

# **Policy**



### Marital Conflict in the Aftermath of the Genocide against the Tutsi in Rwanda

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#### **Executive Summary**

- Marital conflict is commonly perceived as a major issue of concern in Rwanda because of its devastating impacts on family and social life.
- Interventions needed to effectively address the issue should take into account the high prevalence of a diversity of factors related to the genocide against the Tutsi as risk factors for marital conflict.
- These genocide-related factors include: one of the spouses being a genocide perpetrator, one or both of the spouses being victimized by the genocide, the experience of refugeehood by one or both spouses, intermarriage, and being a descendant of a genocide perpetrator or survivor.
- Government and private practitioners should increase their interventions directed at the prevention and management of family conflict, focusing not only on individual trauma but also on relational trauma.
- The necessary adaptation of policies and promotion of family education should not only focus on families with spouses that lived through the genocide but also on families of their offspring for the sake of a peaceful future family life.

#### Introduction

Family conflict receives substantial media attention in Rwanda. It is perceived as a major issue of concern in village meetings as well as government institutions and non-governmental organizations operating at different levels of society. In particular intimate partner violence is identified as a major cause of low economic development, homicide, physical and mental health problems, poor education of children, school drop-out and the increasing number of street children. In research and interventions regarding family conflict, however, scant attention is paid to the role that the genocide against the Tutsi and its aftermath have played and will continue to play for years to come in generating this type of conflict. While searching the scientific literature on Rwanda, however, we could not find any study about these causal relations. The research presented in this policy brief aims to fill this gap.

#### Research methodology

The research was conducted in the context of the community-based sociotherapy program (CBSP) in Rwanda.<sup>1</sup> A range of qualitative methods was applied. Thirty four focus group discussions (FGDs) were conducted with sociotherapists spread over the eight districts of Rwanda where CBSP is implemented and one FGD with local leaders at the sector level. Individual interviews were held with 12 sociotherapy participants, including ex-prisoners (imprisoned for genocide crimes), a spouse of such an ex-prisoner, a returnee exiled during the liberation war, genocide survivors and a spouse in an ethnic intermarriage.<sup>2</sup> Respondents comprised nine women and three men aged between 38 and 74 years. Their educational level ranged from secondary education to being illiterate. In addition, three practitioners working in the field of family conflict were interviewed; all three had an MA and two of them also a PhD. Home visits to sociotherapy participants were made and participant observation was conducted in sociotherapy groups.

### Research findings: Genocide-related factors contributing to family conflict

Respondents understand marital conflict as interpersonal tension or struggle between spouses whose opinions, values, needs, or expectations are opposing or incompatible. In the analysis of the research findings, genocide-related factors shared by respondents were grouped in five categories, as presented below.

One of the two spouses being a perpetrator

Conflict in a marriage in which one spouse is known to be guilty of genocide perpetration may cause conflict because the partner is ashamed of what that spouse did, is angry and does not want to live with a killer, or is disturbed by impoverishment of the family due to payment of reparation for what the perpetrator spouse damaged. Furthermore, spousal separation during imprisonment of the guilty spouse may lead to sexual 'misbehaviour' of the spouse who remained at home, resulting in marital conflict after the release of the imprisoned spouse. The misuse of resources by the spouse at home, thinking that the partner will remain in prison for a long time, or, on the contrary, a positive change in family living standards accomplished without any involvement of the spouse in prison, are all additional triggers of conflict. During the gacaca process, conflict often starts because one spouse testified against the other spouse or because a spouse who held the position of judge was not able to prevent the punishment of his/her partner.

#### Refugeehood of one or both spouses

Separation of spouses due to refugeehood can be a reason for the spouse who remained home to engage in extramarital sex. Particularly when this resulted in pregnancies and infectious diseases, conflict starts when the spouses meet again. A woman married in refugeehood, who, after return to Rwanda, through gacaca finds out that her husband had participated in the genocide can feel betrayed and ashamed, which triggers conflict, particularly when the husband was imprisoned. Some married people married a second time while living as refugees, which led to conflict with the first marriage partner upon return to Rwanda. Other people, who married in refugeehood while having left behind their fiancé in Rwanda, may become very unhappy in their marriage when they find later that their fiancé is still alive. They then regret having married someone they didn't really love, which creates conflict in that particular marriage.

#### Victimization by genocide violence

When one of the spouses has been raped during the genocide, this may cause marital conflict, not only because of the fact of rape but also because of the effects of rape in terms of health, such as a fistula, infertility, or infectious disease. In addition, the shame and psychological problems of the rape survivor negatively affect the marital sexual relationship. This creates particular complications in a marriage between a survivor and non-survivor (a person not targeted during the genocide). Some married partners who have lost many or all of their children during the genocide disagree whether it is worthwhile to have other children

or whether it would be best to at least limit new births. Survivors may have a strong bond with the few family members who also survived, which comes at the expense of their marital relationship. Women who married during the genocide merely for the sake of protection from death frequently conflict with their partner later as they did not marry out of love.

#### Intermarriage

Genocide survivors have difficulties living with spouses who attempted to kill them or their relatives or who did not protect his/her children. Perpetrators on the other hand are ashamed to live with people (spouse or family members of the spouse) they attempted to kill. Survivors who have to pay reparation on behalf of their spouse convicted of genocide crimes have difficulties using family resources for that reparation while they themselves are victimized by the genocide. Some ethnically intermarried couples have problems during the genocide commemoration period, for instance when a survivor shows emotions that the spouse does not consider acceptable. Conflicts in intermarriages can also be fuelled by extended family or community members who do not agree with this type of marriage.

