The Rwanda Baseline Study:

Preliminary Findings and Recommendations

Kevin Barnes-Ceeney, PhD and Laurie Leitch, PhD

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Purpose of Study

Limited data exists that provides an understanding of the strengths and challenges of the génocidaires incarcerated in Rwandan prisons following the 1994 genocide. Understanding the strengths of génocidaires and the challenges they face can help prepare incarcerated génocidaires for healthy re-entry into their communities. Such data provides:

1. A better knowledge about how to build on the existing strengths of génocidaires during their remaining time in prison and after their release;
2. A better understanding of the kinds of supportive activities and services that are needed to address the challenges and vulnerabilities of the génocidaires during their remaining time in prison and after their release;
3. An increased likelihood for public and private organizations to use the data to collaborate on more comprehensive and coherent approaches, which strengthen the social fabric of communities.
4. Reduction of recidivism by designing services that are sensitive to both the needs and strengths of those leaving prison and their communities.

Context of Study

This study builds on earlier research conducted by the Rwandese Association of Trauma Counselors (ARCT-Ruhuka) in partnership with the Rwanda Correctional Service (RCS) on a sample of thirteen prisoners. This previous report recommended that a more thorough needs assessment for mental health treatment should be conducted in Rwandan prisons, with a view to developing responsive and appropriate interventions (ARCT-Ruhuka, 2011). In addition the report recommended the development of specialist mental health teams to work with incarcerated people suffering from severe mental illness.

The current research emerged from a collaboration between Issa Higiro, President, Rwanda Center for Council, Jane Abatoni, Executive Secretary, Association of Rwanda Trauma Counselors - Ruhuka (ARCT), Lillian Uwimgabire, Inspector of Prisons, Rwanda Correctional Service, Dr. Laurie Leitch, Director, Threshold GlobalWorks (USA), and Kevin Barnes-Ceeney, formerly of John Jay College of

Criminal Justice in New York and currently Assistant Professor, University of New Haven (USA). The study was partially funded by a grant from the Office for the Advancement of Research at John Jay College of Criminal Justice, USA.

The aim of the study was to collect baseline data concerning the physical and mental health needs and strengths of incarcerated génocidaires, levels of post-traumatic stress symptoms, attitudes towards reconciliation and concerns about release from prison. The study results are being used to test the effectiveness of two interventions with incarcerated genocide perpetrators: the Social Resilience Model (a neuroscience-informed, skills-based model for healing trauma and building resilience) and Council Process/Peace Circle practice (a process of bringing people together across differences to share their authentic stories and build common values). Both models have been extensively used in the United States and internationally.

Study Design

After receiving research approval from CUNY's (in New York City) Institutional Review Board and Major General Paul Rwarakabije, the former Commissioner General of the Rwanda Correctional Service, survey and interview data were collected from 302 génocidaires incarcerated in Muhanga prison (Southern Province), Ngoma Women's Prison (Eastern Province) and Gasabo prison (Kigali City) in Rwanda.

Muhanga and Ngoma prison were each visited by the data collection team[1] for three consecutive days, and Gasabo Prison was visited for two consecutive days, totaling eight days of data collection. Génocidaires were invited to participate in the study by an Education Officer who is also a trained social worker from the Rwanda Correctional Service. During each data collection activity between 17 and 34 génocidaires assembled in a large meeting space within each prison. The data collection team introduced themselves, and the purpose of the study was explained by Issa Higiro representing the two Rwandan partners. The informed consent process was described to the potential participants, and the consent form was read in Kinyarwanda. Following an opportunity for participants to ask questions, two data collectors took responsibility

[1] The data collection team comprised of the following people from Rwanda Centre for Council and ARCT-Ruhuka: Solange Uwantege (Supervisor), Moses Kiza, Frederick Mugisha, Wilson Kabagambe, Theodette Mukabahizi, Theophile Harerimana, and Veneranda Nkwaya. Three trauma counselors from ARCT-Ruhuka provided support throughout the data collection process. These were: Chantal Umubyeyi, Venuste Karangwa, and Alfonsine Uwimana.

for sub-groups, responded to individual questions and ensured that an informed consent form was understood and signed.

