

Marital conflict in the aftermath of genocide in Rwanda: an explorative study within the context of community based sociotherapy

Emmanuel Sarabwe, Annemiek Richters¹ & Marianne Vysma²

MA student, International Institute of Social Studies (ISS), The Hague, the Netherlands, ¹Emeritus Professor of Culture, Health and Illness, the Netherlands, Medical Anthropologist, and Consultant, Community Based Sociotherapy Programme, Rwanda, ²Jungian Psychoanalyst and Medical Anthropologist, the Netherlands

Abstract

This article explores the ongoing impact of the genocide in Rwanda on marital relationships. Its specific focus are genocide related factors that generate relational trauma and the consequences of this trauma for the everyday lives of spouses affected by it. The qualitative study that informs this article was conducted within the context of a community based sociotherapy programme. The factors found to be contributing to traumatic marital conflict are categorised as those related to genocide perpetration and its consequences, refugeehood, victimisation by genocidal violence and its consequences, intermarriages, and being a descendant of a genocide survivor or a genocide perpetrator. Study participants give a relative high prevalence to factors regarding genocide perpetration, while they assume that the prevalence of traumatic marital conflict among the second generation may continue unless sufficient preventive measures are taken.

KEY IMPLICATIONS FOR PRACTICE

- Genocide related factors contributing to marital and family conflicts are often overlooked or underestimated
- Source(s) of marital conflict can also be social/historical, and not merely interpersonal/emotional
- Community based sociotherapy has been proven to aid resolving marital and family conflicts
- Policy makers have a stake in supporting measures that contribute to peace and stability within the family

Keywords: genocide, marital conflict, refugeehood, relational trauma, Rwanda, second generation, sociotherapy

INTRODUCTION

A major characteristic of massive outbreaks of political violence is the death and injury of much of the population and the mass movement of people from their homes in search of safety. This article explores the impact of this kind of violence on family life, in particular marital relationships, in post genocide Rwanda.

During the 1994 genocide against the Tutsi in Rwanda, over the course of 100 days, an estimated one million Tutsis were slaughtered by mainly Hutu militia (Interahamwe), while many of the surviving Tutsi were seriously injured. A much smaller, but still significant, number of politically moderate Hutu were killed as well. Following the genocide, approximately two million people, out of a post genocide population of around seven million, fled into exile in neighbouring countries, while during the genocide an estimated one million people were displaced within

Rwanda. Soon after the genocide many people started to return home. In addition, approximately 700,000 Tutsi in the diaspora gradually came back to Rwanda from their countries of exile (Prunier, 2009).

The consequences of these events are similar to what has been described in other situations of contemporary mass political violence. Trauma, loss and displacement affect people physically and mentally, rupture social bonds, disrupt cultural orientations and may cause the breakdown of morality as a force in people's shared lives. The result is a social fabric frayed by distrust and betrayal and the collapse of networks of familial and intimate relationships that provide

Address for correspondence: Emmanuel Sarabwe, Community Based Sociotherapy Programme, Kigali, Rwanda.
E-mail: emmanuelSarabwe@gmail.com

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the foundation for well functioning communities. The political violence not only affects people's lives during the violence itself, but also in its immediate aftermath and in the long term, and even across generations (e.g. Das, Kleinman, Lock, Ramphela, & Reynolds, 2001; Robben & Suárez-Orozco, 2000; Saul, 2013, Walker, 2006). Miller and Rasmussen (2014) argue that much of distress observed among war and genocide affected populations may, in fact, not be due to exposure to political violence *per se*, but to its ongoing impact on multiple domains of people's everyday lives.

What is quite specific to the Rwandan situation, in terms of the ongoing impact of the genocide on people's daily lives, is the fact that the post genocide Rwandan government chose against impunity and imprisoned tens of thousands of people suspected of genocidal crimes awaiting judgement. By 1998, the number of prisoners had reached around 130,000 (Human Rights Watch, 2011, p.13). Some were later released temporarily. However, all of those accused—including those still imprisoned, temporarily released, or not imprisoned—were tried by community justice courts known as Gacaca, and if found guilty punished by (further) imprisonment and/or other penalties (Clark, 2010; Richters, Dekker, & de Jonge, 2005). All in all, there was an intimacy of violence during the genocide against the Tutsi, with neighbours killing neighbours; an intimacy of justice, with (often) neighbours sentencing neighbours; and a social intimacy in terms of perpetrators returning from prison to live next door to survivors (Clark, 2010).

