

Mental Health and Culturally Specific Tools for Healing: A Case Study of Rwanda

Joseph Kubwimana^{1*} and Josephine Kisakye²

¹Ur-Ce-Rukara Campus, Co-Ed School in Kayonza, Rwanda

²Assistance Lecturer at Ur-Cmhs, Rwanda

ABSTRACT

Rwanda's mental health landscape continues to reflect the enduring psychological effects of the 1994 Genocide against the Tutsi, compounded by persistent social, economic, and cultural challenges. This study explores how culturally specific healing mechanisms such as community-based sociotherapy, traditional healing practices, and local community rituals contribute to mental health recovery, resilience, and social cohesion within Rwandan society. Using a mixed-methods synthesis that combines national policy frameworks, epidemiological data, program evaluations, and qualitative insights, the paper critically examines the effectiveness, accessibility, and integration of culturally grounded approaches within Rwanda's evolving mental health system. The findings reveal that Community-Based Sociotherapy (CBS) and other locally rooted psychosocial initiatives substantially improve emotional well-being, community trust, and reconciliation. In addition, traditional healers continue to serve as essential first-line providers for many individuals seeking mental health support. The study concludes by proposing policy measures to strengthen culturally responsive mental health services, promote collaboration between traditional and biomedical practitioners, enhance professional capacity, and expand community-based interventions through evidence-driven monitoring and evaluation. Overall, the paper underscores the importance of integrating indigenous knowledge systems into national mental health frameworks to foster sustainable recovery and social cohesion in post-genocide Rwanda.

*Corresponding author

Joseph Kubwimana, Ur-Ce-Rukara Campus Co-Ed School in Kayonza, Rwanda.

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Introduction and Background and Rationale

Rwanda's mental health situation has been deeply influenced by its historical past, particularly the 1994 Genocide against the Tutsi, which caused immense psychological trauma, loss, and social fragmentation. More than three decades later, the enduring effects of grief, displacement, and disrupted social relationships continue to influence the mental well-being of many Rwandans [1]. Post-genocide Rwanda presents a compelling context for understanding how societies rebuild psychological and social health in the aftermath of collective violence. The nation's recovery has drawn not only on biomedical and psychiatric interventions but also on deeply rooted cultural and community-based mechanisms that foster healing, reconciliation, and resilience.

In the years following the genocide, Rwanda has made remarkable progress in rebuilding its health system and integrating mental health into broader national development agendas. The Ministry of Health has prioritized mental health within the National Health Sector Strategic Plans and established mental health units at district hospitals to decentralize services and advance community-based approaches [2]. These initiatives reflect a national recognition that mental well-being is essential to reconciliation, social cohesion, and sustainable development.

Nevertheless, mental health service coverage remains uneven, particularly in rural regions where access to specialized professionals is limited. As a result, many Rwandans continue to depend on culturally embedded and informal systems of care. Traditional healers, spiritual leaders, and community rituals such as "gusaba imbabazi" (asking for forgiveness) and "umuganda" (collective community work) play vital therapeutic and restorative roles by reinforcing social bonds and fostering emotional recovery. These practices underscore the communal nature of healing in Rwanda, where recovery is perceived not merely as an individual process but as a shared moral and social endeavor [3].

Among the most innovative post-genocide interventions is Community-Based Sociotherapy (CBS), a structured group approach that facilitates psychosocial healing, trust-building, and reconciliation. Empirical evidence indicates that CBS enhances emotional well-being, reduces symptoms of depression and post-traumatic stress, and strengthens social cohesion among participants [3]. The model's effectiveness lies in its cultural resonance it draws upon indigenous norms of collective dialogue, empathy, and mutual support, making it both accessible and sustainable within community settings.

However, the integration of such culturally grounded practices with formal mental health services continues to pose challenges. There is a pressing need for coherent policy frameworks that bridge traditional healing systems with evidence-based psychological

care, fostering collaboration rather than parallel operation. In addition, capacity-building initiatives targeting community health workers and traditional practitioners are essential to improve service quality, monitoring, and ethical standards in psychosocial care delivery.

