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Informally Shaping a Child's Mind Around Genocide Within Rwandan Families

Cameron Voss
SIT Study Abroad

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Informally Shaping a Child's Mind Around Genocide Within Rwandan Families

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ABBREVIATIONS

TIG: a French acronym meaning “community service as an alternative penalty to imprisonment” that was introduced in 2005.

- “An innovative punishment program which allows people convicted of participating in the genocide to serve part of their sentences doing community services, is helping to put in place a new form of justice in Rwanda, which focuses on ideas of unity and reconciliation but also contributing on national development” (Republic of Rwanda).

ABSTRACT

While policy and education are subject to change from research oriented projects, my research rather drives to understand and record how caregivers portrayed their own, others, and their country's past to the next generation. The informal aspects of family structures, while highly influential, are difficult to navigate and track, and this research endeavors to unveil some of the hidden trends that are throughout Rwandan families with children born after the 1994 Genocide against the Tutsi. The generation that has matured in the aftermath of the 1994 Genocide against the Tutsis in Rwanda have faced many challenges that few outside of Rwanda can fully appreciate.

The developing years in a child's life can be challenging enough, but growing up in a post-genocide society possesses its own complications. This study explores how this past generation of survivors, perpetrators, returnees, and other Rwandan citizens face the essential act of parenting. Understanding how, when, and by whom important conversations about Rwanda's history are initiated provides insight into the inner workings of Rwandan families. The initial exposure to difficult subject matter, especially genocide, makes an impression on young minds that can last a lifetime. It's not only the parent's answers, but the child's questions that can provide a window to how the post-genocide society is coping through a child's perspective.

ACKNOWLEDGMENTS

To the people that encouraged me to not doubt my decision to travel to Rwanda and study post-genocide restoration and peacebuilding, your unending support amazes and humbles me. To Dr. McWhirter, thank you seems like such a small way to express my unending appreciation for how much you have challenged me to do more. It was because of you I connected with Martha Vetter and the wonderful Dufatanye Cooperation. It was an honor to speak with so many members and friends of the Dufatanye Cooperation in Nyanza, and I hope to visit them again in the future. For those that took time out of their busy lives to help translate for me, especially Abigail and Christian, the amount of research I conducted could not have been done without your help. My close colleges, now considered friends, were essential in making this paper a reality. They helped me funnel my many thoughts and ideas into actions and words on a page. My unexpected canine companion, Norris, was key to relaxing in the stressful times and simply enjoy being in Rwanda. No matter the time, he was happy to greet me with a wagging tail and prancing feet. Lastly, to my parents, they already know how much I appreciate their unfailing love and support, but I think they will still want it here in writing.

CHAPTER 1: INTRODUCTION

BACKGROUND

The division between the Hutu, Tutsi, and Twa people, may have been present in pre-colonial Rwanda, but it was not until the Belgians came that these fluid economic statuses became the racial controversy that created the 1994 genocide against the Tutsi. It was due to the 1933 census, endorsed by the Roman Catholic Church, that placed fixed restrictions on the patrilineal constructed races to provide easier management for their Belgian colonizers (Mamdani 2002, 98). With the division firmly regulated and encouraged from the overseeing social institutions, Tutsis were given the privilege and power, while Hutu and Twa were treated as subservient beings until a switch in power with the end of the colonial age. Even before independence in 1962, the power shift from the minority Tutsi leadership to the majority Hutu leadership was in full force creating waves of Tutsi refugees.

After years of dissension within and outside Rwanda, the conflict came to a head in a civil war. The 100 days of genocide against the Tutsi killed over a million people and marked the end of the conflict, and the return of the diaspora of Rwandese. The perpetrators of the genocide were put on trial through the Gacaca courts. The TIG program provided an alternative, more constructive, community building alternative for those perpetrators that qualified. One of the main challenges that faced the Rwandan government after such a horrific past was how to dissolve this dichotomy within the society. The idea for a one Rwandan identity sprang from this need for a cohesive peace (Ingelaere 2010, 53). Education of youth also took on a more centralized focus, especially in the teaching of the history of Rwanda and the Genocide. Although the one Rwanda system of thought is a standard held closely to the heart of Rwandans, the society still holds itself to new categories labeled survivor, perpetrator, and returnee (Mamdani 2002, 266). There is little middle ground to be held for those that fall outside these

categories but they are so prevalent that this study will also be referring to informants on this basis as well.

RESEARCH PROBLEM

Rwanda has a history of separation and inequality, the current government has gone to far lengths to create a united Rwandan identity within the material to be taught to children in their history classes. Although this unified narrative in teaching challenging history is necessary, children are still learning about the genocide in different settings outside the classroom. These informal settings of learning have an impact on how the topics that are taught in the classroom have the potential be outside the national narrative.

The home is a place where most children feel safe and comfortable enough to ask questions of sensitive topic to the adult caregivers in their life. This, unsurprisingly, is the setting where all the children in this study chose to hold important conversations on the topic of genocide in their families. When the ideas and lessons are initially exposed, the question of this research becomes how do different families of survivors, perpetrators, or returnees approach the sensitive topic of genocide to children under their care.

RESEARCH QUESTIONS:

How is genocide-related history told/discussed in Rwandan Families to children born after the genocide? Specifically:

- Does the caregiver initiate the conversation of genocide or does the child, and how does this effect the topic thereafter?
- What are the techniques (and or ethical values) used by caregiver to approach/ inform their children about the genocide?

- What are the main challenges do the caregivers face during such conversations with their children?

RESEARCH PURPOSE

This research into Rwandan families is to provide clear information on what is being taught to children about the genocide outside of the classroom. The Rwandan school system provides an important structure and narrative for children on the topic of genocide, but at the end of the school day, children come home to families that were directly or indirectly effected by the genocide. These interactions between children and adults in different familial context are important to document and learn from. It is not only the verbal communications that impact a child's informal learning. The use or disuse of censorship with radio and television in a household setting has ability to also influence a child's mindset.

OBJECTIVES

- Analyzing the various ways the Rwandan youth are initially exposed to their complex and challenging past of their families and the country in general.
- Identify the difficulties that Rwandan caregiver face as they expose their children to the Genocide history.

