



# Reintegration of children born of wartime rape

*Brigitte Rohwerder*

*Institute of Development Studies*

*17 June 2019*

## Question

*What lessons have been learned from efforts to reintegrate children born of wartime rape into communities?*

## Contents

1. Summary
2. The experiences of children born of wartime rape
3. Strategies to support and reintegrate children born of wartime rape
4. References

---

*The K4D helpdesk service provides brief summaries of current research, evidence, and lessons learned. Helpdesk reports are not rigorous or systematic reviews; they are intended to provide an introduction to the most important evidence related to a research question. They draw on a rapid desk-based review of published literature and consultation with subject specialists.*

*Helpdesk reports are commissioned by the UK Department for International Development and other Government departments, but the views and opinions expressed do not necessarily reflect those of DFID, the UK Government, K4D or any other contributing organisation. For further information, please contact [helpdesk@k4d.info](mailto:helpdesk@k4d.info).*

## 1. Summary

Children born of wartime rape, and their mothers, are often stigmatised by their own communities, due to their associations with political, ethnic or religious enemies. Their identity and sense of belonging are contested, which creates dangers for their physical security and emotional wellbeing. Children born of wartime rape are at risk of violence, abuse, abandonment, discrimination and marginalisation, at the hands of both families and communities. They often have less access to community resources, family protection and education or livelihood activities, and are likely to grow up in poverty. They can face challenges in registering their birth and their right to citizenship. The experiences of children born of wartime rape can result in a lifetime of detrimental consequences, and the stigmatisation they experience has continued long into the post war period. Their experiences differ as a result of gender, perceived ethnicity, social and economic status, as well as structural gender discrimination, especially in patriarchal and patrilineal societies. This rapid literature review looks at some of the available evidence on the experiences of children born of wartime rape in several different countries (Bosnia, Rwanda, Uganda, and Iraq) and lessons learned from efforts to support and reintegrate them into communities. However, specific efforts to support and reintegrate children born of wartime rape have been scarce. Such efforts suggest the importance of supporting mothers; the need for supported disclosure; the importance of strategies for constructing a positive identity; the importance of being with others in similar situations; the need for access to education; the possibility of tracing paternal relatives; the need for community sensitisation and stigma reduction; the need to clarify the legal status of children born of wartime rape; the need to have programmes which don't single them out to detrimental effect; and the need for their involvement in post-conflict transitional justice mechanisms.

This rapid literature review found that there is very little literature which focuses on the perspectives and voices of children born of wartime rape and the impact that being born of rape has on them (Denov and Khan, 2019, p. 159; Neenan, 2017, p. 1; Lee, 2017, p. 155). There is even less literature which focuses on efforts to support and reintegrate them, due to the lack of policies and interventions to address their specific needs (Neenan, 2017, p. 1). Their lack of inclusion in policy making has been attributed to the perceived issue of a "lack of data", with children born of sexual violence generally being a hidden population; ethical concerns about "doing no harm" and fears around breaking "protective silences", which may have deterred action; and 'the range of political and cultural taboos and sensitivities children born of sexual violence bring to the surface within conflict states and the international community' (Neenan, 2017, p. 21).

Key findings relating to lessons learned about supporting and reintegrating children born of wartime rape include:

- Addressing one aspect of the issues faced by children born of wartime rape is not enough; efforts must address the variety of different problems they face. Generic post-war psychosocial or reconciliation programmes for traumatised populations are not enough on their own to counter the marginalisation experienced by this particular group children and their mothers.
- **Support for mothers:** Children have benefited, emotionally and materially, from support to the mothers. Such support has involved psychosocial, health, and economic support, as well as stigma reduction efforts and the opportunity to meet with other mothers in similar situations. Addressing health and psychosocial needs is a vital first step before

economic support can prove useful. However, it is not enough to just focus on support to mothers as children born of wartime rape have some needs which may be in tension with their mother's needs.

- **Disclosure:** Many children have a need to know who their fathers are for their own sense of self, but the process of disclosure can be difficult. A disclosure experience that goes well can contribute to the self-acceptance of children born of wartime rape and a better relationship with their mothers. They depend on supportive environments and positive communication, as well as the timing and manner of the disclosure. Mothers and children require support pre and post disclosure in order to cope with the emotions disclosure can result in.
- **Constructing a positive identity:** Children born of wartime rape have tried to construct positive identities for themselves by studying and working hard and contributing to their communities, including by having a role in reconciliation efforts. Some have turned to religion. Advocating for themselves was also seen to be important.
- **Meeting with others in similar situations:** Meeting other children in similar situations helped give children a sense of connection, belonging, and self-acceptance.
- **Education:** Securing the right to education for children born of wartime rape and supporting them to afford it is important for their futures.
- **'Child tracing':** In some contexts, finding the paternal side of a child's family can be helpful, if done sensitively and carefully, and at the request of the child and mother. Even then, for some the tracing process is difficult and exposes children to further emotional and physical violence.
- **Community sensitisation and stigma reduction:** Interventions need to include families and communities to promote acceptance, understanding, and inclusion and tackle the pervasive impact of stigmatisation of children born of wartime rape. Such interventions should involve religious and traditional leaders.
- **Clarification of legal status:** Children should have access to civil documentation to ensure their citizenship rights. Existing legislation can make this very challenging, perpetuating stigma and gender discrimination.
- **National level policies:** Government should recognise the special needs of mothers and their children born of wartime rape and afford them protection, rights, and benefits. This should be done in a way which does not stigmatise them further.
- **Joint programmes:** Programmes co-partnering children born of wartime rape with other vulnerable children can help prevent community animosity which may come from singling them out.
- **Post-conflict transitional justice mechanisms:** Recognition of their experiences in transitional justice mechanisms and reparations may be a means of reconciliation.

## 2. The experiences of children born of wartime rape

Rape is used during war 'not only to violate and terrorise individual victims but also to denigrate the larger communities to which victims belong' (Denov and Kahn, 2019, p. 151). 'Survivors of sexual violence are frequently stigmatised and may no longer be viewed as viable members of society by family and community members', especially in patriarchal societies (Woolner et al, 2019, p. 705; Neenan, 2017, p. 11). However, the tens of thousands of children born of wartime rape 'remain largely overlooked as victims to the profound consequences of sexual violence and excluded from transitional justice processes aiming to reconcile and repair post-conflict societies' (Denov and Kahn, 2019, p. 151-152; Mahmood, 2017, p. 15).

Mothers and their children born of conflict related sexual violence are often ostracised by their own communities (Guterres, 2019, p. 8). They often face high levels of “internalised” stigma and “external” stigmatisation<sup>1</sup>, viewed as “affiliates of the enemy”, and the children are at risk of abuse, abandonment and marginalisation, and may suffer a lifetime of detrimental consequences (Neenan, 2017, p. 22; Guterres, 2019, p. 8; Denov and Kahn, 2019, p. 152). These children are often stigmatised at birth by traumatised post-conflict societies and ‘labelled by communities as the “bad blood” of political, ethnic or religious enemies’ (Guterres, 2019, p. 8; Neenan, 2017, p. 17). Children may ‘possess the ethnic identities of two groups, but do not fully belong to either’ (Denov and Kahn, 2019, p. 160). From birth, children born of conflict related sexual violence find their ‘identity and sense of belonging are contested, creating dangers for their physical security and emotional wellbeing’ (Neenan, 2017, p. 8). The question of identity, and the absent father, have been found to profoundly affect the lives of these children (Lee, 2017, p. 175, 245).