302 génocidaires completed survey packs designed by Laurie Leitch, PhD which included a basic demographic information form, Kellner's Symptom Questionnaire, the PTSD Checklist—Civilian Version (PCL-C), and an adapted Readiness to Reconcile or Orientation to the Other measure. Génocidaires who were able to read and write completed the survey packs themselves. Those who experienced literacy difficulties were assisted by a Rwandan data collector who read the items on the forms. Generally, it took 30-40 minutes for each génocidaire to complete the survey pack.

In addition, 25 structured interviews were conducted in each prison, totaling 75 interviews in all. The interview sample was drawn from the original sample of 302 génocidaires. The consent process was explained to the interview participants following the same process as before, and a new signed consent form was acquired for each interview participant. Participants were interviewed by two data collectors, with one asking questions from an interview protocol in Kinyarwanda, and the other recording responses in English. Each interview lasted approximately 30 minutes.

The génocidaires did not receive any incentive for participating in the study, however, they were advised that the information they provided would be helpful for those considering the supports needed for incarcerated génocidaires as they reintegrate back into the community. Trauma Counselors were available throughout both the quantitative and qualitative data collection procedures to provide individual counseling and support should the need arise. All human subject protections were followed.

The quantitative data was entered into spreadsheets and analyzed using SPSS version 23 (SPSS, 2016) by Dr. Kevin Barnes-Ceeney (John Jay College of Criminal Justice), Dr. Lior Gideon (John Jay College of Criminal Justice), and Dr. Laurie Leitch (Threshold GlobalWorks). SPSS is a software package used for statistical analysis. The qualitative interview data was entered into an excel spreadsheet and analyzed by Dr. Kevin Barnes-Ceeney, Dr. Lior Gideon, Dr. Laurie Leitch, and Erica Murphy (Graduate Student, John Jay College of Criminal Justice).

Study Measures

The study collected data about risk factors as well as strengths. Many studies with vulnerable populations do not collect any strength-based data even though strengths are what form the building blocks of resilience. Individuals can show high levels of symptoms (as many in the prison sample did) and still have positive strengths to build upon.

Demographic Information Form

The demographic information form asked questions relating to gender, age, district lived in before prison, district the génocidaire planned to return to after release from prison, employment prior to imprisonment, planned employment after release from prison, contact with family members or friends during prison sentence, the year the génocidaire came to prison, the year of release from prison, whether sentenced or unsentenced, whether sentenced by conventional court or Gacaca, and who would be able to provide support upon release from prison.

Kellner's Symptom Questionnaire

Kellner's Symptom Questionnaire (Kellner, 1987) is a 92-item survey that can be answered Yes/No. The questionnaire measures 4 categories of symptoms: 1) states of depression, 2) anxiety, 3) anger-hostility, and 4) somatic symptoms. In addition, the questionnaire has a wellbeing/strengths subscale in 4 categories: 1) physical wellbeing, 2) contentment, 3) friendliness, and 4) relaxation.

Research has shown that the Kellner's Symptom Questionnaire has very good reliability across for the subscales depression (Cronbach's Alpha=0.94; range is between 0.74 to 0.93/ median = 0.91), anxiety (Cronbach's Alpha = 0.92; Range 0.75 to 0.95; median = 0.83), anger-hostility (Cronbach's Alpha = 0.91; range 0.78 to 0.95; median=0.89), and somatic symptoms (Cronbach's Alpha=0.86; range 0.57 to 0.86; median = 0.78). The wellbeing subscale has unstable reliability, as some subsections of the scale respond in different directions.

Post Traumatic Stress Disorder (PTSD) Checklist-Civilian Version

Trauma symptoms were measured by using the PTSD checklist- civilian version (PCL-C). Post Traumatic Stress Disorder is a group of symptoms that can occur after distressing and traumatic events. The symptoms of PTSD are grouped into 1) symptoms of intrusion: this is when the individual experiences reminders of the event (in this case, genocide) that just come into consciousness against the will of the individual. 2) Avoidance symptoms: these are efforts on the part of the individual to avoid anything that may cause the intrusive symptoms. A person may avoid certain people, places, and anything that could remind him/her of the genocide. 3) Arousal symptoms: these are symptoms like pounding heart, trouble breathing, irritability/anger/rage, or numbness, exhaustion. To have the diagnosis of PTSD a person must have symptoms from all three categories. Very recently, physicians have added a fourth category of symptoms: Witnessing. This means a person may not have been directly engaged in the event but witnessed others (sounds, sights, smells).

