

Exposure to the 1994 Genocide in Rwanda and Survivor Attitudes Toward Génocidaires: A 20-Year Postscript

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This cross-sectional study examined predictors of attitudes and relatedness toward génocidaires among survivors of the 1994 genocide in Rwanda. A survey of 448 eligible adults in selected households from 5 districts in Rwanda was conducted in 2013–2014. Structural equation modeling (SEM) techniques were used to test the theorized relationships among age, gender, exposure to genocide events, stressors attributed to the genocide, traumatic stress, and a hypothesized latent factor of attitudes toward génocidaires (positive outgroup stereotypes, beliefs/perceived social norms, revenge toward génocidaires, and social distance). On the basis of a final sample of 304 respondents, more exposure to genocide events was directly associated with increased traumatic stress symptoms, higher attribution of societal stressors to the genocide, and lower positive attitudes toward génocidaires. Attribution of societal stressors to the genocide mediated the relationship between exposure to genocide events and positive attitudes toward génocidaires, accounting for 34% of the total effect. Traumatic stress was also negatively correlated with positive attitudes toward génocidaires. Regardless of the level of exposure to genocide events, a survivor will likely attribute current stressors to the genocide to the extent that they are experiencing traumatic stress symptoms. The complete SEM model fit extremely well. Attributions of social stressors to the genocide and negative attitudes toward génocidaires are embedded within a cultural context of “chosen amnesia” about the genocide events (Buckley-Zistel, 2006), which necessitate remembrance of progress and honest acknowledgment of the complex task of reconciliation among Rwandans in a postconflict society.

Keywords: Rwanda, genocide, conflict, attribution of responsibility, reconciliation

The immediate and lingering aftermaths of the genocide against the Tutsis and moderate Hutus in 1994, which led to the deaths of nearly 1 million people in Rwanda (10% of the general population and 75% of the Tutsi ethnic population) and the displacement of more than 2 million Rwandans in a grisly span of nearly 100 days,

have gained critical attention in the international community (Verwimp, 2004). The establishment of a National Unity and Reconciliation Commission (NURC); reeducation camps for génocidaires; civic awareness programs; creating a deethnicized national identity; and numerous memorial installations in art, film, and

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This article was published Online First May 19, 2016.

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THIS RESEARCH was funded by the Society for Community Action and Research (American Psychological Association Division 27) and Wheaton College Graduate Psychology Department. The authors are grateful to the respondents for their willingness to remember and entrust us with their stories. The authors thank the committed staff at the Christian Action for Reconciliation and Social Assistance, Austin Schrag, and Chandler Hutton-Lau for coordinating the translation of instruments and assisting with data management as well as the interviewers who conducted the interviews with exceptional sensitivity and compassion.

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media outlets have arguably been pivotal in the national peace and reconciliation process since 1994. However, several notable critics contend that attributing the genocide primarily to the colonial occupation between 1894 and 1962, with minimal recognition of various structural inequalities in precolonial Rwanda, has created a hermeneutic of reconciliation with negligible change in conflict transformation (Bromley, 2009; Pottier, 2002). Moreover, some have argued that the country remains divided despite laudable government policies to promote a collective national identity as Rwandans. A shared memory of the atrocities of genocide, categories of survivors and the accused génocidaires,¹ and discussions about “hierarchies of suffering” perpetuate continued misunderstanding, fear, and mistrust of the outgroups in many communities (Buckley-Zistel, 2006, p. 139). However, given the practical necessity of maintaining civic harmony, borne from the reality of coexistence in geographically dense rural regions, intergroup conflicts are generally not overtly acknowledged or addressed. Many survivors also place considerable trust in the unity and reconciliation policy of the Rwandan government, reflecting a culture of unquestioning deference that predated the genocide (Longman, 2004). Public discourse about ethnic plurality and relations may be interpreted as divisive and unsupportive of strategies to promote a unified Rwandan identity (Hilker, 2009).

Several empirical studies that examined the long-term effects of being exposed to genocide events in Rwanda have focused on heightened posttraumatic stress symptoms (Dyregrov, Gupta, Gjestad, & Mukanoheli, 2000; Pham, Weinstein, & Longman, 2004) and declined psychological mood, namely depression and anxiety (Bolton, 2003; Heim & Schaal, 2014; Mukashema & Mullet, 2010; Rugema, Mogren, Ntaganira, & Krantz, 2015). Rimé, Kanyangara, Yzerbyt, and Paez (2011) found that participation in gacaca tribunals increased positive outgroup stereotypes among victims and génocidaires in 2006. However, few studies have examined survivors’ perceptions and relatedness toward génocidaires nearly 2 decades later. For example, Pham et al. (2004) found that more exposure to multiple genocide events was associated with less openness to reconciliation and beliefs of nonviolence among select households in Rwanda. Likewise, Heim and Schaal (2015) found that Rwandans who experienced persecution during the genocide and reported more severe posttraumatic symptoms were less inclined to reconcile with génocidaires. In other postconflict settings in Uganda and the Democratic Republic of the Congo, Bayer, Klasen, and Adam (2007) found that more exposure to traumatic war-related experiences among former child soldiers was associated with less openness to reconciliation and heightened feelings of revenge.

