

Coming Together After Genocide: How Openness to Communication About Conflict Experiences Shapes Willingness for Social Integration in Post Genocide Rwanda

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Enhancing prospects for social integration after genocide is important, as past research has shown that greater social integration in local communities can curb future outbreaks of violence (McDoom, 2014) and reduce the severity of posttraumatic stress symptoms associated with past violence (Rieder & Elbert, 2013). Thus, the present research seeks to extend prior work investigating factors that increase willingness for social integration (Kauff et al., 2021; Paolini et al., 2018; Ron et al., 2017) to a post genocide context. Study 1 used self-reported responses from a large community survey ($n = 435$), and Study 2 used pre and post

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assessments from a year long structured dialog intervention ($n = 81$) with survivors, perpetrators, and bystanders of the Rwandan genocide. Across two studies we demonstrate that even after genocide, where divergent collective narratives are common and deeply connected to traumatic experiences, greater openness to communicating with outgroup members about conflict experiences is associated with greater willingness to socially integrate, controlling for age, gender, self-reported positive contact, and empathy. Study 2 found that although survivors tended to enter these programs significantly less open to communicate and less willing to socially integrate compared to perpetrators and bystanders, they grew more open and willing following their participation in dialog-based interventions with genocide perpetrators and bystanders. We discuss the implications of these findings for theory and practice.

Public Significance Statement

This research demonstrates that an openness to communicating conflict experiences can have positive impacts on social cohesion after genocide. Our findings also suggest that openness to communicating conflict experiences and willingness to socially integrate increased over the course of participation in dialog interventions among genocide survivors, but not among perpetrators and bystanders whose initial openness and intentions to socially integrate were already high.

Keywords: intergroup contact, dialogue, communication, social cohesion, genocide

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In the aftermath of mass violence and genocide, reconciliation programs often aim to have members of different groups come together to share their perspectives and experiences (Gobodo-Madikizela, 2015; Kelman, 2008; King & Sakamoto, 2015; Ndagijimana, 2021; Staub, 2006). Violent conflict between groups can lead people to endorse narratives that delegitimize and justify aggression against other parties to the conflict (Bar-Tal, 2007; Salomon, 2004); yet there is hope that, after violence has passed, greater engagement across group lines can help to rebuild intergroup trust, empathy, and social integration as groups look toward the possibility of a shared future (Tam et al., 2009; Tropp, 2015; Wagner & Hewstone, 2012).

Enhancing prospects for social integration after genocide is important, as past research has shown that greater social integration in local communities can curb future outbreaks of violence (McDoom, 2014) and reduce the severity of posttraumatic stress symptoms associated with past violence (Rieder & Elbert, 2013). Yet having lived through the trauma posed by mass violence and genocide, members of different groups may still lean toward social division and informal segregation, due to heightened fear, anxiety, suspicion, and distrust (Dixon et al., 2020; McKeown & Dixon, 2017; Paolini et al., 2018).

To address these challenges, this article investigates *openness to communicating about conflict experiences* as a key factor in the process of building prospects for social integration in post genocide settings. Here, we define openness to communicating about conflict experiences as part of the dialogic process through which divergent perspectives are shared and traumatic experiences disclosed (see Gurin et al., 2013), and which is rooted in the belief that what is shared will be heard and listened to (Bruneau & Saxe, 2012; d'Estrée, 2006). Prior research suggests that communication and dialog between groups has many benefits for promoting social cohesion following violent intergroup conflict. Choosing to share one's conflict experiences (Chaitin, 2003) or to disclose one's perspective on the conflict (Bruneau & Saxe, 2012) prompts the process of feeling heard (d'Estrée, 2006; Green & d'Estrée, 2003), through which outgroup members bear witness to and acknowledge the ways in which one has suffered due to the conflict (Hameiri & Nadler, 2017).

Feeling heard by outgroup members signals that they have enough care or respect for us to listen (Tyler & Blader, 2003), which can foster greater feelings of being understood, a basis for cultivating intergroup trust (Livingstone et al., 2020). Dialog focused specifically on traumatic conflict experiences can also help to break down feelings of social isolation and provide greater means for lending support to others in coping with traumas borne from violent conflict (see Ndagijimana, 2021; Salomon, 2004). Communicating about conflict experiences also likely involves greater contact and efforts to promote empathy across group lines (Hewstone et al., 2014; Staub, 2006); as such, it may not only shift our beliefs about outgroup members' intentions (e.g., Tropp et al., 2017), but also views about our own group's complicity in fomenting or perpetuating violence against other groups (e.g., Čehajić & Brown, 2010).

In the present research, we focus on assessing openness to communicating about conflict experiences (Studies 1 and 2), and how greater openness to communicating about conflict experiences may grow from participating in dialog-based reconciliation programs (Study 2). Of particular interest across the two studies is understanding how openness to communication about conflict experiences may inform greater willingness for social integration—often cited as a primary goal of dialog-based reconciliation programs (see Stephan, 2008). We also wish to clarify that, while conceptually related and possibly co-occurring, openness to communicating conflict experiences is distinct from the concept of empathy, whether considered from the perspective of the perceiver or the target of empathy (see, e.g., Bruneau & Saxe, 2012; Stephan & Finlay, 1999). Being open to sharing one's conflict experiences does not necessarily guarantee that outgroup members will empathize with one's experiences, or that we will necessarily be capable of empathizing with what others choose to disclose of their experiences during actual communication (see van der Merwe & Gobodo-Madikizela, 2009). Rather, an openness to communication about conflict experiences reflects a willingness to engage in the process of reciprocal disclosure (Sprecher et al., 2013), and the anticipation of being heard and listened to by outgroup members during this process of mutual disclosure (Bruneau & Saxe, 2012; d'Estrée, 2006; Kelman, 1999).

The Post Genocide Context of Rwanda

The present research examines links between openness to communication about conflict experiences and willingness for social integration in Rwanda, nearly 25 years after the 1994 Rwandan Genocide. In a matter of 100 days, at least 800,000 people—representing 75% of Rwanda's Tutsi—were murdered, along with moderate Hutu who refused to participate in the killings (Kanyangara et al., 2014; King & Sakamoto, 2015; Mukashema & Mullet, 2010; Staub, 1999; for detailed account of events see United Nations Security Council, 1999). Though they share many customs and cultural aspects in common, political and socioeconomic divisions between Hutu and Tutsi communities date back to German and Belgian colonial rule (Petersen-Coleman & Swaroop, 2011), where Tutsi were typically granted greater access to more advantageous positions (Moss, 2014).