Accordingly, this study synthesizes existing evidence from national policy documents, epidemiological research, and program evaluations to elucidate the role of culturally specific healing mechanisms within Rwanda's mental health landscape. It aims to highlight their strengths, identify integration challenges, and propose actionable recommendations for policymakers and practitioners. By analyzing Rwanda's experience, the study contributes to the global discourse on the value of culturally informed models in enhancing the reach, relevance, and effectiveness of mental health systems in post-conflict and low-resource settings.

Research Objectives

This Study is Guided by the Following Objectives:

- i. To analyze the extent to which culturally grounded healing approaches are integrated within Rwanda's formal mental health policies and service delivery systems
- ii. To examine the role of culturally specific healing tools such as community-based sociotherapy, traditional healing practices, and community rituals in promoting mental health recovery and social cohesion in post-genocide Rwanda.
- iii. To propose policy and practice recommendations for strengthening the integration of culturally informed psychosocial interventions into national mental health frameworks to enhance accessibility, effectiveness, and sustainability.

Literature Review

This literature review examines Rwanda's post-genocide mental health context, emphasizing prevalence, service use, and culturally grounded approaches such as community-based sociotherapy, traditional healing, and sociocultural rituals.

Prevalence and Service Use

Rwanda continues to face substantial mental health challenges rooted in its history of collective trauma, particularly the 1994 genocide against the Tutsi. National and subnational surveys indicate a high prevalence of common mental disorders, including depression, anxiety, and post-traumatic stress disorder, which contribute significantly to the population's disease burden [1,4]. Despite these high levels of need, utilization of formal mental health services remains low. Many survivors and affected individuals rely on informal or community-based sources of support due to limited access to trained professionals, geographic barriers, social stigma, and cultural preferences for traditional care [5]. These gaps underscore the necessity of interventions that are culturally resonant, accessible within local communities, and capable of reaching populations outside conventional health facilities.

Community-Based Sociotherapy (CBS)

Community-Based Sociotherapy (CBS) was introduced in Rwanda in the mid-2000s as a structured, community-driven intervention designed to promote psychosocial well-being, social cohesion, and reconciliation among post-conflict populations [6,7]. The approach typically involves small groups of community members who meet regularly under the guidance of trained facilitators to share personal experiences, address interpersonal conflicts, and rebuild mutual trust. Empirical evidence indicates that CBS

enhances psychosocial outcomes such as emotional regulation, mutual support, social participation, and the collective processing of traumatic experiences [3]. Furthermore, evaluations employing randomized and quasi-experimental designs demonstrate that CBS yields significant improvements in both individual mental health and community functioning. Despite its demonstrated effectiveness, challenges persist in scaling up the program, ensuring consistent facilitator training, and maintaining long-term sustainability beyond donor-funded cycles [7].

Traditional and Complementary Healing Practices

Traditional healers continue to play a vital role in mental health care in Rwanda, particularly in rural communities and among populations with limited access to formal health services. Research indicates that a substantial proportion of the population seeks the support of traditional practitioners for both psychosocial and physical concerns [8]. Recognizing the widespread use and cultural legitimacy of traditional healing, the Rwandan government has implemented policies to regulate and integrate complementary and alternative medicine into the national health system [9]. Incorporating traditional healers into mental health strategies offers several advantages, including improved accessibility, cultural congruence, and strengthened community trust. Nevertheless, challenges persist, such as ensuring the quality and safety of services, establishing standardized protocols, and reconciling differing epistemologies between biomedical and traditional approaches [8-10].

Sociocultural Rituals, Reconciliation, and Local Concepts of Healing

Beyond formal interventions and traditional healing, Rwandan communities employ local rituals, memorial practices, and collective gatherings as vital mechanisms for psychosocial recovery. Practices such as "kongera kwiyubaka" ("rebuilding ourselves") and narrative therapy facilitate emotional expression, promote reconciliation, and strengthen social cohesion. These communal approaches enable survivors to process traumatic experiences while reinforcing social bonds, providing both symbolic and practical pathways for healing. Such rituals exemplify a broader conception of recovery in Rwanda, where individual well-being is closely intertwined with social harmony and collective moral responsibility. This underscores the importance of culturally sensitive mental health programming that acknowledges, respects, and integrates local traditions into post-trauma care [5, 10].