The important distinction between individual and national or political reconciliation implies that advancing a national peace process may not necessarily rebuild individual relationships between survivors and génocidaires that are based on forgiveness, remorse, and remembrance—at least not within a short period of time (Hayner, 2001). Given how the reconciliation process prioritizes the promotion of “mutual acceptance by groups of each other” and “a changed psychological orientation toward the other” (Staub, 2006, p. 868), it is important to understand potential vestiges of intergroup tension that necessitate continued repair and restoration.

Postconflict intergroup relationships are also affected by the degree to which survivors attribute current societal stressors and personal adversities to the aftermaths of the genocide. In postconflict societies, the fragmentation of communities coupled with historic grievances

toward social and economic structures that predate the conflict often result in mounting frustration toward outgroups (Gasana, 2009). Political and social psychologists have well established that the victim and perpetrator hold different biased perspectives of the transgression event that challenge the process of reconciliation. For example, members of socially disadvantaged groups may be more inclined to attribute conflict to structural/systemic issues, whereas those of dominant social groups may attribute it to individual-level factors (Montiel & Macapagal, 2006). Victims might also perceive the negative consequences as more severe and spanning over a longer period of time compared with perpetrators (Baumeister & Catanese, 2001). For example, in a study examining ethnic conflict in Burundi between 1993 and 2009, attributing more responsibility for the violent conflict to outgroup and to third parties (e.g., colonial powers), estimating greater economic harm experienced by one’s group, and strong in- and outgroup categorization heightened postconflict reconciliation efforts between Hutus and Tutsis (Bilali, Tropp, & Dasgupta, 2012). Although these subjectively constructed internal and external attributions to societal changes may be inaccurate and biased, attributions of responsibility significantly influenced relational and behavioral outcomes for both parties in conflict (Montada, 1991).

Noor, Brown, Gonzalez, Manzi, and Lewis (2008) concept of competitive victimhood bears further relevance to how survivors and génocidaires may identify their ingroup as more victimized as a result of the conflict than the outgroup (Cohrs, McNeill, & Vollhardt, 2015). On the basis of individuals’ beliefs and subjective understanding of the cause and consequences of conflict, this posture of competitive victimhood has been associated with less willingness to forgive and trust adversarial outgroups in postconflict settings in Northern Ireland and Chile (Cohrs et al., 2015; Noor et al., 2008), the Great Lakes region of Africa (Vollhardt & Bilali, 2015), and in Israel (Shnabel, Halabi, & Noor, 2013). Likewise, in Rwanda, to the extent that survivors perceive being subjected to postconflict injustice, they may be less receptive to pursue reconciliation with génocidaires.

The specific victimization of women during the genocide through rape, torture, and forced sexual servitude as a means to systematically torment and undermine the broader social fabric of the Tutsi community is well documented but not fully understood (Jones, 2002; Mullins, 2009; Sharlach, 1999). For example, a 2011 population-based study in southern Rwanda ($N = 917$) found that women were more exposed to physical and sexual violence compared with men, and the rates of depression, posttraumatic stress disorder (PTSD), anxiety, and suicidal attempts were twice as high for women compared with men (Rugema, Mogren, Ntaganira, & Krantz, 2013; Rugema et al., 2015). Dominant patriarchal attitudes and the sexualized objectification of Tutsi women as uniquely seductive and desirable among Hutu men before 1994 further heightened their vulnerability to genocidal rape (Jones, 2002). Moreover, the confluence of the stigma associated with being identified as a survivor of rape, the trauma of sexual violence, and economic deprivation—especially for a female-headed household that followed the genocide (Newbury & Baldwin, 2000; Zraly &

¹ The term *survivor* refers to Tutsis and Hutus who were victims of or witnessed violence and killings during the 1994 genocide and have neither participated nor been accused of genocidal acts. *Génocidaire* is broadly defined as one who commits genocide, not exclusively associated with Hutu ethnicity (Corey & Joireman, 2004); it is not a legal term suggesting that a person was prosecuted for genocide-related crimes.

Nyirazinyoye, 2010)—potentially influences their perceptions of and interactions with génocidaires.

In the current study of 448 genocide survivors, we examined the relationship between exposure to genocide events and multiple measures of attitudes toward génocidaires (i.e., how survivors currently perceive and relate to génocidaires). Specifically, we first hypothesized that trauma symptoms and increased attribution of current social stressors to the 1994 genocide would independently mediate the relationship between increased exposure to genocide events and negative attitudes toward génocidaires. A second hypothesis was that female survivors exposed to more genocide events would report more negative attitudes toward génocidaires compared with male survivors.

Method

Participants and Procedure

Four hundred and forty-eight survivors of the 1994 genocide living in five districts in the eastern (Bugesera, Rwamagana) and southern (Kamonyi, Ruhango, Nyanza) provinces of Rwanda were interviewed between June 2013 and February 2014. These districts were selected based on their large census of genocide survivors and our familiarity with these regions. Participant inclusion criteria were (a) being 25 years and older (at least 6 years old at the time of the genocide), (b) speaking Kinyarwanda, and (c) being directly exposed to genocide events. Written informed consent was obtained before the interview.