Marital conflict

Over the past years, marital conflict is perceived by Rwandan psychological and social professionals as an extended and serious problem (Mukashema & Sapsford, 2013). No studies are available on the conceivable contribution of the genocide and its aftermath to this problem. This article contributes to filling that gap based on exploratory research in the context of a current community based sociotherapy programme (CBSP).¹

Marital conflict is an issue that features prominently in the sociotherapy groups that the programme facilitates. Sociotherapy uses the group (typically 10–15 participants facilitated by two sociotherapists, all from the same community) as a therapeutic medium for the establishment of trust, the creation of an open environment for discussion and the formation of peer support structures which, in many cases, result in the resolution of marital conflict (Richters & Sarabwe, 2014).

In our research, we used the theoretical conceptualisation of Erikson (1976, p.153–154) of the difference between individual and collective trauma. Erikson defines individual trauma as '*a blow to the psyche that breaks through one's defences so suddenly and with such brutal force that one cannot react to it effectively.*' He conceptualises collective trauma as '*a blow to the basic tissues of social life that damages the bonds attaching people together and impairs the prevailing sense of communality.*' In contrast to individual trauma, Erikson writes, '*collective trauma works its way slowly and even insidiously into the awareness of those who suffer from it, so it does not have the quality of suddenness normally associated with "trauma"*.'

Gradually, people affected realise that "we" no longer exist as a connected pair or as linked cells in a larger communal body.' People might experience either individual or collective trauma but, as Erikson observed, it is common after a catastrophe that people experience both, and that the two forms of trauma are interrelated.

Saul (2013, p. 4) specifies in reference to Erikson (1976) that from a family systems perspective, the impact of adverse events on significant relationships in families and communities is termed '*relational trauma*', which term we borrow in the current article to document severe wounds in marital relationships. According to Saul (ibid, p. 4), '*focusing exclusively on individual symptoms and psychopathology following disasters may miss some of the more troubling relational impacts and serious risks of effective coping.*' The study findings give an overview of the most troubling marital relational traumas that are causally related to the Rwandan genocide and its aftermath. We will demonstrate that the traumatic impact on marital relationships goes beyond individual symptoms and psychopathology, but also beyond intimate partner violence. Intimate partner violence, as a result of individual traumatisation due to involvement in political violence, has been the focus of studies such as the study by Finley, Baker, Pugh & Peterson (2010) and the one by Umubyeyi, Mogren, Ntaganira, & Krantz (2014).

METHODOLOGY

All research described below was conducted for the study on marital conflict. In the exploratory phase, we gained a general overview of how the genocide affected family relationships. From there, we selected key informants to focus specifically on marital relations. Using recommendations from the field staff, we chose as our primary informants sociotherapists, who mainly facilitate groups in which marital conflict is specifically addressed, and included sociotherapy participants themselves. We used both for several reasons. Sociotherapy is an experience based intervention, so most sociotherapists were at one time sociotherapy participants. We selected sociotherapists exclusively for focus group discussions (FGDs) because we thought they, by virtue of their position as facilitators, have a broader view of the research topic than sociotherapy participants and are better able to draw from stories in the groups. We then interviewed participants in order to get their individual stories of marital conflict. With sociotherapists, FGDs were conducted in three rounds: 1) 24 exploratory FGDs, spread over the eight districts of Rwanda (namely Muhanga, Nyamagabe, Karongi, Rubavu, Rulindo, Gicumbi, Bugesera and Gatsibo) where the community based sociotherapy programme (CBSP) is implemented; 2) six FGDs (six districts; two districts were excluded from this round because sociotherapists in these two districts were still too inexperienced at the time of the research) focusing primarily on marital conflict cases in which genocide related factors played a significant contributing role; and 3) four FGDs (four districts due to data saturation) on the prevalence of genocide related marital conflict (including its different manifestations) and the possible reasons for its increase over the previous years.