Children born of war-time sexual violence may experience ‘violence, abandonment, infanticide, abuse, and discrimination—often at the hands of family and community members’ and ‘may lack access to community resources, family protection and education or livelihood activities’ (Denov and Kahn, 2019, p. 152; Guterres, 2019, p. 8; Neenan, 2017, p. 8, 17, 24). They are likely to grow up in poverty and with poor health (Neenan, 2017, p. 8; Mahmood, 2017, p. 17). As they get older, they are ‘often prime targets for recruitment by armed groups and terrorist organisations’ (Guterres, 2019, p. 8). Children born of wartime rape may also face administrative challenges in registering their births, their legal names or their rights to citizenship, with long term consequences for their lives (Guterres, 2019, p. 8; Denov and Kahn, 2019, p. 152; Neenan, 2017, p. 8; Mahmood, 2017, p. 18; Lee, 2017, p. 166). In some countries there are laws which prohibit a woman from passing on her nationality to her child or inhibit children’s access to civil documentation’ (Neenan, 2017, p. 31). These laws legitimise gender discrimination, contribute to the stigmatisation of children born as a result of conflict related sexual violence and risk leaving children stateless (Neenan, 2017, p. 31). Lack of citizenship can result in a denial of access to medical care, education, or other social benefits, as well as a secure sense of identity (Mahmood et al, 2017, p. 18).

Their mothers are likely to be subject to stigmatisation both as victim-survivors and mothers of children born of conflict related sexual violence and often suffer significant physical, psychological, social and economic impacts as a result (Neenan, 2017, p. 9; Lee, 2017, p. 245). If unaddressed, these harms and disadvantages are highly likely to be passed on to their children if they are the primary carers (Neenan, 2017, p. 9, 11, 24; Mahmood, 2017, p. 17). As a result, children born as a result of conflict related sexual violence are ‘extremely vulnerable to becoming trafficked children and/or subjected to a life of crime and poverty’ (Mahmood, 2017, p. 17). Children born of conflict-related sexual violence may also be born into and raised in ‘structures in which unmitigated intergenerational trauma, maternal trauma and stress, and maternal ambivalence combine with social and economic marginalisation to create an environment hostile to their healthy development’ (Kahn and Denov, 2019, p. 512; Lee, 2017, p. 5).

Neenan (2017, p. 11) notes that the ‘precise range and extent of harms each child faces may be informed by factors including the age, gender, perceived ethnicity, social and economic status of

---

<sup>1</sup> ‘Internalised stigma is a psychological response to [conflict related sexual violence] experience *because of* socially constructed, discriminatory norms, which often has physical, broader consequences. External stigmatisation refers to discriminatory acts and behaviours *directed against* a victim by others, often in a position of relative power.’ (Neenan, 2017, p. 22, original italics).

children and their mothers'. In addition, their experiences and stigmatisation vary as a result of existing structural gender discrimination, especially in patriarchal and patrilineal societies, where children born of sexual violence are 'generally considered to "belong" to their biological fathers and to have inherited their characteristics' (Neenan, 2017, p. 11, 31-32).

However, these children and their specific needs have largely been overlooked and unaddressed at local, national and international levels, with a detrimental impact on their lives as children and into adulthood (Neenan, 2017, p. 8, 17; Mahmood, 2017, p. 16; Lee, 2017, p. 153). Children born of conflict-related sexual violence 'fail to match the existing model of child protection because their identities are culturally and politically contentious and predetermined' (Mahmood, 2017, p. 17-18). The rights and needs of the mother and child are not necessarily the same (Mahmood, 2017, p. 27). Society's views about what is in the best interest of the child can conflict with their human rights, and rights and interests of people in the child's immediate surroundings (Lee, 2017, p. 171-172). The neglect of a key population affected by the conflict also means meaningful and inclusive peace and reconciliation cannot be achieved (Neenan, 2017, p. 20).

## Examples of specific cases

### Children born of wartime rape in Bosnia

Rape was used as a tactic during the war in Bosnia, as part of a systematic campaign of ethnic cleansing (Lee, 2017, p. 152). Although the exact figures will never be known, it is clear that at least several thousand women were victims of systematic rape (Lee, 2017, p. 152). All sides of the war used gender-based violence, yet most atrocities were committed by Serb forces against Muslim women (Lee, 2017, p. 152). While the majority of women had abortions, many were unable to and gave birth to children, numbering at least several hundred (Mahmood, 2017, p. 21; Lee, 2017, p. 154). There was a disproportionate increase in rates of infanticide in the aftermath of the mass rapes in Bosnia (Lee, 2017, p. 157). A significant number of children born of wartime rape ended up in the care system, due to abandonment by their mothers and their families. Some were left in the care system because of the reality (or threat) of economic hardship, because mothers lacked the financial resources to care for them and were refused support from families or welfare agencies (Lee, 2017, p. 157). The conditions surrounding their conception and birth seem to have had an adverse impact on health outcomes of children born of wartime rape in Bosnia, and a disproportionately large number of them were born with disabilities (Lee, 2017, p. 156-157). The relationship between mothers and their children born of wartime rape was often characterised by a love/hate relationship, where behaviour towards their children oscillated between tenderness and harshness (Lee, 2017, p. 156). The economic marginalisation of their mothers, as a result of the stigmatisation they experienced as victims of rape, meant children born of wartime rape in Bosnia were economically disadvantaged too (Lee, 2017, p. 157). A study of adolescent girls born of wartime rape found that they 'suffered from internalisation of guilt as well as physical and psychological abuse from families and communities' due to their "Serbian blood" (Kahn and Denov, 2019, p. 512; Lee, 2017, p. 169). They experienced stigma, poverty, and social exclusion, and many described learning about their biological origins and the circumstances of their conception as traumatic (Lee, 2017, p. 169). Many had to take on responsibilities of their mothers, who were ill or could not cope with the demands of everyday life (Lee, 2017, p. 170).

The Bosnian Muslim leadership attempted to protect the children born of wartime rape from discrimination and social stigma and urged communities to accept them (Mahmood, 2017, p. 20).