The symptoms of PTSD can come and go and then come back over the lifetime (no matter how long ago the event occurred) in a person who does not receive high quality treatment.

The PCL-C is a self-report rating scale—that varies from (1) "not at all" to (5) "Extremely". It consists of 17 items that correspond with the 3 major categories described above to diagnosis PTSD. The overall reliability of this instrument is Cronbach's Alpha=0.96.

Adapted Readiness to Reconcile or Orientation to the Other Scale

The reconciliation measure examined how willing and accepting individuals are toward formally hostile groups, and how likely they are to engage in forgiving gestures and behaviors. The original reconciliation measure (developed and used previously in Rwanda by Dr. Ervin Staub) was comprised of 27 scale items, coded from 1 to 4 (1-not at all and 4- A lot). The reconciliation scale was modified after consultation with the partner organizations and the data collection team to reflect the current political reality and climate in Rwanda. An examination of the measure used in the current study revealed a Cronbach's Alpha = 0.891, which suggests high reliability. Of note is that the reliability achieved in the revised measure is actually better than the original. Using the

original scale Staub, Pearlman, Gubin and Hagengimana (2005) found a reliability that ranged from 0.682 to 0.866 in three different measurements with Rwandan samples.

Quantitative Data Analysis

Gender of sample

This project intentionally oversampled women because women are so rarely included in research studies about genocide. We believe it is important to understand their symptoms and strengths as compared to those of men. Three hundred and three incarcerated génocidaires (180 males (59.6%) and 122 females (40.4%) completed the quantitative surveys. Of these, 99 were incarcerated in Muhanga prison (79 males and 20 females), 101 were incarcerated in Ngoma prison (all female), and 102 were incarcerated in Gasabo prison (all male).

