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AVEGA INTERVENTIONS AND POST TRAUMATIC GROWTH AMONG GENOCIDE WIDOWS IN NYARUGENGE DISTRICT, RWANDA

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Abstract: The purpose of this study was to examine the effects of AVEGA interventions on posttraumatic growth among genocide widows in Nyarugenge District in Rwanda. The study was guided by Abraham Maslow's theory of hierarchy of needs and Rollo May's theory of existential psychology. It adopted a descriptive survey design. The study was based on sample of 113 respondents (women), from a population of 3,276 genocide widows assisted by AVEGA in Nyarugenge District. Purposive and cluster random sampling techniques were applied. Data was collected using observation and interviewing methods which employed instruments such as questionnaires, Key informant interview guide, Focus Group Discussion guide and document analysis checklist. This data was analyzed using descriptive statistics, and SPSS version 22 for the inferential statistics. The findings indicated that individual counseling services, group counseling services, medical care support and social aid services are applied by AVEGA. Genocide widows perceptions about AVEGA interventions are ambivalent. Results indicated that the AVEGA interventions and support were able to promote post traumatic growth among the widows in Nyarugenge District at a moderate level. The main challenges that affect AVEGA' interventions include trauma, perennial poverty, no adequate number of counselors and actual statistics about the number of widows in need of support and the type of support needed. Finally the findings indicated solutions to these challenges such as continuation with advocacy in favour of genocide widows, seeking support to create counseling center to address psychological trauma, and providing accurate statistics about the genocide widows in Nyarugenge District. This study concluded that AVEGA has not effectively enhanced post-traumatic growth through personal counseling services. Although, in general most of the widows indicated that AVEGA has been supportive, there are women who are not satisfied with its interventions. The women are experiencing post traumatic growth at a moderate level from AVEGA interventions in their homes, individually or in their voluntary groups. There are challenges of profound trauma still existing among the women. Many women have not healed and still exhibit very low levels of psychological flourishing. AVEGA has strategies to solve problems of trauma though they are inadequate. The study recommends that AVEGA should involve genocide widows in psycho-education programs such as problem solving skills and stress management skills, identify individuals widows needs, maintain and enhance social interventions based on skill training and productive activities.

Keywords: *Post traumatic growth, interventions, counseling, trauma, genocide, widows*

1.1 Background of the Study

Traumatic events, including other cases of victims of gender based violence such as early marriage, female genital mutilation, and emotional torture are painful experiences. They are very devastating physically and psychologically for women who are victims of such atrocities. Without adequate support and appropriate counseling, the emotional scarring of such traumatic events might cause major devastation for those forced to participate. Trauma and facilitating posttraumatic growth has been rarely researched in Africa, and women remain the majority of vulnerable groups on the continent.

In 1996, Tedeschi and Calhoun coined the term "post-traumatic growth" to describe their discovery of the phenomenon. According to Tedeschi and Calhoun (2004), the term posttraumatic growth refers "to positive psychological change experienced as a result of the struggle with highly challenging circumstances" (p. 1). Posttraumatic growth as a psychological construct has undergone conceptual refinement over the past decades. This phenomenon has been variously named such as benefits finding, stressed related growth and even positive illusion (Jayawickreme & Blackie, 2016). Other terms used to describe posttraumatic growth include stern conversion, positive psychological change, perceived benefits or construing benefits, stress-related growth, flourishing, positive by products, discovery of meaning, positive emotions and thriving (Tedeschi & Calhoun, 2004). Tedeschi and Calhoun (2004) favor the term posttraumatic growth, because it captures the essentials of this phenomenon better than other concepts. Jayawickreme and Blackie (2014) have underlined that posttraumatic growth is a theory of personality change which proposes that the struggle with adversity can result in genuine and meaningful changes to the individual's identity and outlook of life.