They 'actively fostered an environment to address the children's basic needs, eligible rights, and integrate them into the social fabric of their local community' (Mahmood, 2017, p. 20). A Fatwa was issued which 'identified victims of rape as martyrs of Islam (shahida) and asked all Muslims to respect and support these women and their children during the healing process' (Mahmood, 2017, p. 20; Lee, 2017, p. 159). Responsibility for the children lay first with the mother, and where they could not cope, with the community (Lee, 2017, p. 159). Adoption was opposed by Muslim organisations and clerics as they didn't want the children to be raised as non-Muslims (Mahmood, 2017, p. 20; Lee, 2017, p. 159). In addition, 'the Bosnian authorities actively prohibited adoption in the hope that the children's birth mothers would learn to accept them' (Lee, 2017, p. 157). Lee (2017, p. 158, 160) notes that 'concerns other than the best interest of the children or even their mothers, namely questions of nationality, ethnicity and religion, featured more prominently in the decision-making processes of policies vis-à-vis [children born of wartime rape] than the children's needs themselves'.

### **Rwandan children born from genocidal rape**

Some estimates suggest that between 10,000 and 25,000 children were born as a result of genocidal rape during the 1994 Rwandan genocide (Woolner et al, 2019, p. 707). The traumatic experiences meant 'many mothers sought clandestine abortions, attempted suicide, or abandoned their babies at birth' (Woolner et al, 2019, p. 707; Denov and Kahn, 2019, p. 153; Neenan, 2017, p. 25; Hogwood et al, 2018, p. 550). Those mothers who chose to keep their children lacked the traditional familial support systems due both to the extensive killing and mass displacements and because the 'deep stigma and shame associated with carrying and keeping a child born of genocidal rape strained and damaged remaining post-genocide support networks because of the perception of these children as members of the *Interahamwe*' (Hutu militia) (Woolner et al, 2019, p. 707). Children born of genocidal rape were seen as 'belonging outside of the maternal family and were nicknamed "little killers," "the fruit of hate," and the "children of bad memories" by mothers and community members' and perceived as an obstacle to collective healing and community reconciliation (Woolner et al, 2019, p. 707; Denov and Kahn, 2019, p. 153-154). The children, and their mothers, were 'rejected by both maternal and paternal families because such children were considered to be living reminders of genocidal crimes, belonging neither to the families of survivors nor perpetrators' (Woolner et al, 2019, p. 709; Neenan, 2017, p. 25). This stigmatisation and marginalisation resulted in economic insecurity and threats of ongoing violence to mothers and their children (Woolner et al, 2019, p. 710). 'Mothers who were living in rural areas were economically more marginalised, often isolated from and rejected by their families of origin, and lived in greater poverty' than those in urban areas (Woolner et al, 2019, p. 714). The social rejection faced by mothers and their children was found to still be an ongoing challenge over twenty years after the genocide (Woolner et al, 2019, p. 710).

Children's experiences were complicated by the ambivalent feelings their mothers had towards them due to the trauma their mothers had experienced and their presence as physical reminders of those traumatic experiences (Woolner et al, 2019). Many mothers interviewed by Woolner et al (2019, p. 710) spoke of long-standing antagonistic and conflictual feelings toward their child, while also describing deep affection and caring in their experiences of raising a child born of genocidal rape. Many children were treated harshly, and some mothers struggled to show them love (Woolner et al, 2019, p. 710; Kahn and Denov, 2019, p. 518). Some children were left in persistent confusion and uncertainty about their mother's love (Kahn and Denov, 2019, p. 518). One difficult factor in the mother-child relationship related to disclosure of the circumstances of the child's conception (Woolner et al, 2019, p. 712). Children often wanted to know who their

father was, but mothers found it difficult 'in part because of a reluctance to reveal experiences of sexual violence and in part because of fear of the child's reactions', compounded by the shame experienced by mothers and stigma imposed upon them by the community (Woolner et al, 2019, p. 712, 714). For some children finding out improved their relationship with the mother, while for others it was a traumatic revelation (Woolner et al, 2019, p. 712; Hogwood et al, 2018, p. 559-561). Some youth born of genocidal rape reported that 'as children, they were uncertain as to why they were treated as pariahs or were targeted within their families' (Kahn and Denov, 2019, p. 516). Concern over the pain disclose caused their mothers, caused some youth to subsume their own need to learn the truth and come to terms with their identity to spare their mother's pain (Kahn and Denov, 2019, p. 518).

Research with youth born of the genocidal rape suggests that they face a 'distinct set of stressors over their lifetime, namely struggling with identity and belonging, moments of 'truth-telling' about their origins, and pervasive stigma that results in obstacles to socioeconomic advancement and education' (Denov and Kahn, 2019, p. 154). They carry the trauma of their own stigmatisation and marginalisation, as well as being burdened with their mother's trauma (Kahn and Denov, 2019, p. 510, 518; Neenan, 2017, p. 25). For their whole lives they have experienced multiple forms of abuse, shame, and internalised stigma as a result of the negative messages from family and community members (Kahn and Denov, 2019, p. 515-516). Participants in Denov and Kahn's (2019, p. 160) research felt that ethnicity and identity were contentious issues and within their families and communities, their behaviour and identity were frequently linked to their perpetrator father, which led to feelings of shame and rejection (Denov and Kahn, 2019, p. 161). Stigma permeated their daily life within the family, school and community, leading to social exclusion, rejection and isolation within their own families and within the community (Denov and Kahn, 2019, p. 161; Neenan, 2017, p. 25; Kahn and Denov, 2019, p. 515). They often experienced neglect or physical abuse within the family, as well as differential treatment compared with siblings born post genocide (Neenan, 2017, p. 25; Kahn and Denov, 2019, p. 515). Some stepfathers were reported to commit physical and sexual abuse against the children (Kahn and Denov, 2019, p. 516). A key life stressor for youth was the inability to document the name of their father when registering for school as students are required to indicate the names of both of their parents on administrative forms (Denov and Kahn, 2019, p. 162). The absence of a paternal figure also led to bullying from other children (Denov and Kahn, 2019, p. 162). Their status complicated their access to land inheritance (Neenan, 2017, p. 25). The shame and stigma they experienced could lead to feelings of worthlessness and despair, which combined with the uncertainty of their paternity and their stigmatisation contributed to mental health difficulties as well as social and academic challenges as they grew older and attended school (Kahn and Denov, 2019, p. 516-517). Some turned to substance use or fell into sex work as a means of economic support to cope with their difficult situation (Kahn and Denov, 2019, p. 517).

Despite lack of formal recognition, youth born of genocidal rape in the research carried out by Denov and Kahn (2019, p. 162) self-identified as victims of the genocide and many felt that their current life situation and struggles were a direct result of the genocide.

