

Post 1994 Genocide Survivors in  
Edmonton: Rwanda Community-based  
Research Project Exploring Mental  
Health Challenges, Strengths and  
Pathways to Healing.

Final Report to PolicyWise

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### Introduction

In 1994, a genocide took place in Rwanda in which over 800,000 men, women and children were killed and 1.75 million people fled the country as refugees<sup>1</sup>. Since this time, the number of Rwandan immigrants to other nations has lessened, however it continues in part through family reunification processes and current refugee claims related to ongoing security concerns. As of 2016, it is estimated that there are nearly 8000 Rwandans who have immigrated to Canada, most of whom arrived after 1994<sup>2</sup>. The word ‘genocide’ may be relatively new, but the idea of acts “committed with the intent to destroy, in whole or in part, a national, ethnical, racial or religious group”<sup>3</sup> is not and many historical factors have come into play that have fueled the violence seen in many genocides. Canada is one of the top five refugee receiving countries worldwide with 23, 200 asylum applications in 2010<sup>4</sup>. Of these asylum claims, 25% were from Africa, the second highest after Asia (45%)<sup>5</sup>. It is well documented internationally that individuals with histories of genocide and refugee experiences report higher rates of trauma including post-traumatic stress disorder (PTSD)<sup>6</sup>. While large-scale epidemiological studies of refugee mental health do not exist in Canada, local studies mirror international reports confirming that refugees, who have had exposure to severe violence, experience mental health difficulties including post-traumatic stress disorder, chronic pain, and other somatic syndromes<sup>7</sup>. The idea of healing, after genocide, is multi-dimensional and complex. However, finding truth, justice and healing processes are now seen as a fundamental part of peace-building<sup>8</sup>. Rwandans in Rwanda have had opportunities to engage in healing processes whereas Rwandans who did not partake in repatriation have not had the same opportunity to be involved in these national-level healing processes. Many have settled in countries like Canada without the opportunity to work through the emotional and psychological issues resulting from traumas encountered during the 1994 genocide against the Tutsi of Rwanda. In 2009, a collaborative community-based participatory research project began between the Rwandan community in Edmonton, the University of Calgary and the University of Alberta exploring mental health challenges, strengths and resiliency in this community. This report will give: 1) a background to the study; 2) research methodology used; 3) the main research findings; 4) recommendations through the participant interviews and the community gathering; and 5) research projects that the Rwandan community will want us to do in the future.

### Background to the study

The health and well-being of refugee and immigrant communities in Canada is increasingly understood in relation to pre- and post-migration experiences<sup>9</sup>. This perspective is particularly relevant for communities with histories of mass violence and genocide, such as the Rwandan Canadians whose recent migration to Canada is linked to civil war that led to the 1994 genocide. Genocide is often categorized as complex trauma<sup>10</sup> which can result in complex PTSD symptoms that include defining symptoms of PTSD (re-experiencing, avoidance/numbing, and hyper arousal) and a range of difficulties in self-regulatory capacities<sup>11</sup>. Social withdrawal and mistrust associated with complex trauma in turn can impact community-level determinants of health such as social cohesion<sup>12</sup>. The presence of complex PTSD in refugees has been recognized as requiring treatment<sup>13 14 15</sup> as have the psychological and social dimensions that include family separation and cultural dislocation<sup>16</sup>. Yet, there remains limited information regarding optimal treatments for individuals with histories of complex trauma such as refugees<sup>17 18 19 20 21 22</sup>.

In Canada, it is estimated that the Rwandan communities consist of many adult survivors, the majority between ages 16 and 36 years<sup>23</sup>. The specific numbers are difficult to establish at this time because census data typically combines African sub groups under one category. This suggests that these young and middle-aged adults were children during the genocide. They likely had direct exposure to violence, trauma and losses, often reflected in research with children based in Rwanda, including being left to head households, witnessing people and family members killed, seeing dead or mutilated bodies, witnessing rape, and believing they would not survive<sup>24 25 26</sup>. The impact of this has been documented in the aftermath of the genocide and recently in follow-up studies. For example, research on a sample of 1547 young genocide survivors in 1995 showed that approximately 95% reported avoidance and re-

experiencing symptoms associated with post-traumatic stress disorder (PTSD)<sup>27</sup>. Likewise, a study involving interviews with 68 orphans ten years after the genocide indicated that 44% met full criteria for diagnosis of PTSD<sup>28</sup>. Another study of ethnic identity in youth in Kigali concluded that war has impacted young Rwandans trust of others, especially those in another ethnic group<sup>29</sup>. Therefore, by increasing our understanding of the specific experiences and impact of genocide on Rwandan Canadians, we are in a better position to determine important questions and directions for appropriate interventions and healthcare services.

### **Purpose, objective and Research Questions**

The following spells out the purpose, objectives, research questions and significance of this study.

**Proposed research.** The **purpose** of our project was to establish a community-based research process that will begin to identify goals for a community-based mental health intervention with Edmontonians who identify as survivors of the 1994 genocide against the Tutsi of Rwanda. In particular, this grant was used to: (1) build on community engagement activities already begun with Rwandan community members; (2) further enhance the development of the research team (community members, service providers and policy makers) with knowledge, awareness and skills needed for executing this research project; and (3) identify a community-based and mental health intervention for Rwandans who seek support due to the effects of the genocide. The **objective** was to develop an understanding of current mental health concerns in this community so that a future mental health intervention, that is culturally appropriate and community specific, can be established that will address mental health difficulties experienced by this community.

**Research questions.** The research questions are as follows: 1) What are the current mental health challenges experienced by survivors of the 1994 genocide against Tutsis living in Edmonton? 2) What are the current mechanisms used to address these mental health issues?; and 3) What types of intervention would be appropriate to address mental health issues in this community?

**Relevance and Significance of the Study.** This research project was requested to assist with collecting data that will, in the long term, initiate a community-based mental health intervention within the Rwandan community in Edmonton. In creating a community-based mental health intervention that is generated and accepted by the Rwandan community in Edmonton, it is hoped that the mental health issues of this community will begin to be addressed, thereby contributing to the health and well-being of community members. The research will also add to the gap in knowledge concerning post-genocide effects of people when they have settled in a new community.

## **Methodology**

### **Community-based Participatory Research**

The methodology for this project is Community-Based Participatory Research (CBPR). CBPR is a planned, systematic approach to issues relevant to the community of interest, requires community involvement, has a problem-solving focus, is directed at societal change, and makes a lasting contribution to the community<sup>30</sup>.

The use of CBPR as a methodological framework for this study is appropriate for the following reasons: 1) CBPR “incorporates valuable knowledge acquired from the collective experiences of the people and with the people”<sup>31</sup>. From the identification of the issue or question, to the collection, analysis, and translation of data, the community contributes to the whole process; and 2) it provides a framework for how researchers and community members may partner to conduct research that can offer solutions that affect individuals and communities. It is through this collaborative process that new knowledge is integrated with action. The following outlines the research activities undertaken with the Rwandese community in Edmonton and guided by CBPR.

**Procedure.** The community engagement process began in 2009 with a Rwandan community leader approaching one of the researchers to discuss the possibility of developing a project that explored the mental health needs of Rwandan-Canadians who survived the 1994 genocide. The academic researchers subsequently met with a small group of community members monthly to discuss and learn about the 1994 genocide against the Tutsi of Rwanda, the Rwandan-Canadian community in Edmonton and what they are

experiencing as a result of the genocide. It was clear from these discussions that pre-migration experiences were relevant and appeared to be impacting post-migration integration within this community.

The researchers developed a strong relationship with the Memory Keepers Association (MKA), which organizes an annual commemoration and support Edmonton-based survivors, and the Rwandan community. Activities between 2009-2017 included attending annual genocide commemoration events, hosting a symposium on genocide, providing presentations to the community, regularly updating members on the study and data collection process, and conducting workshop to disseminate research results. The MKA members were also involved throughout the research process, as will be discussed below. This long-term engagement facilitated a relationship of trust that enhanced all aspects of this research study.

**Research and advisory group meetings.** The research advisory group consisted of two academic researchers, the MKA board, a representative of Alberta Health Services, and two research assistants. Two advisory committee meetings were held during the period of this study. Meetings were used to provide updates and advice on the research study. All members of the advisory group were invited to the final community workshop and many attended, including the above-mentioned representative.

In addition to the advisory group meetings, regular research meetings were held by the research team and MKA board members. In line with principles of CBPR, the MKA board, as representatives of the community, helped develop the research design and research questions for the study and reviewed documents. MKA members attended a meeting with the University of Calgary's Research Ethics Board, were key players in identifying and recruiting interviewees and were involved in the interviewing process. A research coordinator was hired from the MKA to act as a liaison between the research team and community, and to assist in coordinating research-related activities. In addition, research assistants were employed to help facilitate advisory group meetings, and to assist with data analysis and sorting.

**Selection criteria of interviewees.** Research participants in this study were individuals 1) aged 18 and above of Rwandan background who identified as survivors of the 1994 genocide against the Tutsi who 2) currently identified as part of the Rwandan community in Edmonton and 3) were willing to speak in an individual interview about their experiences since migrating to Canada including challenges, strengths and mechanisms they have or are using to heal from the effects of the genocide. No length of Canadian residency was required.

**Recruitment and demographics of interviewees.** Convenience and network sampling was used to identify individuals including youth (over 18), and women and men who had survived the genocide. The recruitment procedure included informal invitations (a flyer) distributed by the research coordinator and members of the MKA. In this invitation, potential participants were invited to choose one of the two researchers to call to ask more questions about the research and to book a time to be interviewed. Each interviewee was invited to choose the language of their interview: English, Kinyarwanda, Kiswahili, and French. Giving participants the option to choose their interviewer facilitated safety and reduced language barriers. After verbal consent was received from participants, formal interview dates and locations were set up. Upon meeting in person, written informed consent was obtained from all sixteen participants. See Appendix three (3) for participant information.

**Data collection.** Data was collected via individual interviews that were audio-recorded. (See Appendix 1 for research questions). A follow-up call to the interviewee was made the following day by the interviewer to check on the emotional state of the participant after the interview, and to provide referrals for formal or community supports to those who may have required this.

All interviews were transcribed verbatim. The three transcribed interviews that were conducted in Kinyarwanda were translated into English by a MKA research member who is fluent in both languages. Each transcription was assigned a pseudonym created by the participant to maintain anonymity.