The Rwanda genocide is a traumatic event that affected the whole nation. However, the 1996 U.N. *Special Rapporteur on Rwanda*, documented that during the 1994 genocide, consistent and reliable testimony emphasize that a great many women were raped. This report at least estimates about 250.000 cases of rape. The forms of gender based and sexual violence were varied and included cases such as individual rape, gang rape, rape with sticks, guns or other objects, sexual enslavement, forced labor, and sexual mutilation. Militiamen forced fathers or sons to have sexual relations with their own daughters or mothers and vice versa. Some women were sexually humiliated; they were stripped and/or slashed and exposed to public mockery. Others had pieces of trees branches pushed into their vagina (UN, 1996).

In Rwanda in the aftermath of the 1994 genocide against the Tutsi ethnic group, AVEGA was created in order to provide advocacy for empowering and reintegrating genocide widows and their dependents in Rwandan society. One of its missions is to promote the blossoming into a flourishing life and the reintegration of the genocide widows by ameliorating their psycho-socio-economic conditions in solidarity, justice and social security (Militery, Mbonyinkebe, & Lebailly, 2013). AVEGA is an acronym that stands for Association des Veuves du Genocide- Agahozo (Association of Widows who survived the genocide of 1994) (Prunier, 1995).

1.2 Statement of the Problem

This study sets out to examine the effects of the AVEGA intervention approach in empowering genocide widows to make positive gain after traumatic experiences, and able to move on with a more fulfilling and meaningful life. More than two decades after the genocide in Rwanda, there is vivid evidence that trauma is still rampant among genocide survivors, particularly genocide

widows. Despite efforts and solidarity from different group supports, there are still genocide widows who are greatly impaired by trauma and post-traumatic stress disorder. Additionally, many organizations are now switching from interventional approaches promoting posttraumatic growth to others approaches which are not holistic and trauma focused as such. The gap between the needs of widows and the delivery of post trauma care exist in Rwanda to a large extent, and little has been done to analyze the influence of AVEGA interventions on genocide widows.

1. 3 Research objectives and Study Questions

The overall objective of the study was to examine the effects of AVEGA interventions and posttraumatic growth among genocide widows in Nyarugenge District in Rwanda.

1.3.1 Specific objectives of the Study

The study specifically seeks:

- a) To establish different interventions applied by AVEGA in facilitating posttraumatic growth among genocide widows in Nyarugenge District, Rwanda
- b) To explore genocide widows' perceptions of AVEGA interventions in facilitating posttraumatic growth in Nyarugenge District, Rwanda
- c) To determine the extent to which these interventions have actually promoted posttraumatic growth among genocide widows in Nyarugenge District, Rwanda
- d) To examine the challenges facing the AVEGA interventions in facilitating posttraumatic growth among genocide widows in Nyarugenge District, Rwanda
- e) To find out solutions to the challenges facing AVEGA interventions in facilitating posttraumatic growth among genocide widows in Nyarugenge District, Rwanda

1. 4 Theoretical Framework

This study was guided by two humanistic personality theories, namely Abraham Maslow's (1908-1970) theory of hierarchy of needs and Rollo May's (1909-1994) theory of existential psychology. According to Brand and DeRobertis (2017) these humanistic theories emphasize the individual's motivation to continually progress towards higher levels of interactive functioning and their present capacities for growth and change irrespective of past limitations and future uncertainties.

1.5 Conceptual Framework

A conceptual framework shows the link between independent and dependent variables. This study was guided by a simple structure model that shows how AVEGA interventions may facilitate posttraumatic growth among genocide widows in Nyarugenge District. The results of AVEGA interventions could be that genocide widows find a greater feeling of improved self-reliance, improved mental health, find new paths and new interests in life, and recover from the trauma they have gone through. AVEGA interventions can be grouped into three main categories such as trauma counseling services including individual counseling, group counseling and psycho-education, social support and socioeconomic support.