### **Northern Ugandan children born of wartime rape**

The Lord's Resistance Army (LRA), who fought the Ugandan government from 1986–2007, abducted thousands women and girls and forcibly impregnated them as part of a strategy to produce a new clan and a new generation of LRA fighters (Green and Denov, 2019, p. 2). Other

children were born of rape that occurred in camps for internally displaced persons, including by non-state actors and the Ugandan national army (Neenan, 2017, p. 33). When 'mothers and children escaped or were rescued, some after years in captivity, and transitioned back to their ancestral lands, their former affiliation with the LRA resulted in severe stigma within their families and communities' (Green and Denov, 2019, p. 3). The children were 'generally perceived as proxy members of the LRA, symbols of misfortune, and stereotyped as violent, unproductive, unequal members of society' (Neenan, 2017, p. 34). For their mothers, prior gender-based discrimination, including 'women and girls' social subordination, value as a "marriageable asset", lack of access to land due to patriarchal customary norms on land ownership, economic dependence on men and, relatedly, their physical insecurity and vulnerability', was heightened by and contributed to the stigmatisation they experienced as forced mothers (Neenan, 2017, p. 37). The influence of patriarchy also contributes to children's contested identities, as paternal clan membership determines access to identity and belonging, social status, land and resources and families are reluctant to accept children who are not considered to be of the clan, are born out of wedlock and have unknown fathers or fathers with "tainted" LRA identities (Neenan, 2017, p. 38). Cultural norms are another root cause of the stigmatisation and experienced by children born of conflict related sexual violence (Neenan, 2017, p. 38).

The children and their mothers often 'endured violence, poverty, injury, illness, and socioeconomic marginalisation' both in captivity and upon return to their mothers' communities (Green and Denov, 2019, p. 3, 5-7; Neenan, 2017, p. 27). Children described how stigmatisation permeated each level of their post conflict lives, manifesting as violence, abuse (physical and sexual), rejection, and exclusion by family, peers, teachers, and community (Green and Denov, 2019, p. 6, 8; Neenan, 2017, p. 27). Stepfathers posed a particular risk as a source of violence for the children (Neenan, 2017, p. 35). The children born of wartime rape were often segregated from other children in their families and made to sleep separately from other family members, and had a lower status compared to siblings not born in captivity (Green and Denov, 2019, p. 8; Neenan, 2017, p. 27, 35). They had issues with identity and belonging, with strained relationships with their siblings, maternal and paternal clans, and from their experiences of growing up with in the LRA (Neenan, 2017, p. 27). Green and Denov (2019, p. 9) found that for some children born of wartime rape, living in captivity was actually preferable to their post-war realities, as in captivity they 'had both of their parents present in their lives, a high social status, and love', while their post-war living situation was characterised by 'family and community stigma, social exclusion, violence, and abuse by family and community' (Green and Denov, 2019, p. 9). However, life in captivity had also resulted in traumatic memories due to the violence, combat, and other atrocities they witnessed and experienced (Green and Denov, 2019, p. 10). Contested clan membership also reduced their access to inherited family land as children tend to inherit land through their paternal line, leading to potential poverty, homelessness, and reduced prospects for marriage (Neenan, 2017, p. 27, 35, 38; Woldetsadik, 2017). This is especially problematic for young men as without a way to provide for spouses and families, they will experience greater social rejection than young women (Woldetsadik, 2017). Stigmatisation also impeded children's access civic registration, including birth certification and national ID cards, due to the need to identify their biological father (Neenan, 2017, p. 35). Lack of a birth certificate means children are unable to register for and attend school, access healthcare or exercise their right to vote (Neenan, 2017, p. 35).

The relocation of mothers and their children from villages to towns, where there was greater anonymity and people were less likely to know about their experiences in captivity, contributed to reduced stigmatisation (Neenan, 2017, p. 40). Those from a 'more privileged social class were



reportedly able to avoid, or at least experience less stigma and discrimination, if their families were able to pay for therapy and send them to good schools in Kampala' (Neenan, 2017, p. 40).

The state only provided girls and women held in LRA captivity, who escaped or were released, with a basic reintegration package, and no additional financial or other support was provided to women returning with babies and children (Neenan, 2017, p. 38). A proposed national reparations programme addressing the needs of 'children born of war', including land ownership, access to social amenities and psychosocial rehabilitation, remained politically blocked in 2017 (Neenan, 2017, p. 38). In the absence of state led responses, community-level efforts of NGOs, including survivor-led grassroots initiatives such as the Women's Advocacy Network, religious and cultural leaders to reduce stigmatisation against children born in captivity and encourage community acceptance and belonging appear to have had mixed success (Neenan, 2017, p. 39; Woldetsadik, 2017; – see below for lessons learned).

### **Children born from wartime rape in Iraq**

Women in Iraq living in territory captured by Daesh (Islamic State, IS, ISIS, ISIL) were subject to sexual violence, including forced pregnancies, although many women have been reluctant to report these 'children born of terror' to avoid judgement and social stigma (Mahmood, 2017, p. 6, 13). These women include women from ethnic or religious minority groups kidnapped and held captive by Daesh (such as Yazidis, Christians, and Assyrians), and other (mainly Sunni) women who were in forced marriages with Daesh fighters (including as a coping mechanism) (Mahmood, 2017, p. 7, 12-14). Mahmood (2017, p. 7, 21, 25) suggests that it is likely that there are more children born of wartime sexual violence who were born of mothers who were in forced marriages with Daesh fighters, although it is very hard to collect data on this topic due to the stigma around it. Many of these women 'are not treated as victims, but as traitors and forced into a life of societal shame' (Mahmood, 2017, p. 7). The limited research on children born from Daesh rape suggests that they will face the same stigma in any context, whether belonging to a majority or minority group (Mahmood et al, 2017, p. 7).

One difficulty for these children concerns their right to Iraq citizenship, due to the difficulties of registering their birth and the status of their fathers, some of whom were foreign fighters (Mahmood, 2017, p. 13-14, 23). In order for mothers to pass on their Iraqi citizenship they must be legally married and their children need a birth certificate (Mahmood, 2017, p. 27). The government of Iraq does not recognise marriage and birth certificates issued by Daesh, and women are reluctant to authenticate their marriages due to fear of stigmatisation (Mahmood, 2017, p. 27). There is a lack of support for women to come forward to get identity papers for their babies born as a result of rape, and obtaining such documents is 'exceptionally difficult and requires women to publicly expose what they have survived – experiences that their families, culture, tribe and religion consider to be deeply shameful' (Mahmood, 2017, p. 27; UNAMI et al, 2018, p. 1). This places mothers at the fringes of Iraqi society and their children's access to health, education, and other benefits is negatively affected by their statelessness (Mahmood, 2017, p. 27-28; UNAMI et al, 2018, p. 1). Children born of Daesh rape to mothers from minority groups, abandoned in government institutions, are under pressure to assume the majority Muslim identity (Mahmood et al, 2017, p. 29). Mahmood (2017, p. 30) suggests it there is a lack of advocacy for the children's rights because Iraqi human rights activists struggle to 'isolate the war against Daesh from the child's innocence of their father's sins and their inalienable rights under the Iraqi constitution'.