Current efforts to strengthen social cohesion and promote reconciliation between groups in Rwanda remain complex. After the violence, the Rwandan Government banned the use of ethnic identities (*“ubwoko”*) Hutu, Tutsi, and Twa, requiring the use of a shared Rwandan identity (*“banyarwanda”*) meaning *“those who come from Rwanda”* (Moss, 2014; Moss & Vollhardt, 2016; Vollhardt et al., 2014). While this policy is aligned with research showing that a shared national identity can reduce bias between groups in conflict (e.g., Dovidio et al., 2016), perpetrators accused and convicted of genocide crimes served prison sentences and have since returned to live in their home communities, where genocide survivors also reside (McGarty, 2014; Staub, 2014). Thus, even if legally not allowed to acknowledge or communicate about ethnic group differences, in practice, many people are still well aware of ethnic divisions and community members' statuses as survivors or perpetrators of the 1994 genocide.

The Rwandan Government claims their reconciliation approach has been widely successful (National Unity and Reconciliation Commission [NURC], 2020), yet some scholars argue that the approach has created a nation that is orderly but repressive (Moss & Vollhardt, 2016) where people have strong motivation to monitor and censor what they share with others (Ingelaere, 2010). Laws prohibiting “genocide ideology” leave little public space for sharing conflict experiences that deviate from the official narrative of reconciliation expressed by the government. This context makes openness to communication about conflict experiences all the more important, so that Rwandans—whether survivors, perpetrators, or bystanders of the genocide—can begin to acknowledge and process the wide-scale trauma that is deeply embedded within Rwandan society, to set the stage for healing and greater social integration in decades to come (Gobodo-Madikizela, 2015; Hamburger, 2020; Staub, 2006).

Openness to Communicating Conflict Experiences Among Survivors and Nonsurvivors

We also wish to highlight that, in the Rwandan context, openness to communicating with outgroup members about conflict experiences should understandably vary depending on the nature of one's role and experience during the 1994 genocide. Indeed, one's role during the genocide—that is, whether one identifies as a survivor of genocide, or as a perpetrator or bystander of genocide—often becomes a central dimension of social division in the aftermath of mass violence (Baum, 2008). To be consistent with terms used by many Rwandans as well as

with other scholars who have studied the Rwandan context (e.g., King & Sakamoto, 2015), in the present research we use the term “survivor” to refer to those who identify as someone who survives mass killings targeting people from their own group, and we use the term “non-survivor” to refer to those who identify either as perpetrators or bystanders of mass killings targeting a group other than their own.

While these labels may oversimplify the multiplicity of roles and experiences people may have during a period of genocide (see King & Sakamoto, 2015; Vollhardt & Bilewicz, 2013), distinct labels are necessary to consider if and how the reported experiences of genocide survivors might systematically differ from or be similar to the reported experiences of nonsurvivors. In part, both genocide survivors and nonsurvivors may wish to avoid communication about their conflict experiences, because they seek to repress or distance themselves from painful memories (Cohen, 2001). But genocide survivors may be particularly reluctant to discuss their conflict experiences due to deep-seeded feelings of distrust and betrayal toward outgroup members, as well as anguish, grief, and/or shame about the traumas they have endured at the hands of outgroup members (Kanyangara et al., 2014; Staub, 2006). Survivors also tend to report greater levels of trauma during and greater posttraumatic stress following genocide, relative to nonsurvivors (Rieder & Elbert, 2013). Correspondingly, survivors often seek to avoid sharing their conflict experiences, as a strategy to cope with overwhelming feelings of loss (Cohen, 2001; van der Merwe & Gobodo-Madikizela, 2009), and to minimize the possibility of being retraumatized through telling their stories (Brounéus, 2008). We therefore expected that, on average, survivors will report less openness to communicating about their conflict experiences, and more wariness about social integration (Staub, 1999), relative to what is reported by nonsurvivors.

While survivors are likely to be less open to communicating starting out, some research suggests that openness to communicating conflict experiences could be beneficial for both groups' willingness to socially integrate after genocide. This research finds that only when members of both groups are open to sitting together and sharing their pains, are they able to address lingering resentments, attend to the needs of the other, and cooperatively work together to find solutions (King & Sakamoto, 2015; Ndagijimana, 2021). In contrast, a lack of openness to communicating after genocide is associated with intense emotional distress, such as grief and shame, and a lack of social interaction in the community (Ingabire et al., 2022). Given that finding ways to reduce negative intergroup orientations is believed to be important for greater social integration (Staub, 2008), and openness to communication is an important precursor to actual dialog (Gurin et al., 2013) and forgiveness (Mukashema & Mullet, 2013), we reasoned that among both groups being open to communication may be necessary before social integration can be considered.

Overview of the Present Research

The present research seeks to replicate prior work investigating factors that increase willingness for social integration (Kauff et al., 2021; Paolini et al., 2018; Ron et al., 2017), extending this work to a post genocide context. Our research also builds upon prior qualitative work led by Rwandan scholars (e.g., King & Sakamoto, 2015; Ndagijimana, 2021) regarding the beneficial effects of exchanging personal conflict experiences following the Rwandan genocide. We extend this past research using quantitative methods and by asking participants directly about how willing they are to

communicate about their conflict experiences with outgroup members. Study 1 involved a large community sample of genocide survivors and nonsurvivors who responded to a field survey containing measures relevant to intergroup relations and social cohesion. Study 2 included pre-post quasi experimental comparisons of dialog-based interventions that trained community members to facilitate communication between survivors and nonsurvivors and encourage them to work together to resolve community problems. Across both studies, data were collected in partnership with a U.S.-based peacebuilding organization with extensive experience bridging divides in post conflict societies and two nongovernmental organizations in Rwanda with local knowledge of participating communities' particular needs and culturally appropriate strategies to address these needs.

Study 1

As an initial test, Study 1 invited survivors and nonsurvivors of the Rwandan genocide and their descendants to complete a survey to provide organizational partners with information on the landscape of intergroup dynamics prior to the implementation of structured dialog programs. We hypothesized mean levels of openness to communication (Hypothesis 1a) and willingness to socially integrate (Hypothesis 1b) to be lower among survivors compared to nonsurvivors. Nevertheless, we expected that, across all participants, greater openness to communicating conflict experiences would be associated with greater willingness for social integration, controlling for the effects of age, gender, intergroup contact, and empathy (Hypothesis 2).

