Trauma informed restorative justice through community based sociotherapy in Rwanda

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Restorative justice, when trauma informed, has a great potential to effectively contribute to sustainable peace in post conflict settings. An evidence based example of a programme illustrating such effect is community based sociotherapy in Rwanda. This article documents what this programme has achieved in terms of restorative justice, following the closure of Gacaca, the community based justice system that was in operation in Rwanda nationwide from 2005 to 2012. In total, 155 respondents to 23 focus group discussions and 39 individual interviewees, including former participants of sociotherapy, leaders on sector and district level and government representatives at national level, participated in outcome studies that inform this article. The majority of respondents indicated that sociotherapy generates a process of genuine healing and reconciliation, resulting in peacebuilding at family and community level, as well as wider social change. The challenge is how to scale-up sociotherapy interventions without losing trauma informed characteristics.

Keywords: community based sociotherapy, peacebuilding, restorative justice, Rwanda, social change, trauma informed

Introduction

Rebuilding a society that has experienced extreme violence on a massive scale, while providing conditions for a peaceful future, is a daunting task. It requires a multitude of initiatives implemented at different levels of society, which each in their own way address the legacy of human rights abuses during a society’s transition away from conflict or genocide. Academics, policy makers and practitioners have coined the term ‘transitional justice’ as an umbrella term to cover these initiatives. Transitional justice, broadly construed, involves multiple sub-goals that are all interrelated. They include salvaging the truth from suppression or distortion, putting past wrongs right, holding perpetrators accountable, acknowledging victims’ sufferings, restoring social relations and healing of individuals. To achieve these goals, transitional justice mechanisms and processes often combine elements of retributive, restorative and distributive justice. Retributive or criminal justice requires the determination of blame (guilt) and imposition of pain (punishment). Restorative or

Key implications for practice

- Trauma informed approaches need to be integrated into policies and practices advancing transitional justice processes for sustainable peace
- A trauma informed approach requires a safe environment, choice, a culture of social learning and collaboration and rebuilding damaged capacities
- Community based sociotherapy can be a form of restorative justice that is trauma informed and aimed at sustainable peace in post conflict contexts
relational justice considers crime as violation of people and relationships, and involves survivors, offenders and community members in an effort to put things right. Distributive or structural justice is about achieving a fair and moral distribution of the goods, services and opportunities across a society (Coradetti, Eisikovits, & Rotondi, 2015; Llewellyn & Philpott, 2014; Randall & Haskell, 2013). This article addresses the contribution of community based sociotherapy to transitional justice, in particular restorative justice, in Rwanda after the closure of Gacaca, the community based justice system. It highlights the trauma informed characteristics of a sociotherapy approach and argues that other programmes aimed at peacebuilding in the country will be enriched in terms of their effectiveness by becoming more trauma informed.

Community based sociotherapy was initiated in Rwanda in 2005 (Richters, Dekker, & Scholte, 2008). It uses a context driven group dynamic approach. From the start, its objectives have been to foster feelings of dignity, safety and trust following the 1994 genocide and its aftermath, reduction of mental and social distress, and overcoming disturbed socio-economic development. In due course, more emphasis was put on reconciliation between adversaries in the past political conflict and its aftermath (Richters, Rutayisire, Sewimfura, & Ngendahayo, 2010). The overall aim of sociotherapy developed into contributing to psychosocial recovery from a history of political violence and facilitating social change for the promotion of sustainable peace across the generations.¹ To reach its objectives, community members are trained to work as sociotherapists. They invite 10 to 15 fellow community members to participate in a journey of 15 sessions: once a week, for a three hour meeting in a location where group participants feel relatively safe and where an intimate sphere can be established. Sociotherapists guide a sociotherapy group through the six sociotherapy phases of, respectively: safety, trust, care, respect, new life orientations and memory. It is usually local leaders who identify community members fulfilling the criteria to be met by a sociotherapist, while the final selection is done in cooperation with sociotherapy programme staff. Group participants are recruited by sociotherapists in consultation with local leaders. The programme has been mainly targeting people affected by genocide and its aftermath, namely survivors, perpetrators and their family members, but also other members of the community such as youth, single mothers, people living with HIV and AIDS, returnees, former Gacaca judges, community mediators and local leaders. The programme extended from communities to refugee camps and to one prison in Rwanda. In 2007–2008, the programme was evaluated by a team of independent researchers, for instance, in terms of its effect on mental health (Scholte, Verduin, Kamperman, Rutayisire, Zwinderman, & Stronks, 2011). Subsequently, researchers involved in the programme conducted mixed method evaluation research (see www.sociotherapy.org/publications), using outcome areas such as psychosocial well-being, interpersonal reconciliation, civic participation, social cohesion, socio-economic development, improved family dynamics and gender equality.