Methodology

This study adopts a policy- and evidence-synthesis design using a mixed-source narrative approach, allowing for a comprehensive examination of culturally specific mental health interventions in Rwanda. Given the multi-faceted nature of post-genocide psychosocial recovery, this approach enables the integration of quantitative, qualitative, and policy-oriented data to provide a holistic understanding of how community-based and culturally embedded healing practices contribute to mental health outcomes. The study draws on three primary categories of sources.

National Policy and Strategic Documents

Key policy frameworks from the Rwanda Ministry of Health and related governmental agencies, including the National Mental Health Policy and Health Sector Strategic Plan V (2024–2029), were analyzed. These documents provided insights into the government's priorities, commitments to culturally responsive mental health care, and strategies for integrating community-based psychosocial interventions, such as Community-Based

Sociotherapy (CBS), with formal health services [11].

Peer-Reviewed Empirical Studies and Program Evaluations (2010–2025)

This study reviewed recent research examining the prevalence of mental health disorders, the utilization of both formal and informal mental health services, and the effectiveness of culturally grounded interventions. Studies employing quantitative, qualitative, and mixed-methods designs were considered to provide a comprehensive understanding of psychosocial outcomes, community cohesion, and the impact of interventions such as Community-Based Sociotherapy (CBS). Particular emphasis was placed on research reporting measurable outcomes related to psychosocial functioning, reconciliation, and social participation [4,6,7].

Grey Literature and Journalistic Sources

Reports, policy briefs, program documentation, and credible media accounts were reviewed to contextualize the lived experiences of Rwandans and to provide qualitative insights into community-based healing practices, traditional healers' roles, and local rituals. Sources were selected for their reliability, relevance, and contribution to understanding culturally embedded mental health practices [5,10].

Selection Criteria

Sources were prioritized based on recency (2020–2025, where available), methodological rigor, and direct relevance to culturally specific mental health interventions in Rwanda. Preference was given to studies employing longitudinal, quasi-experimental, and randomized designs to provide robust evidence and strengthen the evaluation of intervention effectiveness.

Data Synthesis

A narrative synthesis approach was employed to integrate findings from diverse source types. Quantitative data on prevalence, psychosocial outcomes, and service utilization were summarized descriptively, while qualitative findings were analyzed thematically to capture the cultural, social, and contextual factors shaping mental health recovery. Special attention was given to evidence regarding the accessibility, cultural relevance, and community acceptability of interventions.

Outcome Measures

The study focused on key domains including.

Psychosocial Functioning

Emotional regulation, interpersonal trust, and social support.

Community Cohesion and Reconciliation

Restoration of social bonds, collective healing, and participation in community rituals.

Mental Health Symptoms

Prevalence and reduction of depression, anxiety, and post-traumatic stress symptoms among participants of CBS or other culturally grounded interventions.

By synthesizing multiple sources of evidence, this methodology facilitates a nuanced understanding of how culturally specific healing practices function in Rwanda, their effectiveness, and the opportunities and challenges associated with integrating them into formal mental health systems. This approach provides a robust foundation for evidence-informed recommendations aimed at

enhancing the accessibility, sustainability, and cultural relevance of mental health services nationwide.

Findings and Analysis

This section examines the effectiveness, accessibility, and integration of culturally grounded mental health interventions in Rwanda, including Community-Based Sociotherapy, healing, and policy-driven initiatives.

Effectiveness of Community-Based Sociotherapy (CBS)

Community-Based Sociotherapy (CBS) has emerged as one of the most prominent culturally grounded psychosocial interventions in Rwanda. Evidence from program evaluations and peer-reviewed studies indicates that CBS facilitates psychosocial recovery, strengthens community trust, and fosters reconciliation in post-genocide settings [6,7]. Qualitative findings suggest that participants frequently report enhanced mutual understanding, improved emotional regulation, and restored social connections, while quantitative assessments demonstrate measurable gains in psychosocial well-being, social participation, and conflict resolution within communities [3].