Mahmood (2017, p. 14) reported a reluctance amongst government officials to address the needs of children born as a result of Daesh rape. Mahmood (2017, p. 23) reported that tribal governance is a major factor leading to the abandonment of children born of Daesh rape. The children are seen as a dishonour which shames the larger tribal identity and women are forced to abandon their children, including under threat of death (Mahmood, 2017, p. 23). The 'Iraqi Supreme Council of Fatwa (a governmental institution) issued Fatwa in Feb 2017 stating that Muslim women who married Daesh members are considered rape victims deserving of protection'; however, in 2017, (Sunni) women were still at risk from their tribes (Mahmood, 2017, p. 23, 25). The 'Dewan of Sunni Endowments issued a 2017 Fatwa on women raped by Daesh calling upon people who represent the social fabric and the tribal influence to bring justice to victims of rape, by preserving their dignity, protecting their virtue, and expressing sympathy in every possible means to mitigate the effects of the attack that targeted them', however, it did not include children born of rape (Mahmood, 2017, p. 31). Writing in 2017, Mahmood (2017, p. 33) found that international organisations in Iraq did not have an adequate response to the issue of children born of conflict related sexual violence. More recently, UNICEF and UNAMI are supporting a programme titled '*Coordinated action to respond to the needs of child born of rape, children born to ISIL fighters, and their survivor mothers*' (MPTF, 2019, p. 16). This was to support the Government's commitments made in the 2016 Joint Communiqué to ensure the provision of services, livelihood support and reparations for survivors and children born of sexual violence in conflict (MPTF, 2019, p. 16). The programme had worked on capacity building of the government, INGOs, UN agencies and national actors to strengthen a holistic response and access to services for children born of sexual violence in conflict (MPTF, 2019, p. 16). It has also examined the current legal framework and mapped 44 NGO/CSO organisations who are working in services for children born of sexual violence in conflict, and their mothers (MPTF, 2019, p. 16-17). Further publicly available information about this programme is scarce.

### ***Children of Yezidi women***

The hundreds of Yezidi women who were captured, raped and gave birth to children of Daesh members have faced with a choice between Yezidi society on one hand and their children on the other (Ibrahim, 2019, p. 1, 3). Yezidi women who refused to be separated from their children have been exiled by their own community, while only those who had agreed to surrender newborns or infants have been allowed to return to their families (Chulov and Rasool, 2019; Barber, 2019). The mothers who chose to stay with their children bear the 'burden of the trauma of enslavement and rape, along with stigma and shame of wishing to care for her 'Daesh' child' (Ibrahim, 2019, p. 1). The children who were given up were placed in orphanages or handed directly to fighters' families who informally adopted them, some pretending that the children were their own (Chulov and Rasool, 2019).

For a while it seemed as though these children, though born from Daesh fathers, could be accepted into the Yezidi community with their mothers, although not as Yezidis (Chulov and Rasool, 2019; Ibrahim, 2019, p. 1). However, the Yezidi Spiritual Council, the supreme body charged with binding religious decisions for Yezidis, clarified in April 2019 that children born to Yezidi mothers from the rape of Daesh members, 'would *not* be welcomed as part of the Yezidi community' after outcry among the Yezidi population (original italics) (Ibrahim, 2019, p. 1; Kajjo, 2019). The 'atrocities committed by Daesh make it extremely difficult for Yezidi civilians or leaders to accept their children into the community' as they are seen to have 'Daesh blood' (Ibrahim, 2019, p. 1). Another issue is that, both mother and father must be Yezidi for a child to be considered Yezidi, and under Iraqi law, 'a child born from a Muslim father will be considered

Muslim regardless of the mother's identity', with no exceptions for rape (Ibrahim, 2019, p. 1, 3; Kajjo, 2019). Ibrahim (2019, p. 1) of the Free Yezidi Foundation, suggests that the reversal in decision making is partly due to the patriarchal society and male dominated decision making, as well as a devaluing of women's lives, which means the 'impact of such decisions on Yezidi mothers is not heavily considered' (Ibrahim, 2019, p. 1-2).

### **3. Strategies to support and reintegrate children born of wartime rape**

Due to the complexity of the issues that children born of conflict related sexual violence experience, support and healing for children born of wartime rape requires intrapersonal, interpersonal, and social pathways that work together (Kahn and Denov, 2019, p. 510). Access to resources is needed, along with individual or group psychologically based approaches (Kahn and Denov, 2019, p. 523). Stigma-reduction efforts also require multi-level and multi-sectoral responses (Neenan, 2017, p. 12). Some of the efforts to support and reintegrate children born of wartime rape, drawing from lessons learned in a variety of contexts, include:

#### **Support for mothers**

Mothers of children born of wartime rape experience many challenges which impact on their children (Neenan, 2017, p. 9). As a result, one of the most promising approaches to mitigating some of the adversities faced by children is to tackle the challenges that their mothers are faced with, with practical and emotional support (Lee, 2017, p. 247; Adams et al, 2017, p. 31). As well as receiving support in their own right as survivors of sexual violence, support as mothers of children born of wartime rape, and improving their economic, psychosocial and health situation, could benefit their children (Neenan, 2017, p. 11, 43). Support should be provided early on to strengthen the mother child relationship (Woolner et al, 2019, p. 715). It is important for children to have at least one attachment figure demonstrate caring and acceptance of them (even if it is not their own mother) (Kahn and Denov, 2019, p. 519-520, 523). Neenan (2017, p. 11) notes that psychosocial and health support are generally necessary pre-conditions for economic empowerment. It is also important that the prejudices and stigma mothers encounter are tackled (Lee, 2017, p. 247). However, it should be noted that a purely mother focused approach to programming for children born of wartime rape is likely to be inadequate, as the children have some needs which may be in tension with their mother's needs (Carpenter, 2007, p. 222).

In Bosnia, 'Islamic NGOs provided a multitude of services for [Muslim] women and their children born of wartime rape, such as safe houses, anti-stigma campaigns, and intervention on a case-by-case basis, which encouraged families and local communities to support the women and their children conceived of rape, including giving financial support' (Lee, 2017, p. 160). One study in Bosnia also found being brought up in a stable middle-class family had helped contribute to the positive self-image for children born of wartime rape (Lee, 2017, p. 170).

Experience from Rwanda suggest that contact with other women in similar circumstances, such as through community group counselling, may reduce mother's shame and improve the mother-child relationship (Woolner et al, 2019, p. 715; Hogwood et al, 2014, p. 393, 398, 401). Mothers should also have the opportunity for 'exploration and validation of [their] nuanced and ambivalent feelings toward their children in "safe" individual and group support settings where self-compassion is emphasised' (Woolner et al, 2019, p. 715). A positive relationship with their mothers was found to be 'a salve against social marginalisation and self-abnegation, promoting a

sense of hope for the future' for some youth in Rwanda (Kahn and Denov, 2019, p. 519). Maternal love contributed to self-acceptance, which was a step towards healing themselves (Kahn and Denov, 2019, p. 519). In Rwanda, Survivors Fund is 'helping mothers who have children born of genocide rape by providing psychosocial support, opportunities for income generation, and educational support for their children' (Hogwood et al, 2018, p. 553). Good practice from Uganda also found that group support and counselling, which include victim-survivor activists, have provided support to help women/girls move beyond initial rejection of their children, embrace and love them (Neenan, 2017, p. 39).