**Data analysis.** Following transcription of all 16 interviews, the research team proceeded in the analysis of collected data using two resources: Tutty, Rothery and Grinnell's<sup>32</sup> qualitative research analysis process and Braun and Clarke's<sup>33</sup> method of Thematic Analysis, with CBPR<sup>34</sup> as a guiding framework for collaborative work. Three levels of analysis were used, beginning with a familiarization of

the data. First-level coding involved line-by-line coding of ideas, thoughts, and meaning units. Second-level coding involved identifying codes and collating them into categories. During this process, categories were defined in relation to the research questions of this study. Coding was completed by the two researchers and two research assistants across all 16 transcripts. Each transcript was, thus, analyzed four times. After each transcript was analyzed, the four research members came together to compare the analyzed data and reach consensus regarding codes and categories. In total, 600 codes and 23 categories were identified. Remaining categories were then organized under relevant research question.

During the third level of analysis, MKA members were asked to re-organize, clarify, and refine codes and categories as they saw fit. At a meeting with MKA members and the research team, all 600 codes and 23 categories were placed around a room so that MKA members could view them holistically (See image of codes in Appendix 2). Through this process, 8 meta-themes were identified: 1) Refugee migration pathways, settlement and integration; 2) legacy of genocide; 3) individual wellbeing; 4) family wellbeing; 5) community wellbeing; 6) children and youth; 7) suggestions for interventions and 8) suggestions for future research. At a second meeting, the research team and MKA members reviewed, rank-ordered and reflected on three of these themes - legacy of genocide, suggestions for intervention and suggestions for future research - that were perceived to be the most relevant for the community at this time. The trustworthiness of the data was established through transferability (only generalizable to this community), confirmability (audit), dependability (audit trail) and credibility (triangulation and member checking).

On the whole, we believe that the research process was community-based and that together, the community and researchers provided a means by which the Rwandan community could reflect on issues within the community and come away with good insight into strengths, resilience and challenges that are driving this community. A key component of CBPR is to consider community participants as co-researchers. As such, the term “co-researcher” is used to identify interviewees and key informants throughout this report. The following takes each of the final themes and describes them in more detail supported by rich data from the transcripts.

## **Research Findings**

### **Refugee migration pathways, settlement and integration**

This section reports findings related to the refugee migration pathways, settlement and integration of genocide survivors who are currently living in Edmonton. Co-researchers reported, and community members corroborated, that a number of challenges arise in relation to: (1) the refugee migration pathway, (2) ongoing concerns for safety, (3) goals and hopes for new life in Canada, (4) employment and financial challenges, and (5) rebuilding a professional identity.

**Refugee Migration Pathway as a Challenge.** Survivors who arrived in Canada during or after the 1994 genocide against Tutsi mostly came as government-sponsored (GAR) or private-sponsored (PSR) refugees. This study identified a second wave of refugees arriving from Rwanda in the last decade. Since their entry to Canada has not coincided with a specific collective concern, they have often entered as refugee claimants. Consequently, these genocide survivors have and continue to face challenges in accessing housing, education, settlement services and health services. Furthermore, the claimant process can be prolonged and causes delays in what is already an interrupted career or educational process of survivors. Co-researchers noted the unique challenges faced by younger individuals in this category who arrive alone and without the supports of spouses or family members.

**Ongoing Concerns with Safety.** It is understandable that threats to safety and self/family preservation were the main reasons survivors of the 1994 genocide against the Tutsi of Rwanda migrated to Canada. Not surprisingly then, the theme of safety came up frequently in our research with this community. Threats to a sense of safety were varied and associated with being dissidents of the current government, facing reminders of the genocide while living in Rwanda, and experiencing discrimination as survivors in Rwanda and Canada. As co-researcher Muhire explained, seeing known perpetrators, who had been neighbors, released from prison and living in their former neighborhood caused great anxiety and a resurgence of fear. This prompted the decision to seek refuge in Canada. While Canada was viewed

as a safe country and place of hope for many survivors, co-researchers noted that an ongoing lack of safety for survivors was reflected in their inability to speak their truth and share what happened to them in Rwanda. Co-researcher Ntwari noted how, on the other hand, as time goes by, more survivors are coming forward and sharing their experiences with much courage.

**Goals and Hopes for New Life in Canada.** All co-researchers acknowledged that Canada was an appropriate destination for them in terms of seeking asylum and rebuilding their lives. Most reported feeling welcomed in Canada and felt aligned with Canadian culture. While they noted feeling unprepared for many aspects of resettlement in Canada (see sections on legal immigration, employment, and professional identity), they also noted that most basic necessities were met in Canada and that Edmonton, in particular, had a strong Rwandan community. When asked about goals and aspiration post-migration, co-researchers identified re-creation of family, employment, healing, and altruism as their life goals since settling in Canada. As shared by co-researcher Gatete:

*I wanted to do something bigger than that...go some place, other place out of my country, try to start a new life without really forgetting about Rwanda and everything coming from the...That I think is what I say was my salvation. That's the new life that I wanted.*

Re-creation of family through marriage and child-bearing (explained in the family wellbeing section) was often seen as a major personal goal, as it also reflected self-healing and a sense of social justice against genocide. Other personal goals identified by co-researchers included pursuing educational goals and fulfilling childhood career aspirations.

**Employment and Financial Challenges.** Employment-related challenges were prominent in the findings including financial problems experienced by co-researchers in the early settlement phase. Some co-researchers had initially settled in Montreal, but moved to Alberta to seek employment. They noted that this was a trend amongst the younger survivor generation. Co-researchers also noted that they themselves, and other community members, held multiple jobs to meet basic lifestyle needs. Oftentimes community members worked in group homes as this afforded flexible times and ease of job entry due to the minimal training required. Survivor's goals of becoming financially settled, combined with the need to work hard and hold multiple jobs were viewed as a strength but also a challenge as it took time away from family and community, as well as time to focus on personal development (education and other pursuits). One co-researcher noted that cultural differences with regards to concepts of money and financial planning were also barriers to understanding the financial system in Canada. As Alice shared what would have helped her when she first arrived:

*Knowing like where to go and where to start, you know? Like when you are new in the country the first thing you need is information for where to go. Another barrier I had was finding a job. Finding a job, and make life and go to school wasn't easy. Especially when I was learning the language I didn't know English, I had to do the interpreting in English.*

As such, it was felt that the community would benefit from supports to understand the employment and financial systems in Canada.

Another challenge experienced by survivors was racism and being stereotyped as a genocide survivor. Survivors identified this as associated with lack of hiring and on-the-job harassment. Racism by fellow employees, particularly in certain sectors, such as the trade industry, was shared in depth by two interviewees.

**Rebuilding Professional Identity.** Related to employment-related challenges, were challenges identified by co-researchers in rebuilding one's professional identity as a refugee in Canada. These include stereotypes regarding the skills of Africans, credentialing, language issues, navigating the educational system, genocide's role in career development, and the need for professional networks/role models. Importantly, co-researchers also elaborated on the role that genocide played in their professional identity. For some survivors, choosing a career that was in their family prior to 1994 was viewed as honoring family members who were deceased. On the whole, though, the genocide and migration caused career interruptions for those who were established or in the process of establishing a professional identity. Added to this are the challenges with credentialing, discrimination and lack of a professional network and role models critical for both rebuilding and building one's profession in Canada. Co-researchers who arrived with education and career/employment experience provided much information on these professional issues. Abraham discussed how he needed to change his career:

*So, my background is in engineering. Some people feel that you are invading their [company] and I have very good experience, but you can't be given a position because they say, "No, he didn't study here, he doesn't have Canadian experience." It's an excuse, and when you arrive you can't compete when you don't have the legal documents. You want to have them, but you lose 1 year or 2 years but you can't have those paper. Then you have to change completely. I changed my career completely.*

The lack of professional role models was especially lamented as a concern for the younger generation who are struggling with education and career planning (see section of child/youth concerns). As survivors settled into a new career path, their identity was re-born in Canada.

### **Legacy of Genocide**

In our study, co-researchers' were able to speak about the legacy of the genocide, 23 years later, both in their own lives, and what they have observed in others around them. The experience of genocide was described as pervasive, as everyday life decisions and their entire lives were influenced by the genocide, as reflected by two co-researchers: "*The genocide will never go, it's something that ...we live with every single day*" and "*Every part of life, every single part... the way you relate to your colleagues at work, it's also about you know it affects, you know*". Therefore, the legacy of genocide is critical to examine. The term "legacy" means something that exists as a result of something that happened in the past or that comes from someone in the past. Legacies can be either negative or positive, and such is the case with the four main subthemes that emerged from interviews: Trauma, Loss, Strength and Growth, and Faith and Spirituality.

**Legacy of Trauma.** Mass violence and atrocities committed during genocide are highly traumatizing, and therefore trauma was a significant consequence identified by all co-researchers who participated in interviews and analysis meetings. Despite this shared experience, *trauma was experienced differently in the lives of survivors* with some showing minimal effects, some with persistent challenges, and others experiencing a delayed onset of effects. In addition, the trauma of genocide was viewed as a *process* rather than a fixed experience. It changed over time depending on the life stage and experience of the survivor. Finally, a number of co-researchers reflected on the *intergenerational effects of the genocide* as another way in which the 1994 genocide against Tutsi of Rwanda has a long-term legacy in the community (see section on children).

**Trauma is Experienced Differently.** While everyone's trauma was different, that genocide affected all was a sentiment shared by all co-researchers. The key theme was that trauma may both present and be experienced differently by survivors. Rose noted how even being in Rwanda during the genocide affected people differently:

*The thing is in Rwanda it doesn't mean that you have to lose someone to actually experience the war. You may have experience in a different way, people experience in a different way, and some*

*people strong and some are not, you know. Some hurt more, some didn't.*

As Shami intimately shared the pervasive pain of genocide:

*My biggest struggle is the pain that was caused by the genocide against Tutsi people, I lost my whole family, I am the only survivor, there's no greater pain. And about what makes me lose my peace of mind...really nothing but what happened to me, losing my entire family so early. That will disturb my peace of mind forever.*

As can be seen, trauma can be experienced in different ways and can be triggered by life itself.

**Trauma as a Process.** First, it is important to note that co-researchers viewed the *trauma of genocide as a process* rather than a fixed experience. It changed over time depending on the life stage and experience of the survivor. All of the 16 co-researchers who participated in the interviews related to the fact that they had experienced trauma and at some point, had struggled immensely with various emotional, cognitive, physical, spiritual and behavioral effects. However, they noted that these were more prevalent and intense in early years and diminished over time. Some noted that certain life experiences brought up traumatic memories, even joyful ones such as a marriage ceremony. Others noted that certain survivors experienced helped with healing over time, such as having children of their own. All in all, co-researchers felt that it was important not to look at the trauma of genocide as a fixed experience and to recognize that it had various expressions in people.