1.6 Review of Empirical Literature

1.6.1 Theoretical Conceptualization of Posttraumatic Growth

The literature concerning posttraumatic growth has recently shown a surge of interest. Today there is extensive literature documenting positive changes following a wide range of stressful and traumatic events. Jayawickreme and Blackie (2014) summarized four main theoretical conceptualizations or models of posttraumatic growth: model of posttraumatic growth as occurring in five domains of life, posttraumatic growth as akin to increases in eudaimonic well-being, posttraumatic growth as a change in individual's life narrative, and posttraumatic growth as action focused.

1.6.2 Model of PTG as Occurring in Five Life Domains

Based on the factor analysis of the Posttraumatic Growth Inventory (PTGI), Tedeschi and Calhoun (2004) described Posttraumatic Growth (PTG) as occurring in five distinct life domains of growth: enhanced personal strength, new possibilities, improved relationships with others, appreciation of life, and spiritual change. This model of posttraumatic growth proposed by Tedeschi and Calhoun is dominant in literature today.

a) Enhanced Personal Strength

According to Tedeschi and Calhoun (2006), individuals report experiencing a more intense feeling of personal strength. Perceived changes include feelings of becoming stronger, more confident, having a new awareness of a genuine self, an improved self, more open, more empathetic, more creative, mature, more humanitarian, special so to speak, and more humble compared to the self before the trauma occurred (Malhotra & Chebiban, 2016). After enduring the trauma, the person feels a greater sense of increased mental and/or emotional strength. This theoretical model indicates that a person recognizes more capabilities to deal with future adversities. However, Tedeschi and Calhoun (2006) underlined that these feelings are accompanied by the perception of individual vulnerability, and by a clear understanding of the negative or damaging impact of traumatic events in one's life.

Additionally, the person begins the process of cognitive restructuring due to the confrontation with trauma. The victim develops a greater appreciation of life, and experiences a changed sense of priorities and a sense of gratitude (Malhotra & Chebiban, 2016). An individual recognizes also that he cannot predict or have any control over certain events, and he may feel even vulnerable. As a result, the individual will start paying attention to small things that were previously considered insignificant or unimportant (Tedeschi & Calhoun, 2006).

b) New Possibilities and Changed Priorities

Cognitive restructuring results in new possibilities and changed priorities in life change, and one experiences a greater appreciation of life (Lindstrom, Can, Calhoun, Tedeschi, & 2013). Some traumatic events that put a person's life in danger may stimulate a sense that one has been spared, and that this gift of a second chance has to be treated with care. Changes in life priorities will often involve a greater appreciation in life in general, and even for small things in life. According to Malhotra and Chebiban (2016), people who notice growth after trauma might see a difference in their priorities, for instance, in how and with whom they decide to spend their day, their appearance, nature, monetary goods, and their health. Furthermore, they have a new

appreciation of life, they start enjoying simple things in life, their goals in life change, and they learn new skills in life.

c) *Improved Relationships.*

In the aftermath of the crisis, a person may understand his traumatic situation and begin to deal with stress and loss. He might arrive at the realization of how good and supportive people are as well as a sense of increased closeness in relationship (Lindstrom et al., 2013). Therefore, improved relationships embrace perceived improvement in relationships' connections with family members and friends, neighbors, other trauma survivors and even strangers. The individual engages in warmer and more intimate relationships as the outcome of the crisis. He might also seek for help and support from his family and friends. According to Tedeschi and Calhoun (2006), the individual may perceive a higher emotional connection with others, as well as a feeling of closeness and intimacy in interpersonal relationships. Afterwards, the person starts accepting the help given by others readily and making better use of already present social networks, or begins creating new ones.