In this article, the trauma informed and restorative justice characteristics of the sociotherapy approach are underlined. "Becoming more trauma informed entails becoming more astutely aware of the ways in which people who are traumatised have their life trajectories shaped by the experience and its effects, and developing policies and practices which reflect this understanding" (Randall & Haskell, 2013, p. 50]). A trauma informed approach recognises that effective interventions with people require a safe environment, choice, a culture of social learning and collaboration, rebuilding damaged capacities while building on strengths of people and control...
Trauma informed is not equivalent to a specific form of trauma therapy. It does not require disclosure about the traumatic events experienced. In case a trauma response is triggered, the social environment is expected to provide safety through containment (Pool & Greaves, 2012; Randall & Haskell, 2013). Re-traumatisation and doing harm should by all means be avoided. While all this is most strongly taking hold in the mental health and social service contexts, Randall & Haskell (2013) rhetorically ask why it would not also apply to interventions which are legal, in particular, restorative justice interventions.

**Restorative justice**

In restorative justice, relationships between people are at the centre in a way that each party has their rights to dignity, equality, concern and respect satisfied (Randall & Haskell, 2013). These values, which inform restorative justice, are highly consonant with the principles of a trauma informed approach. Both values and principles are also part and parcel of the sociotherapy approach. Since restorative justice's main focus is the repair of social relations destroyed by the crimes committed, the authors consider restorative justice as a form of peacebuilding, either in its own right or as complementary to retributive and distributive justice. As the findings of the research presented in this article will illustrate, within the context of sociotherapy, restoring social relations and individual psychological healing are interdependent.

The Community Based Sociotherapy Programme (CBSP) in Rwanda implemented a new phase of three years duration (2014–2016) in the aftermath of Gacaca, the community justice courts implemented by the Rwandan government, as one of its major transitional justice mechanisms. The general goals assigned to Gacaca courts were: disclosing the whole truth about the 1994 genocide events, accelerating genocide trials, eradicating the culture of impunity, reconciliation and strengthening unity among Rwandans and proving that Rwanda is capable of solving its own problems (Longman, 2017). Its judges were so-called lay judges, elected by community members based on candidates' integrity, including not being accused of genocide related crimes. After a three year pilot phase, the courts were in full operation nationwide from 2005 to 2012. During these years, more than 11,000 courts across the country dealt with nearly two million cases of alleged participation in the genocide against the Tutsi in 1994. Evaluations of the Gacaca courts' achievements, in the light of their objectives, have had widely diverging conclusions. Some authors portray Gacaca as an innovative response to genocidal crimes by providing justice and laying a foundation for healing and reconciliation (Clark, 2010; Rimé, Kanyangara, Yzebert, & Paez, 2011), while others argue that Gacaca courts, instead of contributing to healing and reconciliation, contributed to the opposite (Brounèus, 2010; Burnet, 2008; Thomson, 2011), or that the justice accomplished by the courts was a justice compromised (Human Rights Watch, 2011). All in all, Gacaca left a mixed legacy (Ingelaere, 2016) as the findings of our research will also demonstrate.

The main objective of the sociotherapy post Gacaca phase was to contribute to the consolidation of what had been achieved by the courts, the follow-up of what had remained unaccomplished by Gacaca, and the processing of the unforeseen consequences of Gacaca, such as re-traumatisation; or the ‘leftovers' of Gacaca. As such, sociotherapy focused specifically on the individual psychological, as well as relational, aspects of micro-level peacebuilding (cf. Lambourne & Gitau, 2013). During its past three years, sociotherapy reached eight of the 30 districts in Rwanda, two in each of Rwanda's four provinces. A total of
518 trained sociotherapists facilitated 1841 sociotherapy groups that were attended by 21,391 people, who participated in at least 11 of 15 sessions. These figures exclude numbers reached in the refugee camps in Rwanda.