### **Legacy of Loss**

It can be said that the core experience of being a survivor of genocide is one of loss, including loss of family, pre-genocide life, trust in others, and for survivors who migrate, of homeland. Likewise, co-researchers in this study described in detail the losses they encountered as a major and pervasive legacy of the 1994 genocide. Major losses described included: 1) loss of trust (safety); 2) loss of family and role models (attachment); 3) loss of identity (identity); 4) loss of faith in church (justice); and 5) loss of reason to exist (meaning).

**Loss of Trust.** Co-researchers reflected on how a basic sense of trust in others was often affected as a result of experiences during the genocide. This was associated with the fact that people who perpetrated genocide against their families were often neighbors who were known to them. The impact of this included struggling to make sense of what happened due to the absurdity that a neighbor can suddenly betray you, as explained by Patrick: *"I couldn't understand how a good friend...can switch and try to chase you and ...the next morning when in the night before you guys shared maybe a cup of tea ...and the next morning you became his enemy"*. Loss of trust was also associated with feelings of insecurity and some co-researchers noted that mistrust of perpetrators living in their community post-genocide caused them to leave their country and seek asylum in Canada.

**Loss of Family and Role Models.** Not only was the loss of parents, grandparents and siblings a source of ongoing sadness and sorrow, but their loss also meant that survivors and their families lacked role models and supports in their current lives. Loss of family was a common experience for genocide survivors in this study, and associated with this, were feelings of grief. Like trauma, grief was identified as a process whereby certain events or reminders, such as anniversary dates, may cause the resurgence of grief and at other times it is not as pervasive. Co-researchers spoke about the unique role of grandparents in Rwandan culture and how not having elders around was a noticeable gap in their community and personal lives. Grieving the loss of family members was central to the long-term effects of genocide.

**Loss of Identity.** Loss of identity was discussed by some co-researchers as a long-term impact of the genocide. Rose noted how having role models in the family typically facilitated identity through teaching, modeling, and giving a sense of continuity. This was particularly important for survivors who were children during the genocide and were raised as orphans or with relatives. This also related to parenting and not having parents to facilitate the development of self-identity in the subsequent role of the survivor as a parent, as noted by Martine:

*One thing that I am always curious about, and I even ask people who do, I ask them how it feels to have parents. I really wonder how it feels to have parents, as I lost mine very early, so I am always afraid that I probably am hard on my kids, maybe I want them to love me too much because*

*I never got a chance to love mine. There's so many things make me wonder what my life would have been.*

As such, this was an area where people felt the developmental impact of the genocide.

**Loss of Faith in Church.** For some co-researchers who had been raised in Christian families, the genocide had an impact on their faith in religious institutions. Speaking about how church members and leaders, at times, were involved in the genocide, they noted their loss of faith in the religious institution. Likewise, personal experiences where, contrary to their hopes, churches were not sanctuaries during the genocide, caused some to question their belief in God. Some continue to find it difficult to attend church now.

**Loss of Reason to Live.** Co-researchers described a sense of the meaninglessness of life and living, particularly in an earlier period in their healing journey and how this was a clear legacy of the genocide. For example, June tried to commit suicide four times due to feelings of helplessness and of hopelessness with people in the aftermath of the genocide. In moments of despair, killing oneself was perceived as better than being killed by others. In fact, finding a reason to live and maintaining a sense of hopefulness were both considered critical for living beyond the genocide and for renewal of trust.

#### **Legacy of Strengths and Growth**

While trauma and loss were acknowledged as challenging consequences of the genocide, most co-researchers agreed that being a survivor of the 1994 genocide often meant they were resilient. In fact, strengths and growth were identified as positive consequences with language being used included *feeling stronger and having grown as an individual* in ways that were a result (i.e. legacy) of the genocide. For example, Mwiza spoke about the courage observed in survivors in Edmonton and their overall resilience:

*It's because they are courageous, and they learn how to rebuild themselves, and they learn how to build a better future, they were able to move on from the sorrow of what happened to them, they took strength and rebuild themselves both physically and emotionally.*

Perhaps associated with this strength, was the perception that some survivors drew on a feeling of positive responsibility to live for those who had died as a source of strength and growth. This then inspired them in their current lives and was viewed as a strength rather than a deficit.

Reflecting on other personal changes in survivors, co-researcher Rwanda 2017 noted how for those who were coping well with the genocide, the experience appeared to give *a more sensitive and deeper understanding of peace and reconciliation*. That is, there was a progression where a person was able to forgive perpetrators for the pain and losses they have inflicted on them, first personally and then this extended to wanting reconciliation for others at a collective level. Altruism was viewed as part of the healing processes as people came to recognize that their experiences and stories could be beneficial to other communities in Edmonton. Alice shared her wish to contribute to other communities:

*I wanted also to come here in Edmonton to Canada so that I can share my experience to those people who are here in Canada to give like an experience. To give people a hope for tomorrow, even those people who are hopeless here in Canada...To tell them like, "You can come from the scratch and you, you know". And you can build yourself.*

Finally, associated with the above, was the shift in perspective that can be seen in survivors who were *able to see the benefits of unity and power*. Grace shared her observations of the unity amongst survivors in her community, especially the younger ones: *"I can tell you they're resilient. There is love and solidarity within the survivor community to care about each other and they work hard"*. It appeared that a shift had occurred where the survivor was focused on collective goodness, whereby people could prosper together rather than live in isolation and disempowerment. All co-researchers who talked about the resilience, strength, growth and positive transformation seen in themselves and others, spoke of this as something positive that emerged despite the trauma and losses experienced in the genocide.

#### **Legacy of Faith and Spirituality**

In addition to growth and strength, a group of co-researchers also noted that another area of transformation as a result of the genocide was positive changes to their faith and spirituality. Speaking specifically about experiences during the genocide, a number of co-researchers noted that they saw miracles during the genocide often involving being saved from harm or death. Others spoke of God

saving them during genocide in response to prayers or unexpected experiences (i.e. a miracle provided by God). As a result of these first-hand experiences and through reflection and support by others after the genocide, co-researchers described a renewed faith in God that was deeper and more personally meaningful. This focus on faith and religion was also noted at the community-level both in Rwanda and Edmonton where church-building was seen as a reflection of peoples renewed faith and spirituality and one of the main legacies of the genocide. This contrasted with the experience of other co-researchers, described above, who experienced a loss of faith following the genocide.

### **Individual Wellbeing**

Co-researchers identified numerous individual mental health challenges experienced at present and/or in the past, and mechanisms used to cope with these over the years. Positive coping mechanisms represent the strengths that already exist within individuals and the community and, in many cases in this study, co-researchers had used or are still using them to facilitate their own healing. As such, this section focuses on the individual well-being of survivors with attention to both challenges to mental health and wellbeing, and mechanisms that individuals used or use to address such challenges. Together, the themes in this section, answer the first two research questions.

#### **Strengths and Mechanisms for Coping with Mental Health and Wellbeing Challenges**

Co-researchers identified four broad areas that reflect coping mechanisms and their resilience: 1) maintaining hopefulness and trust; 2) advocacy and altruism; 3) spiritual practices; and 4) active problem solving.

**Maintaining Hopefulness and Trust.** The ability to maintain a future orientation and trust in a future good was viewed by co-researchers as critical to their wellbeing as survivors. Hope was referred to very frequently in interviews and was described in relational, cognitive, active, and spiritual terms. For example, maintaining hope for their children's future, a relational aspect of hope, was often identified by parents in the study. Likewise, reaching out and talking to others, such as friends, remaining family and their pastor, was also a relational source of hope. Cognitive ways of maintaining hopefulness and trust included setting goals and having a positive mindset. More active strategies that were directly related to maintaining hope and trust focused on social justice and change, and writing personal stories. Finally, spiritual aspects of hope included having gratitude for life and belief in God.

**Advocacy and Altruism.** Co-researchers in this study discussed the importance of advocacy and altruism both at individual and community levels as an important mechanism for supporting wellbeing. Co-researchers expressed in all interviews advocacy, the act or process of supporting a cause or person with the goal of influencing change at individual or systemic levels, and altruism, having both feelings and engaging in actions that show a selfless desire to help others. Specific groups that were identified as vulnerable and in need of support included survivors, children, and youth. In particular, working with youth was viewed as important to community work (see section on children and youth). Altruism was also implicated in relation to helping survivors in Rwanda, family in Rwanda and Canada, and other groups in Canada with similar histories of trauma such as First Nations communities. Finally, being involved in community groups such as the MKA in itself was viewed by a number of co-researchers as an important platform for engaging in advocacy and altruism within the community.

**Spiritual/Faith-based Practices.** Co-researchers identified specific spiritual practices that were associated with enhancing their sense of wellbeing and helping them to cope with trauma symptoms, other effects of the genocide, and daily challenges. Habitual practices such as *prayer, fasting and listening to or playing music* were associated with feeling grounded, happy, content and secure. Martine explained how prayer served as a significant source of support for her:

*I have my ways I choose to do therapy as a Christian, I pray and I have children, some time they talk about imaginary friend, so me too, I have an imaginary friend. I imagine that I have someone who protects me, someone that I talk too, who helps me, and truly this gives me peace, I pray and I have a friend his name is Jesus, so all my struggles I give it to God and tells him that this and that are hard for me, it's from him that I get help.*

Likewise, relationships that were formed within the context of a *spiritual community* were seen as important for maintaining mental health, particularly in times of crisis.

**Active Problem Solving.** Active problem solving refers to the many individual- initiated activities that directly address challenges experienced in Canada. Co-researchers identified various mental health challenges, including those associated with genocide (see section on legacy of genocide), those for mental health in general (see this section on mental health) and those related to settlement challenges (see section on refugee migration pathway, settlement and integration). Representing one of the largest themes, the various “actions” utilized by co-researchers facilitated self-regulation, promoted self-understanding, gave purpose and motivation, and focused on the whole person. It was interesting to note that most of the people interviewed had resources they used for coping with mental health, suggesting they were members of the community who were exhibiting resilience or had progressed in their healing journey. Indeed, it appears that there is much that others in the community may be able to learn from this information.