CHAPTER 2: RESEARCH METHODOLOGY

THE SCOPE OF STUDY

The population of this study includes a wide range of people. The definition of the term caregiver in this study is open to any adult, 18 years and older, who interacts with a child daily in order to provide the responsible guidance needed in a child's growth process. The main reason for this highly inclusive definition is the adaptable nature of Rwandan families. For example, one family I interviewed was made up of two female caregivers: the aunt (Daphne, 2018) and the grandmother (Esther, 2018). Although they are not the biological parents to the child, they do provide the main support to their 10 year old child. There are a number of caregivers in this study who are not the biological parents of the child, but are still accepted in the study because they fulfill the role of a caregiver.

Parents of children born after the 1994 genocide make up the majority of informants in this study. Both male and female were allowed in the study, although the majority are female (Figure 1). Rwandan young adults 18 years and older, yet under the age of 24, who were willing to provide insight into past conversations on genocide within their family, were also included. For example, Abigail is university student in Kigali and spoke with me at length on her personal past informal learning about the 1994 genocide against the Tutsis. She also expounded more on her role as a caregiver to her younger siblings, nephews, and nieces. Abigail, along with many others do not have children of their own, yet still participate in the development of surrounding children and therefore are still considered caregivers.

DATA COLLECTION TECHNIQUES

In collecting data for this research, four techniques were used: formal structured individual interviews, informal individual interviews, group interviews, and questionnaires

(Figure 2). All techniques were non-random that formed through a mix of accidental, purpose, and snowball sampling. There are 37 informants who contributed to this study. Formal structured interviews made up 21 of the informants. Within the 21 informants, 4 interviews were in English while the other 17 were translated from Kinyarwanda to English, and 3 interviews were conducted in Kigali while the other 18 were in Nyanza. There are only 2 informal individual interviews that were both conducted in English and one was in Kigali while the other was in Nyanza. There are two group interviews: the first made up of 4 informants and 2 informants in the second. They were both translated from Kinyarwanda to English and were located in Kigali. The final technique used were questionnaires that brought in 8 informants. All of these informants were located in Kigali and only one was translated from Kinyarwanda to English.

ETHICAL VALUES

Any research involving children is fraught with ethical issues. I have not the skill set, time, knowledge, or resources to speak to children on this research topic. For this reason, all participants in this study were over the age of 18. Also taken into consideration is how the sensitive topic of genocide may adversely affect those participating in the study. This is not an intrusive study into an individual's past, but it does involve talking about how the past of Rwanda is exposed to the next generation. This may bring forward unpleasant memories for participants. For this reason, there are a few gaps in the study that are due to a lack of response by the participants. Without any access to therapeutic services, these questions remain unanswered to reduce the negative effect on the individual.

LIMITATIONS

The largest and most prevalent limitation in this study was time. This research was conducted over a one month period of time. This restriction vastly limited my ability to conduct

interviews, get in contact with as many individuals outside my home base of Kigali, and my ability to observe Rwandan families.

The limitations surrounding interviews consisted mainly of credibility and reliability of translators themselves. I used three different translators at three different points in this research. The first translator was a young woman Abigail. She is a university student who freely gave her time to help me talk with 4 ex-TIG caregivers. Her past identity as a Tutsi, while not explicitly mentioned to the interviewees, had the potential to influence both her translation of my questions, their answers, and their responses to the questions. The second translator, Christian, was used while I interviewed 18 participants during a 5-hour period in Nyanza, Rwanda. He is the community leader and lead organizer of the Dufantanye Cooperative, because he is well-known in the community, this had the potential of obscuring the interviewee's responses due to familiarity and level of respect. The last translator used was a woman named Daphne in a group interview with her and her grandmother, who did not speak English. In all three occasions, the translators were not professionals, therefore, the accuracy in their translation was not of the highest performance, yet still appreciated and valued. With all three translators, ideas, summaries, or phrases, were translated into English, not exact words. Over all, I was able to conduct the majority, 22 interviews, in Kinyarwanda, thereby providing better representation of the majority in the country that speaks the native language (Figure 3).

With a total of 29 interviews, 19 of them were conducted outside of the capital of Kigali in Nyanza, Rwanda (Figure 4). If this research were in an ideal setting, it would be conducted evenly throughout all 5 provinces, instead of only two. The capital and Southern province are in no way representative of the whole of Rwanda. Although a sample size of 29 interviews is adequate for the amount of time given, having more interviews from families around the country

would have provided more legitimacy to the study. I had a similar problem only 8 questionnaires filled out in the Kigali area, I was unable to obtain better representation from other areas.

The representation of families at that are survivors, perpetrators, returnees, or some other category is limited to the amount of information that was provided by the individual. Informants were not asked, at many points in the conversations these categories were freely given or were given within the context. Although obtaining a majority of survivor's perspectives was not my initial intention, it was the result. The unknown category for all sections represents those individuals that did not answer the question or gave no indication to their status (Figure 5).

CHAPTER 3: LITERATURE REVIEW

The topic of guiding children through the difficult conversations about the 1994 Genocide against the Tutsi is nowhere to be seen in academic articles. What could be found was a plethora on childhood development and informal learning structures. Understanding the stages and learning styles of a child's growth up to adulthood is imperative when researching what factors could impede their development. Areas such as emotional, moral, and social development in childhood, the differences between informal and formal education, and studying family structures need to be understood in a general sense before applying these ideas to outside research studies.

EMOTIONAL, MORAL, AND SOCIAL DEVELOPMENT

The emotional development of a child can be tracked not only by rough estimation of age, but also the emotional expression the child portrays. In the article, "Emotional Development in Childhood," by Carolyn Saarni, the author provides a detailed chart examining the timing of different key emotional stepping stones. This includes the emergence of empathy and pro-social behavior between the ages of two and five, and the increase in social sensitivity between the ages of ten to thirteen years of age. "Young children's emotion expression and emotion regulation are less well-developed, requiring more support and reinforcement from the social environment." (Saarni 2011, 5). This social environment can include many different sources including caregivers. "The attachment relationship with caregivers is the initial context in which a child's emotional life unfolds." (Saarni 2011, 5). It is between the social environment of the child and the anchoring with the caregiver that provides a basis for emotional development.

