

# Breaking the cycle of generational trauma before parenthood

## Rwanda's holistic approach to mental health through family-centred care

### **Shauna M. Murray**

*Researcher*  
School for Global  
Inclusion and Social  
Development  
College of Education and  
Human Development  
University of  
Massachusetts Boston  
Boston, MA, USA

### **Vincent Sezibera**

*Professor of Clinical  
Psychology*  
*Director, Centre for  
Mental Health*  
University of Rwanda  
Kigali, Rwanda

### **Darius Gishoma**

*Manager, Mental Health  
Division*  
Rwanda Biomedical  
Center  
Government of Rwanda  
Kigali, Rwanda

### **Gilbert Munyemana**

*Deputy Director General*  
National Child  
Development Agency  
Government of Rwanda  
Kigali, Rwanda

### **Theresa S. Betancourt**

*Salem Professor in  
Global Practice*  
*Director, Research  
Program on Children and  
Adversity*  
Boston College School of  
Social Work  
Boston, MA, USA

**Babies born during and after the 1994 genocide against the Tutsi in Rwanda are now adults, having babies of their own. More than one million Tutsi were killed during the genocide and hundreds of thousands of survivors were left orphaned, wounded, and/or homeless (National Commission for the Fight against Genocide (CNLG), 2017). The tragedy left a profound psychological impact not only on those who survived the genocide, but also on subsequent generations.**

The nation's journey towards healing has been long. Since 1995, the Government of Rwanda has implemented over a dozen policies and initiatives focused on mental health to support genocide survivors and the broader population. One example has been the effort to place orphans in family-based care rather than institutionalised care, and give

families the psychological, social and financial support they need to make these arrangements work.

**“Honouring strengths that have helped the family get through difficult times in the past.”**

In 2016, the Government revised its early childhood policy, emphasising comprehensive service delivery across six pillars: child protection; nutrition; hygiene, WASH (water, sanitation and hygiene); early childhood development; and ensuring children are raised in positive and healthy environments. This policy shift resulted in a significant increase in support for Rwandan parents, with access to early

childhood development services rising from 17% of Rwandan parents in 2016 to 78% in 2023.

In recent years, the intergenerational effects of the genocide have become a focus in government priorities. Rwanda has begun to address the mental health of whole family units, acknowledging the trauma today's parents of young children experienced in their childhood, and the trauma that is being passed on to their children.

By focusing on parents and children at the same time, the aim is to break the cycle of intergenerational trauma and promote healing. This way, today's parents can handle the ordinary stressors of parenting and have healthy relationships with their children, and those children will grow up and be able to provide nurturing, emotionally supportive environments for their own children.

### **Strengthening families and building resilience**

One particularly effective programme playing a critical role in family care is *Sugira Muryango*, which means “strengthen the family”. This programme is tailored to Rwanda's unique needs, particularly reaching rural and underserved communities. It was developed in partnership with the Rwandan government, the Research Program on Children and Adversity at Boston College, the NGO François-Xavier Bagnoud Rwanda, and the University of Rwanda Center for Mental Health, as well as local early childhood experts and community advisory boards.

*Sugira Muryango* was designed through a trauma-informed lens to address the mental health challenges facing parents and other caregivers, family violence, social isolation, and chronic illness. The programme explores how trauma caused by events such as the genocide, compounded by ongoing hardships such as poverty, affects parenting. Findings from the programme suggest that parents who have experienced trauma are more likely to struggle with mental health issues, which may lead to less warmth and more rejection in their parenting, thereby increasing the risk of passing emotional distress to their children (Jensen et al., 2021a).

*Sugira Muryango* significantly reduced harsh parenting practices, improved parent-child interactions, and strengthened family cohesion (Jensen et al., 2021b). Qualitative findings also highlight a shift towards increased engagement of fathers in caring for their children (Jensen et al., 2023). Importantly, violence against children is correlated with parental stress. When parents are calmer and more patient with their children, it is a sign that they are likely to be adequately supported and psychologically stable (Gepřags et al., 2023).

**“Rwanda has begun to address the mental health of whole family units.”**

One of the key strengths of *Sugira Muryango* is its holistic approach, involving the whole family. In addition to reducing violence towards children, the programme also focuses on reducing intimate partner violence, by equipping parents with problem-solving and conflict resolution skills.

