

**Developing African science:  
A case study of the importance of local insights in the co-creation of scientific  
knowledge**

**Draft**

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**1. Introduction**

The objective of the study that informs this paper is to evaluate whether or not the intervention of Community-Based Sociotherapy (CBS) facilitates psychosocial re-integration of *génocidaire* ex-prisoners in family and community life in Rwanda. But, before zooming into the effectiveness of CBS in addressing the predicament of *génocidaire* ex-prisoners, it is important to first highlight the genesis and (some) dimensions of ex-prisoners' situation in Rwanda today, and why the process of evaluating CBS, a western philosophy inspired psychosocial intervention, paves the way for local insights informed scientific procedures in Rwanda in particular, and Africa in general.

**2. Background: The 1994 genocide against the Tutsi in Rwanda**

The way the 1994 genocide against the Tutsi was carried out was unique in many ways. One of them was that it was committed by tens of thousands of men (mostly) and women who were marshaled by the military and the notorious militia *Interahamwe* — the youth wing of the then-ruling party *Mouvement Révolutionnaire National pour le Développement* (MRND). This sad historical reality not only distinctively marked the Rwandan post-genocide social environment but also and more importantly significantly informed the country's conception of various transitional justice mechanisms and policies that were aimed at repairing and sustaining a severely damaged social fabric.

One of factors that might have served as a stimulus to many ordinary people to get involved into the genocide, was knowing that there would be no consequences, legal or political, for their actions as it had happened following previous political violence in the country. To uproot this decades long culture of impunity, the post-genocide Rwandan government installed justice as a key building block in its strategies to socially and politically rebuild the country.

As soon as trials of genocide suspects began, it became obvious that the process of trying a big number of suspected *génocidaires* through the conventional judicial system would not only be a lengthy but also a costly process for a convalescent society. Hence in early 2000 the country turned to a radical but timely and effective homemade solution: the re-institutionalization of *gacaca* (Clark 2010; Ingelaere 2016; Uvin & Mironko 20003). The ‘re-invention’ (Ingelaere 2012) or ‘revival’ (Bolocan 2004, Tiemessen 2004) of traditional *gacaca* was chosen as a more suitable process to judge thousands of genocide suspects. It eventually became Rwanda’s main transitional justice instrument (Ingelaere 2012:19). *Gacaca* courts were set up at different levels of administrative entities, namely cell and sector levels.

After a decade of activities (2002-2012), *gacaca*, with 12.103 courts across the country and 16.442 judges, managed 1.958.634 cases with a conviction rate of 65% according to the National Service of *Gacaca* Courts (2012:261). Given the gravity of genocide crimes, which had been committed as a climax of about half century of repeated and unpunished political violence, only a robust and deterring form of justice could ensure the end of impunity and prevent future serious human right abuses.

However, administering only one form of justice, retributive in this case, and consequently keeping tens of thousands of convicted *génocidaires* in prisons for years, was not going to fall into the line of the country’s aspirations: rebuilding a new, united and reconciled society. Hence, the government opted for a restorative form of justice –*ubucamanza bwunga* “reconciliatory justice” – to complement the retributive form of justice, and as a result punishing measures went along ingredients of reconciliation.

One of the main outcomes of this radical approach of rebuilding Rwanda has been the release and re-integration of *génocidaire* ex-prisoners. Since early 2000 there has been a continuous release of convicted *génocidaires* back to their families and communities; for instance, by November 2014 the number of released prisoners was 107,532 (NURC 2015). As the release of convicted *génocidaires* unfolded, their social presence also became equally noticeable, “*In the villages and on the hills, former prisoners may be easily identifiable... they are everywhere, like an army of ghost...These people were defined by their imprisonment, but only to the initiated*” (Tertsakian 2008:271). In addition to being defined by the imprisonment experience, the ex-prisoners are also and importantly defined by experiences of having committed genocide crimes.

The mixture of these experiences, which uniquely mark everyday life of ex-prisoners in Rwandans, sparks a number of questions, including: can they be re-integrated into family and community and live normally again? And if so in what ways? Before attempting to answer these questions, it is worthwhile giving a brief sketch of what distinctively characterizes the lives of *génocidaire* ex-prisoners and impacts their efforts to regain some bearings in personal, family and social lives.

### **3. The situation of *génocidaire* ex-prisoners in post-genocide Rwanda**

The situation of everyday life of ex-prisoners is one the topics that have to date attracted little academic interests on the African continent (Jefferson 2010). However, not being widely documented, does not make the topic of ex-prisoners any less relevant both academically and socially for the continent. Even though most of the documentation on ex-prisoners' lives are from the Western world (Grounds, 2005; Grounds and Jamieson, 2003; Haney, 2003; Petersilia, 2003), much inspiration can be drawn from them to enlighten what is happening elsewhere, including Rwanda.

