“Like a Tree without Branches”: Children Born of Genocide Rape

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“Like a Tree without Branches”: Children Born of Genocide Rape

Abstract:

Children born of rape in armed conflict remain a highly marginalised group in post conflict environments. Often stigmatised and ostracised from victim communities because of inherent links to the perpetrator group, children can become vulnerable to a denial of social rights and capabilities. 19 years on from the Rwandan Genocide it is a pertinent time to ask of the childhood experiences of Rwandan children from genocide rape. The following research utilised qualitative interviews with psychologist and development professionals in Rwanda working to support mothers and children of genocide rape. The objective was to establish in what ways post genocide environments can affect the capabilities and rights of these children. The findings established four key themes impacting on the child’s quality of life; Spoiled Identity; Trauma; Disclosure; Non-Recognition and Women’s Autonomy.

Acknowledgements

I must take this opportunity to give great thanks to Jemma Hogwood, Samuel Munderere and Emilienne Kambibi of SURF and Foundation Rwanda for all their help and patience. I must also thank David Russell (SURF Director) for being so willing to introduce me to these generous and insightful individuals. The work being done by SURF, Foundation Rwanda and its partner organisations is profoundly important and has greatly developed my understanding of personhood and human rights.
Introduction

“For since we are the outcomes of earlier generations we are also outcomes of their aberrations, passions and errors, and indeed their crimes; it is not possible to wholly free oneself from this chain”

[Nietzsche, 1997: 76]

Children born as a consequence of rape in armed conflict receive scant attention in post conflict environments. Acknowledgement of their social conditions factor little in shaping state policies for protecting the rights of the child. Following accounts of sexual atrocities and forced pregnancies in the Former Yugoslavia and Rwanda during the 1990’s, there has been selective acknowledgement of these children as a vulnerable group. However interest remains largely at academic level and children of rape in conflict continue to fall below state recognition.

For the most part previous research has taken a broad approach in conceptualising war rape and children born thereof. Although many similarities in patriarchal attitudes and community dynamics are applicable across different societies, it remains that cultural, economic and political specifics of individual states will shape the unique circumstances of these children. Furthermore there exist many variations of conflict for which rape factors highly and all may have differing impacts on the child’s identity. With this in mind the following research adopts a case study of Rwanda and specifically addresses rape as form of genocide.

It is 19 years since the Rwandan genocide devastated the nation. This time frame is significant as the children of genocide rape are only now becoming adults and are thus able to illustrate the full experience of their childhood. It also provides insight into how
stigmatism may continue to affect their lives as adults. Children of genocide rape represent bad memories for the victimised group and little attention is given to the significant risks children and mothers face in post conflict communities. Children can experience difficulties in locating social security in hostile communities, and may be ostracised from both public and private environments. They may also face abuse and trauma from care providers struggling with difficult circumstances and the conflicting identities of the child. This can violate fundamental rights of participation and membership and can be damaging to a child’s capacity for development.

The main findings of the research established a number of issues affecting children of genocide rape, these include:

- **Spoiled identity;** both in community and home environments children are stigmatised and negatively associated with the perpetrator group.

- **Trauma;** relating to the mothers experience and any resultant emotional unavailability to the child. Additionally secondary trauma; in the child attempting to manage her/his social and emotional environments.

- **Disclosure;** The levels in which children have control over and manage their identity.

- **Non-recognition;** official failure to factor into policies the specific dynamics affecting the child’s ability to lead a full life.

- **Women’s Autonomy;** interconnection with the subsumed position of women in Rwandan patriarchal society; logic of sexual violence and attack on capabilities of both mother and child.