Social development is very closely related to the moral development in a child. In the article, "The Moral Foundations of Prosocial Behavior," by Tina Malti, Sebastian P. Dys,

Antonio Zuffianò, provides a clarification for this connection by saying, “Early moral development is an important foundation for prosocial behavior. Moral emotions may facilitate children's prosocial conduct through the affective consequences of their actions for the self (e.g., guilt) and/or the affective concern for others (e.g., sympathy).” (Malti 2015, 1). The major development occurs in the first five years, but it is also the job of the guardians and caregivers to foster these proper moral expressions to promote healthy prosocial behavior. (Malti 2015, 3).

INFORMAL AND FORMAL EDUCATION

The distinction between informal and formal education is significant to understand the effects that both have on child development. “The Forms of Informal Learning: Towards a Conceptualization of The Field,” by Daniel Schugurensky, describes informal learning as taking “place outside the curricula provided by formal and non-formal educational institutions and programs.” (Schugurensky 2000, 2). The role of formal leaning is the exact opposite, as it is structured within educational institutions and programs (Schugurensky 2000, 2). According to the author there are three types of informal learning: self-directed, incidental, and socialization. (Schugurensky 2000, 3). As the names suggest, they all are based on the intention and awareness of the learning process. The only intentional form of informal learning is self-directed, while incidental. Awareness at the time of learning is only a part of the self-directed and incidental forms, while socialization is neither intentional nor aware of the informal learning process (Schugurensky 2000, 4).

COMMUNITY VIOLENCE

Research and knowledge on children’s direct effects within violent environments is better developed than that of the indirect forms of community violence. Community violence, as defined by “Collective Violence and Children,” by Joanne Klevens, is “any type of violence

committed by groups of individuals or by states.” (Klevens 2011, 1). When speaking on how this violence could affect healthy growth in children the author says, “may affect young children directly as victims or witnesses and indirectly through its impact on the availability, stability and responsiveness of caregivers and their environment.” (Klevens 2011, 1). The variance in the exposure can also depend on whether the children hear about the violence, become a direct victim, or witness the act (Guerra 2011, 1).

FAMILY STUDIES

The area of family studies is one that has been researched in many cultures around the world. Studies range from lineage, kinship, marriage, history, organization, and many other facets of these cultures. To ensure that the families in these cultures are well researched researchers use various strategies to gather information. Strategies to learn more about different cultures’ family organization, within the greater society, can be physical on the ground fieldwork or historical analysis. These strategies have been conducted since the beginning of Sociological and Anthropological research (Viazzo 2002, 424). The historical analysis of family studies in a culture is an imperative aspect of family learning although more towards theoretical mindset. Family case studies are fieldwork based studies that are focused on details to obtain the more nuanced aspects of a society (Lewis 1950, 475).

ANALYZATION IN RWANDAN CONTEXT

The analyzation of how a child reacts to trauma is very important, but this is not the main point of this research. There is no current research conducted on how children are exposed to genocide in Rwandan families in the post-genocide society. Nothing is recorded on where children learn in informal setting either from a source outside the caregiver or by the caregiver themselves. There are a multitude of articles on the effects of trauma on children, but very little

in the Rwandan setting and on the how they are initially exposed in an informal socialization area. Fully understanding the impact behind what could happen to a child that experiences trauma, also in the second generation, is important when thinking on the implications of this research project. When conducting the interviews and surveys, knowing that the, “availability, stability and responsiveness of caregivers and their environment” has a strong in impact on the child’s growth will be needed to be taken into consideration for further studies (Joanne Klevens 2011, 1). It is here that I wish to start a conversation on how the record of these interactions has the potential to led to further in depth studies.

CHAPTER 4: FINDINGS

“We really had serious conversations while I was giving her a bath. I don’t know why. I think she was very happy and really excited.” Gabriel had been sitting next to the tub as he washed his four year old daughter when she asked an unexpected question. “She was like, ‘Daddy, tell me again who died in your family in genocide?’ I said, ‘My mum, my dad, my sister and my brother.’” He shifted in his chair across from me as he continued telling me how his daughter questioned him further about any others who were killed, including his many uncles. “This is so funny and so sad at the same time, she says, ‘But daddy, why does your family like to die so much?’” His hardy laughter reverberated off the walls as he continued the bath time conversation. She didn’t let him respond to the first question before adding, “I mean, it seems like everyone in your family got killed. Why is everyone in your family getting killed?” His laughter overtakes him as he adds her last question, “What’s wrong with them?” His wistful chuckling continues as he says, “I was like, ‘No, no baby. They don’t like that. Nobody likes that, but it happened because there was a genocide.’ ... That really stayed with me. It was so shocking, yet held so much innocence” (Gabriel, 2018). Gabriel was one of the 22 in my research who remembered the first time their child talked about the genocide (Figure 6). His four year old daughter was by far the youngest child to question in this study, with the median age ranging between 10-11 years old (Figure 7).

CHILDREN WITH QUESTIONS

The history of Rwanda leaves many people with questions, and children are no different. In this study, 76 percent of all caregivers informed me that a child under their care had approached them at some point with a question specifically about the 1994 genocide against the Tutsi (Figure 8). The topics that were brought forward by the children varied, but with a few

common themes. Within the families that had children ask questions, 32 percent asked questions about the cause of the genocide. Questions related to why people, or Hutu, killed in the genocide made up 17 percent. The topic of family history in relation to the genocide also was talked about in 17 percent of the time. Although these are small trends, their answers are not as simple. All the care givers of these questioning children answered their child, yet 53 percent of children asked more questions. Only 28 percent said that their child had approached them again on the same topic at a later point.

The topics that children bring up to their caregivers range widely. One of the most unique questions from a child came from my interview with a man named Elijah. He was an ex-TIGist who only spoke Kinyarwanda. When asked the question, “Has your child asked you a question about the history of Rwanda,” his answer had himself and my interpreter chuckling, before I knew what was happening. Apparently, his 8 year old child had come to him with questions on colonial history. After recounting how the Belgians had furthered the divide between Hutu and Tutsi, his child asked, “Were the muzungus (white people) taken to court?” I was not the only one that thought this line of questioning was out of the ordinary. Unsure of how to answer the question if I were in his position, I asked Elijah if he answered the question. He told me he answered by saying they were not taken to court, because there was no oversight at the time (Elijah, 2018).