## **Disclosure**

Many children born of wartime rape have identified a need to know what their history is and who their fathers are, but this process of disclosure can be traumatic, especially for the mothers. However, when conversations about paternity go well, they can contribute to self-acceptance for children born of wartime rape (Kahn and Denov, 2019, p. 519). Hogwood et al (2018, p. 562) argue that disclosure about their birth history may be a necessary step in youth born of wartime rape's development and identity processing. However, the benefits arising from disclosure depend on external factors, such as supportive environments and positive communication, as well as the timing and manner of the disclosure (Hogwood et al, 2018, p. 553, 563). It is important to support mothers to disclose to their children and provide counselling groups or youth activities for the young people post disclosure (Hogwood et al, 2018, p. 565).

Survivors Fund in Rwanda has set up a network of community counselling groups across the country to give mothers a safe space to talk with others in a similar situation and think about how to address their children's questions (Hogwood et al, 2018, p. 553). As a result of these groups many of the mothers began to tell their child about their birth histories (Hogwood et al, 2018, p. 554). The majority of the small number of youth interviewed by Hogwood et al (2018, p. 556-557, 566) felt that the supported disclosure they had experienced was important, despite the difficult emotions it brought up, as it 'helped them to understand more fully about themselves, their identity, and parentage and to answer questions about their absent or unknown fathers' and the way in which they had been treated in their families and the community. However, it also caused painful emotions and negative self-images, and led to some considering suicide (Hogwood et al, 2018, p. 557-559). Nevertheless, after understanding their birth history and the subsequent negative connotations, the youth interviewed by Hogwood et al (2018, p. 559-560) found ways to look after themselves and their future and reconstruct a positive identity. Many young people also reported an improved relationship with their mother that builds over time (Hogwood et al, 2018, p. 561). Disclosure also resulted in conflicted feelings about their fathers, with the boys expressing more anger towards them than the girls (Hogwood et al, 2018, p. 561-562).

## **Constructing a positive identity**

Children born of wartime rape in Uganda described how they overcame adversity and challenges stigmatising stereotypes through 'meaningful activities such as studying, working hard, and contributing to their communities' (Green and Denov, 2019, p. 6). In Rwanda, some youth born of genocidal rape made conscious and deliberate efforts to resist ethnic categories, declaring that they were 'Rwandese' or 'created in God's image' (Denov and Kahn, 2019, p. 161). As such, the youth in Denov and Khan's (2019, p. 165) study felt they had a central role to play in post-genocide reconciliation (see also Kahn and Denov, 2019, p. 522). They also mentioned that some coped by trying to be perfect and worthy of belonging (with an underlying sense of shame

and emotional distress), while other youth attempt to cope through substance use or falling into sex work as a means of economic support (Kahn and Denoc, 2019, p. 517, 523). Hogwood et al (2018, p. 560) also found that religion and belief in God has helped some young people reconstruct a positive identity.

## **Advocacy**

Youth born of genocidal rape in Rwanda identified the need for to engage in their own advocacy 'to shed light on the ongoing hardships particular to young people born of genocidal rape, to break the stigma attached to their identities as 'little killers', and to create positive social change' (Denov and Khan, 2019, p. 163; Kahn and Denov, 2019, p. 521).

## **Meeting with others in similar situations**

For children and youth born of conflict-related sexual violence, 'meeting others in a similar situation can be very helpful as many imagined they were the only one dealing with this circumstance' (Hogwood et al, 2018, p. 564).

Participatory research, including arts and visual methods, with youth born of genocidal rape in Rwanda found that the experience of meeting with others and sharing their similar experiences was very important to them, and gave them a sense of connection, belonging, and true self-acceptance (Denov and Kahn, 2019, p. 158; Kahn and Denov, 2019, p. 520). Hogwood et al (2019, p. 560) also found that youth in Rwanda born of genocidal rape felt connecting with and receiving support from others in a similar situation was an important way of reconstructing a positive identity. A research project with children born in LRA captivity also found that using culturally appropriate art based participatory methods 'helped to foster community building, trust, and friendship among the participants' who were marginalised and stigmatised in mainstream Ugandan society (Green and Denov, 2019, p. 4). The art-based methods were also a medium which 'provoked a powerful emotional impact in the community and fuelled their motivation to create social change' (Green and Denov, 2019, p. 10).

## **Education**

Securing the rights of children born of conflict related sexual violence to education and vocational training is critical for their future and helping to ensure that they can break the cycle of poverty and feel a valued member of their family and the community (Neenan, 2017, p. 11; Hogwood et al, 2018, p. 565).

Children born of wartime rape in Uganda mentioned the importance of education for overcoming their hardships, but worried about their ability to afford it (Green and Denov, 2019, p. 7). Youth in Rwanda also noted that academic achievement was vital to their sense of hope in the future but mentioned that it would not be enough to have the resources to pay school fees if they do not feel safe and comfortable in school (Kahn and Denov, 2019, p. 517).

## **'Child tracing'**

In some cases, and in some contexts, finding the paternal side of a child's family can be helpful, but only if this is what the child and mother want. Experience from Uganda suggests that NGOs with the requisite levels of community trust and understanding of personal, family and cultural dynamics affecting acceptance or rejection were able to reunite limited numbers of children born

in captivity with their maternal and paternal clans (Neenan, 2017, p. 39; Mutsonziwa et al, 2018, p. 3). The Women's Advocacy Network (WAN) has located children's paternal clans, and 'successful child tracing promotes a child's sense of belonging, identity and dignity, and realises their social and economic security through land and cultural inheritance, as well as access to education' (Mutsonziwa et al, 2018, p. 3). This requires the 'support of community actors, including elders, local leaders, former commanders, non-governmental organisations, to ensure a positive result' and can be a way of promoting social repair of relationships strained during war and displacement (Mutsonziwa et al, 2018, p. 3). However, child tracing is 'an extremely sensitive and emotionally charged process, one that requires a careful, considered and diplomatic approach focused on the best interests of the child' as the child may 'face stigma, discrimination, victimisation and rejection from maternal and paternal clans and the community' (Mutsonziwa et al, 2018, p. 3).

## Community sensitisation and stigma reduction

Individual or group support to mothers and children born of wartime rape is not enough to mitigate the pervasive impact of stigma they experience, and interventions also need to include families and communities to promote acceptance, understanding, and inclusion of children born of wartime rape and their mothers (Woolner et al, 2019, p. 715; Kahn and Denov, 2019, p. 523; Hogwood et al, 2018, p. 565). Woolner et al (2019, p. 716) suggest existing community interventions should include strategies to reduce social stigma, including '(a) expressions of protest from the stigmatised community and its allies, (b) education about the realities of the stigmatised group, and (c) contact between the stigmatised group and other sectors of society'. This could include activism through song, drama, and poetry; and using the media to highlight the challenges, needs, hopes, and dreams of these mothers and children<sup>2</sup> (Woolner et al, 2019, p. 716). One of the recommendations made by the UN Secretary General in his report on conflict related sexual violence involves the 'engagement of religious and traditional leaders, in particular to mitigate the stigma suffered by survivors of conflict-related sexual violence and to facilitate their reintegration and that of their children' (Guterres, 2019, p. 51; Neenan, 2017, p. 43). Stigma reduction efforts should have the legitimacy of trusted local actors (local leaders; survivor-activists) (Neenan, 2017, p. 43).

