A Community-Based Mental Health Intervention: Promoting Mental Health Services in Rwanda. In: Okpaku S, editor. Innovations in Global Mental Health [Internet]. Springer International Publishing.; 2019. p. 1–17. Available from: https://doi.org/10.1007/978-3-319-70134-9_36-1
34. Mukamana D, Piddington S. Developing-mental-health-services in Rwanda: Nursing practice [Internet]. 2012. Available from: http://www.nursingtimes.net/home/specialisms/respiratory/developing-mental-health-services-in-rwanda/5052903.article.
35. Arthur P, Monnier C. Mental Health and Psychosocial Support to Sustain Peace: 4 Areas to Explore for Improving Practice. Cent Int Coop [Internet]. 2021; Available from: https://cic.nyu.edu/sites/default/files/cic_-_mhpss_support_to_sustain_peace_april_2021.pdf
36. Eichelsheim BV, Berckmoes L, Rutayisire T, Richters A, Hola B. Intergenerational Legacies of the Genocide in Rwanda and Community Based Sociotherapy: Identifying and Addressing Pathways of Transmission. 2017.
37. Gishoma D, Brackelaire JL, Munyandamutsa N, Mujawayezu J, Mohand AA, Kayiteshonga Y. Supportive-expressive group therapy for people experiencing collective traumatic crisis during the genocide commemoration period in Rwanda: Impact and implications. J Soc Polit Psychol [Internet]. 2014;2(1):469–88. Available from: https://doi.org/10.5964/jspp.v2i1.292
38. Schaal S, Dusingizemungu J-P, Jacob N, Elbert T. Rates of trauma spectrum disorders and risks of posttraumatic stress disorder in a sample of orphaned and widowed genocide survivors. Eur J Psychotraumatol. 2011;2(1):6343.
39. Ibreck R. A Time of Mourning: The Politics of Commemorating the Tutsi Genocide in Rwanda. In: P PL, Thomas P, editors. Public Memory, Public Media and the Politics of Justice [Internet]. Palgrave Macmillan, London: Palgrave Macmillan Memory Studies.; 2012. Available from: https://doi.org/10.1057/9781137265173_6
40. PRI. The contribution of the Gacaca jurisdictions to resolving cases arising from the genocide: Contributions, limitations and expectations of the post-Gacaca phase [Internet]. Kigali, Rwanda; 2012. Available from: https://cdn.penalreform.org/wp-content/uploads/2013/06/Gacaca_final_2010_en.pdf
41. Brounéus K. Analyzing reconciliation: A structured method for measuring national reconciliation initiatives. Peace Confl J Peace Psychol. 2008;14(3):291–313.
42. Neugebauer R, Fisher PW, Turner JB, Yamabe S, Sarsfield JA, Stehling-Ariza T. Post-traumatic stress reactions among Rwandan children and adolescents in the early aftermath of genocide. Int J Epidemiol [Internet]. 2009;38(4):1033–45.

Available from: dx.doi.org/10.1093/ije/dyn375

43. Kayiteshonga Y. Rwanda Mental Health Survey December 2018. Rwanda Mental Health Survey 2018. Kigali, Rwanda; 2018.
44. Atkinson S. Beyond Components of Wellbeing: The Effects of Relational and Situated Assemblage. Topoi [Internet]. 2013;32:137–144. Available from: https://doi.org/10.1007/s11245-013-9164-0
45. Fujii LA. Killing neighbours. Webs of violence in Rwanda [Internet]. First edit. Ithaca; London: Cornell University Press; 2009. 224 p. Available from: https://www.jstor.org/stable/10.7591/j.ctt7z7s5
46. Rugema L, Mogren I, Ntaganira J, Krantz G. Traumatic episodes and mental health effects in young men and women in Rwanda , 17 years after the genocide. BMJ Open. 2015;5.
47. Richters A, Dekker C, Jonge K. Reconciliation in the aftermath of violent conflict in Rwanda. Intervention: Int J Ment Heal Psychosoc Work Couns Areas Armed Confl. 2005;3(3):203–221.
48. Dekker C. Handbook Training in Community-based Sociotherapy: Experiences in Rwanda, East Congo and Liberia. Leiden; 2018.
49. Braga L, Mello M, Fiks J. Transgenerational transmission of trauma and resilience: a qualitative study with Brazilian offspring of Holocaust survivors. BMC Psychiatry. 2012;12(1).
50. Perroud N, Rutembesa E, Paoloni-Giacobino A, Mutabaruka J, Mutesa L, Stenz L, et al. The Tutsi genocide and transgenerational transmission of maternal stress: Epigenetics and biology of the HPA axis. World J Biol Psychiatry. 2014;15(4):334–45.