For example, co-researchers referred to physical care activities such as *exercise* and *rest*, emotional expression such as *artistic expression*, *crying*, and *talking to others*, and intentional work to regulate emotion and cognitive states such as *breathing exercises* and *positive self-talk* (for example, reminders to have *courage*, *belief in potential*, *faith and perseverance*). A number of co-researchers talked about the benefits of seeking supports that facilitated recovery from trauma and that assisted personal growth such as *seeing a psychologist* or *career counsellor*, or *returning to school/pursuing education*. Addressing poverty was also seen as important for coping with mental health challenges including working towards or achieving *ownership of a house and personal belongings* and *having an entrepreneurial/innovative spirit of aspiration*. Managing time was also viewed as helpful, including *focusing on the future and not the past*, and *taking one day at a time*, particularly when facing challenges. Finally, learning about personal history from friends and remaining family was described by a few co-researchers as important for the recovery process.

### **Challenges to Mental Wellbeing**

All 16 co-researchers identified mental health challenges as something they had experienced, to varying degrees, at some point themselves and had observed in others in the community. These challenges represented the largest theme in the study. They can be categorized into symptoms that fit into the broad areas of Mood, Anxiety, Substance Mis/Use, Adjustment (e.g. complicated grief) and Trauma-related disorders. For the purpose of this report, we will present in more detail observed issues associated with Substance Mis/Use, Adjustment (e.g. complicated grief) and Trauma-related disorders.

**Substance Mis/Use and Addictions.** While none of the co-researchers had experienced addiction, they expressed concern that substance misuse led to addiction for some survivors in the community. Frequent drinking and partying was often viewed as a coping mechanism in the absence of job or life goals. As such, substances facilitated avoidance through suppression of negative feelings and thoughts. Jane related how substance misuse often masked a survivor’s loneliness:

*If you see someone who is drunk, doesn’t mean they are a survivor but there are someone that have given up on their life... Yeah, drinking is a one way of coping ...they don’t want to go to school, they say..., “Who is going to be proud of me?”*

Concerns for the wellbeing of survivors who were struggling with addictions and those who may have become involved with the criminal justice system was expressed by most community members who participated in the various aspects of the research including analysis meetings, interviews, and workshops. These results reflected some of the earlier concerns related to the research team during community consultations before the project.

**Adjustment Disorders.** Adjustment-related challenges identified by co-researchers reflected the mental health difficulties faced by genocide survivors as they: (1) faced challenges with settlement and integration into society in Canada and (2) struggled with personal losses of family (i.e. complicated grief).

**Settlement and integration challenges.** Genocide survivors from Rwanda encounter many of the same settlement and integration challenges faced by other refugees in Canada. However, as noted in the section on settlement and integration (this report), the co-researchers in this study explained how pre-migration trauma influenced how they perceived and experienced the various challenges encountered. Thus, challenges such as racism, unemployment, underemployment, and language barriers were more likely to trigger adjustment-related concerns, manifesting in depression, anxiety and secondary trauma

reactions. Co-researchers Muqabo and Patrick shared in detail experiences of racism on the job, especially when working in rural Alberta. June shared how experiencing racism in Canada was re-traumatizing:

*Here in Canada there's racism...here [Edmonton] you may stop on the bus stop, and somebody passes, like a driver. He sees you, you're there waiting for the bus, but just passes by. It happened to me, more than six times. Like uh, I just stepped out to go for the bus, and driver passing me. I didn't understand that reality. More than six times. Then I also met some people and heard some racial things, maybe when you see them pass by. So, for me who's been a victim of uh, ethnicity, and this is racial [victimization]...this is something that takes me back to, to... where I came from. And, uh it gets me to question, like again, if there are real people, humans with their humanity. Because it's a scar, it's, like you're kinda placing over a very fresh scar. So, I don't know, I'm still....*

It was clear from June and other's explanations that racism often served as a reminder of pre-migration experiences of victimization and therefore was often re-traumatizing.

**Complicated grief.** Complicated grief is the term used to describe a protracted or prolonged grief. Co-researchers often talked about the impact of losses on themselves and other survivors with sadness and grief being a common experience. For those exhibiting resilience, they often have found ways of coping with the regular waves of grief that can sweep onto them (often triggered by reminders such as anniversaries, birthdates and special events) without falling into despair. However, there are cases whereby individuals in the community are struggling significantly with grief and it affects their functioning. First, there are those who during the commemoration months, fall into great despair and depression, often requiring supports. Second, there are individuals who are struggling on an ongoing basis with complicated grief due to the fact their loved ones were never found. Jane noted how some people remain held back in their lives by this predicament: *"That would help us... to stop being in denial...because there are many many genocide survivors who still think their family is somewhere, living"*. Grief can be complicated when it comes from a complex situation such as genocide.

**Trauma-Related Disorders.** The Diagnostic and Statistical Manual of Mental Disorders (DSM-V; American Psychiatric Association, 2013) defines trauma as events which involve actual or threatened death or serious injury to oneself or others that produces intense fear, helplessness, or horror. The psychological distress following exposure to a traumatic or stressful event typically exceeds a person's ability to cope or integrate emotions following the experience. Since the focus of this study was not to examine in detail the specific ways in which trauma manifests in this community, it is beyond the scope of this study to report on this. However, co-researchers provided many examples of experiences that were easily coded and categorized as trauma-related symptoms. Many fit under the current criteria of Post Traumatic Stress Disorder (PTSD).

**Presence of PTSD Symptoms.** **The various experiences described by co-researchers are represented in the 4 categories of trauma symptoms as described by the DSM-V<sup>35</sup>.** For example, co-researchers described experiencing at some point in their lives, or seeing in others, negative cognitions and alternations in mood such as *not being able to cry or crying too much, feeling empty inside, an inability to process memories, questioning the reason for survival, and social isolation*. For example, Shami described living in constant fear:

*What happened to me during the genocide left me with an immense fear, to the fact that whenever one day ends I am never sure if tomorrow will be...what I constantly think and I am scared of is how is tomorrow going to be, maybe what I went through will happen again, so my struggles are the fear of tomorrow, little hope for my life and not enough courage in my day to day life, those are the genocide consequences I live with.*

Alterations in arousal and reactivity included *feeling angry and engaging in risk-taking behaviors*. For example, co-researcher Rose noted that when she was younger, her trauma played out in her life mostly through engaging in risk-taking behaviors including drinking heavily, a behavior that is not characteristic of or condoned in her culture and community. Likewise, Gatete and Grace described having had sleep difficulties, often associated with trauma, including nightmares, inability to fall asleep and being afraid of the dark/night due to traumatic reminders from the genocide.

All participants described examples of active avoidance as a means of coping with reminders of the genocide, including *isolating oneself from others and community members, suppression of feelings, not wanting to talk about experiences, overworking and avoiding visiting Rwanda.*

Intrusion symptoms included *experiences of feeling traumatized/overwhelmed, recalling events of the genocide, remembering seeing evil during genocide, thinking too much about the genocide, and being triggered by TV, commemoration months, and world events.* For example, when asked how the genocide affected her relationships with others, physically, emotionally and mentally, Mwiza noted how the time of commemoration acted as a trigger for painful memories and activated negative emotions:

*I think in relations with others, I can say that when we are in April, I feel so much hate towards Hutu...I feel like I hate them but after the commemoration period life continues and we live well together, but mentally I am ok I don't have any problem and physically I am ok too.*

*Shame and Survivor Guilt.* A number of co-researchers referred to the challenge of living with the knowledge of having survived when so many others had died during the genocide. Often referred to as survivor guilt, this is the emotional pain of perceiving oneself as having done something wrong, in this case surviving. In a discussion about this issue during the community dissemination workshop, one community member shared that they remember how this was accompanied by high levels of anxiety and a worry that they would be punished or caught for something they were not even sure about. Feelings of shame were also described by some co-researchers as part of their post-genocide experience. Unlike grief, shame is a pervasive feeling of “being” defective because of something that one has done. As such, some survivors experience feelings of shame as a result of highly humiliating experiences during the genocide.

As noted in the section on the legacy of the genocide, co-researchers acknowledged the presence of trauma symptoms in their lives and the lives of others in the community. However, it was made clear through the interview that the manifestations of symptoms and degree of distress experienced varied over time.

### **Family Wellbeing**

One of the questions in the interview was as follows: “Imagine you went to sleep, and while you were sleeping a miracle happened and your life was different”? In other words, what would be the one thing they would like to wake up to, if anything was possible. Almost all of the co-researchers initially said they would want to be with their family who had died in the genocide, sitting around the dinner table, laughing and talking together. Shami expressed what this miracle would mean to her:

*To see my family again, to see my siblings, that I miss soo much, my mom and my dad, to see all of us seating at home, the home we used to live in, or seating in the garden at home, that would be the greatest miracle; to wake up and see them again and hug them, and I would tell them how much I missed them, and how much I am thankful to God to be able to see them again.*

The answer to the question above shows the incredible importance that the support of the family has been for survivors in relation to resilience and for moving forward in their healing processes. Co-researchers found that family, whether immediate family, past family or extended family still living in Rwanda, gave them strength to carry on and be the best they could be in their new country of Canada. In fact, family back in Rwanda encouraged some co-researchers to move to Canada and to give their children greater opportunities in life that they may not have had by staying in Rwanda. For many, talking to friends and family, piecing together personal histories of pre-genocide family history, telling pre-genocide family stories, and telling genocide stories was like piecing together a broken mirror in which they were trying to make sense of all that had gone on in Rwandan history and how it affected their families. Like the fixed broken mirror, they felt that life may never be truly whole again, with its cracks and sharp edges. However, it was a way to make them feel whole again and to be able to see the bigger picture over time. In fact, for some, it allowed them to heal and love themselves in light of their strengths and resilience. The following were areas in which family support strengthened the healing process and areas where family challenges disrupted the flow of that healing process. Strengths for healing included: 1) motivation and hope; 2) partner support; 3) creating and parenting a family; 4) cultural values and identity of family

support; 5) 'adopted' families in Canada; and 6) ethnic friendship. Family challenges were: 1) marital relationship issues; 2) parent/child relationship issues; 3) work/family/balance issues; 4) and being pulled between responsibilities in Rwanda and Canada.

#### **Family as support**

**Motivation and hope.** Co-researchers found that family gave them motivation and hope for the future. When discouraged by systemic issues such as education systems, immigration, relationships and mental health issues, family gave them motivation to stand up and keep going and to work through these difficult times. Co-researcher Innocent described her family support from a distance:

*For me I have my family – we don't live together but they are back home. They can call me any time, we can text. Whenever I am not in a good mood or when I am down, they will be there to encourage me on the phone or by text messages, right? Because I still have my siblings and my parents.*

Some co-researchers felt that the legacy left by parents who were killed in the genocide was a motivational factor to carry on and to succeed, even training themselves in their parent's profession like teaching, nursing, or medicine.