CAREGIVERS TALKING TO CHILDREN

Who initiates the conversation on genocide makes a difference on how often it is discussed in a family. Caregivers were split at 54 percent approaching their child on topics surrounding the 1994 Genocide against the Tutsi (Figure 9). This percentage might be slightly out of line due to some of the caregivers informing me that they plan to talk to their children, but

they believe them to be too young currently. Herald is a father of three who was very passionate about how he plans on approaching his children on their family history. He told me he plans on bringing them to the ruins of his childhood home in the eastern province, standing them on the hillside overlooking the rubble, and explaining to them that this is what happens during a genocide. As he spoke, he handed me his phone with a picture taken on a crest of a hill overlooking a valley. The house he spoke of no longer resembles a house 24 years later, rather, a crumbling square outline with over grown weeds. Herald expects his children to ask him questions on that day, and he says is prepared to talk about the death of his mother, father, and seven other siblings (Herald, 2018).

POSITIVE AND NEGATIVE MESSAGES

The caregivers who had already spoken to their child about the genocide talked about a wide range of topics. Examples of conversation topics ranged from talking about good governance and the history of colonialism to family history and personal testimonies. The only trend found was that 20 percent of caregivers said they gave their child a positive message such as “love each other” (Noel, 2018), “there is no separation” (Deborah, 2018), or “we are all human beings” (Ruth, 2018). These uplifting and unifying ideas are wonderful, but they are not the only ideas given, some can be quite negative.

After interviewing Kaleb, an ex-TIGist father with 5 children, my translator sent him down the road to go to let the next woman know that she could come to meet us. During the interview, he told me that although his children did not approach him on the topic of the genocide, he has “taught them against genocide ideology” (Kaleb, 2018). Leah, the woman that was sent for, is a survivor, mother, and grandmother. When asked the same question, her answer was quite different. My translator said, “She says she tells them not to be friendly to those that

killed.” When I asked at what age she tells her children this, her response was 18 and above (Leah, 2018). Despite her discretion to only relaying this advice to her adult children, this negative atmosphere has the potential to affect the younger minds at home as well.

WHAT CAREGIVERS CHOOSE NOT TO TALK ABOUT

Although the majority of caregivers said they would speak to their children on anything related to the 1994 Genocide against the Tutsi, 32 percent did not agree (Figure 10). The demographic within this group is very telling: 66 percent are survivors while the rest gave no indication as to their status. The topics were varied on what they wouldn’t talk about, except for two small trends. Three separate women said they would not talk to their children about rape, and four other survivors said they avoided talking about violence related to they witnessed. These statistics surrounding survivors are blunt and honest in their answers. Ex-TIG people I interviewed had a different response. While conducting a group interview with four ex-perpetrators, the three men nodded their heads when Deborah answered with, “No, telling the truth is good. It makes us feel good” (Deborah, 2018). Although this statement is, in theory, an inclusive answer, it makes me doubt the validity of what they are saying. It makes me question whether they would truly answer some of the difficult questions a child may ask to a person that participated in a genocide. Would they answer ‘how many people did you kill’ or ‘how did you kill them’ truthfully to a child?

Knowing the level to which you should talk about a topic, such as genocide, when you have the personal experience with it is something that Gabriel says he currently struggles to judge. The bath time conversation with his daughter was a particular case of enlightenment in how he thinks of parenting. “You have a brain here, that you can influence as much as you like, and it’s up to you to shape this brain. I mean, obviously, she will form it the way she wants, but

it showed me how much it could influence things” (Gabriel, 2018). Gabriel had not, to his knowledge approached the topic of genocide around his daughter, but rather he thinks it might have been the television or some other outside source. Children like Gabriel’s daughter are highly perceptive and she was not the only child that noticed the gap in communication.

Bethany is 18 years old and a child of a survivor. She agreed to talk to me about her experience growing up with caregivers who were survivors, both her aunt and mother. When I asked her if she talked to her caregivers about the topic of genocide growing up she told me, “When in family, I asked a question. There are some hard questions. [That] break the heart of whom you are asking. They try to show you kindness, but inside they are broken.” She continued speaking about how difficult it is for survivors to be asked questions such as ‘how have you survived?’ She has learned to minimize asking questions. “In the remembering period, I don’t ask her how she got this,” she makes a slashing motion with her hand across the back of her neck, indicating the use of a machete. “[Or] how she ended up living. Maybe she can tell me, but alone she may cry.” (Bethany, 2018). Bethany was so open to her experience as a child. She could not remember at what age she learned to tell the difference between to whom she could or could not speak to, but now at the age of 18 she is fully aware the challenges that these questions bring forward.

SPEAKING OPENLY

THE CHILD

Sitting in a circle of banana chairs, I sat with my translator across from me as I asked the group of Ex-TIG if they thought their children spoke openly about the genocide. The four of them started to chuckle as one answered for the group in Kinyarwanda. I was confused with what I considered to be out of place laughter until translator explained, “They think it is an easy

question, yes.” These four were not alone in their answer, 89 percent of caregivers also said their children speak openly on the topic of genocide (Figure 11). For those who did not speak openly, they said it was due to the young age of their children. To see if there was a difference between the rate at which children in rural and urban settings speak openly I compared the answers between what the caregivers in Nyanza to those who live in Kigali gave. Both areas showed that there is an 88-89 percent level of openness among children.

The home was the place that all informants answered as the area where their child asked them questions on the topic of genocide. The mother of the child was the most common person to whom the child feels most comfortable speaking with, at 38 percent (Figure 12). Fathers were a part of these conversations 20 percent of the time. None of the caregivers overtly mentioned their children openly speaking to people outside what they considered family or the school setting. Although, Esther, a grandmother who lives with her 10 year old grandson, told me that after he was made aware that he came from a family of survivors, she watched him as he would tell the neighborhood kids about his family history. The first time it happened she waited patiently to hear the children’s response, but apparently, it went well. When asked what the other children’s reactions were, she said they were all also from families of survivors, and this prompted them to share their own family’s history as well (Esther, 2018).

THE ADULT

When asked if they spoke openly about the genocide around children, 57 percent of the adults said that they did (Figure 13). Being conscious of the fact that this question, in particular, takes much personal introspection and reflection, it is understood that this data might be offset. The rural setting of Nyanza had 52 percent of adults who spoke openly in front of children, while in Kigali only 61 percent of adults spoke openly.