The first round of FGDs gathered in total 168, the second 43 and the third 38, sociotherapists. An additional FGD was conducted with local leaders in order to corroborate our findings of a link between marital conflicts and the aftermath of the genocide. The six participating local leaders were chosen because they were in charge of gender based violence in their respective cells, all located in the same sector and, as such, deal with many cases of family conflict.

Based on the cases of marital conflict presented in the first round of FGDs, 11 sociotherapy participants and one sociotherapist were identified for individual interviews. By sociotherapy participants, we refer to people attending sociotherapy group sessions. Selection criteria included the presence of genocide related factors contributing to the conflict in question, severity of the case and diversity of cases. All 11 participants were living in conflict with their spouses. One sociotherapist was selected because she facilitated many groups with this kind of conflict, but she was also living in conflict with her spouse. The backgrounds of the interviewees ranged from being an ex-prisoner (imprisoned for genocide crimes), the spouse of an ex-prisoner, a returnee who had been exiled during the liberation war, genocide survivors and a spouse in an intermarriage (here defined as a marriage between spouses each from a different ethnic group). Nine of them are women and three are men. They were aged between 38 and 74 years. Their educational level ranged from secondary education to those who had never attended school. In addition, we conducted home visits to deepen understanding of the fractured family relationships and the level of marital conflict, and conducted participant observation within sociotherapy groups. To further increase understanding of the extent of marital conflict outside of CBSP, we interviewed three practitioners working in the area of marital conflict.

Most of the empirical data was collected in 2015 over a period of seven months by the lead author (occasionally joined by the second author). The FGDs were audio recorded and together with interviews, home visits and participant observation reports, were transcribed in English. Data were coded in terms of genocide related factors contributing to marital conflict and categorised in the themes presented in the findings section below.

The promise of confidentiality and rights to withdraw from the research were explained to informants, and no harm principles were utilised at all times. All informants gave oral informed consent. The names of all informants used in this article are pseudonyms.

FINDINGS

In this article, we present our informants' views on the contribution of the genocide and its aftermath to marital conflict and its short and long term impact on their everyday lives. Our sociotherapist informants facilitated groups of participants living in marital conflict in general, regardless of the causes. From their experience of facilitating groups and in their own experience, they estimated in the

FGDs that the majority of all marital conflicts can be attributed to the aftermath of the genocide. The specific focus was on the negative consequences for each member of the couple, in the form of individual trauma or relational trauma, or both. In response to a question about how they understand '*marital conflict*', our informants presented a wide range of examples of marital relationships they consider conflictual and of triggers that provoke such dynamics. Considering these examples, and with reference to Kramer, Boelk, & Auer (2006, p. 94), we define marital conflict as: interpersonal tension or struggle between spouses whose opinions, values, needs or expectations are opposing or incompatible.

Based on a thematic analysis, five groups of genocide related factors contributing to marital conflict emerged: the first was related to genocide perpetration; the second to fleeing during the genocide, the war period and the return afterwards, for which we used the term '*refugeehood*'; the third to genocide victimisation; the fourth to intermarriage; and the fifth to marital problems in the post genocide generation. One issue the authors opted not to categorise separately is property loss resulting in poverty, even though it was often attributed by conflictual spouses as being related to the genocide and its aftermath. However, when we looked at the context of their answers, we decided property loss and poverty was embedded in other genocide related factors in such a way that it did not require a distinct theme.

Quotes regarding men's and women's experiences with marital conflict below are based on stories shared by the interviewees, unless mentioned otherwise. We have no data about the prevalence of the conflicts described within the population as a whole. The genocide related factors contributing to marital conflict emerging from the interviews and stories presented in the FGDs are all factors FGD participants agreed as being very prevalent within their communities. The sources that led to this conclusion were either from their own experiences within facilitating groups, sometimes from their intimate knowledge of marital conflicts in their living environment and sometimes from hearsay. These stories allow us to examine how the genocide and its aftermath have caused extensive relational trauma.

Genocide perpetration and its consequences

In Rwanda, the collective violence of the genocide was translated into personal responsibility through Gacaca courts, which were staffed by lay people, usually from the community. This process resulted in prison sentences, decrees of reparation payments and sometimes both. From the data analysis, when one partner had been convicted of being a genocide perpetrator, it resulted in severe strains on the marital couple. There are three main types of relational spheres: moral/emotional; sexual; and economic. Each difficulty in any one of those areas impacts the other two.