In the first part of the research, societal attitudes towards women, rape and community are established in relation to spoiled identity of mother and child. The foundation of which forms the habitat in which negative effects on the child can become buried and forgotten. Understanding the broad difficulties Rwanda faces in terms of wide spread poverty and multiple vulnerable groups is addressed. It is argued however that throughout the lives of children born from genocide there exist specific circumstances which make them doubly vulnerable to the varied difficulties affecting others.
Importantly it is argued that by avoiding the topic of children resulting from rape in genocide, Rwanda has failed to explore and heal avenues of cultural antagonism which can be markers of future division. Children of genocide rape are considered a uniquely vulnerable group with failed claims to collective membership, offering a poignant insight into how communities structure identity.

Rwandan children of genocide rape may be entering adulthood; however the opportunity to learn from their experiences is immense. Policies of sexual violence and group destruction are occurring today. In war torn Darfur, female civilians, young and old are being subjected to large scale sexual attacks [HRW, 2008: 11]. Mass sexual violence by the Congolese Army in the DRC is common and wide spread practice [HRW, 2009: 92]. Sexual assault and rape has become a growing problem in present day Syria, with security forces assaulting women and girls in detention and in the home [HRW, 2012]. Children of rape during the Rwandan Genocide represent one case of systematic rape amongst countless others, but their experience can help better understand programmes of protection for future children of rape in war and genocide.

**Literature Review**

Children conceived and born as a result of rape in conflict have received very little international attention to date, and virtually no empirical research exists [Carpenter, 2010]. The following review of literature illustrates current academic interest which has grown from events in the Former Yugoslavia and Rwanda during the 1990’s.

Rape in times of war and conflict is not a new phenomenon; however theoretical and legal codification of its use has evolved significantly in the past century. Sexual violence and rape act as a mechanism of cultural dis-creation, serving as a highly symbolic narrative to all wars [Brownmiller, 1986: 32]. The sheer scale to which rape is conducted in armed conflict shows violent translations of patriarchal constructs that implicitly and explicitly form the foundation of gender dynamics across the world [Brownmiller, 1986]. The subsumed yet
culturally pivotal roles that women are prescribed in society regulate the specific forms of violence they will experience. Rape as a primary assault occurs upon an individual, but its harm is intended upon the collective cohesion of a group [Allen, 1996]. Weitzman [2008] notes that in the case of children resulting from war rape, identity is genetically determined via the perpetrator father. Within the victimised group, the child is often considered an enemy ‘occupying the womb’ of the mother. Defining reproduction via patrilineal constructs renders the mother as a mere vessel to impart paternal identity [Weitzman, 2008: 567].

Research on sexual violence in war has inevitably arisen from feminist scholars and campaigners, keen to illustrate women’s violently oppressed position in times of conflict and peace. The framing of war rape has subsequently been advocated from, and evolved through interpretation of specific women’s rights violations and cemented women as the prime victim [Carpenter, 2000]. As Carpenter [2000: 213] notes, much debate surrounding rape and forced pregnancy has focused on women’s right to seek abortions, it has subsequently failed to address the rights of the born child. The framing of women as sole victims of war rape has been important in progressing international mechanisms and has advocated women’s heightened vulnerability in armed conflicts. Focus on the specific experiences of women was crucial to framing rape as a crime against humanity and an act of genocide in a number of conflicts [Watson, 2007: 25]. Much research has been done on the violent effect that war rape has on women; however only until recently has any significant effort been made to address the resulting children that have been born of the rapes. At the forefront of research, Carpenter [2000: 251] points to rape induced pregnancies during ethnic conflict in the Former Yugoslavia. Sexual violence was perpetrated precisely because of the unique ability rape and forced pregnancy has to corrode a victim’s culture. However in the Former Yugoslavia, as elsewhere, discussion on children born from rape failed to register in political and legal debate. Framing forced impregnation solely in terms of women’s rights results in the marginalisation of the child. The way in which rape was categorised as genocide implicitly identified the child with the perpetrators rather than a member of the victimised group [Carpenter, 2005: 252]. The Genocide Convention presupposes that it will be apparent whether a child belongs to a specific group or not, however circumstances of forced miscegenation provides no clear route to affirming a child’s identity at community level [Carpenter, 2000: 225]. Serving the best interests of the
child in peace time is fundamentally different to during times of conflict and rape [UN, 1994: A/48/92]

