



A National Epidemiological Study on Trauma Exposure and Mental Health in Rwanda

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Executive Summary

Mental health represents a key area of public health where continued efforts and strategic investment can lead to a significant impact and sustainable development. The present policy brief stems from a research project that investigated trauma-related mental health problems and their determinants among Rwandans born before and after the 1994 genocide perpetrated against the Tutsi in Rwanda. Using a national sample of 1754 participants and validated clinical measures, the study provides robust evidence on the long-term mental health impacts of collective trauma.

Findings reveal that trauma-related disorders, including Post-Traumatic Stress Disorder (PTSD; 18%), depression (19%), and anxiety (9%), remain prevalent in the general population three decades after the genocide. Genocide survivors, as well as the genocide-exposed generation, exhibit high rates of trauma exposure and mental health problems. Our study reveals that trauma exposure severity is the strongest predictor of mental health problems. Gender, schooling, community integration, social cohesion, and geographic location also significantly affect outcomes. We conclude that effective interventions must address both trauma and social determinants of mental health.

Key Policy Recommendations

- **Expand mental health services nationwide** to protect vulnerable groups;
- **Fund integrated and evidence-based treatments** to address trauma-related disorders;
- **Use education as a strategic tool** to improve population mental health;
- **Strengthen community networks** to build resilience and social support;
- **Invest in research and ongoing monitoring** to adapt interventions.

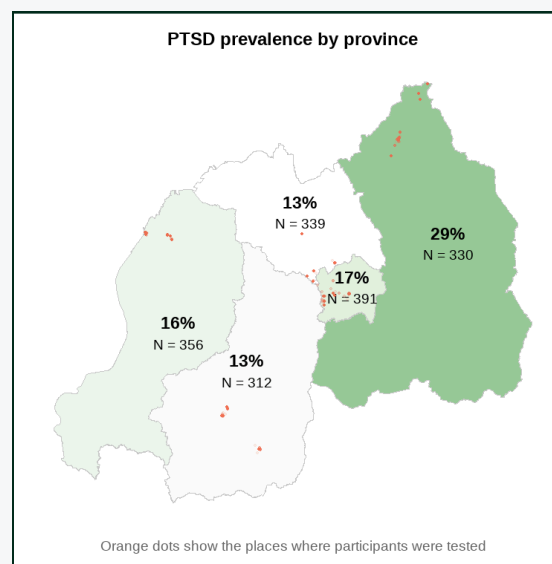
Context of the study

The 1994 Genocide perpetrated against the Tutsi in Rwanda left long-lasting and far-reaching consequences across the population (Munyandamutsa et al., 2012; Musanabaganwa et al., 2020; Rieder & Elbert, 2013; Rugema et al., 2015). Since the late 1990s, multiple studies have documented high rates of PTSD in the general Rwandan population, with prevalence estimates ranging from 15% to 30%. However, these studies have overlooked other mental health dimensions, including anxiety and sleep quality. Our research team has shown that mental health also shapes cognitive functioning and social cohesion (Blanchette et al., 2019; Caparos et al., 2018). As Rwanda continues its recovery, up-to-date mental health data are essential to inform effective policies and targeted interventions. The present study assessed the prevalence and determinants of trauma-related mental health problems three decades after the genocide, among Rwandans born both before and after 1994.

Overview of the research

Data were collected between March 19th and April 27th, 2024, in five districts: Nyamagabe, Rulindo, Nyagatare, Rubavu, and Nyarugenge, representing the five provinces of Rwanda. The data collection was paused during the genocide commemoration week. A total of 1754 participants (829 men & 925 women), aged 18 to 65 years, participated in the study. Participants completed questionnaires on socio-demographic characteristics, trauma exposure, and a range of mental and physical health problems.

	General population	Born > 1994	Born < 1994	Genocide survivors	Men	Women
PTSD	18%	25%	8%	36%	12%	22%
Depression	19%	26%	10%	35%	13%	25%
Anxiety	9%	12%	6%	19%	7%	12%
Suicidal thoughts	13%	16%	8%	20%	8%	17%
Suicidal attempts	4%	6%	2%	8%	3%	5%
Poor sleep quality	21%	29%	11%	38%	16%	25%



Findings

- Mental health problems were more prevalent among the **genocide-exposed generation, genocide survivors, women**, and residents of the **Eastern province**;
- Mental health problems were **associated with more physical complaints** such as headache, back pain, and stomach problems;
- **30% of participants born before the genocide** and 18% of those born after the genocide suffered from **at least one mental health disorder**;
- There was a **high comorbidity** between the different mental health problems (PTSD, depression, anxiety, poor sleep).

Determinants

- **Trauma exposure drives mental health problems:** Those born before the genocide experienced more traumatic events, resulting in higher rates of mental health issues. Among people from the same generation, those who experienced more trauma had more mental health problems;
- **Education protects population:** Individuals who went to school for longer had better mental health;
- **Community ties matter:** Individuals who felt integrated into their community and valued social cohesion had better mental health.

Conclusion and recommendations

Three decades after the genocide, mental health problems remain very prevalent, confirming previous research. This demands urgent action and a renewed public health priority. Evidence shows that mental health policies have measurable impacts on population well-being in Rwanda and globally (WHO, 2022). In this regard, we recommend scaling up mental health services nationwide, while prioritizing genocide survivors and women. Integrated, evidence-based interventions should be funded, including monitoring systems. In addition, education should be leveraged as a strategic tool to improve population mental health. Finally, social cohesion and community integration programs should be supported as essential components of national mental health strategy.

For a detailed version of the study and data, the national report is available on our website.

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