However, Tedeschi and Calhoun (2006) note that the subject facing major life crisis typically experiences distressing emotions and dysfunctional thinking, and the process of growth does not mean an end to the suffering. Although, growth and distress coexist, the positive psychological changes prevail over many negative changes that might occur.

d) *Appreciation of Life or Changed Philosophy of Life*

In the process of struggling with adversity, the survivor discovers new options for life, in several domains (Lindstrom et al., 2013). For instance, the smallest joys in life take on a special meaning. The same kinds of goals and objectives that seemed so important before the crisis recede in importance, and often others attain much greater significance. Although it may differ for various individuals, a common theme is the articulation of greater meaning that is found in intrinsically important priorities (e.g., spending time with one's children) and less importance being attached to extrinsic priorities (e.g., making a lot of money) (Tedeschi & Calhoun, 2006). This new philosophy of life changes the past assumptions and core beliefs leading to new possibilities that were not present before the traumatic event.

Malhotra and Chebiyan (2016) add that after traumatic experience, one's existential awareness increases and an individual may have even new sense of mortality. The person might realize the meaning and the purpose of life and start making meaning from trauma. Actually, he may feel vulnerable and immediately realize how little time he possesses. A wide range of cognitive changes concerning fundamental questions about life, such as why it is important, what one can expect of it, what contribution one can make, and whether a person's life is more important and meaningful, are often affected by trauma.

e) *Spiritual Change*

As a result of personal confrontation with a major life traumatic event, the survivor experiences some kind of religious belief and perception of growth regarding religious or spiritual matters (Lindstrom et al., 2013). His belief in a religion may increase after trauma and also contribute as a coping mechanism in the cognitive process of finding meaning in life (Ramos & Leal, 2013). When a person is not capable of explaining the reason for the trauma or finding an answer to the question "why", he tries to explain it through religion (Malhotra & Chebiyan, 2016).

Tedeschi and Calhoun (2006) add that people who don't believe in religion may experience some growth in the spiritual realm, which is not exclusive to one who already has a strong spiritual or religious connection.

The experience of spiritual growth can be variable among trauma survivors and may depend on the previous relationship and commitment to religion and spirituality, as well as on the causal attribution of the event. However, it is important to add that consistent research (Pargament, Desai, & MacConnell, 2006) indicates that a significant number of people who have experienced trauma feel they have grown spiritually or have become more religious. Most of the survivors reported a change in their spiritual practices, an increase in praying, gratitude to God and a strengthening of faith. Malhotra and Chebiyan (2016) underline that one does not have to undergo all five domains to have experienced growth. Experiencing one or two domains could indicate the posttraumatic growth and the growth may coexist with distress.

1.7 Research Design, Sampling Techniques and Sample size

This study adopted a descriptive survey design where both qualitative and quantitative approaches were used to collect data. A descriptive survey is a method of collecting information by interviewing or administering a questionnaire to a sample of individuals, and it is useful when collecting data about peoples' attitudes, perceptions, opinions, habits and any of the variety of social issues.

The study was based on sample of 113 respondents (women), from a population of 3,276 genocide widows assisted by AVEGA in Nyarugenge District. Purposive and cluster random sampling techniques were applied. Data was collected using observation and interviewing methods which employed instruments such as questionnaires, Key informant interview guide, Focus Group Discussion guide and document analysis checklist. This data was analyzed using descriptive statistics, and SPSS version 22 for the inferential statistics.

1.8. Research Findings

1.8.1. Bibliographical Profiles of the Respondents

The study looked into bibliographical characteristics of respondents. The findings indicated that a majority of the respondent widows, 112(99.1%) are above forty years old. Only a few, 1(0.9%) are between 25 and 29 years old. Therefore most of the widow respondents are adults and only a few are young adults. The findings also indicated that a majority of the respondents widows 59(52.2%) have primary school education, 24(21.2%) have no formal education, 19(16.8%) have secondary education and 2(1.8%) have university education. The data show that 60.18% of the respondent widows are unemployed, 25.66% are self-employed and 14.16% are formally employed.

1.8.2. Results of the Study

The first objective of this study was to establish different interventions applied by AVEGA in facilitating posttraumatic growth among genocide widows in Nyarugenge District. These interventions include individual counseling services, group counseling services, medical care or support services and social aid services. The following Table indicates a summary of individual counseling services.