Watson [2007: 22] notes that despite wide ratification of the Convention on The Rights of the Child (CRC), children in general remain a largely under-represented category within the international system. An idealised notion of motherhood held in western states may adversely affect the ability of the human rights regime to recognise the peril of war children. Locating concepts of motherhood in social constructs that automatically presume women to be natural and willing nurturers to their child has dangerous repercussions in the case of war rape [Watson: 25]. Goodhart [2007: 311] warns in treating children as mere appendices of their mothers it reinforces their invisibility. The right to group membership and a meaningful identity is one of the most fundamental rights of the child, and situations which obscure these requirements will have strong adverse effects [Carpenter, 2000: 241].

Carpenter [2000] reiterates that the human rights regime has failed to affectively recognise children born of war rape as a category of concern. Arguing that the concept of war affected children is structured beneath certain normative assumptions of what it means to be affected in times of conflict. Attention tends to focus predominantly on child soldiers and trafficking, and harm upon older children who physically encounter war. The consequence of this renders children born from rape as one of the most marginalised and vulnerable groups [Carpenter, 2000: 250].

For Card [2003: 65] the concept of ‘social death’ distinguishes genocide from other mass murders. Children of war rape are particularly prone to experiencing negative impacts on their social existence due to the circumstance of their conception. Rape as a tool of genocide functions as a violent destruction of traditional group relations, practices and familial institutions [Card, 2003: 70]. War rape does not exist in a social vacuum, as Josse [2010:178] notes, “sexuality touches on a myriad of values and taboos governing the behaviour of both individuals and society”. Due to reproductive capabilities, women are perceived as possessing a cultural centrality in building and preserving ethnic identity [Josse, 2010: 178]. Children born of war rape disrupt the status quo and as a result both the mother and child can be exposed to stigmatisation, discrimination and isolation [Weitsman, 2008: 561]. Joeden-Forgey [2010] regards rape and forced pregnancy in conflict as a ‘life force
atrocity’, stating that it represents a violent inversion of the traditional patterns of family hierarchy and relationships. It would be a grave mistake to categorise victims of war rape by gender, age and ethnicity alone, at the expense of disregarding the familial status that directs sexual violence [Joeden-Forgey, 2010: 9].

Mothers have been known to seek abortions, abandon or kill their baby immediately after birth and in some cases commit suicide rather than attempt motherhood within the victimised community [Allen, 1996: 99]. Carpenter [2000: 216] regards children of war rape as providing a unique prism on how communities construct their own ethnic identity, providing implicit indicators of discursive and prejudicial practices.

Weitsman, [2008] argues that social cohesion derives from community narratives and sentiment. The way in which sentiments are experienced is uniquely polarised when dealing with children born from war rape, as society is unable to relocate the child’s identity from the circumstance of conception [Weitsman, 2008: 567]. By constructing war rape and forced pregnancy as an act of genocide, the child born from such violence is uniquely located outside of the victimised group to which they belong [Carpenter, 2010: 110]. Weitsman [2008] warns of the dangers of linking identity within the confines of genocide discourse, arguing such an approach removes the child from human rights recognition. Similarly, Carpenter [2010] attacks the serious oversight of framing rape and forced pregnancy as genocide without consideration of the child’s victim status. For Carpenter, not only does this reify the false genetic logic of the perpetrators, but reinforces the child as an ‘other’. By fixating only on women as victims of rape in war, and making children born from rape synonymous with genocide, the fight for women’s emancipation from the perils of armed conflict has actually buried recognition of the child as a victim. Card [2003] advocates the importance in placing the concept of, ‘social death’ at the centre of genocide discourse, initiating a greater consideration of the role that relationships play in the creation of communities [Card, 2003: 65]. Predominantly children have been framed as evidence of violations rather than victims. For Goodhart [2003: 311] there exists a profound confliction of rights in correlating the mother’s violation with that of the child’s birth. Somehow implying that the innocent child has no right to be born, as the forced conception, pregnancy and future maternity are all against the will and fundamental rights of the mother. As Erjavic and Volcic [2010: 373] have suggested, children can internalise the
identity forced upon them, perceiving themselves as a living reminder of rape and a destructive force on their family. Additionally children of war rape may face becoming primary carers for a traumatised mother who is unable to access adequate support having been rejected from the wider community [Erjavic and Volcic, 2010: 376].