Being an ex-prisoner and the challenges that can entail, is not by any means a new phenomenon in Rwanda. However, being incarcerated because of genocide crimes is a new reality which adds another layer of challenges to an after-prison life. Incarceration, as it has been well documented, affects and changes inmates' lives and perceptions during and beyond the time of incarceration. Haney (2003) for instance remarks that "... few people leave prison completely unchanged or unscathed by it. At the very least, prison is painful" (p. 38). Imprisonment leaves (ex-)prisoners with various psychosocial sequelae, which eventually become determinant factors in someone's efforts to regain some aspects of his/her personal, family and social lives.

Studies such as the ones by Rieder & Elbert (2013) and Schaal et al. (2012), for instance, showed that *génocidaire* (ex-)prisoners manifested considerable levels — less severe in comparison to genocide survivors' situations — of mental disorders (posttraumatic stress disorder (PTSD), depression, anxiety, etc.) which are linked not only to the imprisonment experience but also to the Rwandan recent violent past, namely the genocide against the Tutsi. The ethnographic study by Rutayisire & Richters (2014) shed some light into psychological struggles of *génocidaire* ex-

prisoners as most of participants in the research revealed not feeling like humans anymore but like terrified and terrifying animals as a result of not only being ex-prisoners but also for being known as *génocidaires*.

Ex-prisoners' transition from prison to family and social life has been documented as being marred by various challenges caused not only by the prison experience but also, in case of *génocidaires*, a perennial, albeit sometimes subtle, allusion to one shameful involvement in the genocide. Experiences from other contexts suggest that when (ex)-prisoners return home and find a more supportive environment, including families, work and communities, they tend to experience an unproblematic transition. While those who return to a rather difficult and stressful environment and lack of support from family and community structures find the transition from prison to the outside world more problematic (Haney 2003: 47).

In Rwanda, it has been observed that male *génocidaire* ex-prisoners in particular experience more difficulties in family life as heads of households. The fact that men have been absent for decades in some cases, coupled by the fact that during that time women had become sole leaders and deciders in households, gives the former an uneasy feeling about their rightful place in the family, which is compounded by the fact of being known as *génocidaire* (Rutayisire & Richters 2014).

It is also worth mentioning that in Rwanda, the last two decades have been marked by women's rise to social, political and financial prominence (Debusscher and Ansoms (2013), which adds to returning *génocidaire* ex-prisoners feeling of uneasiness in family life. Ex-prisoners don't have difficulties getting along with their spouses only, as many have also found it challenging, even impossible in some cases, to (re)establish normal parent-child relationships because they went to prison when (some) of their children were too young to understand what was happening or were not yet born. Therefore, when parents return home after many years in prison, children have not only grown without knowing them as parents but also children have come to know why the former had gone to prison. In addition, children, in most cases, suffer personally and also as families from consequences of having *génocidaire* parents who not only killed people but also looted and damaged genocide victims' properties (Rutayisire & Richters 2020).

Social life is also challenging for ex-prisoners. It has been observed that when people go back home from an environment, where all freedom to decide for themselves had been taken away, as is the case in prison, and they have lost touch with the unpredictability of the outside world, they are perceived and treated like strangers by their loved ones. In Rwanda, what makes *génocidaire* ex-prisoners' social reintegration particularly difficult is that in post-genocide Rwanda being an ex-prisoner was until recently synonymous with being a *génocidaire*/or killer, even those who were found innocent or had committed other crimes, commonly known as common law crimes.

It is commonly known that having been in prison is stigmatizing enough, and when it is coupled with the label of *génocidaire* the stigma is amplified and the refusal of the rest of the society to welcome anyone back is further accentuated. Even though Rwanda has made tremendous social and economic progress in the last two decades, it is still understandably haunted by the horror of genocide as physical and psychological wounds are still perceptible and often felt. All in all, *génocidaire* ex-prisoners are not just people in search of bearings in a constantly changing social environment but, and more important, they are in search of what can enable them to feel, act and be perceived again as acceptable and accepted human beings.

#### **4. Can a western value inspired intervention enable *génocidaire* ex-prisoners rediscover lost human traits in Rwanda?**

After the 1994 genocide against the Tutsi, various government and civil society programs were initiated with the view of enabling a shattered nation to deal with the consequences of a violent past and build a safe and trusting new country together. One of those initiatives is sociotherapy. The approach of sociotherapy was introduced in Rwanda as a psychosocial support program in 2005 by the experienced Dutch sociotherapist Cora Dekker (Richters et al. 2010).

Sociotherapy approach is a 15-week journey during which a group of 10-15 people go through six phases: Safety, Trust, Care, Respect, New life orientations and Memory. While going through these phases, the sociotherapy group applies seven principles: Interest, Responsibility, Democracy, Participation, Here and Now, Equality and Learning by doing. A sociotherapy group is led by two trained sociotherapists, commonly known as facilitators.