**Methodology**

The 2014–2016 CBSP in post Gacaca Rwanda has conducted a number of outcome studies. For the purpose of this article, to outline the contribution of sociotherapy to peacebuilding as different from and complementary to Gacaca's contribution, a selection of these studies was made for presentation herein. The studies selected included a focus on community members' perceptions of the achievements of the Gacaca courts, on their evaluation of sociotherapy's contribution to resolving the leftovers of Gacaca, such as trauma related feelings (anger, mistrust, fear, sadness, etc), disrupted social relationships (mistrust, discrimination, conflicts), lack of inner or true reconciliation and the absence of reparation. The contribution of sociotherapy in resolving the leftovers (confession and reparation of damages caused, reduced trauma and psychosomatic symptoms, forgiveness, reduced conflicts and socialisation) as well as the rationale to scale up the programme as highlighted by the respondents are all reported in the following section.

**Findings**

Our findings on respondents’ evaluations of Gacaca, in particular of what it realised in terms of healing and reconciliation, are presented first. These evaluations serve as a reference point for respondents' perceptions of the contribution of sociotherapy to resolving the leftovers of Gacaca, which will be presented next. Thirdly, respondents' views of the why and how of a scaling-up of sociotherapy are presented.

**Achievements and leftovers of Gacaca courts**

The majority of respondents recognised the need to set up Gacaca courts as a locally based solution to genocide related crimes. The latter, according to respondents, could well be dealt with by the normal judicial system, but after the genocide that system did not have sufficient capacity to do so.

A number of positive achievements of Gacaca were mentioned. Sharing information on what happened in the 1994 genocide was seen as a foundation for providing justice. Through truth telling, some perpetrators used the occasion to confess and, to benefit from a milder sentence, accepted paying for damages they had caused. On the side of survivors, some got to know how and where their family members were killed,
which provided them with the opportunity to organise a burial ceremony for their family members. Also, some felt relieved because perpetrators were imprisoned, which they experienced as justice being done, while others felt recognised in their suffering due to apologies and requests for forgiveness by perpetrators.

‘Gacaca speeded up the process of judging genocide related cases. It brought people together. It reduced the fear that some of us had. It mobilised us to repent, so that we got a milder sentence. It sensitised us to approach people we wronged and it led to our apology. When you dared to approach survivors, they forgave you. So, both survivors and genocidaires benefitted from Gacaca.’ Male perpetrator respondent.

‘One of the results of Gacaca is that we managed to publicly identify people whom we knew had offended us. That is a big step in our healing process. Of course, it was shocking to hear them describe how your family members were killed.’ Female survivor respondent.

Little was reported by respondents about trauma healing during Gacaca proceedings. On the contrary, some respondents highlighted the risk of re-traumatisation as a result of listening to the painful narratives of the past.

‘It was necessary to know the truth. However, about death, when people were describing the way they killed, genocide survivors were traumatised. Many hearts of survivors were damaged by that time. Of course, judges were not spared.’ Male former Gacaca judge.

Others observed that the space in which one was allowed to speak was not always experienced as a safe environment, which resulted in silencing of people who might have otherwise testified and in keeping their pain inside them.

‘According to me, Gacaca was re-provoking our problems. One could attend Gacaca, they asked questions and you fail to talk because of grief. For me, I did not get much involved in Gacaca, not because I had no problem, but because everybody could be against me. I had no support in the community. I decided to keep quiet, but if they could bring back my relatives, I could do all my best in Gacaca. I was wondering how I could manage my life after Gacaca. Who could give me water after accusing people? I wanted to live with people in peace. I kept quiet, but I had something inside. I could not trust people, even those who could greet me. I was in isolation.’ Female survivor respondent.

As narrated by respondents, some community members perceived Gacaca courts as a top down justice system, despite the active involvement of community members at grassroots level. A number of them preferred not to attend, but felt obliged to do so in order to prevent false accusations in their absence. Some witnesses were afraid to share the truth and chose to remain silent, as the quote above demonstrated. This silencing was attributed to the wish to preserve good relationships with the neighbours and family members who had participated in the genocide. Another reasons for silencing was the prevention of a trauma crisis in front of the community. In line with these examples, respondents highlighted that insecurity and family threats, as well as re-traumatisation among survivors and witnesses were negative effects following giving testimonies.

Similarly, while Gacaca did ease tensions within communities as a first step to reconciliation, in some cases, it also engendered the opposite.