In the aftermath of conflict Goodhart [2007: 310] claims children born of war rape are often forgotten or deliberately avoided when constructing policies for peace, reconciliation and reconstruction. Carpenter holds that advocates for women’s rights have framed forced pregnancy in such a way as to make it difficult to consider more than one victim. From interviews with children born as a result of the systematic rape of Bosnian women, Erjavic and Volcic [2010] showed all participants had experienced sustained hostility from the community members and close relatives. Children can suffer internalised guilt, within the home making life difficult and troubling for young people to enjoy their rights to security, participation and development [Erjavic & Volcic, 2010: 349-353]. For Weitsman [2008: 564] the ‘cloud of shame’ which can accompany the child substantially undermines their human rights and ability to fully access environments crucial to their development; this is doubly compounded when in countries dealing with extensive poverty and resource deprivation.

In addressing the failure of the human rights regime to recognise or have adequate mechanisms in place for these children, Carpenter [2000: 244] states that filling gaps in protections requires altogether new legal concepts suited to a revision in how national and international law and policy view children in relation to group dynamics and the family unit. Erjavic and Volcic [2010: 384] further argue that the topic of children born from war time rape must be freed from present confines and become a prominent theme in education and local initiatives addressing post conflict environments. Carpenter states that these hidden children will continue to lose a number of basic rights and entitlements to group membership and access to resources if attention is not given to their unique circumstance [Carpenter, 2000: 241].
Methodology

Children born from rape during the Rwandan genocide are a particularly vulnerable group to study. Individuals are naturally reluctant to disclose personal histories to a stranger, not least because of the stigma associated with rape in Rwanda [Brysiewicz & Mukamana, 2008: 380]. To gain valuable live data requires a great deal of interpersonal trust and relationship building which is beyond the scope of this study. Subsequently primary research did not seek direct involvement with affected individuals. The benefit of this was that ethical issues concerning confidentiality and the vulnerability of children and mothers was not at risk during the research. The obvious disadvantage however was that the study lacked the immediate voice of persons affected, and research necessarily focused on ‘generalities’ of experience.

However as noted, previous research related to children born from genocide rape is significantly limited. Therefore some form primary data was required to guide the principle discussion and establish themes. Logistically the best route was to approach active professionals involved in the provision of care and development of the children.

A qualitative case study naturally evolved from the inductive and largely exploratory nature of the topic. An inductive approach was adopted for analysing interviews; “Inductive analysis means that the patterns, themes, and categories of analysis come from the data” (Patton, 1980, p. 306). Lack of official polices for children of genocide rape and the absence of any previous empirical and official data disallowed effective quantitative methods to be pursued. Additionally quantitative avenues can disengage the researcher from the people and field they are researching [Gray, 2004: 165].

A purposive and resultant snowball approach guided the interview selection, yielding three expert interviews with professionals of a well-established NGO working with the mothers and children of rape in Rwanda. Interviewees included a clinical psychologist, a development programme manager and a social worker. Online video/telephone interviews were conducted and recorded with two of the respondents whilst the third was provided an
email interview of open questions. The difference of approach was due to logistics of language barriers for the third interviewee.

Utilising expert interviews is a specific form of interview taking, as it is not so much the ‘whole’ person that is of interest, but their capabilities as experts for a certain field [Flick, 2009: 165]. Although questionnaires may have presented a somewhat easier form of gaining data across distance, the inductive approach necessary for the research topic was better suited to interviews encouraging explorative elaboration. As Bryman [2008] notes, questionnaires deny the researcher an ability to prompt or probe and explore interesting not previously recognised issues. In the case of children born from war rape, it is precisely the unrecognised issues that are of key interest.