We randomly sampled 40 villages (8 villages from each of the five districts). On the basis of a list of local genocide survivors, each village leader assisted in recruiting participants who met our study inclusion criteria. Individual interviews were conducted in a designated meeting area in the village. No incentive was provided to study participants. This study was approved by the National Institute of Statistics of Rwanda (NISR), which served as the national committee for the protection of human participants.

Two Rwandan interviewers (genocide survivors) were trained to administer a 45- to 60-min individual survey in Kinyarwanda. Instruments from published studies conducted in Rwanda were translated from English to Kinyarwanda and back-translated to English by a second independent translator. Participants were informed before the interview that they would be asked about their experiences of the genocide and that they could forgo answering any questions or discontinue the interview if they were uncomfortable.

Measures

Dependent variables. The following variables and measures assess different aspects of attitudes toward génocidaires (i.e., how survivors currently perceive and relate to génocidaires).

Positive outgroup stereotypes. A questionnaire from Rimé and colleagues' (2011) study of outgroup perceptions among victims and génocidaires after the gacaca trials was adapted to measure stereotypes. Participants rated how a series of 22 stereotypes described their perceptions of génocidaires on a 5-point Likert scale ranging from 0 (*unsure*) to 4 (*very characteristic*). The correlation structure of the various traits was used to quantitatively determine subsets of obviously positive and negative traits (i.e.,

strong negative traits will be highly correlated with other negative traits and similarly among strong positive traits). Several characteristics were ambivalent such that we were unable to determine a positive or negative valence (e.g., ambitious). We used this instrument to specifically measure positive stereotypes of génocidaires with a reduced set of variables rather than average the stereotype scores (Rimé et al., 2011). The highest correlation between any two traits was .81 (Humorous and Friendly—identified as positive characteristics). All of the variables that were highly correlated (i.e., $r > .65$) with both Humorous and Friendly and with each other were then identified, resulting in a subset of positive traits (Humorous, Friendly, Cultured, Hospitable, Generous, and Humane). A similar process for negative traits resulted in a subset consisting of the following traits listed in the instrument: Savage, Malevolent, and Lack of Affection for Humans. These nine traits were then analyzed with principal components analysis (PCA) to (a) confirm that the labeling of these characteristics as “positive” and “negative” was consistent in the data and (b) to provide a summary measure for analysis by utilizing the first principal component. The first principal component explained 65% of the variance in the stereotype variables (the negative stereotypes had negative loadings whereas the positive stereotypes had positive loadings, as expected). Higher values of this first component indicated more positive stereotypes. This approach of using the first principal component to create a stereotype index was similarly used by Filmer and Pritchett (2001). Cronbach's α s for positive and negative stereotypes were .94 and .87, respectively.

Beliefs and perceived social norms. Beliefs and perceived social norms with respect to interactions and relationships with génocidaires were assessed by a five-item scale adapted from Paluck's (2009) study examining the role of mass media in shaping prejudiced beliefs in Rwanda. On the basis of a 4-point Likert scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*), participants rated the extent to which they agreed with perceived descriptive and prescriptive norms of how survivors perceived and interacted (or not) with génocidaires (e.g., “there is mistrust in my community”; “I advise my children [or the ones I will have in the future] that they should only marry people from the same regional, religious or ethnic group as our own”). Higher sum scores indicated more positive personal beliefs and perceived social norms regarding génocidaires. In our study the Cronbach's α was .39.

Revenge toward génocidaires. Kanyangara, Rime, Paez, and Yzerbyt's (2014) translated adaptation of the Transgression Related Interpersonal Motivations Inventory (TRIM) developed by McCullough et al. (1998) to examine personal and collective guilt among participants of the gacaca community courts was used to measure desire for revenge toward génocidaires. Participants rated on a 6-point Likert scale ranging from 0 (*no response*) to 5 (*strongly agree*) if they agreed with five statements about the motivation to seek revenge (e.g., “I would make them pay for what they did,” “I would like to see them suffer and be miserable,” “I would like to see them suffer misfortune,” “I would like the same thing happen to them as happened to me during the genocide,” and “I would like to see them punished”). Higher sum scores indicated less desire for revenge. In our study the Cronbach's α was .67.

Social distance. An adaptation of the Bogardus Social Distance questionnaire used by Gordijn, Finchilescu, Brix, Wijnants, and Koomen's (2008) study of ethnic stereotypes in South Africa was used to measure willingness to meaningfully interact with

généocidaires. Participants were specifically asked to what extent they would be happy from 1 (*very unhappy*) to 4 (*very happy*) to have a génocidaire or a family member of a génocidaire marry into their family, as a close friend, as next-door neighbors, at school or work, and as a speaking acquaintance. Total scores ranging from 6 to 24 were calculated with higher scores indicating more willingness to interact with génocidaires. In our study the Cronbach's α was .83.

Predictor variable.

Exposure to genocide events. Exposure to events of the 1994 genocide was assessed with a measure developed to examine trauma exposure among Rwandan children (Dyregrov et al., 2000). Participants indicated whether or not they witnessed or personally experienced 12 different war events before, during, and after the genocide (e.g., injured with a weapon, seen dead or mutilated bodies, hide to protect oneself). Multiple exposures to events at different times can be reported (see Table 1). Every event that was experienced during the genocide received a score of 1. Scores ranged from 0 to 12 with higher scores indicating more exposure to genocide events.