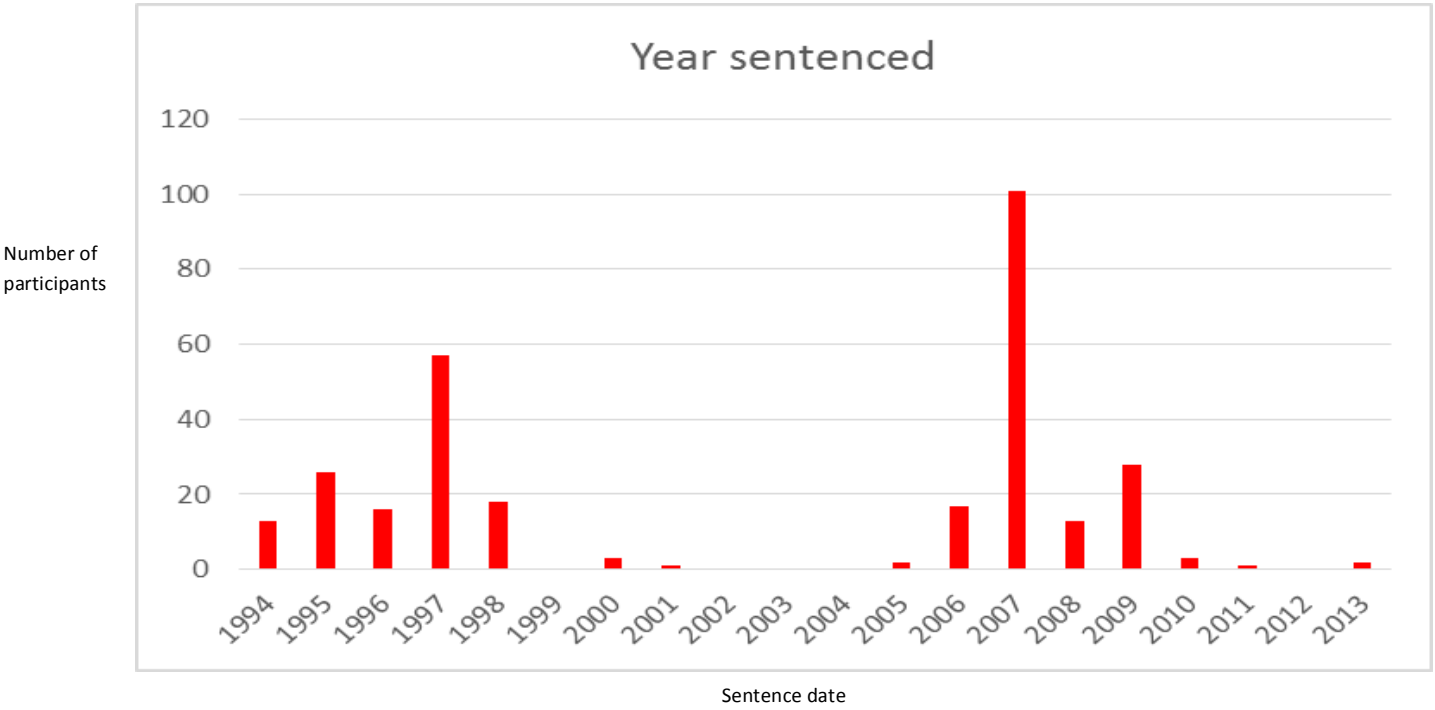
Age of sample

No génocidaire in the sample was younger than 30. This makes sense since at the time of data collection 22 years had passed. Thirty-five génocidaires in the sample were ages 30 - 44 years (11.6%), 165 were ages 45 - 59 years (54.6%) and 102 were ages 60 and above (33.8%). Thus, a little over half of the sample was between 23 - 37 years at the time of the 1994 genocide.

Sentence length of sample

All of the génocidaires in the sample had been sentenced. One hundred seventy three (173) were sentenced through the Gacaca process (57.3%) and 125 through the conventional court system (41.4%). Two génocidaires had been sentenced in both the Gacaca and conventional court. Sentence length was calculated by asking what year the génocidaire came to prison, and what year he or she will be released. In spite of a policy of Rwanda Correctional Services to inform incarcerated people of the date of their release, seventy-three génocidaires (24.2%) said they did not know what year they were to be released. Males were significantly more likely not to know their release date than females. Forty-two males (25%) said they did not know their release date, and 31 females (23%) did not know their release date. Of those who did know when they would be released, the sentence length ranged from 3 to 30 years. The average length of

sentence was 16.5 years. Two "waves" of sentencing are identifiable in the data, the first being immediately following the genocide in 1994 until 1998, and the second between 2006 and 2009. The highest sentencing year of the sample was 2007, followed by 1997. See page 6 graphic.



Males had slightly longer average sentences than women sentenced, with the average sentence length of males being 16.5 years, and the average sentence length of females being 16.4 years. This difference was statistically significant (t = .169, p = .000), despite being a small difference, because of the large sample.

Interestingly, females incarcerated in Ngoma prison had somewhat longer sentences than females incarcerated in Muhanga prison, and this difference was statistically significant. On average, females in Ngoma prison were serving sentences of 16.59 years, compared to females in Muhanga who had an average sentence of 14.9 years (t = .721, p = .001).

There was no statistically significant difference between the sentence lengths of those sentenced through the Gacaca process or the conventional court system.

Employment pre- and post-release

Two hundred sixty five (265) génocidaires (87.7%) reported that they were farmers prior to their incarceration. Of the remaining 37 génocidaires, the professions reported included baker, builder, bus attendant, businessman, carpenter, chef, electrician, district advisor, nurse, tailor, teacher, and veterinarian. Two hundred fifty-one (251) génocidaires (83.1%) reported that they hoped to return to farming once they were released. A small number of génocidaires felt that they would be too old to work when they were released. Some were afraid their land had been taken. Others desired to pursue barbering, business, farming research, and basket-making.

Support during incarceration

When asked whether they had regular contact with a family member or friend during their sentence 195 génocidaires (64.6%) reported that they had experienced regular contact with family or friends during their sentence. Participants were then asked to rate the frequency of contact on a scale including: "A lot of contact", "Quite a bit", "Hardly at all" or "Never". Twenty-eight génocidaires (9.3%) felt that they had been visited a lot, and 106 (35.5%) felt that they had been visited quite a bit. Ninety-three (30.8%) felt that they had been visited hardly at all, and 73 (24.2%) said that they had never been visited during their sentence.