This split between speaking in front of children and choosing not to can be seen clearly in the first time Beatrice talked about the genocide with her 12 year old grandchild. Beatrice is an ex-TIGist who chooses not to openly talk about the genocide in front of children. However, this did not stop her grown child from asking, “You had beans and rice while in prison, right?” while in front of her grandchild. He had not known that his grandmother had been in prison and wanted to know why she had been there. Beatrice did not explain further on how the conversation ended. When asked if she thought the child would approach her again on the topic, she said she didn’t expect him to (Beatrice 2018).

COMMEMORATION

April 7th marks the first day of the commemoration week every year in Rwanda. This public holiday is marked by schools and businesses closing. Although, business are allowed to open in the evenings, not all choose to do so. Signs that say Kwibuka (remember), are hung on government buildings, banks, schools, storefronts, and surrounding fences. The Rwandan color of mourning, grey, is the predominant color of dress. Tokens for the anniversary are sold on street corners and in shops. There are many events happening all over the country during this week. Although this week is for remembrance, the genocide was over 100 days long and many memorials and individuals hold events to dates and times that hold significance to them. It would be near impossible for a Rwandan child to not have some form of direct or indirect contact with the events surrounding commemoration.

Over 91 percent of caregivers attend some event connected to commemoration week (Figure 14). Yet, only half bring children to the events as well. Although leaving the kids at home may hold back questions for some children, getting left behind for others just makes more questions. Joanna is a survivor and currently holds the position of Umudugudu, the smallest

governmental leader position, in her community. The first time one of her seven children asked a question about the genocide was when the child was 5-7 years old. She was on her way back from a commemoration event and the child asked, “What is genocide? What is commemoration?” (Joanna, 2018).

The physical events of commemoration are not the only ones that happen during this time. The media, radio and television cover these events, share testimonies, and play music about the genocide 24 hours a day for the duration of the official mourning period. Almost all caretakers, 84 percent, watch or listen to these events on the radio or television (Figure 15). Of those that watch and listen, 90 percent do so with children present (Figure 16). Although children are present this does not mean they are listening. I was reminded of this when Bethany told me that as a child she was told she could either watch the president’s speech and other news events or go to bed early. She told me she was a troublesome child, and this ultimatum did not go over well with her. She was caned on multiple occasions due to her lack of patience and interest in the news, which would get her into trouble. One time she even snuck out of her bedroom window to play outside with other kids after being sent to her room to sleep when she wouldn’t sit still for the news. She was caught later that night in a dirty dress. She was 6 years old (Beatrice, 2018).

MEDIA INFLUENCE

Following the news is not something that all children may love, but 81 percent of caregivers reported that their child watches or listens to the news (Figure 17). Children that are said to watch the news often made up 64 percent of children in this study. In Daphne’s family, she uses the news as a tool that guide the conversations she has with her 10 year old nephew. She uses the news coverage as a tool to educate him, as well as to know the context behind the questions he asks due to what he watches (Daphne, 2018). Caregivers that regulate what their

children see make up 43 percent, with the most common theme censored being violence.

Regulating what a child watches might be the ideal, but it was not lost to many of the caregivers that children often find a way around this, and now have the internet to aid them.

CHAPTER 5: CONCLUSION

Caregivers hold the task of answering many of their child's most intuitive lines of questioning. It is understandable that some of these conversations might be related to the post-genocide context they live within. While the majority of children approach their caregiver with a question relating to genocide, only about half of caregivers choose to approach their children on the topic. This halfway divide in caregivers is also seen in only 57 percent speaking openly on the topic of genocide around children, while children speak openly at a rate of 89 percent. Events surrounding commemoration also make an impact on families, 91 percent of caregivers attend some event connected to commemoration week, yet only half bring children. According to the data in this study, the majority use children's questions to guide the conversation around the 1994 genocide against the Tutsi. This strategy allows for the caregiver to evaluate how much the child knows and format the conversation accordingly. Providing information without attached violence and trauma, remains a priority for many caregivers.

Caregivers face many challenges, but three main trends emerged in this research. The first is being able to understand and explain the context that the child asks a question. Not all caregivers are willing to speak on every topic, and addressing those questions also need understanding of the background the child is coming from. Another difficulty lies in the sensitive and violent nature of the topic. Again, not all are willing or able to share in detail. The final challenge is the complex nature of outside influences effecting how and why the conversations happen within the families.

The goal of this research was to provide a starting point for a larger conversation to begin on the topic of talking with children about the 1994 Genocide against the Tutsi within Rwandan families. No full conclusions can be drawn from the data gathered for a host of valid reasons on my part. At this point in time, I am not a parent and I do not currently hold the mantel of

caregiver for any child. I am an American who only studied in Rwandan for a period of 4 months. I did not mature in a post-genocide society, nor am I an expert in the field. Therefore, I lack the wherewithal to properly evaluate my data to the fullest extent in the Rwandan context. My knowledge on the intricacies and variances of Rwandan families are severely limited. The intimate knowledge of Rwandan households that I do hold were provided by an inadequate sample size that is not representative of the entire country.

This data and handful of stories are freely given to humanize and make known the struggles that both children and their caregivers are facing today in Rwanda. More attention must be given to those that are informally influencing the next generation. Acknowledging that the past has had a profound effect on the current generation of caregivers, is the first step to know where the need is most great. This study leaves many questions unanswered: How different are the conversations between returnee, perpetrator and survivor families? Do the children in these families experience intergenerational trauma before, during, or after having their first discussion on the topic of genocide in their family? Is there a different rate at which a child asks questions within the different family contexts? Do these conversations affect the child's emotional, moral, and social development? These questions and more are worth being explored in more detail and by more experienced researchers.

INTERVIEWEES

Names have been for the anonymity of the informants.

Abigail, personal communication, April 23, 2018. Kigali, Rwanda.

Adriel, personal communication, May 3, 2018. Nyanza, Rwanda.

Beatrice, personal communication, May 3, 2018. Nyanza, Rwanda.

Bethany, personal communication, April 29, 2018. Kigali, Rwanda.

Cain, personal communication, April 30, 2018. Kigali, Rwanda.

Christian, personal communication, May 3, 2018. Nyanza, Rwanda.

Daphne, personal communication, May 6, 2018. Kigali, Rwanda.

Deborah, personal communication, April 30, 2018. Kigali, Rwanda.

Elijah, personal communication, April 30, 2018. Kigali, Rwanda.