**Partner support.** Co-researchers were grateful for the support of their partner (where both were survivors or where one was survivor and the other was non-survivor) in relation to issues surrounding the genocide. Their partners were supportive in listening to their stories and in supporting them when they were going through difficult times. Muqabo expressed his gratefulness for his wife's support:

*My wife she helped me too because we have the same value, which means I have somebody to talk to...Before, I couldn't even tell anybody what's going on in my mind or to share those how good I am as a father and husband and if my dad was here he would be proud of me.*

Partners provided important support in the healing journey.

**Creating and parenting a family.** For some survivors, creating a family and experiencing the bonds between child and parent were healing to them. "It felt like I was re-born the same time she was born". Having their own family was a way to honor their deceased parents. Muqabo shared how having a family gave him purpose:

*Yeah, to take care of my family. More I think about my dad, I, the first thing I have to do now is to be a good husband and a good father. That's that thing I have done – is to provide for my family, to be an example to my son, and take care of them as much as I can.*

Creating a family was also important as it meant that their family lineage would continue. Others saw it as an act of justice against genocide.

**Cultural values and identity.** Cultural values such as the value of helping, working hard, and adhering to high morals helped co-researchers process through their trauma. Shami explained:

*I try and keep myself busy, I get busy so that I do not think about what happened to me, and when I do good things like my family use too, then my hope gets even stronger, my family values are still my values to this date. And that gives me hope for a better life, to feel that I still have in me things that my mom left in me, things that I learned from her, things like loving others and helping others, even though I suffered but there's those who suffered more, and whenever I can I visit them and encourages them to keep the hope.*

As discussed above, having been persecuted due to their ethnicity, survivors felt that being able to keep in touch with cultural values, without being targeted for discrimination and hatred, encouraged their positive identity.

**Adopted families in Canada.** A strength of the Rwandan community has been and remains their openness to helping other survivors who have arrived in Canada, by taking on the role of an 'adopted' family to these survivors. As stated by one co-researcher:

*And then we have like older moms here that they say, "If that lady doesn't have a mom, so we're going to be the mom." And then they go and show her how you give the shower to the baby, or if you're going to get married they come and talk to you as your aunt would do. They try to be as your family, which is really nice.*

This community steps up to the plate when other survivors need help.

***Ethnic friendships.*** In Rwanda today, the official government policy is that the ethnic identities that defined the nation due to colonization have disappeared and all are considered Rwandan. However, deep seated ethnic divisions are still very real underneath the surface. Some co-researchers were encouraged by the fact that they could be friends with any Rwandan, no matter the past ethnic identity, with some degree of success and they provided support to each other while establishing themselves in Canada. Innocent shared her experience: “*Like for me, I have friends, they are good friends, they are not best friends, but they are Hutu and they are nice*”. At the same time, she stated: “*You want to be one nation but at some point, there is one thing that, yeah, we love each other, we support each other, but there is still that something.*”

For co-researchers, the support of the family was extremely important and provided the structure and purpose to go forward in life. For both men and women, it provided them with the responsibility of raising a family in a safe and secure environment. Parenting one’s own children gave opportunity for healing in their own lives. With this in mind, there were also very real challenges to family life due to the effects of the genocide.

### **Challenges to survivor families in Canada**

***Marital relationship.*** From the interviews, it became clear that addressing marital relationship issues can be complex when the effects of trauma from genocide are apparent in one or the other partner. Avoiding talking about their experiences of genocide appeared to create conflict in the marriage and the mental and physical effects of genocide (see mental health challenges) took their toll on relationships. This was particularly evident when one partner is a survivor and the other was a non-survivor, or one partner had lost many of their family and the other partner had all of their family still alive. Jane described how it felt:

*my sister-in-law is my best friend but sometimes I see her coming in my house and we are sitting there and my husband and they are talking about their family and their childhood stories and my mood swings because I don’t have that and I don’t have no one to talk about you know? Share about what is going on and if they ask me I cannot tell them why I am like that because I fear kind of guilty and then they know that there is something wrong but they don’t know what it is, and it causes problems and my husband thinks that I don’t like his family, but it’s not that.*

Partners who lost their family in the genocide often found it painful to visit with their partner’s family, and to attend parties and weddings that reminded them of their loss. The loss of support of parents when survivors need advice about marriage issues exacerbated tensions. Any unresolved emotional, mental, physical and spiritual issues could bring stress and conflict within the marriage relationship and the relationship might end in divorce. With younger Rwandans, the pain of getting married when no family member would be present was often too much to bear and they opted to remain in a common law partnership.

***Parent/child relationship.*** The data revealed much conflict around parent/child relationships. When a parent had not dealt with their own mental, emotional, physical and spiritual effects of genocide, this impacted the children and the parent’s ability to be present to their children. For example, one of the children might look like or have characteristics of a family member who died and this could affect how the parents related to that child. It could be both a reminder of losses but also have a healing effect on the survivor. Parents also found it difficult parenting with Rwandan values in Canada, and in balancing the needs of the children with the needs of their partner.

All co-researchers identified challenges in telling their children about the genocide. Some parents lied about it to protect their children. One co-researcher explains:

*Because we don’t talk about our stories, and I think we need to do that more so we need to tell our kids and the next generation so that they know. Because they will be you know, they will need to read about their grandparents and they would miss to do that because they will be the ones talking about it in the future for the next generation so that these things don’t happen again.* Other challenges included that some survivors blamed their parents for the genocide and for not stopping it, and some children heard stories about the genocide that were not age appropriate and affected the children’s health. Generally, the co-researchers identified a need for advice as to when it is the right time for

children to attend commemoration, how to tell them about the genocide and how to finding the time to do so. This brings up the issue of work/family balance.

**Work/family balance.** The data indicated that most survivors work two or more jobs to make ends meet. Often the jobs are low paying due to the fact that the survivor's own Rwandan qualifications are not acknowledged in Canada. Co researchers noted that a result is that children are more on their own and the parents have less time to be engaged with them. They felt that Rwandan kids in Canada can suffer because parents work too hard and are lost without the presence of their parents. This affects the children and some of their challenges are seen in the section called Children/youth issues. Added to the stress of two jobs is the survivor's feeling of responsibility to send money back to Rwanda to help support any remaining family they have there, who continue to struggle financially. Finally, interviewees identified the challenge that, if parents are having difficulties achieving their own goals, they are seen as not being a very good role model to their children.

**Balance between responsibilities in Rwanda and Canada.** The data revealed that there is a pull between feeling like Rwandan survivors in Canada should contribute to Canadian society as opposed to helping their relatives in Rwanda. Muqabo explained it as follows:

*Some decide to go to school and push hard and finish their degree and work hard. Because even if we lost like our people, we have some relatives in Rwanda again and they still need our help.*

*We send money every month. I think most of the Rwandans, even if they are bad, the family there and they don't care and they just need some help.*

A few survivors expressed a desire to go back to Rwanda to start a business or to help out with reconstruction of the country. For instance, one survivor who was the only person in a family to survive the genocide, wanted to go back and start an orphanage for children in Rwanda. Innocent, who was saved and looked after in an orphanage in Burundi, expressed a strong pull to help other abandoned children in Rwanda.

Survivors were very aware that as parents, they were the key to their children's success and they often felt prevented from fulfilling this responsibility due to the effects of the genocide, financial issues, and institutional and communication barriers.

### **Community Wellbeing**

It was very clear from the beginning of this research that the Rwandan community in Edmonton is a very active and supportive community. Community, for co-researchers, also included being engaged with the community in Rwanda. This is partly due to the strong leadership of the Memory Keepers Association (MKA) who have created an inviting community, who are leaders in relation to the commemoration activities, and who are advisors and supporters in the community. Martine expressed her gratefulness for the MKA members: "*For me the association (MKA) was able to get me out of my bubble and got me closer to others*". It has been a top priority for survivors to build this trusting and supportive community since arrival in Edmonton and to continue to strengthen this community. Identified strengths of this community include the following: 1) shared solidarity and love; 2) challenging and pushing each other; 3) trust-building and hopefulness; 4) collective community and story sharing; and 5) helping with integration into Canadian society. With the strengths come challenges that the community is facing, including finding ways to address concerns about the welfare of survivors. They are as follows: 1) community attitudes; 2) limited role models; 3) no physical space to meet with other survivors; 4) limited time to participate in community activities; 5) trust issues in the community; 6) isolation of community survivors; and 7) environment of silence. Identification of challenges will help them to identify actions to take in the next few years.

#### **Community/cultural strengths**

**Shared solidarity and love.** The co-researchers felt that Rwandans have a strong ethnic identity and are proud of their heritage. For the co-researchers, they are a people that are resilient, tolerant, and goal-orientated, who work hard to better their lives, who share solidarity with each other and who support each other when members need help. As described by one co-researcher:

*So I expect them to, they expect from me like that. If there is a wedding, if there is anything going on, so people would just send you a message because you are a survivor and say, "Hey, you know our friend has lost their grandparents and everything, we need to do this and this. "You don't have to ask any questions, you just jump on the group and start helping.*

There is a sense of unity amongst the community in having survived the genocide and having a second chance at life.

**Challenge and push each other.** Co-researchers also identified the community as one that challenges each other to move ahead and pushes each other to keep going when they don't want to move forward. Ntwari expressed this need to push one another to do better: *"So that is possibly motivation for us and we are pushed always, constantly like, always the community push us, push us, push us do those kinds of things.* Co-researchers identified that they value education and new learning and encourage members to pursue careers and find new job opportunities. In fact, co-researchers viewed working with youth to help them make the most of Canadian opportunities as an important part of community work in the Rwandan community in Edmonton. The data suggested that the interconnection with known survivors act as a cushion to protect each other and to offer motivation when needed.

**Trust building and hopefulness.** The data suggested that, as the community comes together to support each other, trust is built, which in turns gives survivors a hope for the future. Co-researchers felt that the MKA has been effective in creating safety and trust in the community. Through trust building, they have the desire and capacity to rebuild/re-create family and self. Often this rebuilding of trust and hope comes from elders and leaders of the community. For co-researchers, with trust and hopefulness, survivors can move on from their sorrow and grief.