51. Dekel R, Goldblatt H. Is there intergenerational transmission of trauma? The case of combat veterans' children. Am J Orthopsychiatry. 2008;78(3):281–9.
52. Staub E. Building a Peaceful Society: Origins, prevention, and reconciliation after genocide and other group violence. Am Psychol. 2013;68(7):576–89.
53. Staub E. Reconciliation after Genocide, Mass Killing, or Intractable Conflict: Understanding the Roots of Violence, Psychological Recovery, and Steps toward a General Theory. Polit Psychol [Internet]. 2006;27(6):867–94. Available from: https://www.jstor.org/stable/20447006
54. Schaal S, Weierstall R, Dusingizemungu J, Elbert T. Mental health 15 years after the killings in Rwanda: imprisoned perpetrators of the genocide against the Tutsi versus a community sample of survivors. J Trauma Stress. 2012;25:446–53.
55. Pham P, Weinstein, Longman T. Exposure to War Crimes and Implications for Peace Building in Northern Uganda. J Am Med Assoc. 2004;298(5):543-554.
56. Mukashema I, Mullet E. Reconciliation Sentiment Among Victims of Genocide in Rwanda: Conceptualizations, and Relationships with Mental Health. Soc Indic Res. 2010;99:25–39.
57. Heim L, Schaal S. Rates and predictors of mental stress in Rwanda: Investigating the impact of gender, persecution, readiness to reconcile and religiosity via a structural equation model. Int J Ment Health Syst. 2014;8(1):1–9.
58. Sonis J, Gibson J, Jong JT, Field N, Hean S, Komproe I. Probable Posttraumatic Stress Disorder and Disability in Cambodia Associations with Perceived Justice, Desire for Revenge, and Attitudes Toward the Khmer Rouge Trials. J Am Med Assoc. 2009;302(5):527-536.
59. Field N, Chhim S. Desire for Revenge and Attitudes Toward the Khmer Rouge Tribunal Among Cambodians. J Loss Trauma [Internet]. 2008;13(4):352–72. Available from: https://doi.org/10.1080/15325020701742086
60. Roth M, Neuner F, Elbert T. Transgenerational consequences of PTSD: risk factors for the mental health of children whose mothers have been exposed to the Rwandan genocide. Int J Ment Health Syst [Internet]. 2014;8(1):1–12. Available from: https://doi.org/10.1186/1752-4458-8-12

61. Kosić A, Livi S. A Study of Perceived Parental Communication and Propensity towards Reconciliation among Youth in Vukovar (Croatia). J Ethnopolitics Minor Issues Eur [Internet]. 2012;11(4):51–80. Available from: http://www.ecmi.de/fileadmin/downloads/publications/JEMIE/2012/Kosic.pdf
62. McEvoy-Levy S. Conclusion. In: McEvoy-Levy S, editor. Troublemakers or peacemakers? Youth and post accord peacebuilding. University of Notre Dame Press; 2006. p. 281–305.
63. Zraly M, Nyirazinyoye L. Don't let the suffering make you fade away: An ethnographic study of resilience among survivors of genocide-rape in southern Rwanda. Soc Sci Med [Internet]. 2010;70(10):1656–64. Available from: http://dx.doi.org/10.1016/j.socscimed.2010.01.017
64. Shrestha B, Dunn L. The Declaration of Helsinki on Medical Research involving Human Subjects: A Review of Seventh Revision. J Nepal Heal Res Counc [Internet]. 2020;17(4):548–52. Available from: https://doi.org/10.33314/jnhrc.v17i4.1042.
65. Bombay A, Matheson K, Anisman H. The intergenerational effects of Indian Residential Schools: Implications for the concept of historical trauma. Transcult Psychiatry [Internet]. 2014;51(3):320–38. Available from: https://doi.org/10.1177/1363461513503380
66. Grasso DJ, Henry D, Kestler J, Nieto R, Wakschlag LS, Briggs-Gowan MJ. Harsh Parenting As a Potential Mediator of the Association Between Intimate Partner Violence and Child Disruptive Behavior in Families With Young Children. J Interpers Violence [Internet]. 2016;31(11):2102–26. Available from: https://doi.org/10.1177/0886260515572472
67. Yehuda R, Lehrner A. Intergenerational transmission of trauma effects: putative role of epigenetic mechanisms. World Psychiatry [Internet]. 2018;17(3). Available from: 10.1002/wps
68. Cohn IG, Morrison NMV. Echoes of transgenerational trauma in the lived experiences of Jewish Australian grandchildren of Holocaust survivors. Aust J Psychol. 2018;70(3):199–207.