This means that more than half the sample (55%) reported little or no visitation. The challenge of re-entry is heightened for these individuals.

Depression

Scores for the depression subscale ranged from 0-15 out of a maximum of 15. The mean depression subscale score was 6.05, with a range from 0 to 23. Less than a third of the overall sample of perpetrators (29%) reported scores over 10 for depression, with 10.2% of the sample reporting scores above 12 on the Kellner (1987) depression scale. Males had higher levels of depression than females, and this difference was statistically significant. Those incarcerated in Muhanga prison had higher levels of depression than in Ngoma and Gasabo prison ($F = 7.504$, $p = .001$).

Anxiety

Looking at anxiety, our overall sample has low levels of anxiety, with an average score of 5.7 out of a possible 23. According to Shibeshi, Young-Xu and Blatt (2007), any anxiety score equal to or above 8, is considered to be abnormally high (also see Kellner, 1987). Males had higher anxiety levels than females, and this difference was statistically significant ($t = 3.627$, $p = .000$). Génocidaires in Muhanga prison reported higher levels of anxiety (as they also did for depression), followed by Gasabo and then Ngoma prison. The difference between the mean anxiety levels of each prison was statistically significant ($F = 9.435$, $p = .000$).

Anger-hostility

From the examination of perpetrators in our sample, it becomes evident that they are characterized by extremely low levels of anger and hostility, as measured by the Kellner (1987) subscale. In particular, the mean score observed is 1.57 out of a possible 17. However, and as expected, males were more hostile than females (1.8 vs. 1.2 respectively, with $T = 2.256$, $p = .025$) and the difference was statistically significant. Statistically significant differences ($F=3.14$, $p = 0.045$) were observed between the prisons due to gender variation. Ngoma Women's Prison was characterized by the lowest levels of anger and hostility (1.1) compared with Gasabo prison for males only (1.8).

Somatic (physical/physiological) Symptoms

Somatic symptoms have been associated with a wide range of physical illnesses including heart problems, eating and sleep disturbances, diabetes, asthma, etc. . Génocidaires' somatic symptoms ranged from zero to 23 physical and physiological symptoms. When examining mean scores, the sample had moderate levels of somatic symptoms, with an average score of 9.6 out of 23. There was no difference between the mean score of somatic symptoms for men compared to women. However, 49% of the sample reported having trouble breathing, 46% reported poor appetite, 37% reported weak limbs (generally considered a trauma symptom), and 41% reported trouble falling

asleep. Ngoma prison had the highest scores for somatic symptoms, followed by Gasabo and Muhanga prison.

Wellbeing Subscale

Overall the sample scored high on feelings of friendliness (mean score of 5.82 out of a possible 6), relaxation (mean score of 5.10 out of a possible 6), and contentment (mean score of 4.47 out of a possible 6), but low on physical wellbeing (mean score of 2.99 out of a possible 6). Génocidaires in Ngoma Women's prison reported the highest levels of friendliness, and this difference was significant. This is perhaps unsurprising given that females in the sample reported feeling more friendly than males ($t = -3.716$, $p = .000$), more relaxed than males ($t = -3.045$, $p = .003$), and more content than males ($t = -3.826$, $p = .000$). Génocidaires in Muhanga prison had the lowest levels of relaxation and contentment, while those in Ngoma Women's prison had the lowest levels of physical wellbeing, although the differences were not statistically significant.

Post Traumatic Stress Disorder (PTSD) Symptoms

Overall, the sample had high PTSD scores, with a mean score of 42.45 out of a possible 85, with scores under 35 in a civilian population meaning the individual does not have the formal diagnosis of PTSD and those scoring above 35 having diagnosable PTSD. Almost two thirds (64%) of the sample scored above 35. And, 30% of the sample scored above the typical cut-off point of 50 used for military veterans returning from combat or in specialty psychiatric clinics (National Center for Posttraumatic Stress Disorder, 2012). There was no difference between PTSD level and prisons. Males had higher PTSD levels than females, and this had a slight statistical significance ($t = 1.77$, $p = .08$). Experience of PTSD symptoms was highly and significantly correlated with anxiety, depression, somatization, anger/hostility, and depression.

