

INTERVIEW GUIDE

I. Focus groups discussions (FGD) and semi-structured interviews with the genocide survivors

1. Let us discuss living conditions: How do genocide survivors and perpetrators live together after perpetrators finish their sentences and return to their communities?
2. Describe experiences of fear, anxiety, or emotional distress associated with the release of perpetrators and interactions between survivors and perpetrators within the community
3. Discuss mental health problems like depression, negative emotions, and trauma. Does anyone among you have these symptoms in daily life?
4. Let us talk about challenges that you come across in daily life. Can you share with us your daily plan and some challenges you faced when living together (survivors and perpetrators)?
5. Discuss social cohesion (explain): Have you ever participated in a ceremony (wedding, baptism, and funeral) with survivors or perpetrators?
6. Let us talk about cooperating/co-living (Ikimina): Did you join or start a cooperative and include the members from survivors or ex-prisoners for income or social cohesion?
7. What do you think can help you to overcome a mental health problem and improve social cohesion? What about forgiveness and trust?
8. Are there services or programs targeting mental health? Please describe.
9. How have relationships between survivors, perpetrators, and their families changed over the past three decades, and what factors contributed to these changes?
10. In what ways do young people or children born after the genocide experience or understand reconciliation and psychosocial healing within families and communities?
11. Describe how mental health and psychosocial support programs can enhance resilience, healing, and social cohesion among genocide survivors and perpetrators.
12. Describe the key components or activities that should be included in a program aimed at promoting healing, strengthening resilience, and improving social cohesion within communities.
13. Who do you think could benefit from such a program? How should it be delivered (only survivors or perpetrators, together, why/why not)
14. How do you think the resilience programs can improve the current and future mental health of survivors and ex-prisoners of genocide?

II. Focus groups discussions (FGD) and semi-structured interviews with genocide perpetrators:

1. Let us discuss living conditions: How do survivors and perpetrators live together after perpetrators finish their sentences and return to the community?
2. Describe experiences of fear, anxiety, or emotional distress associated with the release of perpetrators and interactions between survivors and perpetrators within the community
3. Discuss mental health problems like depression, negative emotions, and trauma. Does anyone among you have these symptoms in daily life?
4. Let us talk about challenges that you come across in daily life. Can you share with us your daily plan and some challenges you faced when living together (S+P)?
5. Discuss social cohesion (explain): Have you ever participated in a ceremony (wedding, baptism, and funeral) with survivors or perpetrators?
6. Let us talk about cooperating/co-living (Ikimina): Did you join or start a cooperative and include the members from survivors or ex-prisoners for income or social cohesion?
7. What do you think can help you to overcome a mental health problem and improve social cohesion? What about forgiveness and trust?
8. Are there services or programs targeting mental health? Please describe.
9. How have relationships between survivors, perpetrators, and their families changed over the past three decades, and what factors contributed to these changes?
10. In what ways do young people or children born after the genocide experience or understand reconciliation and psychosocial healing within families and communities?
11. Let us talk about programs that improve mental health. How can a program enhance resilience and social cohesion among survivors and perpetrators of genocide?
12. What should we include in a program to help you heal, strengthen resilience, and promote social cohesion?
13. Who do you think could benefit from such a program? How should it be delivered (genocide survivors, perpetrators only, together, why/why not)
14. How do you think the resilience programs can improve the current and future mental health of survivors and ex-prisoners of genocide?

III. Focus groups discussions (FGD) mixed groups (genocide perpetrators and survivors)

1. Let us discuss living conditions: How do survivors and perpetrators live together after perpetrators finish their sentences and return to the community?
2. Let us talk about fear: Is anyone currently living with anxiety associated with releasing perpetrators or meeting survivors in any way?
3. Discuss mental health problems like depression, negative emotions, and trauma. Does anyone among you have these symptoms in daily life?
4. Let us talk about challenges that you come across in daily life. Can you share with us your daily plan and some challenges you faced when living together (survivors and perpetrators)?
5. Discuss social cohesion (explain): Have you ever participated in a ceremony (wedding, baptism, and funeral) with survivors or perpetrators?
6. Let us talk about cooperating/co-living (Ikimina): Did you join or start a cooperative and include the members from survivors or ex-prisoners for income or social cohesion?
7. What do you think can help you to overcome a mental health problem and improve social cohesion? What about forgiveness and trust?
8. Are there services or programs targeting mental health? Please describe.
9. How have relationships between survivors, perpetrators, and their families changed over the past three decades, and what factors contributed to these changes?
10. In what ways do young people or children born after the genocide experience or understand reconciliation and psychosocial healing within families and communities?
11. Describe how mental health and psychosocial support programs can enhance resilience, healing, and social cohesion among genocide survivors and perpetrators.
12. Describe the key components or activities that should be included in a program aimed at promoting healing, strengthening resilience, and improving social cohesion within communities.
13. Who do you think could benefit from such a program? How should it be delivered (only survivors or only perpetrators, together, why/why not)
14. How do you think the resilience programs can improve the current and future mental health of survivors and ex-prisoners of genocide?

IV. Key informant interviews with local leaders (KIIs)

1. Let us discuss living conditions: How do survivors and perpetrators live together after perpetrators finish their sentences and return to the community?
2. Let us talk about fear: Is anyone currently living with anxiety associated with releasing perpetrators or meeting survivors in any way?
3. Discuss mental health problems like depression, negative emotions, and trauma. Does anyone among you have these symptoms in daily life?
4. What do you think can help you to overcome a mental health problem and improve social cohesion?
5. Are there services or programs targeting mental health? Please describe.
6. What community, institutional, or policy-related factors continue to hinder long-term psychosocial reconstruction and practical reconciliation despite existing interventions?
7. Let us talk about programs that improve mental health. How can a program enhance resilience and social cohesion among survivors and perpetrators of genocide?
8. What should we include in a program to help you heal, strengthen resilience, and promote social cohesion?
9. Who do you think could benefit from such a program? How should it be delivered (only survivors or only perpetrators, together, why/why not)
10. How do you think the resilience programs can improve the current and future mental health of survivors and ex-prisoners of genocide?

Notes: The researcher transcribed all interviews verbatim in Kinyarwanda (the mother tongue of participants and data collectors) and subsequently translated them into English. Individual interviews lasted between 45 and 60 minutes, while focus group discussions ranged from 1 to 2 hours. Interviews and focus group discussions were conducted in appropriate and convenient settings, including churches, schools, offices, and shaded outdoor areas.