‘When Gacaca started, the tension was still very high. People were still animals. They never wished to meet their victims. Gacaca reduced that tension among people. However, a child could accuse the mother or father.'
Families were conflicted and started accusing one another as a form of revenge. The only person who was safe was the person who kept quiet.' Male perpetrator respondent.

When asked about the meaning of reconciliation in general, and subsequently within the context of Gacaca, respondents referred to the reparation of relationships torn apart due to the 1994 genocide through confession and seeking apology on the side of perpetrators, but also willingness to forgive on the side of survivors. Reconciliation was commonly perceived to be manifested through sharing personal experiences and supporting each other, attendance of annual genocide commemoration events at community level, intermarriages and reduced evidences of ethnically based threats, such as revenge. Respondents added, however, that some community members perceive reconciliation as a difficult, even impossible, process given the heaviness of people’s woundedness due to past experiences. Reconciliation in their eyes was rather considered to be a government policy that makes people say in public, like in Gacaca, that one is reconciled, while in informal settings continuous feelings of mistrust and suspicion towards ‘the other’ may dominate.

‘In my view, reconciliation seems like covering something that may burst anytime. People are not really reconciled due to many factors. It is said, but if you observe clearly it is not there; people are called to be reconciled and they say that they did reconcile, but whether that is really true is doubtful.’ Female respondent.

With regard to reparation of damaged properties as requested by Gacaca courts from perpetrators and their families, some respondents pointed to the lack of proper mechanisms to ensure reparation from the side of the government, but also at poverty and misunderstanding of the relevance of reparation on the side of perpetrators. Both were major factors preventing reconciliation between families of perpetrators and families entitled to reparation by the former.

‘We only keep silent in front of our offenders. I’m not able to do anything for people who looted my properties. Sometimes the local leaders may intervene by asking them to pay, but it doesn’t contribute much.’ Female survivor respondent.

For perpetrators who were not able to acknowledge their wrongdoings, acceptance of their sentencing was difficult and often feelings of hatred and revenge towards those who accused them, as well as towards Gacaca judges who convicted them, were cited as one of the unintended consequences of Gacaca. There were also genocide survivors who encountered complicated relationships with Gacaca judges when they felt the sentences that were given were too low, or the people accused of being guilty were acquitted.

‘Some people bless Gacaca judges, but others curse them. Some blame them for jailing their husbands or children. Some hate them a lot. Recently, I met a Gacaca judge who was physically wounded by someone.’ Male perpetrator respondent.

‘Some people respect them, but others still think of eliminating them. There is hatred between Gacaca judges and people who were jailed during Gacaca proceedings. Sometimes those people narrate that while drunk, which makes ex-Gacaca judges feel afraid.’ Male perpetrator respondent.

Addressing leftovers through the facilitation of healing and social reconnection processes

As narrated by many sociotherapy graduate respondents, preceding their participation (a participation that took place after Gacaca
had ended), their daily lives were highly affected by trauma related symptoms. These symptoms included: feelings of extreme anger, fear, anxiety, sadness, grief, low self-esteem, shame towards personal experiences and self-hatred, all of which contributed to social disconnection. Psychological distress was manifested across a range of respondents through sleeping difficulties, such as insomnia and nightmares, as well as frequent severe headaches that often did not respond to medication, and some respondents presented suicidal thoughts and feelings of revenge generated by their painful past.

‘I was affected because I could not think far nor contribute to anything. I had no self-confidence nor trust and had a deep hatred toward everybody, especially toward people who harmed my family in the 1994 genocide. Hence, I was always having a headache.’ Female survivor respondent.

The perceived lack of family and social support also contributed to the high number of reported conflicts and associated poor mental health among the respondents. Some respondents, mainly ex-prisoners, also manifested unhappiness vis-à-vis other’s economic development when compared to their own being impeded by life in prison.

‘To be honest, in my village they can testify about me. When I came from prison, I was very discriminative towards others. I was very jealous of the economic development achieved by others in my absence.’ Male perpetrator respondent.

We consider these kind of narratives as an indication that after Gacaca had ended, still much had to be achieved in terms of healing and reconciliation (an objective of Gacaca) among at least part of the Rwandan population. Some respondents, however, shared that Gacaca facilitated a good start.