In this sample, examples of intrusive symptoms include: 58% reported intrusive memories of the genocide, 53% reported intrusive dreams, and 73% reported being upset by intrusive reminders. A sample of the avoidance symptoms reported in the sample includes: 73% who report they avoid talking about or having feelings about the genocide, 78% who have trouble remembering details about it, and 79% avoiding

situations that may remind them of it. A sample of arousal symptoms reported by this sample include: 48% who have trouble falling asleep, 44% who are easily startled, and 57% who have difficulty concentrating.

Not surprisingly, higher levels of relaxation and contentment were correlated with lower PTSD levels. Interestingly, reports of better physical wellbeing was correlated with higher levels of PTSD. Studies have shown that older people tend to have lower levels of PTSD than younger people. Given that older people are likely to have worse physical wellbeing, it is possible that age is a moderating variable in this correlation.

Adapted Readiness to Reconcile or Orientation to the Other Scale

Overall, the sample had extremely high readiness to reconcile scores, with a mean score of 64.67 out of a possible 68. Females had higher reconciliation scores than males ($t = -2.698$, $p = .007$). Génocidaires in Muhanga prison had significantly higher reconciliation scores, followed by Ngoma prison and Gasabo prison. Muhanga prison had eight times higher reconciliation scores than Gasabo prison. Reconciliation scores were not correlated with any of the Kellner Symptom measures, although somatization was on the verge of significance at $p = .075$. Lower reconciliation scores were correlated with higher PTSD scores and longer sentences. Of most interest, perhaps, is that those who had either no regular contact with family or friends, or a lot of contact with family or friends were more reconciled than those reporting that they had a little or quite a bit of contact. Eight percent (n=24 individuals) of the sample reported "always thinking about revenge." Eighty percent said they feel bad about their own actions during the genocide, which means 20% (n= 67 individuals) do not feel bad. Thirty percent (n= 91 individuals) reported that they would "not feel bad if the other group suffers."

Qualitative data analysis

75 génocidaires were interviewed individually for the study using open-ended questions as a way to deepen understanding of the quantitative data as well as assess more subjective dimensions.. The interviews were equally distributed between Muhanga, Ngoma, and Gasabo prison. The interview sample consists of 50 males and 25 females. At the time of interview they had served an average of 14¾ years in prison.

Programming received during their incarceration varied from prison to prison:

Muhanga Prison Programs	Ngoma Prison Programs	Gasabo Prison Programs
Anti-crime club	Anti corruption program	Bible training
Anti-corruption training	Basket making	Church
AVP	Bible teaching	Construction training
Church	Church	Family conflict resolution
Conflict resolution	Conflict resolution programs	Family planning
Counselors	Counseling about victim reconciliation	God
District staff give speeches and advice	Counseling training	Good governance program
Family	District staff	Government officials
God	Family	Health assistants
Learn how to read and write	Family planning program	HIV prevention
Learned carpentry	God	I am Rwandan program
Levels of leadership	Health care advice	Illness training
Local authorities teach about trauma and how to behave after release	HIV prevention	Internal social affairs
Musical groups	I am Rwandan program	International organizations
NGOs	Leadership training	Learned to read and write
None: self-help	Learned how to read and write from prisoners	Malaria prevention
Nurses,	NGO's	Medical support
Other prisoners	NURC	RCS teaching
Prison fellowship	Patriotism program	Reentry program
Programs about counseling,trauma, and reentry from Museke Waya	Prison fellowship	Rwanda Center for Council
RCS staff	Prison leader of fellow inmates	Tailoring training, learned sewing
Social workers	RCS staff	Teachers
Support and programs in prison	Red Cross	Training in eradication of genocide ideology
Training in one cow per family	Reentry programs	Trainings in cohabitation
Unity and reconciliation	Social affairs activities	Trauma program

program White man and wife come and comfort us	Sugar for health problems Taught how to live in harmony TB prevention Training on social affairs Trauma counseling Trauma programs Unity and reconciliation program	Unity and reconciliation,

Support and Friendship

The support and friendship reported from fellow prisoners was palpable, with all but fourteen of the interviewees identifying that they wished to remain in contact with fellow prisoners following their release. Some reported that they were taught to read by fellow prisoners, and some reported that formerly incarcerated prisoners returned to visit, bringing food. These close relationships may help shape the high attitudes toward reconciliation in the sample. Research has shown that when people have positive attachments they are more likely to engage pro-social behaviors.