Esther, personal communication, May 6, 2018. Kigali, Rwanda.

Felix, personal communication, May 8, 2018. Kigali, Rwanda.

Frank, personal communication, April 30, 2018. Kigali, Rwanda.

Gabriel, personal communication, May 1, 2018. Kigali, Rwanda.

Grace, personal communication, May 8, 2018. Kigali, Rwanda.

Herald, personal communication, April 19, 2018. Kigali, Rwanda.

Hosanah, personal communication, May 8, 2018. Kigali, Rwanda.

Isabel, personal communication, May 8, 2018. Kigali, Rwanda.

Isreala, personal communication, May 3, 2018. Nyanza, Rwanda.

Joanna, personal communication, May 3, 2018. Nyanza, Rwanda.

Jordan, personal communication, May 8, 2018. Kigali, Rwanda.

Kedar, personal communication, May 3, 2018. Nyanza, Rwanda.

Keturah, personal communication, May 8, 2018. Kigali, Rwanda.

Leah, personal communication, May 3, 2018. Nyanza, Rwanda.

Lydia, personal communication, May 8, 2018. Kigali, Rwanda.

Mary, personal communication, May 8, 2018. Kigali, Rwanda.

Miriam, personal communication, May 3, 2018. Nyanza, Rwanda.

Noel, personal communication, May 3, 2018. Nyanza, Rwanda.

Ophrah, personal communication, May 3, 2018. Nyanza, Rwanda.

Paula, personal communication, May 3, 2018. Nyanza, Rwanda.

Quartus, personal communication, May 3, 2018. Nyanza, Rwanda.

Ruth, personal communication, May 3, 2018. Nyanza, Rwanda.

Selah, personal communication, May 3, 2018. Nyanza, Rwanda.

Thomas, personal communication, May 3, 2018. Nyanza, Rwanda.

Uriah, personal communication, May 3, 2018. Nyanza, Rwanda.

Victoria, personal communication, May 3, 2018. Nyanza, Rwanda.

Wendy, personal communication, May 3, 2018. Nyanza, Rwanda.

Zipporah, personal communication, May 3, 2018. Nyanza, Rwanda.

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QUESTION BANK

How many children do you care for? _____

What are their ages? _____

Relationship to child or children: _____

Age of interviewee (Circle): Over 25 or Under 25

Are you from Rwanda? _____

Has a child asked you a question about the *history of Rwanda*? Yes or No

- If yes, what was the nature of the question? (Circle)

Family history

Ethnic

Colonial History

Religious

Pre-Colonial

Political

Other: _____

- Did you respond to the question? Yes or No
- Did the child ask more questions after you responded? **Yes or No**

Has a child asked you a question specifically about the *1994 Genocide against the Tutsi*?

Yes or No

- If yes, what was the nature of the question? (Circle) Family history

Religious

Colonial History

Other: _____

Ethnic

Pre-Colonial

Pre-Colonial

Political

- Did you respond to the question asked by the child? **Yes or No**
 - If yes, did the child ask more questions after you responded? **Yes or No**

- Has your child ever re-approached you about these topics? **Yes or No**

Have you (voluntarily) talked to a child under your care about the 1994 Genocide against the Tutsi?

Yes or No

- Is yes, what do you address in the conversation? (Circle)

Family history	Pre-Colonial	Other: _____
Religious	Colonial History	
Ethnic	Political	

Is there anything you purposely choose **not** to talk about? **Yes or No**

- If yes, what was the topic you chose not to address? (Circle)

Family history	Pre-Colonial	Other: _____
Religious	Colonial History	
Ethnic	Political	

- Have you ever re-approached your child about these topics? **Yes or No**

Does the child speak openly about the 1994 Genocide against the Tutsis? Yes or No

- If yes, where are they when they do? (Circle)

Home	A family member's home	Store
School	Restaurant	Memorial Site
friend's house	Bus stop	Other: _____

- Who do they speak openly with? (Circle)

Anyone	Uncle	Family Friend
Mom	Brother	Other: _____
Dad	Sister	
Aunt	Grandparent	

Do you remember the first time your child spoke about the *1994 Genocide against the Tutsis*?

Yes or No

- How old was the child? _____
- If yes, where were they? (Circle)

Home	A family member's home	Store
School	Restaurant	Memorial Site
friend's house	Bus stop	Other: _____

- Who was present when they spoke? (Circle)

Lots of people	Uncle	Family Friend
Mom	Brother	Religious official
Dad	Sister	Other: _____
Aunt	Grandparent	

- If yes, what was the nature of the question? (Circle)

Family history	Pre-Colonial	Other: _____
Religious	Colonial History	
Ethnic	Political	

Do you speak openly about the *1994 Genocide against the Tutsis* around your child?

Yes or No

Did you do participate in any events during commemoration week?

Yes or No

- If yes, did you bring children with you? **Yes or No**

Did you watch or listen to any of the commemoration events over the news?

Yes or No

- If yes, did children listen or watch with you? **Yes or No**

Does your child watch or listen to the news at home?

Yes or No

- How often? _____

Is the radio or TV on while no one is watching or listening to it?

Yes or No

Do you regulate the news that they watch or hear at home?

Yes or No

- If so, what do you censor? (Circle)