‘When washing clothes, one needs so much water that one has enough to also remove the soap. For me, Gacaca was the water for washing and sociotherapy the water to remove the soap. I benefited much from sociotherapy because I got out of distresses. At least, I can now talk and sit together with other people.’ Female survivor respondent.

Also other respondents testified that their participation in sociotherapy had contributed to significant changes with regard to their psychological and social wellbeing, and related to that, their physical health.

‘Sociotherapy is a good approach that helped me to overcome fear and loneliness. Before it was very difficult for me to express myself among people, but now I can greet everybody, smile and plan my life for tomorrow even if I did not benefit tangible things in socio-sessions. But what I gained is more important than money.’ Female survivor respondent.

‘Those who forgave me in Gacaca, I had no courage to meet them, to visit them. I could still remain in my isolation. Whenever we met, I could hide. With sociotherapy, I got out of my darkness, and today I do socialise with them.’ Male perpetrator respondent.

The key element mentioned by many sociotherapy graduate respondents was the ‘dialogue’ in sociotherapy sessions, in which representatives of various socio-historical categories, such as genocide perpetrators, genocide survivors, former Gacaca judges and their respective family members, participated. While the sessions were reported to be problematic in the beginning, as it required one’s strong efforts to confront others, they contributed to a process of restoration of disrupted relationships in the later stages once a certain degree of safety and trust was established which facilitated the sharing of experiences. This sharing, referred to as ‘social learning’ in the context...
of trauma informed approaches, enabled group participants to realise that suffering was common, despite different life experiences, which further contributed to the reduction of fear, hatred and suspicion and an increase of trust. Sociotherapy, therefore, enhanced the process of restorative justice in the post Gacaca era as group members were enabled to revisit their past histories, acknowledge their wrongdoings and show remorse and share their personal sufferings within an atmosphere often marked by empathy and expression of care by others. This allowed group members to opt for new life orientations such as confession, repentance, willingness to make reparation payments on the side of perpetrators and forgiveness on the side of survivors, as also confirmed by local leaders.

’Sociotherapy helped us to get internal peace, we have been able to achieve development in our family, now we have a field, land to cultivate, we have a cow. All come from sociotherapy sessions because we got peace and security in our family.’ Male perpetrator respondent.

The scaling-up of sociotherapy
Cognisant of the contribution of sociotherapy to resolving the previously highlighted leftovers of Gacaca, respondents, including leaders at different government levels, suggested that the programme should be widely scaled-up to assist the community in overcoming genocide related effects and other daily life stressors. They promoted the extension of the programme to other areas, increasing the number of community volunteers who can facilitate sociotherapy sessions, and addressing the issue of genocide ideology. In addition, the inclusion of (more) representatives of the following social categories was suggested; (local) leaders, community mediators, youth, demobilised soldiers, educated people, cooperative leaders (to build conflict management skills), medical professionals, disabled people, teachers, students, church leaders, prisoners and refugees among others, all were considered by respondents as equally important.

I think that sociotherapy can help us more in inviting youth. Young people need to know many things. You have had many categories but I think we need to bring in this programme more young people. Of course, they know what happened in the country, but we need to prepare them for tomorrow. You can lose what you have done with efforts if you solve one
problem without preparing the future of these young adults.’ Local leader at sector level

According to local leaders, their wish for a scaling-up of the programme was mainly motivated by testimonies provided by sociotherapy graduates in so-called conviviality meetings held at the end of the 15 sociotherapy sessions. These meetings made leaders understand the interrelation between problems commonly observed in the community and their genesis in past experiences (cf. Sarabwe, Richters, & Vysma, 2017). These leaders reported becoming aware of the importance of small group dialogues as a collective approach to unity, reconciliation and peacebuilding. They also conveyed how the programme contributed towards resolving community problems, which they had sometimes failed to effectively address, by enabling the community itself to find its own solutions for the problems it faced. They observe that sociotherapy graduates act as leading agents of social change and role models through their engagement in peer education and conflict resolution initiatives, thus easing their work as leaders.

‘The particularity I observed in sociotherapy is the strategy of using small groups. All group members know each other, talk freely and give a real testimony of change. In other programmes people are mobilised in public and in big gatherings, where it is difficult for them to feel free to talk.’ Local leader at district level.

‘Other programmes bring their expertise and material and then leave. A sociotherapy group creates its own materials.’ Local leader at sector level.