Online interviews were conducted as semi-structured interviews. Existing literature formed the basis of the question plan, which involved a broad selection of themes to be explored. Semi-structured interviews are valuable because they allow questions to flow according to evolving conversation. Judgement of interview direction can be gauged and adapted by the interviewer so as to explore interesting pathways [Gray, 2004: 373]. Fielding and Thomas [2008: 260] note that critics of semi-structured interviews have levelled concerns of interviewer bias. Due consideration was given to appropriate standards to limit bias, such as minimising interviewer guidance and direction, allowing time for respondents to fully expand on their answers, and drawing out the ‘value-laden’ element of the response [Kendall & Merton, 1946: 555].

The format of questioning was tailored to each interviewee, and was not identical. This was due to the varying specialisms of the interviewees and the authors attempt to acquire the most informative response from the relevant person. Although some over-arching themes were commonly asked of all, the semi-structured approach allowed specialist activities of the interviewees to guide the discussion.

No identifiable data was taken of any vulnerable individuals being discussed, and any data or visual material from working papers given to the author were not included with findings or permanently collected in anyway.
Official documents, government reports, legislation and policy reports were also analysed when drawing research together. Additionally reports by international institutions, NGO’s and specialist literature were referenced.

Findings and discussion.

[1] Rape in Context

[a] Rape and sexual violence as a tool of war.

Historically rape in armed conflict has been a tacit form of humiliation, procurement of another man’s ‘property’, and means to disperse and terrorise the enemy. In times of war the female body becomes a symbolic parade piece for the victors trooping colours [Brownmiller, 1986: 38]. Throughout history rape was considered an unavoidable and inevitable part of conflict, representing legitimate spoils of war [Allen, 1996].

In the final days of WW2, an estimated 200,000 German women were raped by advancing allied forces [Weitsman, 2008: 564]. In 1937, Japanese forces invaded Nanjing and raped tens of thousands of women in the process [Jones, 2006: 470]. An estimated 200,000 - 400,000 Bengali women were raped by West Pakistani troops during 1971. [Jones, 2006: 343]. American troops routinely raped and sexually assaulted scores of women and girls during the Vietnam war [Brownmiller, 1986: 102]. This illustrates only a fraction of the sexual atrocities in the past century, with rape being endemic of all armed conflicts [Carpenter, 2000: 213].

Extreme sexual violence and destruction of human groups is an institutionalised principle, not least illustrated by text of the Old Testament which underpins major world religions of Christianity, Judaism and Muslim faith systems;
“...the Lord had commanded Moses, and they killed all the men...Then the Israelites army captured the Midianite women and children...as plunder”. On returning from battle, Moses’ was furious with the generals for keeping alive the women and children. He commanded them to, “kill all the women who have had intercourse with a man (Midianite). Only the young girls who are virgins may live: you may keep them for yourselves” [The Bible, Numbers:31].

This is not to argue that religion instigates sexual violence, nor that one group is more prone to rape then others, rather it illustrates one example of a morally ordained narrative legitimating its use. It serves to show what has remained constant across human history and still present today. The ideological group perpetuating war and genocide, women as plunder, women as sexual property of men and the female body as a vessel of patrilineal identity.

[b] Rwandan Genocide.