Comments by our informants indicated that being related by marriage to a genocide perpetrator can result in feelings of abhorrence and antipathy, as well as moral conflict between anger and loyalty, and often includes fear. From

what our informants said, we understood that this stew of feelings makes normal marital relations difficult to almost impossible. Sometimes spouses are able to be dutiful and keep quiet, at other times quarrels ensue. Take for instance Marthe, 38, who said,

'I married too young in 1995, shortly after the genocide. When our first-born was two months old, my husband was imprisoned for genocide crimes. I could not believe that I was married to a genocide perpetrator. I am suffering a lot to keep the family alive and to visit him in prison. I regret not having waited with marriage.'

Sometimes it is the shame and fear of the perpetrator him- or herself that frays the marriage, as happened to Nyambibi, a 54-year-old woman:

'Before 1994, my life with my husband and five children was peaceful. After the genocide, my husband, a genocide perpetrator, started to hide himself, requesting a male neighbour help me in home activities. One day my husband came home and found my neighbour having sex with me.'

Imprisonment for genocide crimes disconnects spouses physically for years at a time. Participants in FGDs indicated that both the suspicion and the reality of extramarital relations of the spouse not imprisoned plague the separated couples, and falls roughly into three categories: for reasons of loneliness and comfort; due to threats and intimidation, especially resulting from the social gender redistribution after the genocide: i.e. the surfeit of single women are seen as easy sexual prey by many men; and due to economic pressures, women would start sexual relations in the hope that it would trigger acts of economic aid to the family. The results are many out-of-wedlock children and the spread of sexually transmitted diseases, especially HIV/AIDS.

Finally, there are increased economic and financial pressures on a couple with one spouse in prison. According to informants' comments, these can be characterised in two ways: the very real pressure of insufficient resources due to one half of the couple being imprisoned and the heavy requirement for reparation payments; as well as additional disagreements over how to spend a severely limited income. The informants portrayed that with only one spouse, usually the wife, having to assume the responsibilities of caring for the family (as well as providing food and clothing for the spouse in prison), she must make all household decisions. This undermines the traditional role of the husband even further, causing arguments while he is in prison, which continue when he returns home.

Refugeehood and its consequences

During and after the genocide, large numbers of people fled to neighbouring countries and then later returned. This tore families apart, most often with one spouse fleeing while the other remained. From stories told by our informants, we learned that often one or both spouses may have had extramarital relations, resulting in children and/or HIV/AIDS infections. There are also often deep conflicts between the spouses about the use and misuse of family resources, especially related to the reparation process.

The first is illustrated in the case of Kamanzi, a 48-year-old man:

'In 1994 we were married for only six months and my wife was having her first pregnancy. I remained in Rwanda while my wife fled to Congo. She came back in 1997 when I was imprisoned for eight years, convicted for genocide crimes. My wife remarried and had a daughter with her second husband. When I was released, she came to live with me. We are in conflict up to now. In the meantime, I had four more children, each with a different mother.'

It also happened that two people married in refuge, while one of them already had a spouse in Rwanda, leading to complications upon return to Rwanda. For example, one story told in a FGD concerned a newly married couple that returned to Rwanda. When they repatriated, the woman learned that her previous husband had committed genocide, making her responsible for some of the reparations. This caused severe strains in the new marriage. In a similar story, told by one of our informants, the first wife of a man who had remarried in exile and was convicted of genocide refused to cooperate with him because he had left her for another wife, while his second wife refused to pay the reparation because she married him without knowing that he had committed genocide crimes. This situation led to conflict between the genocide perpetrator and both of his wives.

Our informants presented many cases of people who loved each other and were preparing to get married when they became separated because of the need to flee Rwanda. After their return, these former fiancés met again, although each had married someone else in the refugee period. The yearning for the previous love, and in many cases extramarital relations with him or her, created deep problems within the current marriage.

Refugeehood of one of the spouses also led to desperation among the spouses who had remained behind in Rwanda, often resulting in joblessness and drug abuse. After being reunited, this left some couples without hope for the future.