Mediating variables.

Traumatic stress. Participants rated the extent to which they experienced 10 symptoms of PTSD, as indicated in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, on a 5-point Likert scale of 1 (*never*) to 5 (*very often*). Symptoms included trauma-related recurrent automatic thoughts, dreams, flashbacks, pain, sleeplessness, irritability/anger burst, difficulties in concentrating, awareness of danger, and exaggerated startle reflex. A Kinyarwandan version of this instrument developed by Rimé and his colleagues (2011) was used. Sum scores ranged from 10 to 50 with higher values indicating more traumatic stress. In our study the Cronbach's α was .93.

Stressors attributed to the genocide. On the basis of ethnographic interviews with 40 key informants, Bolton (2003) generated a free list of perceived problems that survivors attributed to the genocide (e.g., poverty, personal security, small families, community mistrust). The nine most cited problems were selected by our Rwandan investigative team and used to develop a nine-item Likert measure. Participants rated the extent to which they believe each problem was the result of the genocide on a scale ranging from 1 (*not at all caused by the genocide*) to 4 (*primarily caused by the genocide*). A total score was calculated, with higher scores indicating higher attribution of societal problems to the genocide. In our study the Cronbach's α was .82.

Participant Information

Sociodemographic background. Participation information included group identification in relation to the genocide, age, sex, marital status, number of children in household, employment status, and education. Given the sociopolitical meaning of identifying as Hutu, Tutsi, or Twa, we asked participants, "How would you describe yourself in relation to the genocide in 1994?" They responded by selecting one of the following descriptions: survivor, perpetrator, relative of perpetrator, and Rwandan. Living standard was measured by assessing residential living conditions (e.g., wall, floor materials) and possession of household items (e.g., radio, TV). Items were adapted from the Integrated Household Living Conditions Survey conducted by NISR (2011).

Data Analysis

Graphical assessment of potentially influential variables resulted in further analysis, which included only the variables previously described. Structural equation modeling (SEM) techniques were then used to model the theorized relationships among gender, age, exposure to genocide events, stressors attributed to the genocide, traumatic stress, and a hypothesized latent variable of attitudes toward génocidaires (positive outgroup stereotypes, beliefs/perceived social norms, revenge toward génocidaires, and social distance). All SEM analyses were performed using Mplus 7.3 (Muthén & Muthén, 2012), and several variables were scaled to reduce sample variance (Mplus recommends this approach as a computation technique to encourage convergence of iterative procedures). Royston's (1982) extension of Shapiro and Wilk's test for multivariate normality showed strong evidence of non-normality of the data ($p = 7.23^{-62}$). Therefore, a robust Satorra-Bentler χ^2 (S-B χ^2) fit statistic was calculated to assess the overall model fit. In addition, the comparative fit index (CFI), the Tucker-Lewis index (TFI), the root mean squared error of approximations (RMSEA), and the weighted root mean square residual (WRMR) were obtained. The CFI and TFI range between 0 and 1 and indicate good fit of the model to the data with values of 0.95 or higher. Values of RMSEA <0.08 indicate an acceptable model fit, and values <0.05 indicate a good fit (Browne & Cudeck, 1990). The WRMR is appropriate for non-normally distributed data, with values <1.0 indicative of good model fit. Small values of the χ^2 test statistic, along with the large associated p values, also indicate good model fit. However, because the χ^2 test statistic includes a constant multiplier of the sample size minus 1, the statistic increases with a large sample and it more likely to indicate poor fit solely because of sample size. Therefore, multiple fit measures are simultaneously considered (Wang & Wang, 2012).

Results

Participant Characteristics

Four hundred and forty-eight genocide survivors consented to participate in this study. We excluded 144 cases from the current analysis because of missing data for key variables of interest, resulting in a sample of 304 respondents from five districts (69 in Bugesera, 63 in Rwamagana, 66 in Ngoma, 45 in Kamonyi, and 61 in Muhanga).² The missing cases were similar in age and gender distribution to the completed cases (missing 49% male, median age = 30 years old; complete 47% male, median age = 30 years old). Ninety-eight percent self-identified as survivors of the 1994 genocide. Approximately half of respondents were male (50.6%). The age distribution ranged from 25 to 32 years old with an overall mean of 28 years. The mean years of education completed was 11 years (range = 0–18), and most were never married (70%; see Table 2).

Description of Main Variables

No significant gender differences were found among the variables in the final model (see Table 3). Several item responses were

² SEM is a large-sample technique that considers a sample size of 200 as large and adequate for most analyses (Kline, 2010). Therefore, a sample of 304 would suffice with no risk of biasing the data through imputation.