No of times received	Frequency	Percent
0	57	51.4
1	6	5.4
2	3	2.7
3	17	15.3
4	9	8.1
5	6	5.4
6	9	8.1
10	4	3.6
Total	111	100.0
	2	
Total	113	

Table 1: Personal counseling service

Source: Research data, 2019

On individual counseling services the study revealed that the largest group of the respondents widows, 57(51.4%) have had no personal counseling sessions, 17(15.3%) three sessions, 9(8.1%) four sessions, 6(5.4%) five sessions, 9(8.1%) six sessions, 4(3.6%) 10 sessions, 3(2.7%) two sessions and 6(5.4%) have had one counseling session.

Research done by health care professionals identifies some barriers to mental health care service in Rwanda. These barriers include poverty and lack of family support, fear of stigmatization, poor community awareness of mental disorders, societal beliefs in traditional healers and prayer, scarce resources in mental care and gender imbalance in care seeking behavior. Additionally, professional counseling is still a new phenomenon in Rwanda, counseling is synonymous with being "mad" to the extent that people who are asked to seek counseling services respond that they are not suffering or mad. Widows might have avoided attending counseling services for fear of being labeled a "mad woman" (Rugema, Krantz, Mogren, Ntaganira, & Person, 2015).

Table 2: Widows' Comments on Personal Counseling Service

Comments	Frequency	Percent
No comment	52	65.0
Accepted myself	1	1.2
Didn't help me	1	1.2
Helpful	15	18.8
It improved my mental health	1	1.2
Inadequate	1	1.2
Not enough	5	6.2
Not helpful	1	1.2
Rebuilding life	1	1.2
Very helpful	2	2.5
Total	80	100.0
	33	
Total	113	

Source: Research findings, 2019

The second objective of this study was to explore genocide widows' perceptions of AVEGA interventions in facilitating posttraumatic growth in Nyarugenge District. The following Table summarizes their comments on personal counseling services.

The results show that a majority of the respondents 52(65.0%) reserved their comments, 15(18.8%) and 2(2.5%) indicated that the personal counseling services were helpful and very helpful respectively, 5(6.2%) indicated that it was not enough, 1(1.2%) indicated that it was inadequate and 1(1.2%) indicated that these services did not help them.

These results show that most of the widows feel that it is not necessary to comment either way. Secrecy, silence and social reservation have been described as inherent features of the Rwandan culture. More importantly, the post-genocide history of violence and conflict has played a significant role in raising fears and suspicion among citizens (Sundberg, 2014). Burnet's (2012) study on Rwandan women's narratives of the genocide underlines that silence and secrecy have been found to constitute psycho-somatic symptoms of trauma. On the other hand, Mannergren (2010) has interpreted them as coping strategies applied in post-conflict tension settings. In this context, asking genocide widows to express their mind to a person they have not known for a very long time is to demand a lot. This social attitude made it unlikely that women would comment on medical care/ support and other types of interventions offered by AVEGA.

The third objective of the study was to determine the extent to which these interventions have actually promoted posttraumatic growth among genocide widows in Nyarugenge District. The following Tables indicate their level of posttraumatic growth using 7 items of Posttraumatic Growth Inventory.

Table 3: Extent of widow's posttraumatic growth after genocide

Aspects of posttraumatic growth		N	Mean	Interpretation
1	Have developed Interest in new activities to improve life	102	2.04	Low level
2	I have greater feeling of self-reliance	107	3.32	Moderate level
3	I put more effort into my relationships	107	3.89	Moderate level
4	Greater sense of connectedness and friends	108	4.00	Moderate
5	I have stronger religious faith	109	4.37	High level
6	I have more compassion for others	106	4.10	High Level
7	I know better how to handle difficulties	110	3.43	Moderate level
Grand Mean			3.59	Moderate level

Source: Research findings, 2019

Results indicated that the AVEGA interventions and support were able to promote posttraumatic growth among the widows in Nyarugenge District at a moderate level

The fourth objective of this study was to examine the challenges facing AVEGA interventions in facilitating posttraumatic growth in Nyarugenge District. Document analysis and interviews were used to meet this objective. The existing problems include profound trauma still existing among the women. Many widows have not healed and still exhibit very low levels of psychological flourishing; some women have constant, serious and severe illnesses or disabilities which prevent them from finding much meaning in life; some are bedridden due to illnesses; there is a perennial problem of poverty among them and some are still in need of shelter. The organization is facing some problems such as lack of adequate resources to support the women in their posttraumatic growth.