Victimisation by genocidal violence and its consequences

Our findings show that survivors of genocide were not only suffering from what they experienced during the genocide, but also from problems in their familial relationships in the aftermath. Two broad narrative lines emerged in the FGDs: a) problems regarding the experience of rape or other forms of forced sexual relations; and b) problems concerning the loss of family members. A number of women raped during the genocide were not accepted by their husbands, resulting in a conflictual life often ending, sooner or later, in separation. Many women feel deep shame about their rape and are afraid to tell their husbands about it. The lack of trust causes a barrier between the partners. Men who sympathised with their wives who had been subjected to rape often found it difficult to accept the consequences of the rape, such as a fistula or infertility, leading them to seek sexual relations outside of the marriage. Marital problems related to rape also occurred in marriages between two

survivors when the wife told her husband that she had been raped by Interahamwe as happened to Akimana, 58-year-old woman:

'In 1994 I, a Tutsi myself, was married with a Tutsi man. Only four of our eleven children survived the genocide. Coming back home after the genocide, I found that my husband had also survived. I informed him that I had been raped, thinking that he would empathise with me, as he was also a survivor who had experienced the danger we were in. My husband became very harsh to me when he learned I was pregnant. When my son born from rape died a few days after birth my husband told me that I had brought manure, which he subsequently used when planting a banana tree on the grave of my son. Since then we are separated.'

The following examples were drawn from FGDs, as stories that happened many times in all sectors of the country. During the genocide women had sex, or even married, solely for safety and protection of themselves and their families. After the genocide, normal marriages resumed. As time passed, however, the new husbands could no longer tolerate what had happened to their wives or accept children born before their marriage. Other women survivors accepted marriage proposals during the genocide to people with different ethnic backgrounds, solely for the sake of protection and without love involved. After the genocide, it was difficult for them to maintain a family life.

People who lost many family members during the genocide may want to have as many children as possible to compensate for those who died, while their genocide survivor spouse may want birth control. Continuous disagreement about this issue may lead to conflict. In other cases, in which very few family members survived—for example, a young man surviving with only his mother—these survivors have a strong attachment to each other, which has a negative impact on their current marital relationship.

Intermarriage

All over the world there is the phenomenon of two or more ethnic or religious groups sharing the same geographic space. In periods of relative peace, there is much socialising and marriage among them, whereas in periods of collective unrest, the different groups can be pitted against each other. In Rwanda, genocidal violence was conducted largely along ethnic lines, with the perpetrators often belonging to one ethnic group and the victims to another. Yet, intermarriage was common practice before the genocide, and also after it. As such, members of the perpetrator and victim groups are often part of the same family. While there is much overlap in the following examples with what has already been discussed, it warrants a separate analysis because the problems regarding intermarriage have their own specificity not totally embraced by other points.

Our informants gave numerous examples of survivors who struggled to live with a spouse who belongs to the group who killed or attempted to kill them, their children or their relatives; or a spouse who himself attempted to kill them, their children or their family members, or in fact did kill.

Living with that knowledge is extremely difficult and can lead to ongoing conflict or separation. We also heard stories about men or women involved in killing or attempts to kill their spouse, children and/or relatives or killing in general, or having failed to protect their family members, who were ashamed to live with their survivor (targeted during genocide) spouse and decided themselves to separate. Some partners did their best to protect their spouses in a way that they were injured by killers. They, for instance, pretended to join the Interahamwe to protect their families and, in doing so, contributed to the genocidal killings. The irony is that they were later imprisoned for what they did and this imprisonment often led to conflict with the spouse they had successfully protected at the time through killing others.

In many cases, the mourning week (organised annually to commemorate the genocide) is difficult for intermarried couples because one member suffers from the memories and the other suffers from the shame, increasing tensions in some of these families. Genuine expressions of grief can be experienced as implicit or even explicit accusations. Another cause of poor marital relationship in intermarriages is that members of an ethnic group who fled with their children during the genocide in the hope of saving them, but failed to do so, are accused by their spouse of having killed them, or contributed to their deaths as Nyiramani, a 50-year-old woman exemplifies:

'In 1994, my Tutsi husband and I [a Hutu] had four children, one of them being only one month old. I was weak, still recovering from my last birth. Nevertheless, I supported my husband in any way I could and fortunately he survived. Differently from my husband, I fled with my four children. I did my best to save them, but in vain. After the genocide, my husband accused me of having brought them to the Interahamwe to be killed. I was shaken by this accusation. Now we have seven children. Nevertheless, my husband doesn't want family planning saying that I contributed to the death of my children and I want to limit birth while his family members had been decimated in the genocide.'