**Collective community and story sharing.** Co-researchers indicated that the survivors of the Rwandan genocide come from a collective society in which story telling is an important part of cultural values. This is why the commemoration services and vigils are important activities so that genocide stories can be shared in a relatively safe environment. Commemoration activities can encourage people to tell their stories and can be helpful in restoring hope to the community. In addition, co-researchers indicated that there is an inner strength that fuels their willingness to share their story with the wider Rwandan community as well as the wider communities of Edmonton, Alberta and Canada. As stated by one co-researcher: *"They tell me the time we see people coming together again, like genocide survivors, gathering together, giving value, putting a stamp on our stories... That's something that restores our hope. You see what I mean? Actually, it restores our hope".* Although supporting other survivors in the community gave co-researchers a purpose in life, it was stated by several that the Rwandan community was at a stage where they want to share their stories with other groups suffering from war and genocide. On a final note, some felt that the families were talking too much about the genocide while others were not talking about it at all. A balance was needed to find the right time and place to share stories about the genocide.

**Help with integration into Canadian society.** The data suggested that survivors, when first coming to Edmonton, found the Rwandan community very helpful in guiding them through the first years of settlement as well as through the many different systems (education, financial, housing) in order to integrate into Canadian society. It also helped them understand the past and living peacefully again. As stated by one co-researcher:

*I mean my place right now, so having us like grow up in this system, I think, yes, it helps us to understand what happened before and it helps us to understand also how to live peacefully...So I would say, yes, as a genocide survivor community here in Edmonton I think we've had a good experience, we've had, uh, the society itself welcomed us by the way it is already...but in general I would say it is fantastic for us to be here.*

Co-researchers indicated that survivors who have lived here for a while introduced them to important immigrant and refugee services as well as introducing them to Canadian values and culture. Coming together for various important events like weddings, the commemoration activities, and baby showers helped the newly-arrived survivors to integrated into the Rwandan community as well as inviting them to activities outside the realm of the Rwandan community. Having said this, co-researchers expressed a

continued desire to maintain ties with Rwandans in Rwanda, for example wanting to keep their options open to return to Rwanda or by sending money back to Rwanda, as well as keeping close connections with Rwandans in Edmonton. The data suggested that building new and renewing old connections is vital to this community.

Jane summed up the strength she has felt within this survivor community:

*The strengths that they have [pause] I don't think that there are many things that they cannot face. They can, survivors that I see here can sense many many things where some are in bad relationships but the way they handle it is different from how other people would.*

With the strengths of the community highlighted above, there are challenges that the community are facing in relation to their support to survivors and to each other in the community.

### **Community challenges**

Most of the co-researchers talked about the wounds that can still be seen in the Edmonton Rwandan community. Shami described it well:

*The wounds are many, some were born after the genocide, some were born during the genocide and their parents were killed right away, and they left them when the children were babies, they did not even get a chance to see their faces, and that's how one loses one's identity. What happened to us is unbelievable, it's a big tragedy. It is hard to understand it and even harder to accept it.*

One of the effects of deep trauma wounds is the way people are judged in the community.

**Community attitudes.** Co-researchers felt judged by some of the members of the community as well as undervalued and underappreciated. Some had feelings of not belonging to the Rwandan community and still felt like an outsider. Survivors felt that there was a lack of understanding by non-survivors of the mental, physical, emotional and spiritual difficulties stemming from the effects of the genocide. Like playing with a deck of cards, they held their emotions inside and only shared the ones they felt safe sharing. They also feared that the stories they tell would be shared with other community members. There continued to be tensions between the ethnic groups in the community, particularly around commemoration time, as well as a lack of encouragement to share survivor's experiences. Some co-researchers felt that they had been stereotyped as a victim and therefore pitied by other members as well as the outside communities. The data suggested that community attitudes can keep some people from growing and developing their lives in Canada.

**Limited role models.** Co-researchers felt that the community did not offer enough role models for the younger generation. With the difficulty of integrating into Canadian society and building relationships outside the community, community role models seemed lacking to help survivors in these areas. Mistrust was an issue within the community and it was felt that role models could take the role of social bridges for refugees and immigrants new to Edmonton, and develop a community of trust for healing. More emphasis on collaboration and working together was needed and role models were seen as having the potential to participate and lead in these activities. Gatete spoke to the issue of a lack of role models:

*And because of our traditional living, we are really into our own community and most of them they are not really involved in these other professional careers because not having people who know, who can inspire you...all we have is from TV or from YouTube, we don't really have persons (role models) to look after those people... I'm trying as much as possible to show that I can inspire people, but that is not enough. I wish I had someone to inspire me too.*

For the co-researchers, the lack of role models was of real concern, particularly in relation to survivors and their children.

**No physical space to meet other survivors.** Co-researchers felt that there was a need for a place, year-round, where they could go and tell their genocide stories to people who will listen, and for some, provide a counselling service. This structure would give Rwandans a place of their own to hold meetings (MKA association meetings, conferences, youth meetings and activities, information service and educational training sessions) relating to the healing process of the genocide. It would provide information about resources in Edmonton, and a welcome place for survivors who are isolated from the Rwandan community, living on their own without support and who have had contact with the law, gangs,

drugs or crime. Co-researchers felt it would encourage those who are afraid to come and speak about the effects of genocide in a caring and secure environment.

**Limited time to participate in community activities.** For co-researchers, one of the barriers to active membership in the community was the fact that many survivors were holding down two jobs and trying to raise a family. It was therefore difficult to volunteer for any community activities or help with events that the community organizes. Alice spoke to this issue:

*The problem that I see here in Edmonton, is that we work too much, so the survivors we tend, to ignore our problems, we just put it on the side and we just focus on work. All we think about is that we have to be strong, so with that very busy life style that we all live, we don't get time to meet, to talk about what our stories, there's a lot of survivors here in Edmonton that we don't even know.*

The cultural expectation around owning a house, working two jobs, raising a family and providing your children with opportunities meant that community involvement was limited.

**Trust issues in the community.** Co-researchers identified that mistrust affects social bonding in the community and therefore survivors identified the need to concentrate on trust building within its community. They raised concern regarding tensions between survivors and non-survivors and ethnic tensions. June described why his friends don't ask for help within the community:

*they have no trust in us. Because again it would be hard for me to like for example, for someone to know like if I don't come tell you this is what I'm facing as a problem and probably see if you can help...It would be hard. But because of what we faced, they wait until somebody to go to them, what if somebody goes to them and asks if there is any help that they needed...I think they don't have trust in other genocide survivors.*

As already highlighted, co-researchers felt that the Rwandan community can be harsh and judgmental to its survivors and a more caring and supportive community was identified always a goal for the future, as genocide memories are still fresh and heavy in the minds of survivors in Edmonton.

**Isolation of some community members.** Co-researchers were concerned about survivors who live in isolation in Edmonton and felt compelled to find a way to reach those people. Innocent described how some of these people live:

*The challenge is, some people they don't see their life being bright because of what happened to them. They only see the dark side. They don't see the good side. Many youth, when I say youth they are maybe the people in their 40's because at the time they were 20 years old...now they are... 42 right?. So if they are 10 years old, now they are 32. Some of them are still alcoholic, drug addicts because of what happened to them they don't want to confront this, uh, their life the way it is. They just keep living in denial of there is no good life without family.*

She explained that some of these isolated people have no family and push everyone away. It was suggested that a committee be formed to take the plans forward to support these people.

**Environment of silence.** The majority of interviewees felt there was an environment of silence within the Rwandan community. Talking about the genocide, outside the commemoration period, I happen often. At parties, this subject was avoided and superficial talk prevailed. One co-researcher explained: "I don't know if you noticed, maybe because you come into our community we always talk about genocide we don't talk about really deep. We try to avoid being deep". June also described this culture of silence:

*I value everyone and I have nothing against the Hutu members but I'm telling you, it's still alive between the Hutu and Tutsi people in the community. People may probably mask that, not to tell you the truth but it's still there.*

For co-researchers, the Rwandan community in Edmonton is a thriving community who care deeply about its member, particularly those who are struggling with negative effects of the genocide. With the many strengths that this community possesses, however, they felt that there are still challenges that need to be addressed in the near future. All of the co-researchers felt particularly concerned about children who experienced the genocide and the possible intergenerational trauma that their children may be experiencing. The next section speaks specifically to the strengths and challenges to the youth in the community.

### **Child and Youth Well-Being**

One of the most important areas of this research was looking at issues concerning the youth in the Rwandan community. For co-researchers, the youth are the future and identifying strengths and issues within this group is extremely important. Second generation trauma has been recognized as an important area to address in refugee and immigrant services. This section focuses on the strengths and challenges experienced by children and youth in the Rwandan community from the perspective of adult survivors. Participants identified the following strengths in children and youth in the community: 1) seeking truth about the genocide; and 2) involvement in commemoration-related tasks. Common difficulties among younger generations included: 1) strengthening one's identity and their sense of belonging; 2) experiences of racism and bullying; 3) the loss of social support and role models; 4) different conceptualizations of the genocide; 5) intergenerational trauma; and 6) challenges at school.

#### **Children and Youth Strengths**

***Seeking truth about the genocide.*** All co-researchers regarded the children and youth's desire to know about the genocide as extremely important to address at the individual, family and community levels. Youth sought out information through school, family and community sources to learn about their parents' stories of the genocide and their family's history. Participants viewed their children's need to learn about the genocide as an act of reviving and building their Rwandan identity in Canada at the individual, familial and communal level. Co-researchers also believed it to be important for youth to learn about the genocide so good decision-making, and acceptance and inclusion of all ethnicities and races could be instilled into younger generations. Grace shared the difficulty in this task:

*You have to tell them [about the genocide] ...And then it's hard to say in a way it doesn't negatively affect them. They say, "Their [family] died," and they say, "Okay," but after two years they are going to hear that they have been killed by Hutu, you don't want them to hate people in society.*

There was concern that the youth would hear about the genocide from friends and social media, and that it was important to know when and how to share the genocide with their youth.

***Involvement in commemoration-related tasks.*** Co-researchers identified that, as an act of support for their families and parents, youth have been reported to attend commemorations and involve themselves with related tasks. Youth have created poems, songs, and posters for commemoration events and have been committed in being a part of the community healing process. This is generally seen as a positive development by genocide survivors in the community. Co-researchers noted that parents particularly see youth involvement in commemoration activities as a way of helping to prevent another genocide from occurring and as a form of advocacy for the Rwandan community. Jane perceived her child's involvement in the commemoration as an act of honouring their family:

*They really participated and they were really, really proud of themselves and I said "I'm so proud of you. You are honoring my family and your family and you know you have to work together and make sure that these things doesn't happen again.*

Thus, as a result of youth being involved in events of remembering those who died in the genocide, they were perceived to increase their connection to the Rwandan heritage which opposes the primary goal of a genocide – to eradicate identity.