According to these leaders, an advancement of the social change generated by sociotherapy is required. One way to do so is through the establishment of proper follow-up mechanisms and the provision of, or at least advocacy for, financial and technical support of graduate groups, in particular the groups that initiated savings associations and income generating activities. While this recommendation is directed at the sociotherapy programme, local leaders also see it as their own mandate to contribute to the required support. They also deem it important to incorporate the sociotherapy programme into their performance contracts to ensure sustainability of activities. Leaders also recommended that the programme should ensure regular communication with policy makers, involve them throughout the programme and update them with findings that need action. On the other hand, one government representative at national level stressed the relevance of the expansion of sociotherapy without political interference in its implementation.

‘It is a good concept, that we would like to be expanded to other areas. As a concept, that is what we really need. We are wounded and the wounds are being transferred to the next generation. If there is a programme like sociotherapy that is addressing those issues, without political interference, sociotherapy is really great.’ Government representative.

Discussion

The results of these outcome studies indicate that sociotherapy, through its trauma informed approach complemented the more judicially oriented approach to transitional justice as applied in Gacaca. Gacaca did have its achievements regarding truth telling, sentencing, repentance, forgiveness and reparation. However, it did not manage to achieve all desired outcomes, as well as creating some unintended effects. Ingelaere (2016) concludes his in-depth assessment of the practice of Gacaca courts that their core was retributive and adversarial; the restorative justice element built into the design of Gacaca was in actual practice overtaken by the retributive one. It is this legacy that sociotherapy aimed to deal with through its
Trauma informed restorative justice approach. Our respondents testified that, insofar as healing and reconciliation processes (both at the core of restorative justice) had begun through Gacaca, sociotherapy gave more depth to these processes by touching the inner part of individuals in sociotherapy groups, and thus having more genuine and sustainable results.

What sociotherapy has in common with other trauma informed programmes implemented in Rwanda (like the ones described and evaluated by Staub, Pearlman, Gubin and Hagengimana, 2005 and King, 2014) is that psychological healing is coupled with intergroup dialogue. A key element that makes sociotherapy and these other programmes successful is that it facilitates a process of decision making by participants to engage in reconciliation efforts. Forgiveness and reconciliation are not imposed on participants, but it is a choice one makes based on inner feelings related to what is feasible for an individual. In addition, the creation of a safe environment where more and different experiences can be shared than in Gacaca, which some people, for different reasons, experienced as unsafe. Gacaca was designed to find the truth on genocide crimes on which judgement could be based. However, as Ingelaere (2016) puts it, it was effectual or pragmatic truth, a truth mixed with lies and silence, that drove the Gacaca process: ‘true is that which has the desired consequences given the circumstances’ (p. 12), for instance a milder sentence or settling old grievances. Sociotherapy was evaluated by its graduates as nonaccusatory. Perpetrators familiar with Gacaca, who were at first hesitant to participate in sociotherapy due to fear that sociotherapy would be another court, soon experienced the contrary. Sociotherapy offered all participants a space to share narrative, dialogical, restorative and moral truths.

An example of restorative justice in action is the resolution of cases of outstanding reparation. Verdicts of the Gacaca courts included imprisonment, community service and restitution of goods looted and destroyed. While the first two were individualised, the latter was a family affair. One of the legacies of Gacaca is that many cases of reparation were left unresolved. Reasons for this leftover of Gacaca included lack of means among perpetrators or their family members, rejection of guilt, and anger towards the plaintiffs who through their accusations (whether genuine or false) were responsible for the Gacaca verdict. This lack of restitution raised negative sentiments among those entitled to restitution (cf. De Brouwer & Ruvebana, 2013). It also happened that perpetrators and their families did pay, but in particular when the payment left the family destitute, this act did not per se entail remorse and taking responsibility for the wrongs committed. All this was not conducive to healing and reconciliation within communities.