The fatwa issued in Bosnia which conceptualised raped women as war heroes was found to have had 'some impact on family and community reaction to them in that there were cases of women receiving support and protection from their family rather than being ostracised' (Lee, 2017, p. 160). However, it should be noted that 'despite official efforts to encourage family, social and community inclusion of victims of war rape and their children by civil and religious authorities, discrimination and stigmatisation were prominent features in the daily lives' of many children born of wartime rape, including twenty years after the war (Lee, 2017, p. 170-171). In Uganda, efforts have appealed to cultural norms which support community "ownership" of children and discouraged people from linking their behaviour to any inherent or inherited "evil" within them (Neenan, 2017, p. 39). In addition, local leaders have convened roundtable meetings to make the community aware of the experiences of those in captivity (Neenan, 2017, p. 39). Religious leaders have also 'spoken out against established cultural norms, contradicting the

---

<sup>2</sup> Woolner et al (2019, p. 716) identify existing efforts in Rwanda which could incorporate these stigma reduction activities.

notion that children born in captivity are symbols of misfortune or taboo' (Neenan, 2017, p. 39). Such efforts appear to have had mixed success (Neenan, 2017, p. 39).

Failure to engage in community sensation is problematic and existing internationally led and locally driven community-based psychosocial interventions designed to mitigate collective trauma in Rwanda that failed to address the specific issues of mothers and children born of wartime rape have contributed to their continued marginalisation (Woolner et al, 2019, p. 715).

## Clarification of legal status

States should avoid the stigmatisation and exclusion of children born of wartime rape by legally recognising them (Adams et al, 2017, p. 31). The UN Secretary General, for instance, recommends addressing the specific protection needs of children born of wartime rape by '[clarifying] their legal status as quickly as possible; [and] ensuring the right of mothers to confer their nationality upon their children, in line with the Convention on the Elimination of All Forms of Discrimination against Women, so as to avoid possible statelessness' (Guterres, 2019, p. 54; Adams et al, 2017, p. 31). States should act to 'legally recognise them for the purposes of official documentation and registration (e.g. birth certificates and other civil documentation) without the requirement that both or either parent(s) be named' (Adams et al, 2017, p. 31). Education laws that require the names of both parents before a child can enrol at school should be reformed in order to facilitate equal and non-stigmatising access for children born of wartime rape (Adams et al, 2017, p. 31).

## National level policies

National policies that recognise the special needs of mothers and their children born of wartime rape and afford them protection, rights, and benefits are needed (Woolner et al, 2019, p. 716). These need to be backed by political will to implement them (Neenan, 2019, p. 43). Capacity needs to be built and sustained at the local and national level to 'respond adequately to the needs of women surviving sexual violence and their offspring and to acknowledge and validate their place in post-genocidal and post-conflict development efforts' (Woolner et al, 2019, p. 717). However, there are also risks attached to policymaking for children born of war and their mothers, which need to be managed, including the risk of further stigmatisation (Neenan, 2017, p. 42).

In Rwanda children born of genocidal rape are not eligible for financial compensation offered to other genocide survivors from the "Fund for Neediest Survivors of Genocide in Rwanda" which meant their mothers struggled to afford school fees and other resources essential to their children's well-being (Woolner et al, 2019, p. 717). Youth born of genocidal rape in Rwanda noted the lack of formal policies recognising them and called for official recognition so that they could access the same opportunities as other survivors of the genocide (Denov and Khan, 2019, p. 162-163).

Laws should also be put in place to prevent stigmatisation and abuse (Denov and Khan, 2019, p. 163). Neenan (2017, p. 30) notes that a 'significant dimension of the protection gap lies with the failure of states to respect and protect the human rights of children born of sexual violence and to prevent and redress gender-based discrimination against their mothers'.

## Joint programmes

Programmes which have singled out children born of sexual violence and provided them with special support/benefits have sometimes increased community animosity against them (Neenan, 2017, p 43). Livelihood programmes which co-partnered children born of sexual violence and other vulnerable children have been found to have more success in generating income, reducing stereotypes and increasing belonging (Neenan, 2017, p. 14, 43).

## Post-conflict transitional justice mechanisms

Children born of rape have often been left out of transitional justice mechanisms (Woldetsadik, 2017). However, transitional justice mechanisms, including reparations, can provide a key opportunity for surfacing of the rights of children born of wartime rape and of their mothers (Neenan, 2017, p. 12, 31, 43). It should be noted that their rights are unlikely to be enforced 'in the absence of broader, specific policy frameworks to address their needs and remove any broader social, cultural or other barriers to rights implementation' (Neenan, 2017, p. 12). In addition, it is important that transitional justice mechanisms do not exacerbate the stigmatisation children face (Neenan, 2017, p. 31).

Youth born of genocidal rape interviewed in Rwanda suggested that recognition, acknowledgement, and real opportunities to contribute to Rwanda's future were key to belonging, self-acceptance, and reconciliation (Kahn and Denov, 2019, p. 520). They suggested this could occur through inclusion in the Fund for the Neediest Survivors of Genocide in Rwanda (FARG) or a *gacaca*-like<sup>3</sup> transitional justice process where they would have the opportunity to address community members in a public space about their plight (Kahn and Denov, 2019, p. 520-521; Denov and Khan, 2019, p. 166). However, Denov and Kahn (2019, p. 167) acknowledge that 'participating in a public transitional justice process could also represent real risks for youth born of conflict-related sexual violence' and lead to further stigmatisation, as occurred for women who had experienced sexual violence. There are also risks around perpetrator retaliation (Neenan, 2017, p. 43). Such processes would also need to be sensitive to the realities of mothers who bore children as a result of genocidal rape, who may prefer to keep hidden their experiences in order to avoid stigma and discrimination (Denov and Khan, 2019, p. 167). Neenan (2017) also found that there is a need for holistic psychosocial and economic support after testimony has occurred.

---

<sup>3</sup> The *gacaca* courts were community-led courts set up in the aftermath of the 1994 genocide, modelled on a traditional Rwandan restorative justice process, that were formally bound by Rwandan law. The primary goals of the *gacaca* were to (a) uncover, document, and establish the historical truth of the genocide; (b) prosecute and punish genocide perpetrators; (c) promote unity among Rwandans; and (d) demonstrate that Rwanda had the capacity and the will to address the fallout of the genocide (Kahn and Denov, 2019, p. 521).