Method

Sample and Procedure

A total of 435 Rwandans completed the survey (231 males, 196 females, 8 did not respond), including 198 who identified as survivors and 237 who identified as nonsurvivors (72 perpetrators, 165 bystanders).¹ Survey respondents were recruited across eight districts in four provinces (northern, southern, eastern, and western), through convenings sponsored by organizational partners and word of mouth, snowball sampling methods. Survey responses were collected between November 2016 and February 2018. Respondents agreed to fill out a survey about their social experiences and attitudes since the genocide, and they were provided with refreshments upon completing the survey as a means of showing appreciation for their time. Respondents' ages ranged from 24 to 79 years old ($M = 46.68$, $SD = 11.28$) and most indicated that they had a primary school education or less (77%) and were employed as farmers (83%).

Some respondents were very young or not directly involved during the Rwandan genocide; nonetheless, all available responses were retained for data analysis because dependents of people who lived through genocide (e.g., children born of genocide rape, relatives of those imprisoned for contributing to mass violence) are still likely to be deeply affected by genocide, even if not involved in the violence first-hand (Fargas-Malet & Dillenburger, 2016; Ndagijimana, 2021).

Survey items and instructions were developed in English and then translated into Kinyarwanda by bilingual staff of organizational partners. Each respondent met individually with an enumerator to answer survey questions in Kinyarwanda through face-to-face

interviews. An enumerator read the survey questions aloud to respondents and provided pictorial representations of scoring scales to facilitate respondents' ability to indicate their response to each survey question. This methodology was used to ensure that, regardless of respondents' levels of education or literacy, all respondents completed the survey questions using the same procedures.

We conducted initial mean comparisons and correlations to assess the appropriateness of this approach (see Measures). Survivors showed similar responses toward perpetrators and bystanders, and perpetrators and bystanders both exhibited similar responses toward survivors. Thus, for the purposes of our analysis, we follow the approach of King and Sakamoto (2015) and combine the responses of perpetrators and bystanders into the more general category of "nonsurvivors." All subsequent analyses therefore compare patterns of responses between survivors and nonsurvivors.²

Measures

Openness to Communicating Conflict Experiences. In consultation with organizational partners, three items were developed to assess survivors' and nonsurvivors' openness to communicating with each other about their personal conflict experiences: "I feel I am able to have serious and open discussions about the conflict with [outgroup]," "I am willing to share my personal experiences of the conflict in Rwanda with [outgroup]," and "I feel [outgroup] are willing to listen to my experiences." Responses to these items ranged from 1 (*disagree strongly*) to 6 (*agree strongly*). Survivors were asked to respond to separate sets of these items in relation to perpetrators ($\alpha = .87$) and bystanders ($\alpha = .88$); survivor responses to these three-item measures correlated significantly, $r(189) = .45$, $p < .001$, and they were pooled and averaged prior to data analysis ($\alpha = .87$). Nonsurvivors were asked to complete one set of the three items in relation to survivors; the mean responses of perpetrators ($M = 5.73$, $SD = .62$) and bystanders ($M = 5.73$, $SD = .67$) did not significantly differ, $t(235) = .03$, $p = .975$, $d = .004$, so they were combined to create a sample of responses from nonsurvivors for data analysis ($\alpha = .95$).

Willingness for Social Integration. Using modified versions of items used to tap social distance (Bogardus, 1932), nine items assessed how willing respondents were to engage in the following behaviors with outgroup members: (e.g., "join an association or cooperative made up mostly of them," "marry them or have a close relative marry them"). Responses to these items ranged from 1 (*not at all*) to 5 (*very much*). Survivors were asked to respond to two sets of these items, to assess willingness for social integration with perpetrators ($\alpha = .94$) and bystanders ($\alpha = .95$); responses to these two nine-item measures correlated significantly, $r(190) = .63$,

¹ It should be noted that some individuals who were identified by others as perpetrators during the Rwandan genocide may not identify themselves as such; instead, some individuals may de-emphasize any role they may have played in perpetrating the violence, to give the impression that they were simply bystanders to any violence that occurred (see, e.g., Bryant et al., 2018). Local partners took great measures to find external validation of respondents' self-reports of their roles during the genocide; nonetheless, the numbers of respondents who identified as perpetrators and bystanders should be interpreted with caution.

² Identical analysis conducted among survivors in relation to perpetrators and bystanders separately, and among perpetrators and bystanders separately in relation to survivors, can be found in Tables 1–8 of the Supplemental Materials.

$p < .001$, and they were pooled and averaged for data analysis ($\alpha = .96$). Nonsurvivors were asked to complete one set of these nine items in relation to survivors; the mean responses of perpetrators ($M = 4.80$, $SD = .45$) and bystanders ($M = 4.84$, $SD = .37$) did not differ significantly, $t(235) = -.75$, $p = .456$, $d = .10$; thus, their responses were combined for data analysis ($\alpha = .96$).

Positive Intergroup Contact. To capture survivors' and nonsurvivors' positive contact experiences with each other, we used a single-item measure, asking "how much do you have pleasant interactions with [outgroup]?" (see Hayward et al., 2017; Islam & Hewstone, 1993). Item responses ranged from 1 (*not at all*) to 5 (*very much*). Specifically, survivors were asked to respond to separate items asking about positive contact with perpetrators ($\alpha = X$) and bystanders ($\alpha = X$); responses to these items correlated significantly, $r(189) = .58$, $p < .001$, and they were pooled and averaged prior to data analysis to have an indicator of positive contact with nonsurvivors ($\alpha = .73$). Nonsurvivors were asked a single item about positive contact with survivors; the mean responses of perpetrators ($M = 4.78$, $SD = .45$) and bystanders ($M = 4.79$, $SD = .56$) did not significantly differ, $t(234) = -.12$, $p = .907$, $d = .01$, so their responses were pooled to create a sample of responses from nonsurvivors for data analysis ($\alpha = X$).

Intergroup Empathy. Using items inspired by Batson et al. (2002; see also Batson & Ahmad, 2009), two items were used to assess survivors' and nonsurvivors' intergroup empathy: "I try to understand the thoughts and feelings of [outgroup]" and "I feel compassion when I think about [outgroup] experiences." Responses to these items ranged from 1 (*disagree strongly*) to 6 (*agree strongly*). Survivors were asked to respond to two sets of these items, to assess their feelings of empathy in relation to perpetrators ($\alpha = .67$) and bystanders ($\alpha = .76$); responses to these two-item measures correlated significantly, $r(191) = .33$, $p < .001$, and they were pooled and averaged prior to data analysis ($\alpha = .70$). Nonsurvivors were asked to complete one set of these two items in relation to survivors; the mean responses of perpetrators ($M = 5.77$, $SD = .47$) and bystanders ($M = 5.71$, $SD = .60$) did not significantly differ, $t(235) = .78$, $p = .438$, $d = .11$, so they were combined to create a sample of responses from nonsurvivors for data analysis ($\alpha = .83$).