69. Branje S, Geeraerts S, de Zeeuw EL, Oerlemans AM, Koopman-Verhoeff ME, Schulz S, et al. Intergenerational transmission: Theoretical and methodological issues and an introduction to four Dutch cohorts. Dev Cogn Neurosci [Internet]. 2020;45(August):100835. Available from: https://doi.org/10.1016/j.dcn.2020.100835
70. Taylor CC. Milk, Honey, and Money. changing concepts in Rwandan healing. In Washington, D.C., and London: Smithsonian Institution Press, 1992; 1992.
71. Koehn AJ, Kerns KA. Parent–child attachment: meta-analysis of associations with parenting behaviors in middle childhood and adolescence. Attach Hum Dev [Internet]. 2018;20(4). Available from: https://doi.org/10.1080/14616734.2017.1408131
72. Williamson CS, Irakoze PC, Veale A. Disclosure of genocide experiences in Rwandan families: Private and public sources of information and child outcomes. Peace Confl J Peace Psychol [Internet]. 2020;27(4):642–53. Available from: https://doi.org/10.1037/pac0000521%0A
73. Münyas B. Genocide in the minds of Cambodian youth: Transmitting (hi) stories of genocide to second and third generation in Cambodian. J Genocide Res [Internet]. 2008;10(3):413-439. Available from: https://doi.org/10.1080/14623520802305768
74. Braga A, Papachristos A, Hureau D. Hot spots policing effects on crime. Campbell Syst Rev [Internet]. 2012;8(1):1–96. Available from: https://doi.org/10.4073/csr.2012.8
75. Betancourt TS, Meyers-Ohki S, Stulac SN, Elizabeth Barrera A, Mushashi C, Beardslee WR. Nothing can defeat combined hands (Abashize hamwe ntakibananira): Protective processes and resilience in Rwandan children and families affected by HIV/AIDS. Soc Sci Med [Internet]. 2011;73(5):693–701. Available from: http://dx.doi.org/10.1016/j.socscimed.2011.06.053
76. Pells K. Keep going despite everything": legacies of genocide for Rwanda's children and youth. Int J Sociol Soc Policy [Internet]. 2011;31(9/10):594–606. Available from: https://doi.org/10.1108/01443331111164179
77. Wulsin L, Hagengimana A. PTSD in survivors of Rwanda's 1994 war. Psychiatr Times. 1998;15(4).

78. Schockman HE, Hernández V, Boitano A. Peace, reconciliation and social justice leadership in the 21st century: The role of leaders and followers [Internet]. First edit. Schockman HE, Hernández V, Boitano A, editors. United Kingdom: Emerald Publishing Limited; 2019. Available from: https://books.google.com/books?hl=en&lr=&id=OaSsDwAAQBAJ&oi=fnd&pg=PP1&dq=%22women+s%22+partisipation&ots=_yu0fKQ571&sig=QyQKa-6GJlEJtRgI8p5ZQwBzN3Y
79. Ebrahim S. Political Psychology, Identity Politics, and Social Reconciliation in Post-Genocidal Cambodia. Glob Soc J. 2015;3(0).
80. Ingabire CM, Richters A. Second-generation Perspectives on Reconciliation after Genocide. In: Shockman HE, Hernández V, Boitano A, editors. Peace, Reconciliation and Social Justice Leadership in the 21st Century. Bingley, UK: Bingley: Emerald Publishing; 2019.
81. Venanzetti C. Leadership and followership: Tools toward reconciliation and sustainable peace. Peace Confl J Peace Psychol. 2018;27(3):518.
82. Theidon K. Hidden in Plain Sight Children Born of Wartime Sexual Violence. Curr Anthropol [Internet]. 2015;56(12). Available from: https://projects.iq.harvard.edu/files/indigenous/files/theidon_plain_sight.pdf
83. Brewer J. Remembering Forwards: Healing the Hauntings of the Past. In: Wale K, Gobodo-Madikizela P, Prager J, editors. Post-Conflict Hauntings [Internet]. Sweden: Palgrave Studies in Compromise after Conflict. Palgrave Macmillan, Cham; 2020. Available from: https://doi.org/10.1007/978-3-030-39077-8
84. Kagoyire MG, Richters A. “ We are the memory representation of our parents ”: Intergenerational legacies of genocide among descendants of rape survivors in Rwanda. Int Rehabil Counc Torture Vict [Internet]. 2018;28(Number 3):30–45. Available from: https://doi.org/10.7146/torture.v28i3.111183.
85. Zraly M, Kagoyire M. Resilience and Ethics in Post-conflict Settings: Kwihangana, Living After Genocide Rape, and Intergenerational Resilience in Post-genocide Rwanda [Internet]. Dyer A, Kohrt B, Candilis P, editors. Global Mental Health Ethics. Springer, Cham; 2021. 207–224 p. Available from: https://doi.org/10.1007/978-3-030-66296-7_13