Several factors underpin CBS's effectiveness. The intervention is highly community-owned, with trained local facilitators guiding sessions that emphasize safety, trust, respect, and collective responsibility (Centre for Community-Based Sociotherapy Rwanda [CBS Rwanda], n.d.). Its group-based structure enables participants to share traumatic experiences in a supportive environment, fostering empathy and reducing social isolation. Additionally, CBS integrates culturally familiar methods of dialogue and problem-solving, enhancing both acceptability and sustainability within Rwandan communities.

Nevertheless, the literature identifies certain limitations. Variability in facilitator training quality, challenges in sustaining programs amid declining donor support, and mixed outcomes in randomized trials highlight the need for ongoing quality assurance and context-sensitive evaluation [6,7]. Despite these challenges, CBS remains a promising model for community-based psychosocial recovery and reconciliation in post-conflict settings.

Role of Traditional Healers and Complementary Medicine

Traditional healers continue to play a pivotal role in mental health care in Rwanda, particularly in rural and underserved areas. Research indicates that a substantial proportion of the population initially seeks support from traditional practitioners for mental health, psychosomatic, and spiritual concerns [8]. Traditional healers offer a range of services, including spiritual counseling, ritual interventions, and herbal remedies, all deeply embedded within the cultural and social fabric of Rwandan communities.

The Rwandan government has recognized the significance of traditional and complementary medicine through policy frameworks designed to regulate, standardize, and integrate these practices with formal health services (Rwanda Food and Drugs Authority [9]). This integration aims to capitalize on the accessibility and cultural legitimacy of traditional healers while ensuring patient safety and adherence to quality standards. Nonetheless, challenges remain, including establishing consistent practice standards, reconciling epistemological differences between biomedical and traditional paradigms, and developing formal referral pathways [8,10]. Despite these obstacles, traditional healers remain indispensable in extending mental health support to populations that might otherwise have limited access to formal care.

Policy Environment and System-Level Developments

Rwanda's policy environment reflects a strong commitment to integrating culturally responsive mental health services within the broader health system. The National Mental Health Policy and Health Sector Strategic Plan V outline objectives to scale up community-based psychosocial programs, strengthen workforce capacity, and incorporate mental health into primary care [11,12]. These frameworks explicitly acknowledge the importance of culturally specific practices such as Community-Based Sociotherapy (CBS), traditional healing, and community rituals as integral components of a comprehensive mental health response.

Despite these policy commitments, implementation remains challenging. Effective integration requires training community health workers and primary care providers in culturally sensitive psychosocial care, establishing sustainable financing mechanisms, and developing robust monitoring and evaluation systems that capture both clinical and psychosocial outcomes. Although notable progress has been made, further efforts are necessary to ensure consistent quality, scalability, and coordination between formal and community-based mental health services [5-12].

Gaps and Equity Concerns

Despite policy commitments and successful community-based initiatives, significant gaps persist in Rwanda's mental health landscape. Utilization of formal clinical services remains low, particularly among rural populations, women, and youth, reflecting geographic, socioeconomic, and cultural barriers [1,4]. Furthermore, long-term outcomes of community-based interventions, such as Community-Based Sociotherapy (CBS), are insufficiently measured, limiting understanding of their sustained impact and scalability [6].

The integration of traditional healing with evidence-based psychosocial interventions also presents challenges, including concerns regarding cultural integrity and clinical safety. Research on hybrid models that combine biomedical and culturally specific approaches remains limited, underscoring the need for context-sensitive evaluation frameworks and participatory research methods that actively engage community members, survivors, and traditional healers in the design, monitoring, and assessment of mental health programs [3,10].

Overall, the findings highlight the critical role of culturally grounded interventions in Rwanda, while emphasizing persistent challenges in access, integration, and evaluation that must be addressed to ensure equitable, effective, and sustainable mental health services.

Discussion of Findings

This discussion explores the role, effectiveness, and integration of culturally specific mental health interventions such as CBS, traditional healing, and community rituals in Rwanda's post-genocide psychosocial recovery.