#### **Children and youth challenges**

***Strengthening identity and a sense of belonging.*** Co-researchers felt that, as a result of the genocide and migration, youth have difficulties with feeling connected to Rwanda and their Rwandan heritage. This was especially the case when youth had lost significant family members due to the genocide and Canadian-born youth had different values from their Rwandan parents. Feelings of disconnection appeared to be more prominent as they sought to reconnect, explore and identify with their Rwandan roots. The loss of family members, such as grandparents, aunts and uncles, had a particularly negative impact on youth, as they saw these meaningful sources of knowledge and wisdom of the Rwandan identity lost. One co-researcher explained:

*Yes, they ask. They say, 'How was my grandma? How was my grandpa? How they died? 'Cause now they're growing up... When they were younger, they would just say, 'How come I don't have a grandma? How come?...It's something that will never go. They will ask you.*

The loss of grandparents was further perceived to weaken the identities of Rwandan children and youth, as illustrated by the following participant:

*When it's like you have your own experience, but we are lucky we knew the parent, somebody who dies, but we knew them. They only have, if they are lucky they have pictures, there is no identity; only dad and mom there is not aunt, not grandfather. There is really no identity and I think it can really affect even the personality".*

Some children and youth were reported to have expressed a desire to have a sense of belonging and relationship with those who passed away, such as grandparents. However, without physical evidence of their relations, co-researchers noted that youth could only refer to and know their loved ones through the stories told by their parents and family photos.

***Experiences of racism and bullying.*** In both Canadian and Rwandan communities, youth were reported to experience racism and bullying. Within the Canadian community, some youth had reportedly experienced exclusion by their peers in school. Some co-researchers expressed concern that youth with these experiences may perceive themselves as “losers” due to their race and refugee status. As a primary motive for genocide, racism was seen as encouraging exclusion and violence among children and youth. Therefore, to have such experiences in Canada was viewed as particularly concerning for survivor parents. Co-researchers felt that some youth experienced challenges where they do not belong to their father's or mother's family and did not feel welcomed by either Hutu or Tutsi community members.

***Loss of social support and role models.*** For co-researchers, an intergenerational effect of the genocide was felt in the loss of social support available to youth in the community due to the loss of family members, such as grandparents. As noted above (and earlier in the Legacy of Genocide section), co-researchers identified that grandparents particularly provide social and emotional benefits to children; however, the loss of such significant family members was felt to have taken a toll on younger generations, as children and youth did not have opportunities to be cared for or to listen to stories related to their family and cultural histories.

The lack of role models available to children and youth in the home and community was also perceived as a challenge within the Rwandan community. Role models were described by participants to be an opportunity for youth to be supported, inspired, motivated, guided, and taught about future possibilities in education and job opportunities and their own potential. Abraham discussed a parent's role in being an example for their child,

*“Yeah, to be a role model for your kids. You have to be like your dad or your mom. When they look at you they see an engineer or MP, they see you doing and they want to be like dad”.*

Parents, however, were considered to experience obstacles in being role models which included: having to maintain work and household responsibilities; continuously experiencing genocide-related trauma; and being unable to continue their previous profession after migrating to Canada. One participant described her experience as a mother in understanding her trauma for the sake of her child's wellbeing:

*The thing is some people we are just going come with our issues, we are going to attack the kids with our own issues when we don't actually know what's inside. So now before I do something I have to feel that it is right what I am going to do and I have to feel I'm ready, you know. So, if I am not healthy, I won't be able to raise her good.*

The data suggested that when parents were unavailable to their children because of such difficulties, youth were described to be “lost” and unmotivated in life, as they did not have sources or examples of inspiration. Lacking motivation was perceived to encourage youth to participate in criminal activities and have maladaptive coping behaviours as they have no direction in life.

***Different conceptualizations of the genocide.*** After disclosing their experiences of the genocide to their children, participants reported challenges youth have in conceptualizing the event. One co-researcher discussed the process of telling their child about the genocide:

*My son started asking me when he was seven... Quite early because he saw that my husband*

*family was, would talk to them on the phone, he had a sister here and a niece and he started asking me, 'Mommy, how about you?' and yeah, so I told him they died, they all died. 'How did they die?' and I said, 'Wait until you grow older, I will tell you what happened.*

Although children were typically told about the genocide once they had reached an appropriate age, co-researchers indicated that some youth were described as becoming upset and blaming their parents for not telling them the truth and for allowing the Hutu to commit such acts of violence against their parents' people. Essentially, they questioned why their parents could not stop the genocide. Children and youth were also found to blame their parents when perpetrators were forgiven for the genocide. The following quote illustrates the issue of blame among children and youth:

*Sometimes those kids are very hard to understand, they blame the parents for not really telling the truth... some of them they even feel like, 'Oh, why they killed your people? Why would you allow them survive?' because they don't understand how you could even get, for example, to forgive somebody who did such a terrible thing to you.*

In addition, youth were described as misunderstanding the genocide and taking on stories as if they went through them. A participant described the moment he first told his son about the genocide and how the child perceived himself to have gone through such events:

*He was 5 or 6, so they explained to him it was the genocide, it was a war and people were killing each other, trying to hide. And we were driving back home and the boy started his story of how he survived the genocide, 'They tried to kill me and my auntie. They took the car'.*

Clearly telling their kids the realities of what happened and why the genocide happened at all is a challenging process for survivors. Furthermore, there was confusion, misunderstanding and hurt amongst the youth concerning taking in the information from their parents and the way that their parents had dealt with the genocide.

**Intergenerational trauma.** As a result of losing parents in the genocide, co-researchers felt that youth had maladaptive behaviours, such as engaging with drugs and alcohol, and potentially being involved in gangs. These were seen as ways to cope with the loss of loved ones, particularly if they lost them at a young age. Co-researchers noted that such behaviours, were more common among males. June discussed youth engagement with maladaptive behaviours and a potential gang in the community:

*...Some of them again, like especially at the young age, they have no vision, it's very challenging, they have no vision so once you have no vision, some of them, they drink heavily... I heard [there might be a gang], I was just to hear some Somali gang, I hear some, one of the people are involved.*

Intergenerational trauma was also seen in youth who did not have supportive parents or parents who were engaged in their lives. Co-researchers noted that the children of parents who had difficulties managing their own trauma, were not cared for sufficiently:

*There are affected children who are affected negatively... If they [parents] don't take care of themselves, they are careless once they have children as well. So, children are there they come from school, they have T.V., no interactions with parents, maybe the dad is not, you know, is not happy?*

Intergenerational trauma came out in many ways, including young people still trying to understand the loss in their lives, their experiences of hurt and anger and high-risk behaviour of some. These were worries to the community.

**School challenges.** Some co-researchers noted that children have difficulties with school work which was compounded by the challenge of parents being unable to help their children academically. One participant mentioned the difference between the Rwandan and Canadian education systems and the challenges this presented for refugee parents in assisting children with their homework, when the parent also did not speak English fluently. Education was seen as an important part of raising children in Canada. At the same time, financial insecurity created a lack of motivation to pursue further post-secondary schooling and for younger children, financial issues meant they could not participate in sports activities

In summary, the research identified concern amongst Rwandan community members in relation to what youth were experiencing in their lives, and in their handling of memories and stories about the genocide. For co-researchers, the emotional, intellectual, physical and spiritual effects were present in the community and needed to be addressed both by the community as well as the wider Edmonton community in relation to policy.

### **Research in Relation to Policy: Family Reunification**

No research is complete without policy recommendations implied by the findings. For almost all the co-researchers, immigration processes were cause for stress, re-traumatization and fear that they would have to return to Rwanda. One issue that stands out for policy in relation to this population is that of family reunification.

Family reunification has long been a goal of Canadian immigration policy – initially to grow the population, and more recently, as part of its humanitarian goals<sup>36</sup>. Yet, throughout Canada’s history, debate has existed regarding who should constitute eligible family for the purposes of sponsorship. This was particularly true in debate leading to the 1976 *Immigration Act* in which civil liberties associations favoured a functional approach that allowed sponsorship of those in relationships analogous to the Western nuclear family. The alternative approach, ultimately successful in 1976 and which continues under the *Immigration and Refugee Protection Regulations* (SOR/2002-227) (IRPR) today, is an enumerated approach through which a largely exhaustive list is provided of family members eligible for reunification sponsorship<sup>37</sup>.

Under section 117 of the current IRPR, this list primarily includes members of a Western-style nuclear family, namely spouses and children. While parents and grandparents were included in 1976 and 2002, in 2011, the government established a 3-year moratorium on applications from older adults. It was immediately effectively replaced with the super visa process that allows for temporary visas of up to 2 years for eligible parents and grandparents provided family members are able to support and provide for their needs while in Canada. Although the government reopened family applications for older adults in 2014, heightened support requirements were instituted that are a barrier for many families originating in the Global South. In addition, a sharp cap was placed on the number of applications that would be processed each year<sup>38</sup>. One exception to this regime is contained in s. 117(1)(f) that allows an individual to sponsor an orphaned sibling whose parents are deceased and who is under 18. Another notable exception is the “lonely Canadian” or “last remaining relative” provision in s. 117(1)(h) which allows a Canadian who is otherwise unable to sponsor an eligible family member to sponsor any other blood or adoptive relative (Po 2013). To date, the courts have interpreted this provision strictly, for example, excluding the sponsorship of a brother given that an elderly parent was alive although they did not want to move to Canada (*Nguyen v. Canada (Citizenship and Immigration Canada)* 2003 CFPI 325 (CanLII). Additionally, the courts refused to overturn an immigration official’s decision to deny a father the ability to sponsor a son over the age of 18 on grounds that the sponsor had a 17-year-old daughter who, although she had renounced a previous application for sponsorship, could theoretically be the subject of an application before her 18<sup>th</sup> birthday (*Maxian v. Canada (Citizenship and Immigration Canada)* 2006 CanLII 52296ct).