Demographic Characteristics. Respondents reported their age, gender, level of education, and employment. Age was a continuous open-ended question measured in years, and gender, level of education, and employment were categorical. Respondents' options to indicate gender included, "male" and "female," whereas their options for level of education ranged from "none" to "university," and their options to indicate employment included, "local authority," "farmer," "health personnel," "teacher," or "other."

Analytic Approach

All statistical analyses were conducted with IBM SPSS Version 26. Descriptive analyses and correlations were conducted to examine patterns of associations across variables and inspect whether patterns tended to differ among survivors and nonsurvivors. Regression analysis tested how openness to communicating conflict experiences predicted willingness to socially integrate, and a two-way interaction term was entered in the second step to explore whether the association between openness to communicating conflict experiences and willingness for social integration would depend on respondents' role during the genocide (survivor vs. nonsurvivor).

We control for age and gender in the regression analysis, given prior work suggesting that actions and experiences during genocide tend to vary among men and women (Jones, 2002), and among children and adults (Human Rights Watch, 2003; Ingabire et al., 2022). Prior positive contact and empathy were also controlled for in the regression analysis, given that communicating conflict experiences necessarily requires some form of intergroup contact and likely co-occurs with empathy (see Gobodo-Madikizela, 2015).

Results and Discussion

Preliminary Analyses

Means, standard deviations, and correlations among the variables are shown in Table 1. All scores were above the midpoint, yet consistent with Hypothesis 1a and Hypothesis 1b, nonsurvivors' mean responses were significantly higher than those of survivors when assessing openness to communicating conflict experiences, $M = 5.73$ and 4.53 , respectively; $t(286.62) = .1249$, $p < .001$, $d = 1.84$, positive contact, $M = 4.78$ and 3.89 , respectively; $t(268.82) = 10.42$, $p < .001$, $d = 1.04$, empathy, $M = 5.78$ and 4.20 , respectively; $t(264.29) = 16.58$, $p < .001$, $d = 1.65$, and willingness to socially integrate, $M = 4.83$ and 3.95 , respectively; $t(260.56) = 13.06$, $p < .001$, $d = 1.30$.³ Thus, both survivors and nonsurvivors of the Rwandan genocide reported considerable openness to communicating conflict experiences and willingness to engage with each other. Moreover, among both survivors and nonsurvivors, greater openness to communicating conflict experiences was significantly and positively associated with greater willingness for social integration ($r = .66$; see Table 1).

Regression Analysis

Consistent with Hypothesis 2, Step 1 of the regression analysis showed that the positive association between openness to communicating conflict experiences and willingness for social integration remained significant even when controlling for age, gender, positive contact, and empathy, $b = .13$, $SE = .04$, $p < .001$, 95% CI [.07, .20] (see Table 2). Step 2 then showed that the Openness $\times$ Role interaction term did not contribute significantly to predicting willingness for social integration, $b = .07$, $SE = .05$, $p = .154$, 95% CI [-.03, .16], such that the association between openness to communicating and willingness for social integration did not differ meaningfully between survivors and nonsurvivors. Overall, then, these findings suggest that openness to communicating about conflict experiences may be comparably related to positive inclinations toward social integration among both survivors and nonsurvivors in post genocide Rwanda (King & Sakamoto, 2015; Ndagijimana, 2021).⁴

³ For all independent samples t tests comparing means among survivors and nonsurvivors, equal variances among populations cannot be assumed.

⁴ Moderated mediation analysis of key variables in Study 1 can be found in pages 8 and 9 of the Supplementary Materials. These analyses were conducted to test the indirect effect of positive contact on willingness for social integration, through openness to communication about conflict experiences among survivors and nonsurvivors (see supplemental page 8; Figure 1) and the indirect effect of openness to communication about conflict experiences on willingness for social integration, through positive contact among survivors and nonsurvivors (see supplemental page 9; Figure 2).

Table 1
Means, Standard Deviations, and Correlations Among Key Variables (Study 1)

Conflict role	Variable	<i>M</i>	<i>SD</i>	1	2	3
Survivors	1. Openness to communication	4.53	1.21	—		
	2. Intergroup contact	3.89	1.09	.59***	—	
	3. Empathy	4.20	1.23	.67***	.51***	—
	4. Willingness for integration	3.95	0.87	.66***	.77***	.55***
Nonsurvivors	1. Openness to communication	5.73	0.65	—		
	2. Intergroup contact	4.78	0.53	.62***	—	
	3. Empathy	5.78	0.57	.82***	.59***	—
	4. Willingness for integration	4.83	0.40	.66***	.75***	.68***

*** $p < .001$.

Study 2

Whereas Study 1 utilized self-reported responses from a large community survey to examine how openness to communication about conflict experiences corresponds with willingness for social integration in post genocide Rwanda, Study 2 sought to extend these findings by considering how actual engagement in structured dialog programs might shape associations between openness to communicating conflict experiences and willingness for social integration. Study 2 was conducted through an evaluation of two dialog-based programs that trained community members to facilitate communication between survivors and nonsurvivors. One program focused on increasing dialog about conflict between groups, meeting every 2 weeks over a period of many months (dialog clubs) and the other focused on peers sharing experiences of trauma that occurred during the genocide (trauma-healing groups). Participants in both programs discussed themes relevant to living through genocide; however, discussions in the dialog clubs tended to focus more on topics addressing relations between the groups (e.g., “what is life like for children born from a mixed marriage?”), while discussions in the trauma-healing groups tended to focus on more intimate themes related to trauma (e.g., “what is it like for you to attend the annual commemoration of the genocide?”).

Although the specific number of meetings varied somewhat across participants and communities, both programs provided spaces for

survivors and nonsurvivors to actively engage with each other and jointly select discussion, through which they shared their own experiences and perspectives and listened to those of others. Such forms of engagement are particularly important to rebuild social connections in the aftermath of genocide (Ndagijimana, 2021; Salomon, 2004), and they were further augmented by periodic opportunities for program participants to come together and collectively tend to goats or pigs for their communities (for details see Dehrone et al., 2021).