Table 1
Exposure to Genocide Events (n = 304)

Events	Pregenocide	During genocide	Postgenocide
Have you been injured with a weapon?	4 (0.01%)	63 (21%)	2 (0.01%)
Have you been threatened to be killed?	36 (12%)	211 (69%)	25 (1%)
Have you been raped?	4 (1%)	10 (3%)	4 (1%)
Have you been genocide survivor of an attack or looting?	22 (7%)	194 (64%)	13 (4%)
Have you seen dead or mutilated bodies?	8 (3%)	239 (79%)	140 (46%)
Have you witnessed a person being beaten or tortured?	9 (3%)	154 (51%)	11 (4%)
Have you witness a person being killed?	13 (4%)	218 (72%)	16 (5%)
Have you witnessed a person being injured with a weapon?	18 (6%)	162 (53%)	13 (4%)
Have you witnessed many people killed at one time?	5 (2%)	148 (49%)	9 (3%)
Did you believe that you yourself would die?	41 (13%)	271 (89%)	50 (16%)
Did you hide to protect yourself?	20 (7%)	275 (90%)	11 (4%)
Did you hide underneath dead bodies?	7 (2%)	32 (11%)	3 (1%)

Note. Respondents reported exposure to events at multiple times.

noteworthy. Respondents attributed several social stressors to the 1994 genocide, including lack of personal security (96%), small families (97%), too many widow and orphans (97%), breakdown of neighborly relations because of suspicion and mistrust (94%), and lack of hope (91%). On items measuring beliefs and perceived social norms, 71% believed that there was mistrust in their community, although 90% held that trusting was not naïve. On the measure of social distance, slightly over half of the respondents would be happy to have génocidaires as neighbors (62%), coworkers (68%), and as close proximity neighbors (57%). However, only 15% were receptive to having a génocidaire marry into their

family. On a measure of interpersonal revenge toward génocidaires, less than 1% of the respondents desired to see their perpetrators suffer misfortune or experience what they had endured during the genocide. However, most favored having génocidaires pay for what they did (53%) and punished for their actions (92%).

Ninety-seven percent of the respondents reported that members of their families were killed during the genocide. Events that were most frequently witnessed and experienced during and after the genocide included hiding 1–9 months for protection (90%), belief in impending death (90%), and seeing dead or mutilated bodies (79% during the genocide and 46% afterward; see Table 3).

Table 2
Demographic Characteristics of Participants by Gender (N = 304)

Characteristics	Female (n = 154), n (%)	Male (n = 150), n (%)
Age, <i>M (SD)</i>	28 years (3.02)	28 years (2.03)
Years of education, <i>M (SD)</i>	11 (4.37)	10 (5.03)
District of residence		
Bugesera	31 (20)	38 (25)
Rwamagana	27 (18)	36 (24)
Ngoma	40 (26)	26 (17)
Kamonyi	27 (18)	18 (12)
Muhanga	29 (19)	32 (21)
Marital status		
Married	44 (29)	33 (22)
Widowed	1 (0.01)	0
Divorced	1 (0.01)	0
Never married	97 (63)	116 (77)
Have children (yes)	49 (32)	29 (19)
Participated in trauma/reconciliation workshops	48 (31)	37 (25)
Household living conditions		
Floor material		
Dirt	30 (19)	20 (13)
Cement	53 (34)	46 (31)
Wall material		
Mud bricks	29 (19)	25 (17)
Mud bricks with cement	39 (25)	34 (23)
Tree trunks with mud	14 (0.09)	8 (0.05)
Own the following household items		
Living room suite	70 (45)	53 (35)
Radio	87 (56)	96 (64)
Television	38 (25)	37 (25)

Table 3
Description of Main Variables

Variable	Female (n = 154)	Male (n = 150)
Exposure to genocide events ^a	6.43 (3.03)	6.53 (3.37)
Stressors attributed to the genocide ^b	30.34 (3.98)	31.03 (4.05)
Traumatic stress ^c	23.18 (10.58)	23.12 (10.56)
Beliefs and perceived social norms ^d	10.89 (2.01)	11.07 (1.91)
Revenge toward génocidaires ^e	12.60 (3.13)	12.39 (3.69)
Social distance ^f	14.82 (2.78)	14.32 (2.88)
Positive outgroup stereotypes ^g	-0.07 (2.36)	0.08 (2.51)

^a Range = 0–12 with higher scores indicating exposure to more genocide events. ^b Range = 9–36 with higher scores indicating higher attribution of societal problems to the genocide. ^c Range = 1–50 with higher scores indicating more trauma symptoms. ^d Range = 5–20 with higher scores indicating more positive beliefs and endorsement of positive social norms regarding génocidaires. ^e Range = 0–30 with higher scores indicating less desire for revenge. ^f Range = 6–24 with higher scores indicating less social distance. ^g Range = -3.89 to 5.78 with higher scores indicating more positive stereotypes. This measure was created using the first principal component of a subset of stereotype measures; therefore, it has a mean of zero.

SEM and Mediation Analysis

Confirmatory factor analysis (CFA) was initially performed to assess the latent portion of the full structural model. Specially, we tested the hypothesis that attitudes toward génocidaires was measured adequately by the observed indicator variables of positive outgroup stereotypes, beliefs/perceived social norms, revenge toward génocidaires, and social distance. These included the correlation between beliefs/perceived social norms and revenge toward génocidaires as well as the correlation between positive outgroup stereotypes and social distance. Correlations between latent factor indicators are sometimes non-zero because of extralatenent causal effects, such as similar wording in questionnaires or positive versus negative scaling (Wang & Wang, 2012). In this case, higher values of beliefs/perceived social norms, revenge toward génocidaires, positive stereotypes, and social distance all indicate more positive attitudes toward génocidaires (see Table 3).