Some intermarriages consist of a spouse who committed genocide and has to repair what was looted or destroyed during the genocide, usually through a reparation payment, which is considered by Gacaca to be a responsibility of the family. It can be difficult for a survivor to accept the loss of family property in order to repair what their spouses did while they themselves were targeted during the genocide.

Intermarriage within a post genocide context didn't only affect spouses, but also their extended family members. Intermarried spouses themselves might understand and accept what happened and live in peace with each other, but it is their respective extended families that feel uncomfortable and put pressure on them to separate out of loyalty to the family's experiences.

The complexity of the life trajectory of a survivor married to a genocide perpetrator is illustrated by the case of Uwingavire, a 48-year-old survivor:

'In April 1994 I was a mature, employed girl. My close colleague advised me to join a man whose wife had died and left him with eight children. Living with him, a Hutu, I escaped many attacks by Interahamwe. On the way to exile, he suggested to me that I be his wife, which I accepted for protection. After two years, we came back to Rwanda with our two children. My family advised me to separate because I had married without love, which I refused. Later my husband was imprisoned. It was hard to take care of ten children and for me as a survivor to take care of him in prison. Eventually my husband died in prison. I decided to remarry a survivor who was childless. I only took my own two children with me in that marriage. In my current family life I again experience severe conflict as my current husband finds it difficult to accept to live with a wife who was the wife of a man who belonged to the Interahamwe ethnic group. With my second husband I had two children. Having only two children of his own, my husband doesn't accept family planning. He accuses me of not wanting his family to expand while I practice family planning.'

Being a descendant of a genocide survivor or a genocide perpetrator

It is well known that problems in one generation can affect or even be transferred to the next generation (cf. e.g. Gobodo-Madikizela, 2016). This happens on a national, community and family level. In Rwanda, the generation born just before, during or just after the genocide is maturing and getting ready to marry. The issues they struggle with that are related to those of their parents can be grouped into two major categories: 1) issues of family property and reparation; 2) issues related to inter-marriage. For instance, newly married children use the properties of their parents, whether these parents are in or outside of the country. This becomes an issue when they find themselves obliged to sell some or all of those properties to pay back what their parents had looted or destroyed during the genocide. This situation brings conflict in newly created families as one is not happy to have married a spouse whose parents bear a reparation order.

Some children marry without knowing that a parent of the spouse is a genocide perpetrator, or in some cases, that both parents are perpetrators. When that becomes known, it creates problems to the extent that they may separate after marriage, saying that they cannot live with a partner who is a child of a genocide perpetrator. There are parents who simply do not accept their child marrying someone from 'the other' ethnic group. It also happens that children know the ethnic background of the parents of their loved ones and keep committed to marry, regardless of the opposition of parents or relatives.

Cases were also identified in which marriage among youngsters was used as a way of saving a parent of one of the spouses from further accusation of genocide crimes. The following case from a FGD illustrates this.

'A young man pretended to love a girl from the survivor family that had accused his father of genocide crimes.

He impregnated her, expecting that this way the charges against his father would be dropped. The girl's family accepted that their daughter be married to the son of who they considered a genocide perpetrator to prevent being blamed for extramarital pregnancy and thus save their honour. The family withdrew the accusation against the father of their future son-in-law. Later, the new marital relationship collapsed, both spouses admitting that it had been unfortunate circumstances and not love that had made them decide to marry.'

Some survivors lost one or both parents and/or all their relatives. They never had a chance to be with people who love them and take care of them. Others are emotionally wounded by what happened to them or by what they witnessed. One practitioner working in family conflict resolution commented that in marriage each spouse expects to be taken care of by the other in compensation for the care denied them by their parents and/or other families members.

In the period during which the research was conducted, young people born from rape were around 21 years-old and ready to marry. However, such individuals have problems with their identity because they don't belong to a survivor background, but also they are not recognised by their 'father perpetrators'. As a result, they have difficulties being loved by—or loving—someone else, which may create conflict in cases when they marry.