Consistent with Study 1, we expected mean levels of openness to communicating conflict experiences (Hypothesis 1a) and willingness for social integration (Hypothesis 1b) to be lower among survivors compared to nonsurvivors. Once again, we also expected greater openness to communicating conflict experiences to be generally associated with greater willingness for social integration (Hypothesis 2). However, the distinct design of Study 2—including preprogram and postprogram assessments from participants before and after each program—allowed us to investigate Hypothesis 2 in a couple of ways. First, to replicate findings from Study 1, we tested whether greater openness to communicating conflict experiences corresponded with greater willingness for social integration using cross-sectional survey data gathered in the preprogram survey (Hypothesis 2a). Second, with preprogram and postprogram assessments gathered before and after survivors and nonsurvivors engaged with each other during the dialog-based programs, we used change scores to

Table 2
Predicting Willingness for Social Integration Among Survivors and Nonsurvivors (Study 1)

Variable	Step 1				Step 2			
	<i>B</i>	<i>SE</i>	<i>p</i>	95% CI	<i>b</i>	<i>SE</i>	<i>p</i>	95% CI
Age	<.01	<.01	.800	[−.004, .003]	<.01	<.01	.678	[−.004, .003]
Female	−.07	.04	.091	[−.15, .01]	−.07	.04	.103	[−.15, .01]
Positive contact	.43	.03	<.001	[.38, .49]	.43	.03	<.001	[.38, .49]
Empathy	.11	.03	.001	[.05, .18]	.11	.03	.001	[.05, .18]
Role (survivor vs. perpetrator)	−.14	.05	.005	[−.24, −.04]	−.16	.05	.002	[−.26, −.06]
Openness to communication	.13	.04	<.001	[.07, .20]	.09	.05	.075	[.01, .18]
Interaction term: Openness to communication × Role					.07	.05	.154	[−.03, .16]
Change statistics								
R^2 change	.768				.001			
<i>F</i> change	221.44		<.001		2.04		.154	

Note. Coefficient *b* represents the unstandardized regression coefficient and *SE* refers to the standard error of the estimate. The change statistics listed in this table represent the change in amount of variance accounted for at each step of the regression analysis, (R^2 change) and its corresponding significance test (*F* change). CI = confidence interval.

determine whether greater change in openness to communicating conflict experiences (resulting from program participation) predicted greater change in willingness for social integration (Hypothesis 2b). In addition to examining these issues, we also considered whether the associations between openness to communicating conflict experiences and willingness for social integration might vary among survivors and nonsurvivors (as in Study 1), as well as among participants in the different programs (dialog clubs vs. trauma-healing groups).

Method

Sample and Procedure

A total of 81 Rwandans present during the 1994 genocide volunteered to take part in one of the two dialog-based programs. Program were held between November 2016 and May 2018 (some were implemented November 2016 and some November 2017, but all projects were evaluated in February 2018). Participants were recruited from villages in eight districts (Bugesera, Gakenke, Gicumbi, Gisagara, Karongi, Kirehe, Nyamasheke, Rubavu), dispersed across the four main regional provinces in Rwanda (northern, eastern, southern, western). Rather than being randomly assigned to either program, participants were allowed to indicate whether they preferred to participate in the dialog clubs or trauma-healing groups. Participants responded to surveys administered by enumerators (as in Study 1) both before and after program participation.

Altogether, 37 program participants identified as female and 43 as male (1 did not report gender) and participants' ages ranged from 27 to 63 years old ($M = 42.76$, $SD = 8.79$). Similar to Study 1, most participants reported having a primary education or less (59%), and most worked as farmers (79.5%). Fifty participants identified themselves as survivors and 31 identified as nonsurvivors (8 perpetrators and 23 bystanders) of the Rwandan genocide.⁵ A total of 27 participants elected to take part in the dialog clubs (18 survivors and 9 nonsurvivors) and 54 elected to take part in the trauma-healing groups (32 survivors and 22 nonsurvivors). Although more survivors elected to participate in these programs compared to nonsurvivors, a chi-square test showed no significant association between role during the genocide (survivor vs. nonsurvivor) and type of program selected (dialog club vs. trauma-healing group), $\chi^2(2, 81) = 2.55$, $p = .28$, $\Phi = .18$.

Measures

All measures were identical to those used in Study 1, except for empathy. Although the two items that comprised the empathy measure were identical to Study 1, these items were not significantly correlated among nonsurvivors, $r = .05$, $p = .811$; thus, for data analysis, only the single item "I feel compassion when I think about [outgroup] experiences" was retained.

Survivors' responses to items referring to perpetrators and bystanders correlated significantly when assessing openness to communicating conflict experiences ($r = .50$, $p < .001$), positive contact ($r = .81$, $p < .001$), empathy ($r = .62$, $p < .001$), and willingness for social integration ($r = .80$, $p < .001$). Thus, as in Study 1, survivors' scores on items assessing each construct were averaged prior to data analysis to create indicators of openness to communicating conflict experiences with nonsurvivors ($\alpha = .85$), positive contact with

nonsurvivors ($\alpha = .89$), empathy with nonsurvivors ($\alpha = .77$), and willingness to socially integrate with nonsurvivors ($\alpha = .97$).

Relatedly, perpetrators' and bystanders' preprogram responses to survivors did not differ significantly when assessing openness to communicating conflict experiences, $M = 6.00$ and 5.91 , respectively; $t(29) = .84$, $p = .405$, $d = .43$, positive contact, $M = 4.88$ and 4.83 , respectively; $t(29) = .31$, $p = .756$, $d = .13$, empathy, $M = 5.38$ and 5.91 , respectively; $t(7.13) = -.86$, $p = .419$, $d = .42$, or willingness to socially integrate with survivors, $M = 4.89$ and 4.87 , respectively; $t(29) = .19$, $p = .852$, $d = .08$. Perpetrators' and bystanders' responses were therefore pooled and averaged prior to data analysis, to create overall indicators of nonsurvivors' responses to measures of these concepts.

Results

Pre-Post Comparisons

Initial 2 (conflict role: survivor vs. nonsurvivor) $\times$ 2 (time of assessment: preprogram vs. postprogram) mixed analysis of variances (ANOVAs) with Greenhouse-Geisser correction were conducted to examine whether survivors and nonsurvivors differed in mean scores on and reported change in openness to communicating conflict experiences and willingness for social integration.