Prior to 20th century ethnic divisions, Hutu and Tutsi were better understood in relation to hierarchal caste systems, with social distinctions corresponding to divisions of labour [Destexhe, 1995: 37]. Many factors kept the two groups living succinctly and wars were mostly waged in unity against neighbouring kingdoms. [Destexhe, 1995: 37]. From 1884 - 1962 Rwanda fell under colonial rule, first to the Germans and then the Belgium’s, who constructed a meta-narrative of ‘race’ differences codifying Batutsi supremacy [Gatwa, 2005: 6]. The following century saw growing ethnic tension resulting from colonial policies of ‘divide and reign’ [UNCRC, 2002: para.4]. Following independence from colonial rule in 1962, Rwanda suffered ethnic turmoil which shaped the political landscape and in 1990 renewed war broke out between the Rwandan Patriotic Front (RPF) and the Hutu lead Rwandan Government. On the 6th April 1994 a plane carrying the President of Rwanda, Major General Javenal Habyarimana was shot down as it attempted to land at Kigali airport. What followed was the brutal and savage genocide of minority Tutsi and moderate Hutu civilians by organised militiamen and Hutu members of society.

[c] Re-imagining Crimes against Humanity and Genocide.
During the Rwandan genocide sexual violence and rape was the rule and its absence the exception [HRW, 1996: p18]. A 1994 report by the Special Rapporteur of the Commission on Human Rights estimated that between 250,000 and 500,000 women were raped during the genocide, giving rise to an estimated 2,000 – 5000 pregnancies [UN, 1994: 7].

Despite the Geneva Conventions of 1949 prohibiting, “violence to life and person...including cruel treatment and torture” [Geneva Convention, 1949: art,3], rape in times of conflict has maintained virtual impunity throughout the last century [Jones, 2006: 343].

It was not until the 1990’s and ethnic conflict in the Former Yugoslavia that rape as a policy of war was tried as a Crime against Humanity [UN, 1994]. In Rwanda the systemic use of rape came to redefine international law on genocide. During the trial of Jean Paul Akayesu for crimes including the coordinating and use of widespread rape, the International Criminal Tribunal of Rwanda (ICTR) ruled that rape could constitute an act of genocide [ICTR, 1998]

The ICTR established that rape had been used as widespread and systematic attack against the Tutsi ethnic minority group, ruling that, “rape and sexual violence...constitute genocide in the same way as any other act, as long they are committed with the intent to destroy in whole or in part, a particular group” [ICTR, 1998: para 7.8.1]. In elaboration the court stated, “like torture, rape is used for such purposes as intimidation, degradation, humiliation, discrimination, punishment, control or destruction of a person” [ICTR, 1998: para 687].


The Rwandan Constitution affirms all citizens are equal (Art. 16). The family unit is considered the natural basis of life and parents are provided the right and obligation to raise their children (Art. 24). Every child is entitled to special measures of protection by their family, society and the state under national and international law (Art. 28) [Republic of Rwanda, 2003].

Child (1990). These constitute the formal obligations of Government in the field of the rights and responsibilities of the child.

Recognition of children’s rights is particularly relevant when considered in 2002 it was estimated 50% of the population were under 15 years of age [UNCRC, 2002: para.5]. Under Organic Law No 30/2008, relating to Rwandan nationality, majority age is 18 years (Art.4).

[2] Introduction to Primary Interviews and Themes

The following discussion utilised qualitative interviews with front line professionals currently providing support to mothers and children of genocide rape. Those interviewed were Jemma Hogwood, clinical psychologist for Survivors Fund Rwanda (SURF) who has recently conducted focus groups with Rwandan women to discuss experiences of sexual violence during the genocide and of bringing up children born from rape. Samuel Munderere is Programme Manager for SURF and partner organisation Foundation Rwanda. He has extensive experience in dealing with survivor’s experiences of poverty, stigma and other post genocide effects. Emilienne Kambibi is a social worker, whose role is to monitor and evaluate the continuing needs of mothers and children for which SURF and Foundation Rwanda provide support.

Semi structured interviews formed the basis from which to develop principle themes for discussion. In addition to this, recent findings from focus group projects undertaken by the interviewees were kindly given to the author for inclusion. Five ‘umbrella’ themes were established consisting of, ‘spoiled identity’, ‘trauma’, ‘disclosure’, ‘non-recognition’ and ‘women’s autonomy’. The list is not exhaustive and two particular aspects of interest remain under-explored, as currently there is little known on the subjects. These involve differential treatment between male and female children of genocide rape, and the relations children have within their own peer groups.