*Sugira Muryango* utilises a two-generation approach to addressing trauma, focusing on both parents and children. Trauma from one generation can impact the next through disrupted emotional regulation, mental health problems, and parenting behaviours. We offer families training in emotion regulation skills, using techniques such as deep breathing and mindfulness-based relaxation exercises, as well as



Photo: Boston College

tools for conflict resolution, problem solving and de-escalation to manage family stress and model healthy behaviours, creating a supportive home environment.

We use a strengths-based narrative to review the history and experiences of the family. This provides an opportunity for all family members to reflect on how they have navigated past difficulties, as well as joys and important moments to celebrate in the history of the family. It also allows people who have lived through difficult events like the genocide to discuss family members who have been lost, or changes in the family due to those events, at their own pace (Chaudhury et al., 2016).

Strengths-based family narratives help people to reflect on their resilience and successes, building confidence, strengthening bonds, and honouring strengths that have helped the family get through difficult times in the past as well as orienting them towards the future.

### **A collective vision: healing through family care**

*Sugira Muryango* offers valuable lessons for other countries and programmes by demonstrating

the effectiveness of integrating trauma-informed care into family-centred interventions. Its strong connection with the government's social protection workforce, IZUs, highlights how aligning with local structures ensures sustainability and community ownership. The programme shows the importance of holistic, family-centred approaches, not only to support healing from trauma but also to contribute to building resilient communities.

As *Sugira Muryango* moves towards greater scale and sustainability nationally across Rwanda<sup>1</sup>, it serves as a model that demonstrates how governments, communities and researchers can collaborate to promote healing, support caregivers, and ensure that every child grows up in a nurturing, supportive environment. *Sugira Muryango* exemplifies how prevention, family support, and strong partnerships can drive lasting change across societies.

<sup>1</sup> The 2020 issue of *Early Childhood Matters* describes how the *Sugira Muryango* programme was developed, implemented and scaled in Rwanda.

➤ Find this article online at [earlychildhoodmatters.online/2025-31](https://www.earlychildhoodmatters.online/2025-31)

## References

- Chaudhury, S., Brown, F.L., Kirk, C.M., Mukunzi, S., Nyirandagijimana, B., Mukandanga, J. et al. (2016). Exploring the potential of a family-based prevention intervention to reduce alcohol use and violence within HIV-affected families in Rwanda. *AIDS Care* 28(S2):118–29. DOI: <https://doi.org/10.1080/09540121.2016.1176686>
- Geprägs, A., Bürgin, D., Fegert, J.M., Brähler, E. and Clemens, V. (2023) Parental stress and physical violence against children during the second year of the COVID-19 pandemic: results of a population-based survey in Germany. *Child and Adolescent Psychiatry and Mental Health* 17(25). DOI: <https://doi.org/10.1186/s13034-023-00571-5>
- Jensen, S.K.G., Murray, S.M., Placencio-Castro, M., Kajani, U., Amponsah, D., Sezibera, V. and Betancourt, T.S. (2023) Family violence reduction within a parenting intervention in Rwanda: A mixed-methods study. *Pediatrics* 151(S2): e2023060221L. DOI: <https://doi.org/10.1542/peds.2023-060221L>
- Jensen, S.K.G., Placencio-Castro, M., Murray, S.M., Brennan, R.T., Goshev, S. Farrar, J. et al. (2021b) Effect of a home-visiting parenting program to promote early childhood development and prevent violence: a cluster-randomized trial in Rwanda. *BMJ Global Health* 6(1): e003508. Available at: <https://gh.bmj.com/content/bmjgh/6/1/e003508.full.pdf> (accessed December 2024).
- Jensen, S.K.G., Sezibera, V., Murray, S.M., Brennan, R.T. and Betancourt, T.S. (2021a) Intergenerational impacts of trauma and hardship through parenting. *Journal of Child Psychology and Psychiatry* 62(8): 989–99. DOI: <https://doi.org/10.1111/jcpp.13359>
- National Commission for the Fight against Genocide (CNLG) (2017). *Testimonies and Needs of Genocide Survivors*. Kigali: Government of Rwanda/CNLG. Available at: <https://www.minubumwe.gov.rw/index.php?eID=dumpFile&t=f&f=62378&token=-5ecd891b93f7266e3f8887cc3e6d3e-ec12d6fa38> (accessed December 2024).