In the context of sociotherapy, reparation is a process well prepared and extending in the future. Payment of reparations or the acquittal of (part of) it followed the process of mutual learning in which participants acknowledged each other’s wounds of the past. Perpetrators came to recognise the wrongs committed, as well as the pain and suffering of survivors, and survivors recognised the remorse among perpetrators, the humanness in them and the poverty of most of them and their families. This process of recognition and related social reconnection formed the basis of rebuilding people’s damaged capacities. From this perspective, reparations are unlike an exercise of corrective justice that ‘settles up’ and closes a case. Instead, they are the beginning of hopeful commitments to a better future (cf. Walker, 2015, p. 220). This issue of resolving reparation is an example of the spin-off effect of the new life orientations sociotherapy group participants adopt towards the end of the 15 weekly group sessions. For some leaders, this was perceived as a process of healing and reconciliation, while for others it was
another case solved that could be reported in their performance contract, in addition to reduced family conflicts and improved economic development. After the closure of the 15 weekly sessions, many sociotherapy groups continue meeting and the majority of these groups start income generating activities (see endnote 4). Here the third element of transitional justice, distributive justice, comes in. Much material support had been given by the government and nongovernmental organisations to Rwandans in the aftermath of the genocide as a means of distributive justice. However, based on interviews conducted outside the scope of the research presented in this article (Karangwa, Richters, & Mbabazize, 2016) and informal conversations, the support did not always help the recipients in their socio-economic development due to their genocide affected mental health status. Deeply traumatised, some had lost energy, a sense of purpose and the imagination to plan ahead. The healing that people experience in sociotherapy, coupled with the restoration of social relationships, facilitates their economic development.

Challenges and limitations
In spite of many positive elements associated with the sociotherapy approach, not all changes observed can be claimed to be associated with the programme due to the lack of a control group. Limitations of the approach were also noted. Here we include only a few of them. While sociotherapy has groups composed of mixed social categories of people, it was found that not everyone was able to bear the presence of ‘the other’, and hence opted for dropping out in the beginning of the programme. Even though the programme, through its trained sociotherapists, attempted to keep a high retention rate through home visits, it was not always successful in bringing participants who had dropped out back into sociotherapy groups. Furthermore, though one of the core elements of the trauma informed approach is the avoidance of re-traumatisation by creating safe spaces and promoting trustworthiness, the programme staff and sociotherapists did not have control on what would be shared in group sessions. Therefore, some painful stories contributed to the re-traumatisation of group members, as well as vicarious trauma among the sociotherapists. CBSP tried to address this by organising monthly peer supervision (intervention), clinical supervision sessions for sociotherapists and setting up a referral system for people who expressed severe trauma symptoms.

Conclusions
Despite these drawbacks, sociotherapy group participants and local leaders expressed the need to expand the programme throughout the country, possibly through institutionalisation into government programmes. This is also what most representatives of government institutions on district and national level promoted. However, it will require that its trauma informed approach is retained. As Clark (2014) concludes in his empirical study on popular challenges to the official discourse of post genocide national unity in Rwanda, scholars and practitioners should critically question what the optimal spaces, agents and timeframes are for effective peacebuilding and transitional justice interventions, ‘including to what extent external actors should be involved’ (p. 318). Institutionalisation of sociotherapy in other programmes might result in hybrid approaches to the detriment of its trauma informed restorative justice characteristic. Therefore, the main challenge for sociotherapy will be to find ways to upscale sociotherapy as an intervention without jeopardising its working elements, which includes the intimate atmosphere of the sociotherapy group and the establishment of safety and trust. Another challenge is to find ways to contribute, as implicitly suggested by our
respondents, to the making of other peace-building initiatives in Rwanda operating at different levels and in different sectors of society more trauma informed, and thus more effective.

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Community Based Sociotherapy Rwanda 2014–2016, p. 43. Many of them started saving associations or income generating activities, which allow participants to become self-reliant in terms of livelihood development. In addition, sociotherapy participants who did not join a newly started association frequently became a member of an existing association or increased their family development as a family in non-formal cooperation with others.

Performance contracts are contracts between the President of Rwanda and government agencies detailing what the respective institution sets itself as targets on a number of governance, justice, economic and social indicators.

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2 Districts are decentralised administrative units below the provinces.
3 Sectors are the basic decentralised administrative units below the districts.
4 One of the main impacts of the 2014–2016 programme in Rwanda is that 71.4% of the groups continued to meet on a weekly or bi-weekly basis after the 15 sociotherapy sessions (Final report Community Based Sociotherapy Rwanda 2014–2016, p. 43). Many of them started saving associations or income generating activities, which allow participants to become self-reliant in terms of livelihood development. In addition, sociotherapy participants who did not join a newly started association frequently became a member of an existing association or increased their family development as a family in non-formal cooperation with others.
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