An implication of this study is that the current enumerated approach, both as it exists in policy and as it has been interpreted by the courts, fails to account for the experience of many genocide survivors, such as those within the Edmonton Tutsi community. On one hand, the current approach fails to account for the significant losses suffered by these individuals, and their inability to rebuild their families in Canada within the relatively narrow limits of the current family reunification provisions. Notably, several co-researchers identified the loss of most or all family members, including parents, siblings and extended family. As Shami noted of her experience:

*.... speaking like a survivor of the Tutsi genocide, my biggest struggle is the pain that was caused by the genocide against Tutsi people, I lost my whole family, I am the only survivor, there’s no*

*greater pain. There's no bigger evil than what I saw, so my biggest struggle was to live feeling that I am alone in this world....*

Within these circumstances, the current approach fails to account for the supportive, nuclear family-like role that extended family accepted for some survivors, particularly those who were minors at the time of genocide and whose parents were killed. As Gatete noted with regard to an uncle he is not able to sponsor under the current family reunification provisions:

*my uncle is still there. He is the one who, I mean who, taught me everything I know from after genocide until now...I had a sister and a brother and he passed away during the genocide. They were killed and I had mom and dad that passed away during genocide and who was killed and I had too many uncles and aunts who passed away and who were killed during the genocide. Um, like many cousins. We used to be a big family.*

In addition to extended family members, several co-researchers identified siblings who may have taken on a parental role, for whom they had taken on the responsibilities of a parent or with whom they experience a very close relationship. Mugabo, whose parents and six siblings were killed in the genocide described his relationship with one of his two surviving brothers who remains in Rwanda as follows:

*My half-brother we are almost the same age and we have grown like friends, even we survived I was with him. We went to exile and uh he was only the guy who was like, all other people was like strange to me.... Every single day, if it's something special, but at least once a week we talk and we share life. Now he is a father, I'm a father. Yeah, he's my best friend.*

Under the current immigration regime, while additional points may be awarded to the brothers and sisters of Canadians, such as to the co-researcher's brother, there is no avenue for him to apply for sponsorship of this close relative.

### **Recommendations for Community Action, Future Research and Policy**

Each of the co-researchers shared their thoughts on possible ways forward as a result of the research findings. These came from the interviews but also from the community meeting that was held in June of 2017. There was agreement from both data collection activities as to the important actions needed for the Rwanda community. The following are the main recommendations for future interventions for the Rwandan community in Edmonton:

#### **Community-specific recommendations**

1. Build a Rwandan cultural center in Edmonton to provide a central location where different services can be accessed in a safe and culturally-supportive manner including supportive counselling, referral services, a place to share experiences and reduce isolation. This space would also be used to train the community in cultural traditions and trauma recovery, a place for social bonding between community members, and a place for healing and forgiveness between the different ethnic groups of Rwanda;
2. There was unanimous agreement across the community of survivors that there is a need for trauma-informed training within the community as well as general education about mental health issues identified in this study. Of particular concern are genocide survivors who are vulnerable and isolated including those with addictions and with histories of involvement in the criminal justice system. Increasing awareness of trauma and mental health can be used to build on existing strengths (i.e. strong network for social supports) and facilitate better access to mental health services for crisis stations and more severe challenges such as addictions;
3. Parallel to increasing mental health education and awareness within the community, community members identified the need for a network of trauma-informed community leaders who can provide supportive counselling within a cultural framework. These individuals would be available

for support to survivors during commemoration period and commemoration events as well on an individual basis for support and links to formal professional supports.

4. Members of this community were acutely aware and concerned about the transmission of cultural knowledge and wisdom from one generation to the next. Along with this is the wisdom of survivorships from experiences with genocide and mass violence framed within the strengths that exist within this community and also directly emerging from the genocide experience. As such, members are interested in developing a mechanism for the sharing of stories across generations.

These were the main mental health-related interventions that co-researchers and community members thought were important in order for the community to move forward. As time goes by and the community continues to grow strong, members will have the courage to rebuild their lives and the continue to build a strong community.

### **Policy Recommendations**

The following policy changes and recommendations stem from our research findings:

1. This study provides support for the need for specific funding for Mental/health services for refugee claimants. Refugee claimants who are in the process of seeking asylum often arrive in Canada without social supports or supports from sponsors (government or private). This study provides evidence for the vulnerability that such groups are when migrating from conflict and post-conflict settings involving mass violence and trauma. There is a need for recognition that this group is at higher risk for mental health difficulties and addictions depending on the reason for seeking refuge.
2. This study highlights the urgency for utilizing preventative mental healthcare strategies with refugees from mass violence and genocide. There is a need for funding directed towards mental health education and awareness of mental health services or refugees with histories of genocide and mass violence. While these individuals may not immediately self-refer for mental health services upon arrival, providing education in the early period of settlement will serve as a significant preventative measure by increasing awareness at the individual and community level thus increasing the likelihood of timely access to healthcare services
3. Teachers and educators need to be aware and educated about the experiences of children from refugee refugee backgrounds including genocide. This should be mandated training as part of educator's professional development.
4. An implication of this study is that policy makers should revisit the functional approach debated in 1976 if they are to address the unique needs and provide an equitable welcome to genocide survivors. One option would be to introduce provisions that allow immigration decision makers to use their discretion in cases of both active and recent genocide to allow for both sponsorship and super visa processes for individuals who function like a close relative for a Canadian genocide survivor. Under this approach, genocide survivors would have increased opportunity to sponsor family members such as siblings to join them in Canada, even if the sponsor had married and the sibling was over the age of 18. Additionally, family members like aunts and uncles of genocide survivors, would be included in the super visa process in recognition of the parent-like caring role they assumed for the survivor following their parent's murder. Given the relatively small percentage of genocide survivors who currently contribute to Canada's annual immigration, it would not be expected that this type of discretionary provision would greatly impact the overall number of individuals applying to enter Canada. At the same time, such measures would help to support those Canadians who, having suffered devastating loss, seek to rebuild their families and their lives in the safety and welcome of Canada.

### **Future Research**

We also asked co-researchers and those who attended the community gathering if they felt the community would want continue research and if they wanted us to be involved with that research. All thought future research was necessary, but had different ideas as to what that research would entail. The following were recommendations for future research with this community in Edmonton.

1. Research on second generation survivors. There is a desire for more in-depth understanding of the experiences of children of genocide survivors including their general experiences growing up in Canada, their links to Rwandan roots, and issues they may be dealing with that are related to the effects of the genocide.
2. There is an interest in intervention-based research that can facilitate ongoing healing. This may be integrated with the previous section's recommendations for intervention. Topics that emerged during the study included an exploration on forgiveness in healing and reconciliation processes and the development of personal stories of trauma and survival for sharing with future generations.
3. There is an interest in complementing qualitative research with a survey study that provides broader information on collective experiences and demographics of the current population in Alberta.
4. Research on family dynamics including marital relationships, parent-child relationships, experiences of elders in families

### **Summary and Conclusions**

The 1994 genocide against the Tutsi of Rwanda continues to play a pervasive role in the lives of Edmonton-based survivors. For survivors, the genocide is an ongoing process, which is experienced differently between people and across the lifespan, yet which deeply impacts them, their families and the community on multiple levels. These include emotional, physical, mental, social, economic and spiritual impacts. Survivors describe the experience of a range of mental health concerns, including substance misuse and abuse, adjustment challenges including complicated grief and symptoms associated with trauma-related disorders including PTSD. These mental health concerns are related to experiences during the genocide, such as loss of family, identity and trust. They are also related to post-migration experiences including the migration and settlement process, barriers to employment and social isolation and discrimination in Canada. The Edmonton Rwandan-Tutsi community and its members are resilient and have developed numerous coping and support mechanisms to address challenges. These include, at an individual level, active problem solving and spiritual practices. At a family level, they include sharing motivation and hope, and the development of cultural values and identity. At a community level, they include shared solidarity and a strong work ethic. However, many challenges remain. At an individual level, these include the need for further support to survivors to heal from their ongoing experience of trauma. At a family level, these include a need for further support to families in conflict resolution and in support for second-generation children and youth in understanding the role of the genocide in their lives. At a community level, these include the need for mental health education and awareness, adequate community resources and support in building trusting relationships within the Edmonton Rwandan community and with wider society. Supportive policies and programs are needed to help the Rwandan community of genocide survivors in Edmonton to heal. Further research, including regarding intergenerational trauma, would assist this process.

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## Appendix One

### Research Questions for Rwanda interviews

Please note that these questions were discussed, drafted and written, at three different meetings, by the researchers and the Genocide Memory Keepers Association.

1. **What are (were) your major dreams and aspirations having moved to Canada from Rwanda?**
  - a. What has facilitated achieving these dreams and aspirations?  
**Probe:** What small steps/achievements can you identify?
2. **Would you tell me what burdens you experience that keeps you from fulfilling your dreams?**
  - a. Describe what things keep your dreams from coming true.
  - b. Describe what keeps you from having peace of mind.
3. **Tell me who supports you when these burdens seem too much?**
  - a. Please explain to me who gives you support in times of difficulty? How do they give you support?
  - b. What kind of support is missing for you?
  - c. How would you fill what is missing? What could others do?
4. **Miracle Question:** Imagine you went to sleep, and while you were sleeping a miracle happened and your life was different. What would be the first difference you would notice when you wake up? What else would be different?
5. **What do you think are the strengths of 1994 Rwandan Tutsi survivors of the genocide who are now living in Edmonton? Please explain in detail.**
  - a. What strengths do you see as evident within the Tutsi survivor community today?
  - b. Have (Are) Tutsi survivors of the genocide managed(ing) to make a good life for themselves in Edmonton?  
**Probe:** if so why do you think they have? If not, why do you think survivors have not?
6. **What are some of the challenges of 1994 Rwandan Tutsi survivors of the genocide who are living in Edmonton?**
  - a. What challenges do you think the 1994 Rwandan Tutsi survivor community experience in Edmonton?
  - b. What kind of support is missing for the community?
7. **In what ways do you believe that the genocide still affects you today?**
  - a. As a survivor of the 1994 Rwandan Tutsi genocide, explain how the experience still affects your life today?
  - b. How do you see this affecting others in the community?  
**Probe:** Explain how the genocide affects you today physically, socially, spiritually, emotionally, and mentally.
  - c. How do you see this affecting the next generation?  
**Probe:** Children born after the 1994 Rwandan Tutsi genocide.
8. What is a source of hope for you in your life today?  
**Probe:** Who is a source of hope, what activities give you hope?
9. **Thank you for answering these questions. One final question is: What suggestions or advice do you have for research that would be helpful to your community?**
10. **Is there anything else you would like to say concerning the topic of this interview?**
  - a. How are you feeling now after you have answered these questions?
  - b. Would you like to express anything else about the topic of this interview?

**Appendix Two – Data analysis**



**Appendix Three**

<b>Interview Participants</b>	16	N=16
<b>Gender</b>	9 Females	7 Males
<b>Age</b>	23-51	
<b>Age of migration</b>	6-28	
<b>Years in Edmonton</b>	3-14	

**Table 1. Demographic Characteristics of Participants**