#### Being a descendant of a genocide survivor or a genocide perpetrator

Young married people suffer when they discover after marriage that one of them has a parent who is a genocide perpetrator. Their marital relation may in particular be undermined once their inherited family properties are used for reparations. Young people who grew up without parents altogether or with traumatized parents who failed to give them appropriate care, may expect to be compensated for this lack of care once they are married. When this care is not provided, the spousal relationship may suffer. Furthermore, young people who lacked parental care may not be able to have a caring relationship with their partner, which is also a risk factor for conflict.

#### Implications of research findings

Sociotherapists participating in the FGDs stated that the majority of conflicts encountered by them in their community or in the sociotherapy groups they facilitated can be attributed to factors related to genocide perpetration. They predict that in the near future conflicts among young people whose parents were involved in the genocide or whose parents were too traumatized to take good care of them will continue. Over time, the release of prisoners convicted of genocide crimes will decrease but the indirect effects of the genocide and its aftermath among young people

will increase. This implies that the prevalence of family conflict will persist, unless appropriate interventions are implemented on a large scale.

Even though the level of family conflict in Rwanda is high, one should be attentive to the fact that many people in Rwanda who are confronted with any of the genocide-related factors listed above may be able to cope and avoid conflict. This implies that the study findings cannot be generalized to people living in similar circumstances. More knowledge about effective coping mechanisms may help to design appropriate interventions for those not able to cope.

#### **Policy recommendations**

The recommendations presented below are based on those shared directly by the study participants in FGDs and the three practitioners working in the field of family conflict.

### Integrate a focus on family relationships in a range of government policies

The Government of Rwanda highlights fundamental, cross-cutting issues for sustainable development in its Economic Development and Poverty Reduction Strategies II (EDPRS II 2013-1018). These issues include, for instance, Unity and Reconciliation, and Family and Gender. Regarding the latter, gender equity and quality care for children are presented as the core of family life. To achieve a healthy family life, particular attention should be paid to peaceful marital relationships, which will not only benefit parents and children but also contribute to well-functioning communities. The above recommendation is in particular addressed to the *Ministry of Gender and Family Promotion*.

# Complement individual trauma counselling with relational trauma counselling

What affected the Rwandan population is not only the damaging effects of the past violence on individual level but also, and in particular so, on the level of the fields of interrelationships that constitute their daily life. However, mental health interventions and trauma counselling in Rwanda, as in many other post-conflict settings, generally focus on individuals, while broken relations within families (relational trauma) are comparatively neglected. A family systems approach, which includes the extended family, is more appropriate for the many people wounded by the genocide and its aftermath. The above recommendation is in particular addressed to the *Ministry of Health*.

### Nationwide implementation of community-based intervention(s)

When the sociotherapists and local leaders in the FGDs were asked to share ideas about interventions needed to address the marital conflicts they had identified, they first of all referred to individuals who had benefited from sociotherapy. Local leaders in the districts where sociotherapy is implemented also recognize the positive effects of sociotherapy on the reduction of family conflict in their constituencies. This all implies that an implementation of community based interventions in all districts would be a great contribution to the prevention and management of family conflict. The above recommendation is in particular addressed to the *Ministry of Local Governance*.

## Education about family life and family conflict management

The genocide-related factors the research identified as contributing to family conflict did not affect only families that were created before, during and shortly after the genocide, but also families of subsequent generations, especially descendants of genocide perpetrators and survivors. Research respondents stressed that, to build a prosperous society, it is important to educate younger generations about managing their families well and being good mothers and fathers. As one interviewee said, "We learn about human life and learn professions to make our life successful, but where do Rwandans learn about making a family?" The above recommendation is addressed to the Ministry of Gender and Family Promotion in collaboration with the Ministry of Education and Ministry of Local Governance.

### Include educated and well-to-do people in all interventions

Most interventions to manage and prevent family conflict, including educational services, are usually directed at low educated and poor people. However, strategies should also be developed to also address the needs of educated and well-to-do people. The latter often successfully hide family conflict issues, while they and their children suffer considerably.

#### (Endnotes)

1 Sociotherapy is a psychosocial peace-building program that operates at the grassroots level. The agenda for discussion in a sociotherapy group is not set based on preconceived ideas about problems among group participants. Rather, participants themselves identify and share with the group their daily life problems and what could subsequently become an issue for discussion, analysis and possibly problem solving. Through the peer support

provided in a sociotherapy group, participants advance the healing of not only psychological wounds but also social relations, including intimate partner relationships. In case a group participant presents to the group the marital conflict he or she suffers from, group members facilitated by two trained sociotherapists share during one or more of the weekly group sessions possible ways to peacefully manage the conflict. Together the group participants evaluate the effect of the different strategies proposed by them. Through the whole process all group members learn not only about the different ways conflict can be managed but also how it can be prevented. See for more information about the program www.sociotherapy.org.

2 Intermarriage in Rwanda was understood by the political regime that led Rwanda to genocide as marriage between two people with different ethnic backgrounds (Hutu and Tutsi).