More exposure to genocide events was directly associated with increased traumatic stress symptoms, higher attribution of societal stressors to the genocide, and negative attitudes toward génocidaires (see Figure 1). Traumatic stress was also negatively correlated with positive attitudes toward génocidaires. Attribution of societal stressors to the genocide mediated the relationship between increased exposure to genocide events and negative attitudes toward génocidaires, accounting for 34% of the total effect. Traumatic stress symptoms did not mediate this relationship as we had hypothesized. However, traumatic stress symptoms were positively correlated with attribution of societal stressors to the genocide. In other words, regardless of the level of exposure to genocide events, a survivor will likely attribute current societal stressors to the genocide to the extent that they are experiencing traumatic stress symptoms. The final SEM model fit extremely well (S-B $\chi^2 = 24.31$, $df = 15$; CFI = 0.988; TLI = 0.978; RMSEA = 0.045, WRMR = 0.757).

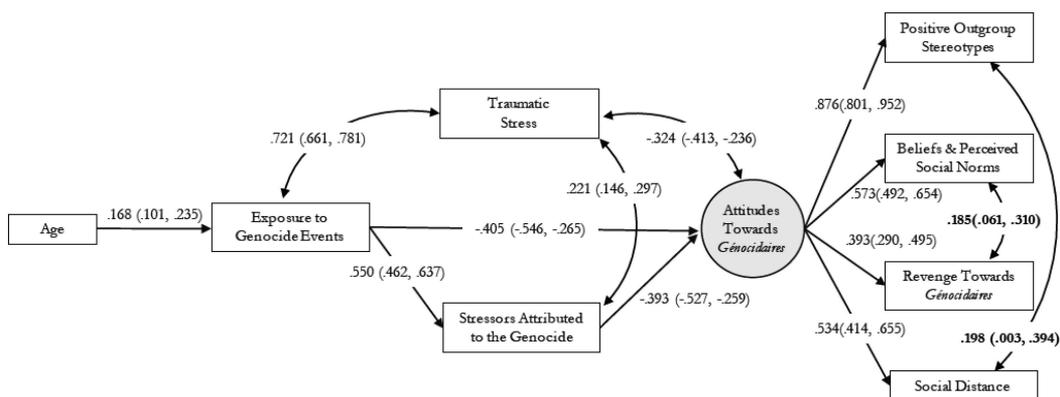


Figure 1. Standardized parameter estimates with 95% confidence intervals for the final structural model describing relationships between factors influencing survivors' (n = 304) attitudes toward génocidaires. All estimates are significant with $p < 0.001$, with the exception of the two estimates in bold, which were significant with $p < 0.05$. Curved lines in the diagram denote correlations and straight lines represent paths from the causal variable toward the effect variable. Higher scores for Attitudes toward Génocidaires (latent variable) indicate more positive attitudes. See Table 3 for scoring interpretation for observed variables in the mode.

Discussion

Reconciliation in postconflict settings has been defined as a “mutual acknowledgment of past suffering and the changing of destructive attitudes and behavior into constructive relationships toward sustainable peace” (Brounéus, 2008, p. 12). Despite well-conceived reconciliation initiatives that followed the genocide against Tutsis and moderate Hutus in 1994, several studies have highlighted an important distinction between individual- and national-based reconciliation and how one process may not immediately or directly influence the other (Gibson, 2007; Mukashema & Mullet, 2013). Promoting reconciliation at a national level by acknowledging genocide-related atrocities may not sufficiently shape personal and local discourse between survivors and génocidaires or facilitate “the reconstruction of social relationships and coexistence” (Theidon, 2006, p. 226). Our current findings further support this argument.

First, more exposure to genocide events 20 years ago as a witness or victim was currently associated with heightened negative attitudes toward génocidaires, which included harboring negative outgroup stereotypes, personal beliefs that perpetuate negative social scripts, desire for interpersonal revenge, and increased social distance from génocidaires. Although daily casual interactions between groups remain cordial and civil, respondents indicated a subtle thread of mistrust within their communities and a reluctance to engage in deeper relationships with génocidaires (e.g., intergroup marriage). Despite the narrative of national unity at large that supersedes ethnicity and divisionism, many have argued that this has not been the reality for many impoverished Rwandans (Bromley, 2009; Buckley-Zistel, 2006; Ingelaere, 2010). For example, Hilker’s (2009) study of contemporary Rwandan youth showed that prevailing physical and behavioral stereotypes continue to reify ethnic categories in daily social interactions. Moreover, the suppression of ethnic identity coupled with the promotion of a new Rwandan identity have arguably undermined the reconciliation process by muting honest engagement with past and current ethnic-based differences (Clark, 2010). As such, there remain vestiges of well-worn negative perceptions and stereotypes toward génocidaires, particularly among those survivors who have been exposed to more genocide events.