## 4. References

- Adams, K., Global Network of Victims/Survivors, & UK Advisory Group. (2017). *Principles for global action - preventing and addressing stigma associated with conflict-related sexual violence*. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645636/PSVI\\_Principles\\_for\\_Global\\_Action.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645636/PSVI_Principles_for_Global_Action.pdf)
- Carpenter, R.C. (ed.). (2007). *Born of War – Protecting Children of Sexual Violence Survivors in Conflict Zones*. Kumarian Press, Inc.
- Chulov, M., & Rasool, M. (2019). Yazidi leaders to allow Isis rape survivors to return with children. *The Guardian*, 27<sup>th</sup> April 2019. <https://www.theguardian.com/world/2019/apr/27/yazidi-leaders-to-allow-isis-survivors-to-return-with-children>
- Denov, M., & Khan, S. (2019). ‘They Should See Us as a Symbol of Reconciliation’: Youth Born of Genocidal Rape in Rwanda and the Implications for Transitional Justice. *Journal of Human Rights Practice*, 11, 151–170. <https://doi.org/10.1093/jhuman/huz011>
- Green, A., & Denov, M. (2019). Mask-Making and Drawing as Method: Arts-Based Approaches to Data Collection With War-Affected Children. *International Journal of Qualitative Methods*, 18: 1–13. <https://doi.org/10.1177/1609406919832479>
- Guterres, A. (2019). *Conflict Related Sexual Violence - Report of the United Nations Secretary-General*. UN. <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2019/04/report-s-2019-280/Annual-report-2018.pdf>
- Hogwood, J., Auerbach, C., Munderere, S., & Kambibi, E. (2014). Rebuilding the social fabric: community counselling groups for Rwandan women with children born as a result of genocide rape. *Intervention: Journal of Mental Health and Psychosocial Support in Conflict Affected Areas*, 12:3, 393 – 404. <http://dx.doi.org/10.1097/WTF.0000000000000053>
- Hogwood, J., Mushashi, C., Jones, S., & Auerbach, C. (2018). “I Learned Who I Am”: Young People Born From Genocide Rape in Rwanda and Their Experiences of Disclosure. *Journal of Adolescent Research*, 33:5, 549–570. <https://doi.org/10.1177/0743558417713302>
- Ibrahim, P. (2019). *Free Yezidi Foundation Statement: Yezidi Children Born from Rape; Rights of Yezidi Women*. Free Yezidi Foundation. <https://www.freeyezidi.org/wp-content/uploads/FYF-statement-Yezidi-children-and-Yezidi-womens-rights.pdf>
- Kahn, S., & Denov, M. (2019). “We are children like others”: Pathways to mental health and healing for children born of genocidal rape in Rwanda. *Transcultural Psychiatry*, 56:3, 510–528. <https://doi.org/10.1177/1363461519825683>
- Kajjo, S. (2019). Yazidis Divided Over Children Born of IS Rape. *VOA News*, 29<sup>th</sup> April 2019. <https://www.voanews.com/united-states/extremism-watch/yazidis-divided-over-children-born-rape>
- Lee, S. (2017). *Children Born of War in the Twentieth Century*. Manchester University Press.
- Mahmood, S. (2017). *Challenges of Children Born by ISIS Rape in Iraq* (CERAH working paper). The Graduate Institute & University of Geneva.

<https://www.cerahgeneve.ch/files/1715/0963/3793/WP49-Challenges-Children-Born-by-ISIS-Rape-Iraq.pdf>

Multi-Partner Trust Fund Office (MPTF). (2019). *Tenth Consolidated Annual Progress Report on Activities Implemented under the UN Action Against Sexual Violence in Conflict Fund - Report of the Administrative Agent of the UN Action Against Sexual Violence in Conflict Fund for the period 1 January – 31 December 2018*. UNDP. <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2019/06/report/un-action-progress-report-2018/20190531-2018-UN-Action-Annual-Progress-Report.pdf>

Mutsonziwa, T., Anyeko, K., Baines, E., Can, G., & Amony, E. (2018). *Child tracing in post-conflict northern Uganda - A social project to unite children born of war with their paternal clans*. Women's Advocacy Network & University of British Columbia. <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/report/auto-draft/Child-Tracing-WAN-UBC-2018.pdf>

Neenan, J. (2017). *Closing the protection gap for children born of war - Addressing stigmatisation and the intergenerational impact of sexual violence in conflict*. LSE & FCO. <http://www.lse.ac.uk/women-peace-security/assets/documents/2018/LSE-WPS-Children-Born-of-War.pdf>

UNAMI, UNICEF Iraq, & UNFPA Iraq. (2018). *United Nations Calls for the protection of children born of sexual violence in conflict*. UNAMI, UNICEF Iraq, & UNFPA Iraq. <https://reliefweb.int/sites/reliefweb.int/files/resources/UN%20PR%20SVC%2027%20June%20EN.pdf>

Woldetsadik, M.A. (2017). Lessons from Northern Uganda: Post-Conflict Integration of 'Children Born of War'. *The RAND blog*. <https://www.rand.org/blog/2017/04/lessons-from-northern-uganda-post-conflict-integration.html>

Woolner, L., Denov, M., & Kahn, S. (2019). "I Asked Myself If I Would Ever Love My Baby": Mothering Children Born of Genocidal Rape in Rwanda. *Violence Against Women*, 25:6, 703-720. <https://doi.org/10.1177/1077801218801110>

## Acknowledgements

We thank the following experts who voluntarily provided suggestions for relevant literature or other advice to the author to support the preparation of this report. The content of the report does not necessarily reflect the opinions of any of the experts consulted.

- Donna Seto, independent researcher
- Emmilene Kambibi, Survivors Fund (SURF)
- Jemma Hogwood, SURF
- Mahal Woldetsadik, independent researcher
- Myriam Denov, McGill University
- Sabine Lee, University of Birmingham
- Sue Enfield, Institute of Development Studies
- Teddy Atim, Feinstein International Center, Tufts University

## Suggested citation

Rohwerder, B. (2019). *Reintegration of children born of wartime rape*. K4D Helpdesk Report 628. Brighton, UK: Institute of Development Studies.

## About this report

*This report is based on six days of desk-based research. The K4D research helpdesk provides rapid syntheses of a selection of recent relevant literature and international expert thinking in response to specific questions relating to international development. For any enquiries, contact [helpdesk@k4d.info](mailto:helpdesk@k4d.info).*

*K4D services are provided by a consortium of leading organisations working in international development, led by the Institute of Development Studies (IDS), with Education Development Trust, Itad, University of Leeds Nuffield Centre for International Health and Development, Liverpool School of Tropical Medicine (LSTM), University of Birmingham International Development Department (IDD) and the University of Manchester Humanitarian and Conflict Response Institute (HCRI).*

*This report was prepared for the UK Government's Department for International Development (DFID) and its partners in support of pro-poor programmes. It is licensed for non-commercial purposes only. K4D cannot be held responsible for errors or any consequences arising from the use of information contained in this report. Any views and opinions expressed do not necessarily reflect those of DFID, K4D or any other contributing organisation. © DFID - Crown copyright 2019.*