Why Culturally Specific Tools Matter

Culturally specific healing tools including Community-Based Sociotherapy (CBS), traditional healing practices, and community rituals play a vital role in Rwanda's post-genocide mental health landscape. These interventions extend beyond conventional clinical care, addressing the social, spiritual, and communal dimensions of recovery that formal medical approaches alone cannot fully capture [6]. For instance, CBS promotes emotional regulation, social support, and collective processing of trauma through culturally familiar group dialogues, thereby fostering

reconciliation and trust within communities [7].

Likewise, traditional healers provide psychosocial support aligned with local beliefs and spiritual frameworks, enhancing both the accessibility and acceptability of mental health services [8,10].

The strengths of these culturally grounded tools include cultural legitimacy, which builds community trust; community ownership, which enhances sustainability; cost-effectiveness, making interventions feasible in low-resource settings; and broad reach, enabling support for individuals who may be hesitant to engage with formal institutions [3,10]. In Rwanda, where restoring social cohesion, collective meaning-making, and reconciliation is central to long-term recovery, such interventions serve as a bridge between individual mental health needs and broader community healing, contributing to psychosocial resilience at both individual and societal levels.

Integration with Formal Mental Health Services

Integrating culturally specific interventions into Rwanda's formal mental health system presents significant opportunities to enhance reach, relevance, and overall effectiveness. Evidence indicates that hybrid models, which combine Community-Based Sociotherapy (CBS), traditional healing, and biomedical mental health care, can optimize outcomes by leveraging the strengths of both culturally grounded and evidence-based approaches [6,7]. Practical strategies for integration include training primary care providers and community health workers in culturally sensitive psychosocial care, establishing formal referral pathways connecting traditional healers, CBS facilitators, and mental health clinicians, and implementing joint supervision and quality assurance frameworks [5,12].

Nonetheless, careful implementation is crucial to ensure client safety, maintain cultural integrity, and avoid tokenistic inclusion of cultural practices. Integrative frameworks must balance respect for local healing traditions with evidence-based clinical standards, preventing the use of ineffective or potentially harmful interventions [8,10]. Moreover, institutional and logistical challenges including standardizing traditional healing practices, harmonizing epistemologies between biomedical and local approaches, and providing sufficient resources for program delivery must be addressed to achieve successful and sustainable integration [9].

Research and Evaluation Priorities

While existing evidence highlights the importance of culturally specific interventions, substantial gaps remain in evaluating their effectiveness, sustainability, and scalability. There is a pressing need for rigorous mixed-methods research and longitudinal studies to examine psychosocial and clinical outcomes, cost-effectiveness, and mechanisms of change [6,7]. Comparative studies of hybrid models, such as CBS integrated with formal clinical mental health care, could provide valuable insights into how integration affects outcomes at both individual and community levels.

Participatory research approaches are equally critical. Involving survivors, traditional healers, CBS facilitators, and community leaders in co-designing evaluation frameworks ensures that assessment tools reflect local concepts of healing, social cohesion, and reconciliation [3,10]. Such engagement strengthens community ownership, enhances the cultural validity of findings, and informs policy and program decisions that are contextually appropriate and sustainable.

In summary, culturally specific mental health tools in Rwanda are vital for addressing the complex needs arising from collective trauma. Their integration with formal mental health services guided by evidence-based frameworks and participatory evaluation offers a pathway to strengthen the national mental health system while maintaining cultural relevance, community trust, and long-term psychosocial resilience.

Invest in Rigorous Research and Evaluation

To strengthen evidence-informed policy and practice, Rwanda should prioritize the following investments:

- Longitudinal and randomized studies to evaluate the effectiveness, sustainability, and impact of CBS, traditional healing, and hybrid intervention models.
- Participatory research approaches that actively engage survivors, community leaders, and traditional healers in developing culturally valid evaluation frameworks.
- Implementation research to identify scalable, context-sensitive interventions suitable for both rural and urban settings [6,7].

These strategic investments will generate actionable insights into the psychosocial and clinical outcomes of culturally specific tools, elucidate mechanisms of change, and assess cost-effectiveness, thereby providing a robust evidence base to guide policy decisions and inform the scaling of mental health programs across Rwanda.