Second, the relationship between more exposure to genocide events and survivors’ negative attitudes toward génocidaires was mediated by perceived social problems and personal adversities that survivors attributed to the aftermath of the genocide, such as lack of educational opportunities and personal security as well as poverty. In other words, survivors who believed that the genocide events accounted for or exacerbated their current socioeconomic hardships were more inclined to distance themselves from génocidaires. The conservation of resources (COR) theory bears particular relevancy to this finding, suggesting that the impact of acute or cumulative stressors (e.g., disasters, war, terrorism) is largely influenced by the extent to which people experience the threat or actual loss of material and psychosocial resources (Hobfoll, 1989, 1991). For example, exposure to terrorism among Jews and Palestinian citizens of Israel has been found to be correlated with greater psychosocial and economic losses, which in turn were related to heightened PTSD and depressive symptoms (Hobfoll, Canetti-Nisim, & Johnson, 2006). Likewise, it is probable that the loss of economic and livelihood opportunities after the genocide contributed to sustained avoidance of génocidaires. This finding

lends further support for the growing consensus that community development and peace-building processes are inextricably linked in postconflict environments (Boudreaux, 2007). For example, grass-roots cooperatives in Rwanda that promote collective participation in local economic development initiatives have created neutral and depoliticized contexts for survivors and génocidaires to work toward a common goal. Such reconciliation-aimed intergroup contact in groups maintaining ongoing purposeful interactions characterized by requisite mutual dependence and trust for successfully achieving a common goal of improving their livelihood has arguably been instrumental in facilitating the process of postconflict reconciliation (Pettigrew, 1998; Pettigrew & Tropp, 2006).

Third, more exposure to genocide events was correlated with current increased traumatic stress symptoms. This concurs with a previous psychiatric epidemiological study showing a positive dose-response relationship between exposure to genocide atrocities and posttraumatic stress reactions among Rwandan children and adolescents 8–19 years old (Neugebauer et al., 2009)—the age of many current participants during the genocide. Other findings have also supported the long-term effects of the genocide on PTSD, estimating that 29–82% of orphaned survivors reported symptoms of PTSD (Dyregrov et al., 2000; Ng, Ahishakiye, Miller, & Meyerowitz, 2015), with those between 11 and 20 years old at the time of the genocide being at highest risk (Munyanda-mutsa, Mahoro Nkubamugisha, Gex-Fabry, & Eytan, 2012). Likewise, Rugema and colleagues’ (2015) cross-sectional population-based study of 917 Rwandans 17 years after the genocide indicated that 37% of all participants met diagnostic criteria for generalized anxiety disorder and 14% met criteria for PTSD. It is noteworthy that the gender difference in posttraumatic stress reactions reported in prior studies (Boudreaux, 2007; Rugema et al., 2015) was not found in this study, suggesting the need to further clarify the long-term trajectory of trauma symptomatology among women and men.

Although traumatic stress did not mediate the relationship between exposure to genocide events and attitudes toward génocidaires, it was positively correlated with negative attitudes toward génocidaires. Manifestations of PTSD symptoms may incline survivors to minimize or avoid their interaction with perpetrators who might trigger memories of atrocities committed during the genocide. This was aligned with previous findings that Rwandans who met diagnostic criteria for PTSD 8 years after the genocide were less likely to believe in a collective future and less supportive of mutual ties across ethnic groups than those who did not meet the diagnostic criteria (Pham et al., 2004). It is also noteworthy that among survivors in our study, their sustained trauma symptoms were associated with an increased tendency to attribute current social problems to the genocide. Survivors’ traumatic symptoms potentially reinforce their perceived ingroup membership (i.e., genocide survivors), which further inclines them to assign responsibility of social problems to the genocide (Bilali et al., 2012; Doosje & Branscombe, 2003). Consistent with previous studies, our findings support the importance of continually addressing specific trauma symptoms (particularly avoidance cluster symptoms) that inhibit meaningful interactions between survivors and génocidaires. As such, further evaluation of trauma-based interventions should be considered and selectively integrated with

reconciliation programs.³ Most notable are several interventions based in postconflict Rwanda that are guided by theories of constructivist self-development that recognize the normative nature of behavioral, somatic, and spiritual responses to traumatic events (Staub, Pearlman, Gubin, & Hagengimana, 2005) and cognitive-behavioral therapy that focuses on reducing trauma-related rumination (Sezibera, Van Broeck, & Philippot, 2009).

Recent studies have also highlighted the importance of considering how daily stressors potentially mediate the relationship between exposure to war-related violence and psychological distress in postconflict settings (Fernando, Miller, & Berger, 2010; Miller, Omidian, Rasmussen, Yaqubi, & Daudzai, 2008; Miller & Rasmussen, 2010b; Rasmussen et al., 2010). Increased attention has shifted to psychosocial programs that address proximal daily stressors, which heighten psychological distress and deplete available coping resources in postconflict settings (Miller & Rasmussen, 2010b). To the extent that the genocide in 1994 created or exacerbated immediate and chronic stressors such as poverty, social marginalization, unstable housing, and changes in family structure, trauma interventions should move beyond treating PTSD symptoms to address “ongoing adversity or ecological distress” that adversely affect mental health functioning among survivors (Miller & Rasmussen, 2010a, p. 1387).