In addition to relationships in the prison were the post-release supports which included children, spouses, siblings, parents, and neighbors. Many of the génocidaires were looking forward to reconnecting with their families after their release. The majority were planning to return back to the community where they were born and lived prior to the genocide.

One of the interview questions asked about the concerns each interviewee had about release. The concerns reported included the threat of another conflict occurring that leads to genocide, concern about finding shelter as the génocidaire's home was destroyed, finding work and avoiding poverty, and conflicts concerning land-sharing that had occurred during the years of incarceration. Many génocidaires aspired to work alongside fellow Rwandans to help rebuild their country, and develop themselves and their family. Some hoped to find family members whom they had lost contact with,

while others aspired to join farming cooperatives. Most of those interviewed did not fear retaliation from community members, as they reported that their apology and requests for forgiveness had been accepted by the victim's family either during the Gacaca process or post-sentencing. Nevertheless, some génocidaires said they were scared about not being welcomed back by neighbors because they had yet to connect with the victim's family. Many were worried about being returned to prison.

A large number of interviewed génocidaires felt that they were unable to plan for their release while incarcerated. They identified money, support rebuilding houses, and advice would be most useful after release. Many felt that money for seeds and fertilizer would be necessary, in order to resume farming. Although family was identified as the main source of support, many génocidaires were hoping that the government would be able to assist them with financial support and advice as the return to their community.

Key Areas to Consider and Recommendations

1) PTSD is high among the sample of prisoners. Approximately two thirds of the sample had diagnosable PTSD, an illness that can come and go and return over a lifetime in the absence of high quality treatment. Even sub-clinical Post Traumatic Stress (PTS) can be a risk factor.

Recommendation: All prisoners receive assessment six months prior to release and be provided treatment by mental health professionals trained in the treatment of PTSD. Referrals should be made to community counselors upon release for continuity of care.

2) PTSD symptoms are often highly and significantly correlated with anxiety, depression, somatization, anger/hostility, and depression. These symptoms were present in many prisoners in the sample.

Recommendation: Programs be put in place to provide nervous system stabilization and counseling prior to release.

3) Although most prisoners were counting on support from family members 54% had received little or no contact with family during their incarceration. Interestingly, these same individuals tend to have higher reconciliation scores. Perhaps without family contact individuals have a high motivation to reconcile with their communities in order to feel connected and receive support.

Recommendation: Efforts be made to connect prisoners with family members and neighbors particularly during the last two years of their sentences. Programs should be put in place to explore why family members have not visited and then make opportunities to improve visitation rates (fund travel to prison, build relational bridges that reconnect people with family and community members). This is particularly needed for those individuals being released who report little to no family contact (more than half the sample). Community programs should design activities that rebuild relationships among families, former inmates, and survivors to strengthen attachments and decrease the potential for violence.

Many prisoners say they are expecting family support even when they have little to no contact with family members during prison. These may, therefore, be unrealistic expectations of support which could cause potentially serious problems.

4) The majority (87.7%) of prisoners in the sample reported being farmers before their imprisonment and 83% said they wanted to return to farming. The qualitative data indicates various concerns about land (e.g., being sold, taken by siblings) which may be a potential source of anger and disagreement after release. Another concern expressed was not having the funds to purchase needed seeds, etc.

Recommendation: It will be important to help sort out land ownership and use issues prior to release via re-entry planning with family members and communities (see Issue 3 and Recommendation above).

5) Just under a quarter of génocidaires said that they were unsure of the date of their release. Remembering release dates is critical for the release planning process.

Recommendation: Identify potential opportunities to remind and reinforce future release dates of prisoners so they can make specific plans and become emotionally prepared for release.

6) Resilience indicators are high among the génocidaires at the three prisons in our sample. This means there are important strengths that can and should be built on to reconnect people and help former prisoners become contributing members of their communities.

Recommendation: Offer mental health, vocational, and educational programs during incarceration and develop transition programs upon community reentry for continuity

and reinforcement. Strengths are as essential to acknowledge and build on as attending to the problem areas such as PTSD. Individuals with PTSD or other mental health issues can be useful members of their communities. In fact, being a contributing member can be an important way to build health and well-being.

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