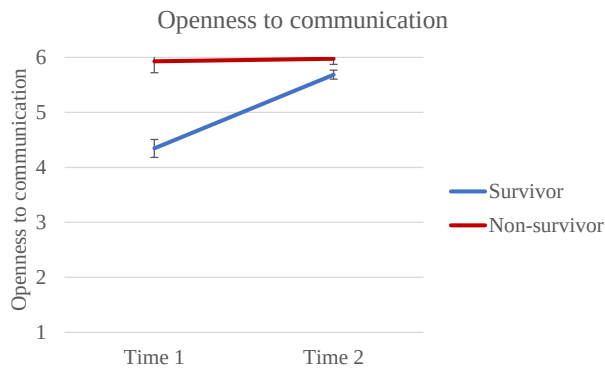
Openness to Communicating Conflict Experiences. Consistent with Study 1 and Hypothesis 1a, survivors reported significantly lower openness to communicating conflict experiences ($M = 5.02$, $SE = .10$) compared to nonsurvivors ($M = 5.95$, $SE = .13$); $F(1, 71) = 33.25$, $p < .001$, $\eta_p^2 = .32$. There was also a main effect of time of assessment, both survivors and nonsurvivors report significantly greater openness to communicating after participation in the dialog programs ($M = 5.83$, $SE = .07$) compared to before ($M = 5.14$, $SE = .13$); $F(1, 71) = 27.95$, $p < .001$, $\eta_p^2 = .28$. However, these main effects were qualified by a significant interaction between conflict role and time of assessment, $F(1, 71) = 24.25$, $p < .001$, $\eta_p^2 = .26$. Comparisons of preprogram and postprogram scores show that survivors reported significantly greater openness to communicating conflict experiences following program participation ($M_{\text{post}} = 5.69$, $SD_{\text{post}} = .70$) as compared to before program participation, ($M_{\text{pre}} = 4.34$, $SD_{\text{pre}} = 1.38$); $t(44) = 6.58$, $p < .001$, $d = 1.23$. By contrast, nonsurvivors' openness to communicating conflict experiences did not change significantly as a result of participating in the programs ($M_{\text{pre}} = 5.93$, $SD_{\text{pre}} = .26$; $M_{\text{post}} = 5.98$, $SD_{\text{post}} = .13$); $t(27) = .85$, $p = .404$, $d = .23$ (see Figure 1).

Willingness for Social Integration. Again, consistent with Study 1 and Hypothesis 1b, survivors reported significantly lower willingness to socially integrate ($M = 4.39$, $SE = .07$) compared to nonsurvivors ($M = 4.93$, $SE = .09$); $F(1, 71) = 20.48$, $p < .001$, $\eta_p^2 = .22$. There was also a main effect of time of assessment, both survivors and nonsurvivors report significantly greater willingness to socially integrate after participation in the dialog programs ($M = 4.90$, $SE = .04$) compared to before ($M = 4.42$, $SE = .10$); $F(1, 71) = 25.57$, $p < .001$, $\eta_p^2 = .27$. Yet these main effects were qualified by a significant interaction between conflict role and time of assessment, $F(1, 71) = 13.15$, $p = .001$, $\eta_p^2 = .16$. Comparisons of preprogram and

⁵ Some rescuers ($n = 5$) and returnees ($n = 5$) of the genocide also participated in these programs, but because of their very small numbers, these participants were excluded from analysis.

Figure 1

Preprogram and Postprogram Scores on Openness to Communicating Personal Conflict Experiences Among Survivors and Nonsurvivors



Note. See the online article for the color version of this figure.

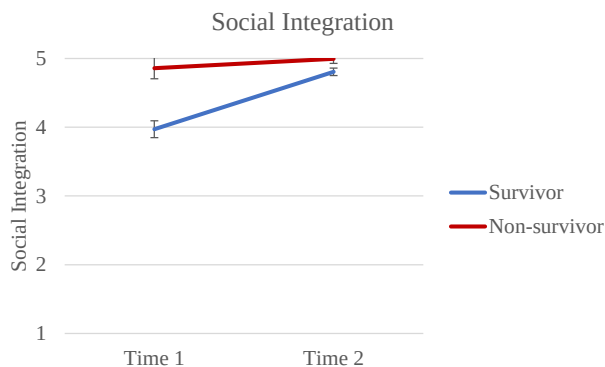
postprogram scores showed that survivors reported significantly greater willingness for social integration following program participation ($M_{\text{post}} = 4.81$, $SD_{\text{post}} = .46$) as compared to before program participation, ($M_{\text{pre}} = 3.97$, $SD_{\text{pre}} = 1.02$); $t(44) = 5.67$, $p < .001$, $d = 1.06$. Relative to survivors, nonsurvivors showed a more modest increase in willingness for social integration after program participation, ($M_{\text{pre}} = 4.86$, $SD_{\text{pre}} = .30$; $M_{\text{post}} = 5.00$, $SD_{\text{post}} = .02$); $t(27) = 2.43$, $p = .022$, $d = .65$ (see Figure 2).

Correlations

We tested Hypothesis 2 in two ways. First, correlations from the preprogram assessment tested whether greater openness to communicating conflict experiences corresponded with greater willingness for social integration using cross-sectional survey data (Hypothesis 2a). Consistent with Study 1 and Hypothesis 2a, among both survivors and nonsurvivors, greater openness to communicating conflict experiences was significantly and positively associated with greater willingness for social integration (see Table 3).

Figure 2

Preprogram and Postprogram Scores on Willingness for Social Integration Among Survivors and Nonsurvivors



Note. See the online article for the color version of this figure.

Regression Analysis

Next, a multiple linear regression was conducted to examine whether changes in openness to communicating conflict experiences after program participation was related to change in willingness for social integration (Hypothesis 2b). To check for sufficient power to test for differences between groups and program type, sensitivity analyses were conducted using G*Power Version 3.1 (Faul et al., 2007). Given our sample size of 81 and power of .80 (with p value of .05), our models (multiple regressions with seven predictors) have an estimated minimum detectable effect size (MDES) of Cohen's $f^2 = .099$ for each coefficient. According to the guidelines suggested by Cohen (1988), this suggests we have adequate power to detect smaller than medium effect sizes ($f^2 \geq .15$; Table 4).

Results of the regression analysis indicated that, consistent with Study 1, greater change in openness to communicating conflict experiences was significantly associated with greater change in willingness for social integration, $b = .39$, $SE = .07$, $p < .001$, 95% CI [.25, .53]; this significant association was observed when controlling for age, gender, changes in positive contact and empathy that occurred over the course of the program.⁶ We also explored whether the relation between changes in openness to communicating conflict experiences and changes in willingness for social integration depended on conflict role (survivor vs. nonsurvivor) or the focus of the program (dialog vs. trauma-healing). We did not find significant moderation of the effect of the program by conflict role, $b = -.12$, $SE = .30$, $p = .682$, 95% CI [-.72, .48], or by type of contact program, $b = -.10$, $SE = .09$, $p = .284$, 95% CI [-.29, .09].