Violence

Adult Soap Operas

Criminal Activity

Local Politics

Genocide Related Topics

Inappropriate Language

International Politics

Music Videos

Anything not made for children

Sexual Material

Natural Disasters

Other: _____

APPENDICES

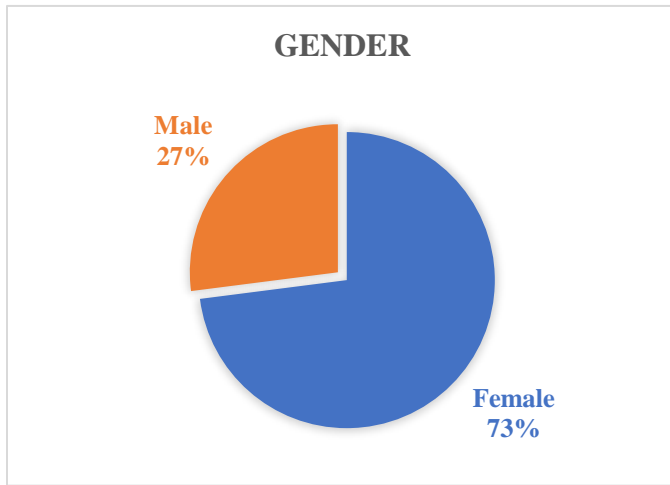


Figure 1

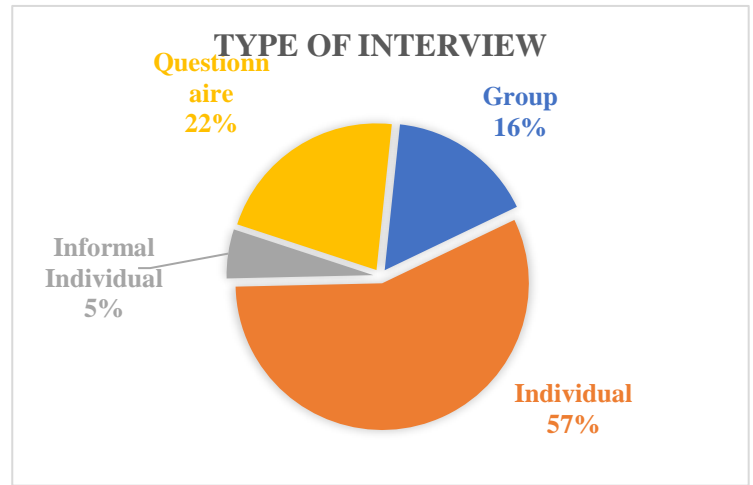


Figure 2

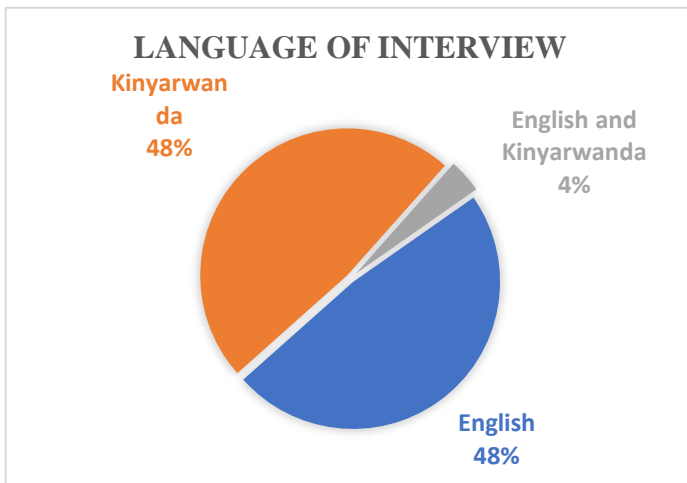


Figure 3

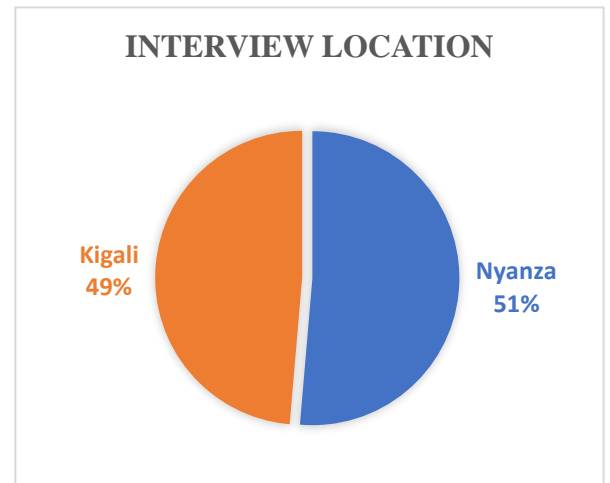


Figure 4

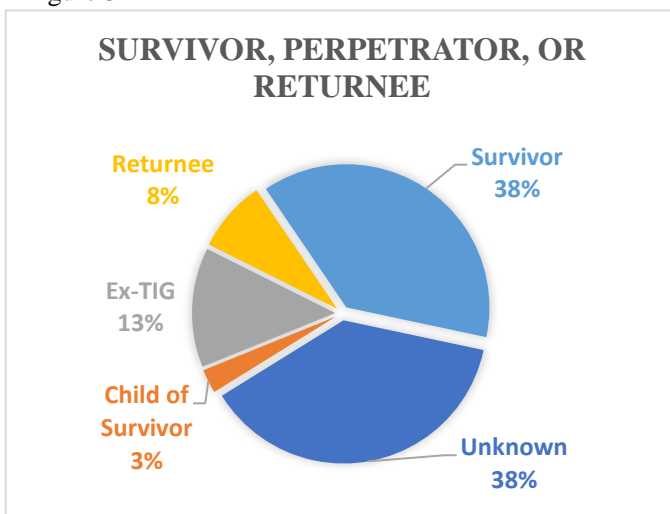


Figure 5

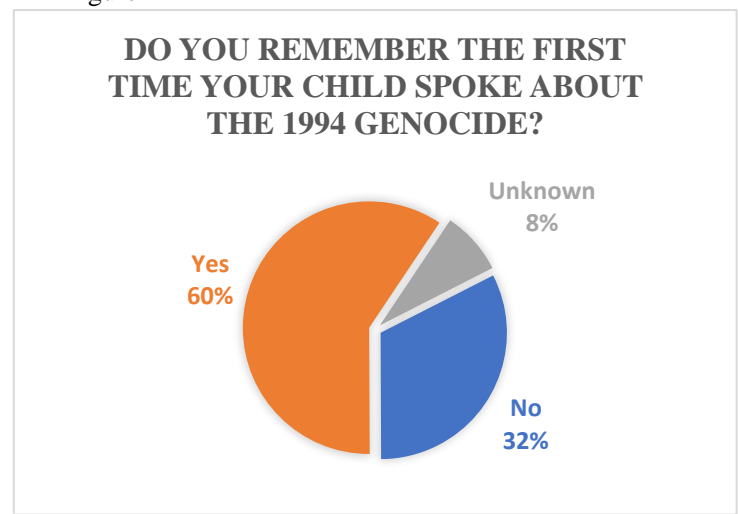


Figure 6

KNOWN CHILD'S AGES OF FIRST TIME SPEAKING ABOUT THE 1994 GENOCIDE.