DISCUSSION

Intimate partner conflict is as old as family creation and is a normal dynamic in all societies. Before the genocide, marriage partners in Rwanda also experienced conflict, including conflicts that may have led to separation. However, our findings indicate a structural change in that formerly harmonious partnerships were disturbed or completely destroyed by phenomena unknown or relatively rare before the genocide.

In the case material presented here, some gender differences in terms of vulnerability can be observed. Men have been, for instance, particularly affected by the consequences of having been actors in the genocide (such as imprisonment and shame), while women are more affected by the consequences of genocide (such as rape, pregnancy during spousal separation and being responsible for payment of reparation). We did not find gender differences in the level of individual trauma nor in the consequences of relational trauma for the everyday life of each spouse.

Our findings show that in many cases, spouses experienced both individual and relational trauma, while the level of trauma in spousal relationships is connected to ruptures in relationships within the extended family and the community. Genocide survivors, in particular, experienced severe individual trauma additional to relational trauma and more extended collective trauma. Regarding non survivors (those not targeted during the genocide), factors that can be considered as a 'sudden blow' to the psyche that ruptured simmering tense marital relationships included

the unexpected return of a loved one from exile or the abrupt realisation that one's spouse was involved in genocide perpetration. The relational traumas our informants referred to worked their way insidiously into a deterioration of marital relationships.

It was beyond our focus to address the issue of marital resilience (cf. Walsh, 2007). Couples with similar life circumstances and experiences (for instance, one or both spouses being a victim of genocide, intermarriage, impropriety of a spouse with a partner in prison or refugeehood, or having to pay reparation) may respond differently, ranging from remaining morally connected and maintaining a relationship without (much) conflict to severe conflict and separation. The former could be interpreted as resilience. How resilient a marriage is depends greatly on the personalities of both spouses and the immediate social environment. Spouses may be able to contain triggers for a while but, as time moves on, whether or not under the social pressure of surrounding family and society members or through their life experiences, the family relationship may relapse resulting in conflict sooner or later. As Hobfoll (2014) argues, the environmental context is fundamental to trauma response. That is also the case for the response to relational trauma or relational distress.

The common perspective that came out of the FGDs with sociotherapists was that marital conflict as a legacy of the genocide will continue to be present in the coming years. Return from exile and from prison may decrease, but conflicts among young people born shortly before the genocide and after the genocide may increase. A significant cause of this expected appearance is the growing up of these young people within a situation of disturbed family functioning as a result of the genocide and its aftermath, in particular that of the marital conflict of their parents. This observation is further reason to pay more attention to disturbed family dynamics in interventions in post conflict situations.

Our findings show convincingly that the consequences of collective violence leave not only individuals, but also families, to cope with a range of difficulties that contribute to deep strains on marital couples. Because marital conflict is so widespread and has roots in the social issues related to the genocide and its aftermath, struggling couples often perceive the usual family and communal support as unavailable to them. As marriage is the nucleus of family life, and families are the fundamental source of identity formation for the next generation, a significant portion of young people are growing up in a situation of disturbed family functioning as a result of the genocide and its aftermath. The need for interventions that focus on this issue will therefore be significant for many years to come.

In other publications, we have described the demonstrable positive effects of community based sociotherapy on relations *between* people, such as marital relations, parent/child relations, relations between neighbours, as well as relations between other family members (Richters, Rutayisire, & Sleghe, 2013; Richters & Sarabwe, 2014). As such, it can provide support to people in conflictual marriages in at

least two ways: 1) by giving direct advice and comfort to the marital partners; and 2) by helping to repair normal social relations so that each member of the marital couple may gain advice and support from his or her peers. Further discussion on the possible benefits of community based sociotherapy, in general, is beyond the scope of this article.

In the realm of mitigating the lingering marital conflicts in the future, this article makes the following more general recommendations: 1) to integrate a focus on family relationships in a range of government policies; 2) to complement individual trauma counselling with relational trauma counselling; 3) to have a nationwide implementation of community based intervention(s); and 4) to educate young and married people about family life and marital conflict management.

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¹See Richters, Dekker & Scholte (2008) in this journal for information on the initial phase of this intervention in Rwanda. See for information about the 2014–2016 phase: www.sociotherapy.org.