Discussion

In line with findings from Study 1, both survivors and nonsurvivors reported being fairly willing to share their conflict experiences and socially integrate before taking part in the dialog-based programs. Yet, survivors tended to enter these programs with significantly less openness and willingness compared to nonsurvivors. These patterns of findings make sense given both the legacy of mass violence and current norms for social attitudes and relations between groups in Rwandan society. Beyond any self-selection processes that might have fostered willingness to engage with other groups (see Kauff et al., 2021), it is likely that participants' reported willingness was driven in part by the Rwandan Government's strong push to promote unity and reconciliation in the decades following the genocide (see Blackie & Hitchcott, 2018; Ingelaere, 2010; Moss & Vollhardt, 2016). Nonetheless, survivors of the Rwandan genocide typically report greater experiences of trauma and exhibit greater posttraumatic stress borne from the violence they witnessed during the genocide, relative to nonsurvivors (Rieder & Elbert, 2013). Genocide survivors may thus be somewhat reluctant to discuss their conflict experiences due to high distrust and feelings

⁶ Moderated mediation analysis of key variables in Study 2 can be found in pages 10 and 11 of the supplementary materials. These analyses were conducted to test the indirect effect of positive contact on willingness for social integration, through openness to communication about conflict experiences among survivors and nonsurvivors (see supplemental appendix page 10; Figure 3) and the indirect effect of openness to communication about conflict experiences on willingness for social integration, through positive contact among survivors and nonsurvivors (see supplemental appendix page 11; Figure 4).

Table 3*Pre and Post Means, Standard Deviations, and Correlations Among Key Variables (Study 2)*

Conflict role	Variable	<i>M</i>	<i>SD</i>	1	2	3
Preprogram scores						
Survivors	1. Openness to communication	4.28	1.37	—		
	2. Intergroup contact	3.82	1.28	.75***	—	
	3. Empathy	3.94	1.71	.71**	.67***	—
	4. Willingness for integration	3.91	1.06	.83***	.80***	.70***
Nonsurvivors	1. Openness to communication	5.94	.25	—		
	2. Intergroup contact	4.84	.37	.60***	—	
	3. Empathy	5.77	.92	.23	.08	—
	4. Willingness for integration	4.87	.28	.82***	.90***	.21
Postprogram scores						
Survivors	1. Openness to communication	5.69	.70	—		
	2. Intergroup contact	4.82	.48	.80***	—	
	3. Empathy	5.62	.98	.88***	.78***	—
	4. Willingness for integration	4.81	.46	.92***	.89***	.83***
Nonsurvivors	1. Openness to communication	5.97	.13	—		
	2. Intergroup contact	5.00	.00	+	—	
	3. Empathy	5.96	.19	1.00***	+	—
	4. Willingness for integration	4.99	.02	1.00***	+	1.00***
Change scores						
Survivors	1. Openness to communication	1.34	1.37	—		
	2. Intergroup contact	.92	1.19	.67***	—	
	3. Empathy	1.68	1.76	.67***	.63***	—
	4. Willingness for integration	.83	.99	.79***	.70***	.65***
Nonsurvivors	1. Openness to communication	.05	.30	—		
	2. Intergroup contact	.18	.39	.56**	—	
	3. Empathy	.21	.99	.30	.09	—
	4. Willingness for integration	.14	.30	.79***	.90***	.23

Note. + indicates the correlation cannot be computed because at least one of the variables is constant. Change scores were computed by subtracting the postprogram score from the preprogram score for each measured construct.

** $p < .01$. *** $p < .001$.

of betrayal, as well as anguish, grief, or shame over the atrocities they have endured (Kanyangara et al., 2014; Staub, 2006) and the potential of retraumatization among those most severely victimized during the violence (Brounéus, 2008); by contrast, those in the

position of perpetrating or witnessing violence tend to report greater willingness to engage across group lines than those victimized by intergroup violence (see Mazziotto et al., 2014). It is thus understandable that survivors would enter dialog-based programs with

Table 4*Predicting Willingness for Social Integration Among Survivors and Nonsurvivors (Study 2)*

Variable	Step 1				Step 2			
	<i>b</i>	<i>SE</i>	<i>p</i>	95% CI	<i>b</i>	<i>SE</i>	<i>p</i>	95% CI
Age	-.01	.01	.032	[-.03, -.001]	-.01	.01	.060	[-.03, .001]
Female	.10	.11	.385	[-.13, .33]	.07	.12	.541	[-.17, .31]
Positive contact	.24	.08	.004	[.08, .39]	.24	.08	.003	[.08, .39]
Empathy	.07	.05	.180	[-.03, .16]	.07	.05	.165	[-.03, .17]
Role (survivor = 1, nonsurvivor = 0)	-.14	.13	.295	[-.39, .12]	-.24	.26	.356	[-.77, .28]
Program (dialog = 1, trauma = 0)	-.05	.12	.694	[-.28, .19]	-.05	.12	.664	[-.28, .18]
Openness to communication	.39	.07	<.001	[.25, .53]	.56	.30	.067	[-.04, 1.16]
Interaction term:								
Openness to communication × Role					-.12	.30	.682	[-.72, .48]
Openness to communication × Program					-.10	.09	.284	[-.29, .09]
Change statistics								
<i>R</i> ² change	.759				.006			
<i>F</i> change	28.732		<.001		.750		.477	

Note. Coefficient *b* represents the unstandardized regression coefficient and *SE* refers to the standard error of the estimate. The change statistics listed in this table represent the change in amount of variance accounted for at each step of the regression analysis, (*R*² change) and its corresponding significance test (*F* change). CI = confidence interval.

less openness to communicating conflict experiences, and less willingness for social integration, as compared to nonsurvivors.

Importantly, however, and extending the survey findings from Study 1, in Study 2 we find significant changes in survivors' openness to communicating conflict experiences and willingness for social integration following their participation in yearlong dialog-based programs with genocide perpetrators and bystanders. Specifically, we observe that survivors report greater openness to communicating their conflict experiences, and greater willingness for social integration, following program participation as compared to their initial reports before program participation. Indeed, greater engagement across group lines is likely to rebuild intergroup trust and social integration intentions (Tam et al., 2009; Tropp, 2015; Wagner & Hewstone, 2012), but this was particularly true among survivors whose trust was most severely betrayed during the genocide.