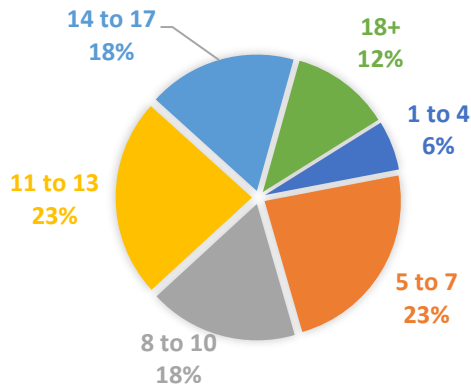


Figure 7

HAS A CHILD ASKED YOU A QUESTION SPECIFICALLY ABOUT THE 1994 GENOCIDE?



Figure 8

HAVE YOU (VOLUNTARILY) TALKED TO A CHILD UNDER YOUR CARE ABOUT THE 1994 GENOCIDE?

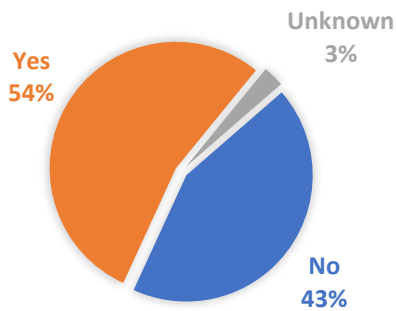


Figure 9

IS THERE ANYTHING YOU PURPOSELY CHOOSE NOT TO TALK ABOUT?

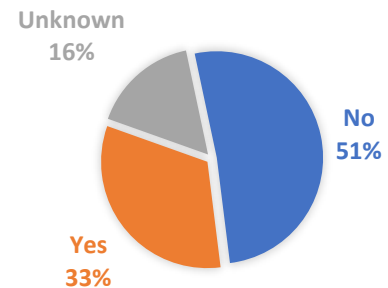


Figure 10

DOES THE CHILD SPEAK OPENLY ABOUT THE 1994 GENOCIDE?



Figure 11

WHO DOES CHILD SPEAK OPENLY WITH?

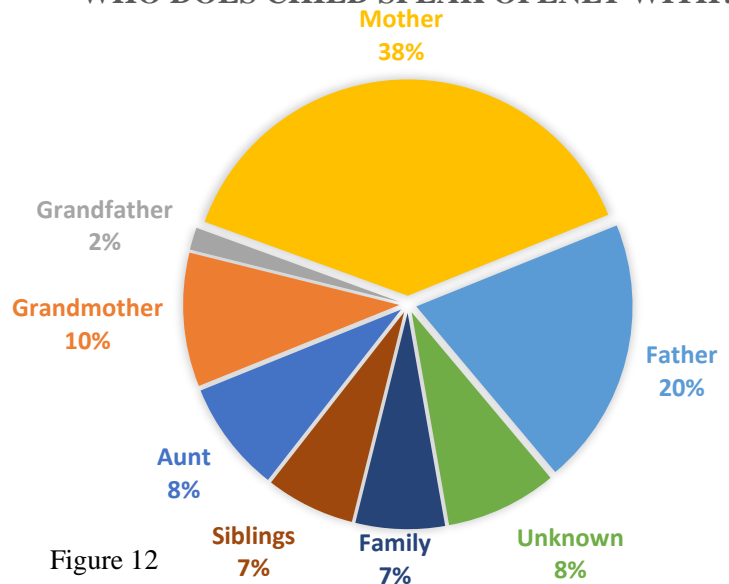


Figure 12

DO YOU SPEAK OPENLY ABOUT THE 1994 GENOCIDE AROUND YOUR CHILD?

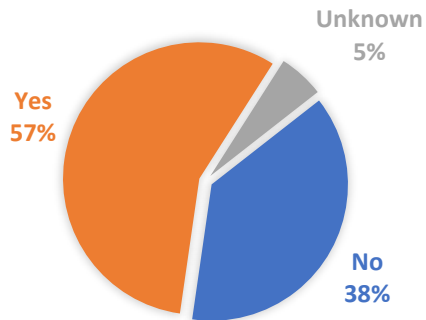


Figure 13

DID YOU PARTICIPATE IN ANY COMMEMORATION EVENTS?

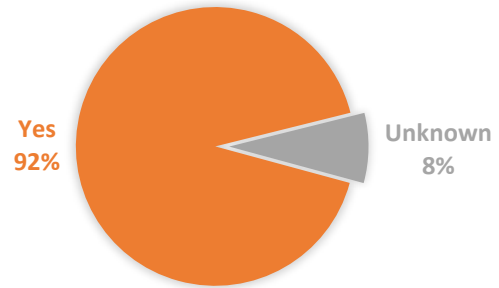


Figure 14

DID YOU WATCH OR LISTEN TO ANY OF THE COMMEMORATION EVENTS OVER THE NEWS?

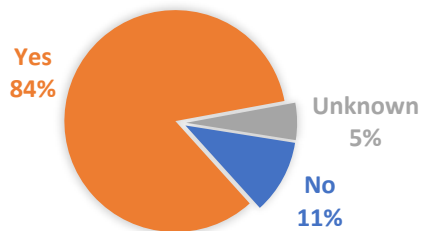


Figure 15

DOES THE CHILD WATCH OR LISTEN WITH YOU?

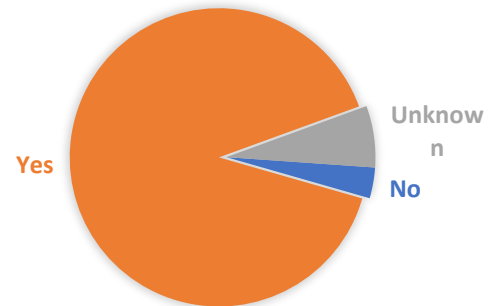


Figure 16

DO CHILDREN WATCH/LISTEN TO NEWS?

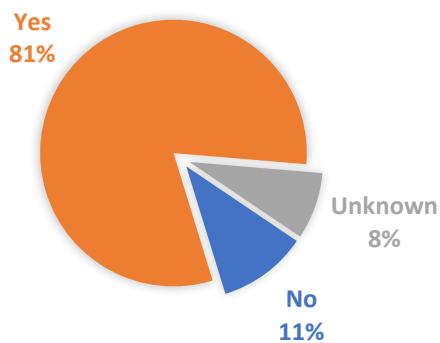


Figure 17