Barely 10 years after the genocide, the CBS intervention aimed, in Byumba Diocese in the north of the country where Sociotherapy was implemented first, to enable Rwandans regain a sense of

safety, trust and care as they readied themselves to go through an unknown and lengthy process of *Gacaca* jurisdiction. The introduction of sociotherapy to a new and still ‘shaky’ social environment on the one hand created a room for questions such as how it was going to work or what could realistic outcomes be. On the other hand, practicing sociotherapy in Rwanda could be seen as ‘revolutionary’ in a still shattered and deeply depleted therapeutic ecosystem, where individual oriented approaches in addressing psychosocial ills prevalent in post genocide Rwanda had been dominant.

In the Netherlands, sociotherapy is practiced in institutions, namely hospitals and asylum seeking centers, by well trained sociotherapists. In Rwanda right from the outset this approach was bound to be community based and target people such as widows (of genocide), HIV positive people, elderly, youth, local leaders, women with husbands in prison and ex-prisoners. The question then was, and still is, how can a western philosophy inspired approach be effective in addressing psychosocial needs of totally different African context? And even if it is effective, how can this be established from local (African) perspectives?

### **5. Emic perspective informed process of establishing effectiveness of sociotherapy in facilitating the re-integration of *génocidaire* ex-prisoners**

Sociotherapy became adopted by and adapted to the Rwandan context by changing from an originally clinic-based approach to a community based one. In Rwanda, from the start its objectives have been specific and context driven, ranging from enabling people to regain a sense of trust and safety in readiness for *gacaca* courts processes as aforementioned, facilitating people to manage post-*gacaca* issues (Berckmoes 2017 et al.; Eichelsheim 2018 et al.; Ingabire et al. 2017; Richters et al. 2013) to currently focusing on psychosocial re-integration of *génocidaire* ex-prisoners. Over time, sociotherapy developed into a people owned intervention. But as earlier mentioned, the sociotherapy approach, especially its fundamentals, six phases and seven principles are inspired by western values and skills and the question is, are these (values and skills) relevant to the above described *génocidaire* ex-prisoners’ situation? And if so, how can this be scientifically established?

While preparing for the evaluation of the effectiveness of CBS in re-integrating *génocidaire* ex-prisoners, the temptations to us would have been to (only) look for already validated

questionnaires about mental and social wellbeing, but we chose to proceed differently. From February 2020, the team from the University of Rwanda (UR) held several live/face to face and virtual meetings with CBS staff, to first understand how the intervention works, what – ingredients– make it work effectively according to CBS staff and what according to them the (main) outcome of the intervention is.

Based on over 15 years of experience of practicing sociotherapy in Rwanda, it was established that dignity – *agaciro*– is the main outcome of sociotherapy for all those who participate in sociotherapy, including *génocidaire* ex-prisoners. In addition, going through the six phases and applying the seven principles are the factors that contribute to the restoration of dignity.

Second, we sought to understand how dignity is conceptualized and operationalized by Rwandans and also what are (local realities inspired) indicators that can be based on to self-design a questionnaire around this notion. Since both the UR and CBS team included both native Kinyarwanda speakers and non-native Kinyarwanda speakers, we agreed that native Kinyarwanda speakers would first meet to agree on local meanings and then report to the wider group for open discussions and common agreements. The same process was applied to each phase and principle of sociotherapy.

### **5.1. Lessons learned from the process**

After 15 meetings and about 45 hours of discussion, we came to a different conceptualization of the fundamentals (phases and principles) of sociotherapy. On the one hand, we came to a conclusion that some phases - namely, safety, trust, care and respect - can be categorized as values or indicators of dignity together with principles of democracy and equality. It is important to note that while looking at indicators of dignity informed by realities of the local (Rwandan) context, we also consulted literature (e.g. Hicks 2011) with a view of not only establishing similarities but also to see whether existing literature could also inform the Rwandan context. As a result, in addition to local realities inspired indicators of dignity we decided to add fairness and recognition.

On the other hand, the principles interest, participation, and responsibility are skills needed in managing one's interpersonal life, whilst the remaining principles of here and now, learning by

doing together with phases of new life orientations and memory can be categorized as skills needed in managing one's life.

In addition, our discussions enabled us to learn that a notion such as 'democracy' while it is essential in the process of sociotherapy and might be fitting well in other contexts, namely the western context, in Rwanda (Kinyarwanda language) though this term does not have an equivalent and its conceptualization is often, if not always, from one dimension, political. Based on views of practitioners of sociotherapy in Rwanda on the way this notion is understood and operationalized in sociotherapy groups and beyond, in this study we suggest to use the term of 'freedom' instead of democracy.

Building on information gathered from the aforementioned meetings, we self-designed two questionnaires. The first is about dignity, with eight main indicators: safety, trust, care, respect, freedom, equality, fairness/no discrimination and acceptance/recognition/acknowledgement/inclusion/belonging. The second is a life management skill scale, which combines above mentioned interpersonal and personal life management skills and which was developed around seven indicators: interest, participation, responsibility, here and now, learning by doing, new life orientation and memory.

In total 168 questions were developed, 38 for Life Management Skill Scale and 130 for Dignity Scale. All these questions were tested on 89 people in one of the Districts where the study will be done. Psychometrics analysis are still ongoing.



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