[3] Spoiled Identity

[a] Rwanda: Women, Community and Rape.
Family has cultural and social centrality to the life of Rwandans, and the identity of children is interlinked with family, community, and wider society [UNCRC, 2002: para.7]. During the genocide Tutsi women became strategic targets for humiliating and destroying the hierarchal relationships that underpin cultural institutions, and thus destroying the foundation of groups. Women became obvious choices for sexual degradation because of their central role in cultural re-production [Brysiewicz & Mukamana, 2008: 379]. Extremist propaganda vilified Tutsi women for their ethnicity and gender, claiming that female Tutsi sought to sexually manipulate Hutu men [HRW, 2004: 8].

[b] Customs, Shame and Sexual Relationships.

Rwanda is a strongly patriarchal society, and gender constructions create conflicting social environments for women who were raped during the genocide. In general, rape survivors are seen as shameful and not considered victims. The manner in which a girl becomes a woman is dictated by normative assumptions of female sexual behaviour. Additionally a woman’s adult identity and any secured social participation is profoundly linked to the institution of marriage.

“I don’t think I’m a mother. I don’t think I’m a girl. I’m something in between. Something I don’t know. Because a mother must have a home. I don’t have a home. A girl doesn’t have a child. I have a child”

[qtd. in Torgovnik, 2009: 103]

The female body and a woman’s sexual practices are dependent on social constructions and cultural narratives which shape identity; in other words the body has a history and geography. Bodies act as physical, geographic and cultural territories, and can never be seen as existing in social a vacuum [McDowell, 1999: 36]. In popular beliefs of pre-colonial Rwanda, single women were seen as dangerous spirits [Puechguirbal, 2004: 9].

There is a great deal of stigma attached to rape where Rwandan women are primarily valued as wives and mothers [Brysiewicz & Mukamana, 2008: 383]. In losing virginity through rape, girls were unable to find membership either with the in-group of women or the in-group of girls [Hogwood, 2012, telephone interview, 10th Dec]. The ‘spoiled’ sexual identity affected many girls suitability for marriage. In traditional Rwandan culture a
pregnant unmarried girl is often called ‘Indushyi’, meaning hopeless and miserable [Puechuirbal, 2004: 10].

[c] Patrilineal Identity.

Traditionally children of mixed marriages have always been given the ethnic identity of the father [Destexhe, 1995: 37]. Culturally speaking lineage is derived from the father, even in circumstances of rape when the father is often unknown and the mother has sole responsibility for the child. The father’s name plays a significant role in children’s access to resources [Munderere, 2012, telephone interview, 8th Nov]. The Rwandan government acknowledges low birth registration rates amongst orphans and vulnerable children [MIGEPROF, 2011: 7]. Interviews have also suggested some mothers and children of rape experience difficulties on accessing other services requiring identification of the father for purposes of registration. [Hogwood, 2012, telephone interview, 10th Dec]

Within the home and community, children of genocide rape are routinely referred to as “les enfants mauvais souvenir” (children of bad memories) or “enfants indesires” (Children of hate) and others are called “little killers” [Mukagendo, 2009]. When a child’s origin is known, they are explicitly and negatively associated with the perpetrator father [Munderere, 2012, telephone interview, 8th Nov].

[d] Stigma/Ostracism.

“There is a sense in which our bodies can be understood as cultural artefacts which carry the traces of social relations and also express these relations”.

[Lewis, 1998: 97]

Children born from genocide rape experience negative environments both in the community and within the home [Munderere, 2012, telephone interview, 8th Nov]. As a consequence of their identity children can also experience abuse and neglect, exemplified by an incident in which a child encountering abuse from a step father was sent to live with the family of the child’s rapist father, due to the mother having no other option of protecting the child. [Hogwood, 2013, email interview, 4th Feb]. Relocation of the child is
traumatic but not isolated, with accounts of children experiencing significant mistreatment due to their origin.