Fourth, female survivors exposed to genocide events did not report more social distance toward génocidaires compared with males. In contrast to previous studies showing that higher rates of PTSD and mood disorders among female genocide survivors were associated with lessened receptivity toward reconciliation (Rugema et al., 2015; Schaal, Weierstall, Dusingizemungu, & Elbert, 2012), women and men in our study experienced and witnessed a comparable number of genocide incidents and did not significantly differ on any attitudes toward génocidaires. It is noteworthy that despite dominant patriarchal scripts, women have increasingly assumed leadership positions in the central government—for example, spearheading legislation to grant women inheritance rights to their fathers’ and husbands’ property. Such movements of empowerment may help mitigate the perceived status loss in postconflict settings, which may in turn contribute to less adversarial relations with génocidaires, a theory that warrants further examination. Moreover, it would be important to consider how cumulative exposure to traumatic events (i.e., violence against women during and postgenocide) might influence how women approach intergroup interactions.

Lastly, respondents described a peaceful coexistence in their community, a “mutual acceptance of groups of each other” (Staub, 2006, p. 868). This was consistent with the goals of restorative justice practices⁴ that undergird the grassroots gacaca hearings in Rwanda, which emphasize structured truth-telling among victims, offenders, and government officials (Clark, 2008; Menkel-Meadow, 2007). Less than 1% of respondents in our study desired génocidaires to suffer to a degree that was commensurate with their own personal experiences during the genocide. However, most favored some form of retributive action against génocidaires (i.e., 93% believed that génocidaires should be punished for their action). Although it is beyond this paper’s scope to expand on the distinctive merits of restorative and retributive justice approaches in postconflict Rwanda, it is important to further examine the intended and unintended consequences of restorative justice programs for survivors and génocidaires who were exposed to select

genocide events and to consider how retributive and restorative justice may be compatible and not mutually exclusive (Clark, 2010). Worthy of consideration is whether there is allowance for Rwandans to openly voice retributivist sentiments as a necessary (and normative) movement toward reconciliation that is grounded on local narratives without accusations of being provocateurs of genocide ideology (Lederach, 1998).

Limitation and Future Studies

This cross-sectional study represents a static snapshot of the factors influencing survivors’ attitudes toward génocidaires; therefore, it does not allow us to determine the temporal or causal order of the associations. Notwithstanding this limitation, this is the first study to our knowledge to report potential pathways that account for the sustained impact of exposure to genocide events on intergroup relationships. Our findings also highlight several directions for future research. First, given the centrality of mutual acceptance between conflicting parties in the reconciliation process (Staub, 2006), a closer examination of attitudes and perceptions held by Rwandan génocidaires toward survivors is necessary to broadly apply the results of this study. Furthermore, the traumatic effects of participating in mass killings have been sparsely examined among génocidaires, with only one published study to our knowledge that indicated comparable rates of clinical depression among Rwanda genocide perpetrators and survivors (Schaal et al., 2012). Moreover, 89% of respondents from our study believed that génocidaires can also be traumatized—a caution against narrowly confining the traumatic sequelae of the genocide to survivors. Continued reconciliation efforts grounded on reorienting conflicting parties toward one another necessitate a broader understanding of how the genocide events affect génocidaires and survivors (presumably in different and dramatically different ways), thereby challenging the question of who exclusively owns the narrative of trauma in a postconflict society (Rieder & Elbert, 2013). This will contribute to our emerging understanding of how different group-ascribed identities (Noor, Shnabel, Halabi, & Nadler, 2012) and needs (Shnabel & Nadler, 2008) in conflict settings are formative in developing interventions and policy. Second, overt and inadvertent transgenerational transmission of negative intergroup behavior require closer examination. Although public expressions of outgroup animosity carry legal sanctions in Rwanda, descendants of génocidaires and survivors may be exposed to subtle narratives and scripts in their household that promote ideologies that are antithetical to reconciliation efforts. The extent to which subsequent generations of génocidaires and survivors adapt potential vestiges of conflict warrants closer examination. Third, integrated peace and livelihood interventions that mobilize collective action between génocidaires and survivors to produce social change require rigorous programmatic evaluation that helps to elucidate pathways and mediating factors that contribute to the reconciliation process. For example, well-established theories such as con-

³ Rwandans are not universally traumatized by genocide events nor are interventions always warranted to treat for PTSD symptoms as understood by Western psychiatrists and clinical psychologists (Summerfield, 1999).

⁴ Defined by Menkel-Meadow (2007) as “different practices, including apologies, restitution, and acknowledgement of harm and injury, as well as other efforts to provide healing and reintegration of offenders into their communities, with or without punishment” (p. 162).

flict transformation (Lederach, 1998) and intergroup contact theory (Pettigrew, 1998; Pettigrew & Tropp, 2006) offer promising frameworks for understanding how cooperative livelihood programs potentially create opportunities for positive and meaningful interactions between génocidaires and survivors while they work toward attaining common goals (e.g., sustained economic livelihood).

Conclusion

A 20-year postscript to the Rwandan genocide highlights a murky confluence of progress, challenges, and resilience as Rwandans collectively engage in the complicated daily lived tasks of reconciliation and postconflict peacebuilding. Vestiges of traumatization, negative attributions, and impressions toward génocidaires, embedded within a cultural context of “chosen amnesia” about the genocide events (Buckley-Zistel, 2006), necessitate remembrance of progress and honest acknowledgment of the complex evolving task of reconciliation among Rwandans in a post-conflict era.

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