The fifth objective of this study was to find out solutions to the challenges facing AVEGA interventions in facilitating posttraumatic growth among genocide widows in Nyarugenge District. Document analysis as well as interviews were used to respond to this objective. AVEGA documents have shown that the organization has the prospect of continuing with advocacy for the genocide widows as a solution to the challenges they face. AVEGA is also convincing the widows to carry on with their self-sustaining projects to occupy themselves and to earn income (AVEGA-Agahozo, 2011). However, income levels are too low and ranging between 5000 to 9000 francs per month for most of the widows.

1.8.3. Implications for Counseling Practice

a) As mental health professionals, AVEGA counselors and therapists involved with widows in their practice need to assist genocide widows in taking responsibility for their posttraumatic growth. Using an existential therapeutic process, they will invite their clients to make choices which lead them to growth after their traumatic experience (Pitchford, 2009). As existential therapists, they will also assist these widows in facing life with courage and hope, as well as willingness to find meaning in life. Therefore, there is a need for designing interventions which

provide widows with an opportunity to engage themselves in making decisions about their future and meaningful life.

b) For counselors dealing with genocide survivors who have been widowed, it is important to pay attention to their specific needs and look for ways to meet them. Abraham Maslow's hierarchy of human needs informs counseling practice that once needs at the bottom of the hierarchy are satisfied, the individual can proceed to the higher needs such as self-actualization (McDonald, 2010). In this context, counseling interventions have to focus on the importance of addressing the holistic needs of the widows in an effort to promote posttraumatic growth. This holistic approach with special attention to the social context of widows will advance their mental health.

c) Lastly, counselors working with widows must be aware of their clients' economic realities, while skill training for economic empowerment, psycho-education, psychosocial assistance, and medical care must be part of programs that respond to their needs.

1.8.4. Conclusions

The following conclusions are drawn from the study:

- a) The largest number of women have had no personal counseling services. It is thus concluded that AVEGA has not effectively enhanced posttraumatic growth through personal counseling services 57(51.4%)
- b) The views of the women show that most of them are satisfied with AVEGA and have indicated that AVEGA has been supportive. However, there are women who are not satisfied with AVEGA interventions.
- c) The study concludes that AVEGA interventions and support have promoted posttraumatic growth among the widows in Nyarugenge District at a moderate level
- d) The study concludes that, in a bid to facilitate posttraumatic growth among the genocide widows, AVEGA has experienced many challenges: profound trauma still exists among the women, and they still exhibit very low levels of psychological flourishing
- e) 5. The study concludes that AVEGA has set strategies in its four departments to solve perennial problems of trauma among the women and its own inadequacies. It is continuing with advocacy for the widows. It is also convincing the widows to continue doing their self-sustenance projects to occupy themselves and to earn income.

1. 8.5. Recommendations

Based on the findings of this study, various recommendations are given in order to facilitate posttraumatic growth among genocide widows in Nyarugenge District.

Recommendations directed at AVEGA

- To involve genocide widows in psycho-education programs such as problem solving skills and stress management training skills
- Identify individual's widows needs in order to promote their psychological well-being
- Maintain and enhance social interventions based on skill training and productive activities
- To involve local community leaders, including leaders of religious institutions- based organizations

- Compile accurate data about the affected genocide widows and their needs

Recommendation directed to the government

- To design clear policies to assist AVEGA's endeavor
- To actively support counseling professions, research and trauma counseling intervention programs

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