Interestingly, however, nonsurvivors did not demonstrate a comparable increase in openness to communicating conflict experiences or in willingness for social integration following program participation. This finding is likely because nonsurvivors' initial reports of openness and willingness were near the ceiling of the scoring scale before the program, thereby leaving less room for positive change to emerge over the course of their participation. This finding is also consistent with other research showing that people identified as perpetrators of violent conflict tended to report greater willingness for social integration than those identified as victims of violent conflict (Mazziotta et al., 2014).

General Discussion

Across two field studies implemented in the context of post genocide Rwanda, utilizing a large community sample (Study 1) and pre and postprogram scores from dialog-based interventions (Study 2), we find support for the hypothesis that openness to communicating conflict experiences is positively associated with willingness for social integration among both genocide survivors and nonsurvivors. Study 2 also showed that the dialog-based programs increased openness to communicating conflict experiences and willingness to socially integrate among survivors, while no significant increase was observed among nonsurvivors whose initial scores were already near ceiling on the scoring scale.

Overall, these findings contribute to a growing body of research investigating the factors that increase willingness to engage in future contact (Kauff et al., 2021; Paolini et al., 2018; Ron et al., 2017), extending this work to a post genocide context. The results show that challenges associated with social integration after genocide may be partially overcome by growing more open to communicating one's conflict experiences. Consistent with previous work (Bruneau & Saxe, 2012; Chaitin, 2003; d'Estrée, 2006; Green & d'Estrée, 2003; King & Sakamoto, 2015; Ndagijimana, 2021), the present research suggests that greater openness to communication about conflict can have positive benefits for intergroup relations and social cohesion, even in the context of genocide.

Study 2 also begins to shed light on processes through which people might become open to communication about conflict experiences in post genocide contexts. Prior work suggests that both openness to communication and willingness for intergroup contact are associated with outgroup trust (McKeown & Psaltis, 2017; Tam et al., 2009). When group members are distrustful of outgroup members, they may become less willing to be open, honest, and

genuine during cross-interactions to avoid having their trust betrayed (Kelman, 2005; Tropp, 2008). Given that the betrayal of trust that occurred during the genocide was more severe for survivors compared to nonsurvivors (Rieder & Elbert, 2013), the processes of rebuilding trust and openness to communication about harms experienced may understandably differ for survivors and nonsurvivors. This may help to explain why survivors tended to enter the dialog-based programs significantly less open to communicating conflict experiences and less willing for social integration compared to nonsurvivors, yet grew significantly more open and willing over the course of structured dialog. Given that survivors typically report greater symptoms of posttraumatic stress following genocide than nonsurvivors (Rieder & Elbert, 2013), they may initially be the most motivated to avoid sharing conflict experiences to repress or distance themselves from the painful memories these experiences elicit (Cohen, 2001).

Other theoretical perspectives might suggest that survivors would be more motivated to disclose their conflict experiences to reinstate a sense of agency in response to a psychological need for empowerment, whereas nonsurvivors would be particularly motivated to restore their moral image (e.g., Shnabel & Nadler, 2008). Although we believe it is likely that nonsurvivors may have been particularly open to communication due to feelings of regret (Imhoff et al., 2012) and desires to apologize and be forgiven (King & Sakamoto, 2015), we also believe that, in this post genocide context, survivors' needs to cope with and heal from trauma may have taken precedent over needs for empowerment, especially given the high rates of traumatic experiences and enduring posttraumatic stress reported by survivors (Rieder & Elbert, 2013). Further research could investigate more systematically how divergent experiences of trauma in contexts of mass violence may or may not correspond with different psychological needs, and how and when different needs might emerge on the path toward reconciliation.

Limitations and Future Directions

We must also acknowledge some limitations of the present research. First, most nonsurvivors in our samples identified as bystanders rather than as perpetrators of the genocide; given how difficult it is to determine the veracity of nonsurvivors' roles, and particularly when prevailing norms harshly censor genocide ideology (Moss & Vollhardt, 2016), for practical and statistical reasons in this data we grouped perpetrators and bystanders together as a single nonsurvivor group. In addition, little is known about bystanders' experiences or motivations during the genocide: nonintervention may have meant being present but not able to intervene, or it may have meant openly resisting the pressure to participate in violence (Donà, 2018). More research is needed to understand potential similarities and differences in the motivations and perspectives of genocide perpetrators and bystanders, how survivors might respond to them in kind, and how these different motivations and perspectives might be addressed through structured dialogs.

It should also be noted that the present studies include cross-sectional (Study 1) and longitudinal quasiexperimental (Study 2) research designs, yet random assignment was not employed in either study. For this reason, causal claims cannot be made regarding whether increased openness to communicating conflict experiences produces greater willingness for social integration. Since Rwandans with strong outgroup resentments likely did not volunteer to participate in either program, we cannot completely rule out the possibility

that voluntary participation across the two studies may have influenced participants' initial openness to communication about conflict experiences prior to program participation (King & Sakamoto, 2015). Ceiling effects and low variability in baseline responses to openness to communication also limit our understanding of these processes and the inferences that we can make from this data.

Moreover, because the overarching goals of the dialog clubs and trauma-healing workshops were similar, they were held in the same small communities. As such, there were likely some occasions when participants in these two dialog-based programs may have interacted with each other. Thus, it is possible that one reason we may not have found differences in openness and willingness by program type was because of potential contamination across conditions. Although broader sharing is usually deemed as a positive outgrowth by practitioners to extend the potential reach and impact of an intervention (see Green & d'Estrée, 2003), it presents a challenge to researchers seeking to detect potential differences between treatment groups. Future research should explore strategies for assessing degrees of sharing across implemented programs in order to investigate their impact.

We also wish to clarify that the contact measure used in the present research jointly assesses its quantity and quality, though prior research has found contact quantity and contact quality to predict future contact intentions in different ways (McKeown & Psaltis, 2017). Thus, indicating "not at all" on this question can either mean that participants did not interact with the outgroup, or that cross-group interactions were unpleasant. Moreover, given past work showing that greater trust may improve the quality of cross-group communication (McKeown & Psaltis, 2017; Tam et al., 2009), future research should grant closer attention to how qualities of contact (e.g., superficial or intimate) may shape openness to communication about conflict experiences.

Conclusion

Even while considering these limitations, the present field studies demonstrate how being open to communicating one's conflict experiences may contribute to fostering social cohesion in post genocide settings. The present research provides evidence that even after genocide, where divergent collective narratives are common and deeply connected to traumatic experiences, an openness to communicating conflict experiences can have meaningful and positive impacts on both survivors' and nonsurvivors' willingness to socially integrate, above and beyond the effects of positive contact and empathy.

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