Address Equity and Accessibility

Efforts must prioritize equitable access to culturally specific mental health services, with particular focus on marginalized groups, including women, youth, and populations in remote areas. Strategies such as community-based insurance schemes, public financing, and mobile outreach initiatives can help overcome geographic, economic, and social barriers. Additionally, programs should be carefully tailored to local cultural and linguistic contexts to maximize acceptability, engagement, and effectiveness [1,3].

Strengthen Policy and Governance Frameworks

Policy frameworks should be revised and strengthened to explicitly support the integration of culturally specific mental health interventions into national strategies. Governance mechanisms must incorporate standards for collaboration between formal health services and traditional healing systems, establish robust supervision and accountability structures, and ensure regular evaluation of program impacts on both psychosocial and clinical outcomes [9,12].

In summary, developing a robust, culturally aligned, and evidence-informed mental health system in Rwanda requires a multi-pronged approach: scaling up community-based programs, integrating traditional healing, mainstreaming culturally responsive care, investing in rigorous research, addressing equity and accessibility, and strengthening policy and governance frameworks. Such a strategy ensures that mental health services are effective, sustainable, and culturally resonant, ultimately fostering individual well-being and broader community resilience.

Recommendations

These recommendations aim to strengthen Rwanda's mental health system by integrating culturally grounded healing, promoting evidence-based research, and ensuring equitable, accessible, and well-governed psychosocial services.

Institutionalize The Inclusion of Culturally Rooted Healing Methods in Rwanda's Formal Mental Health Framework

The Ministry of Health, working in close collaboration with

local authorities and community organizations, should formally incorporate culturally grounded healing approaches such as Community-Based Sociotherapy (CBS), traditional healing methods, and communal rituals into the national mental health system. This integration can be realized by:

- ✓ Developing clear and standardized collaboration protocols among traditional healers, CBS facilitators, and professional mental health practitioners.
- ✓ Embedding culturally responsive care modules within the training programs of community health workers and mental health professionals.
- ✓ Establishing effective referral pathways and supervision mechanisms to maintain quality, safety, and accountability across service levels.

Promote Rigorous, Inclusive, and Long-Term Research on Culturally Based Mental Health Interventions

To ensure that national policies and practices are grounded in solid evidence, Rwanda should prioritize comprehensive research programs that critically evaluate the impact, sustainability, and scalability of culturally informed mental health models. Key actions include:

- ✓ Financing mixed-method and longitudinal studies that evaluate the outcomes of CBS, traditional healing, and integrated intervention approaches.
- ✓ Encouraging participatory research that actively involves survivors, traditional healers, community facilitators, and policymakers in co-designing evaluation tools aligned with local understandings of healing and resilience.
- ✓ Creating a centralized national database to track both psychosocial and clinical outcomes of culturally grounded programs over time.

Advance Equity, Access, And Governance in Mental Health Service Delivery

The expansion of culturally grounded mental health services must prioritize inclusivity and equity, ensuring that marginalized and underserved groups particularly women, youth, and rural populations have equal access and benefit. This goal can be achieved by:

- ✓ Extending community-based health insurance coverage and deploying mobile mental health services to reach remote areas.
- ✓ Embedding gender-sensitive and youth-responsive psychosocial programs within national mental health policies.
- ✓ Strengthening governance and ethical oversight frameworks for traditional and complementary mental health practices, in accordance with the Rwanda FDA and National Mental Health Policy.

Conclusion

Rwanda's post-genocide mental health recovery highlights the vital role of culturally specific interventions, including Community-Based Sociotherapy, traditional healing practices, and communal rituals. Integrating these approaches into formal mental health systems supported by rigorous evidence, participatory research, and equitable governance enhances accessibility, effectiveness, and cultural relevance. By fostering collaboration between traditional and biomedical practitioners, promoting inclusive policies, and investing in long-term monitoring, Rwanda can establish a resilient, community-centered, and sustainable mental health framework that strengthens individual well-being, reinforces social cohesion, and advances national reconciliation.

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