Associated stigma of carrying a child of rape has resulted in some women hating the identity of the child even before birth. Aspects of internal representations of a child during pregnancy have been related to how a parent interprets the child’s identity after birth [Benoit, Parker, & Zeanah, 1997: 307]. In this way social and cultural identity is formed in the womb and not through a child’s own autonomy. Often mothers attribute paternal identity to the child, associating bad behaviours to the rapist father [Hogwood, 2012, telephone interview, 10\textsuperscript{th} Dec].

Research suggests a correlation between parent’s negative perceptions of a child, and future attachment insecurities leading to damaging effects on behavioural development [Kleber, Mooren & Vanee, 2012: 464]. Furthermore, threatening environments can activate social identities, leading to a chain of events resulting in feelings of rejection and underperformance of the child [Good & Inzlicht, 2005: 129].

Frequently the child and their mother experience ostracism from family and community [Munderere, 2012, telephone interview, 8\textsuperscript{th} Nov].

”My family doesn’t like him. Whenever he does something, they call him Interahamwe. When he plays they say he wants to kill. When he throws a stone they say he has the behaviour of a militiaman”

[qtd. in Torgovnik, 2009: 97]

Stigma is deeply discrediting, reducing the ‘social whole’ of a person to a tainted and discredited state [Goffman, 1990: 3]. Often the child of rape is treated differently from other family members, particularly if the mother has married again [Hogwood, 2012, telephone interview, 10\textsuperscript{th} Dec]. Left unresolved children may internalise the identity which is thrust upon them. In one account, a male child warned his mother not to insult the Interahamwe, as in doing so would be an insult to him too. Later it was discovered that the child had been intercepted by family of the rapist father whilst walking to school, and told damaging stories which gave rise to misunderstandings between mother and child [Kambibi, 2013, email interview: 14th Feb].
Individuals experiencing prejudicial and discriminating behaviour can find themselves with limited access to resources, including education, employment, social advancement and home environments [Major, 2005: 193].

[e] Education

With such a large child population the government has laid emphasise on the role of education in establishing common unity and promoting peace and reconciliation. However it has been reported that 90% of orphans and vulnerable children (OVC) would need financial support to attend secondary school and the state simultaneously acknowledges it is difficult to imagine how such provision could be met [MIGEPROF, 2008: XXI]. In 2008 it was estimated that between 1.4 - 1.5 million OVC were living in Rwanda [MIGEPROF, 2008: XXI]. As such, only a select few are able to access progressive forums of secondary education and be exposed to curriculums capable of reframing identity amongst young people.

[4] Trauma

[a] Motherhood.

The severe trauma that rape victims deal with makes the environment of motherhood complex and conflicting, often resulting in a mother’s inability to provide physical and emotional care [Hogwood, 2013, email interview, 4th Feb]. Survivors of sexual assault compose the largest group of individuals diagnosed with Post Traumatic Stress Disorder [Reid-Cunningham, 2009: 922]. Evidence shows that post-traumatic stress disorder negatively impacts on parental functioning, and can increase punitive and aggressive treatment towards the child [Batchelder, Cohen, & Hien, 2008: 28].

It must be noted that not all mothers have damaging or limited relationships with their child of rape and a number of women have embraced their child from birth, whilst others have been able to develop love and strong bonds as the child has grown and become part of their life [Hogwood, 2012, telephone interview, 10th Dec]. Recognising the circumstances enabling this relationship is important.
“Telling my child how she was born gave me peace – now the relationship with her has improved”

[Anon, qtd. in Hogwood, Kambibi & Munderere, 2013, unpublished paper.]

However many cases of problematic relationships do exist. Male children are particularly capable of triggering traumatic thoughts in the mother, especially during adolescence when natural teenage behaviour is misinterpreted as aggressive and likened to the rapist father. One participant of group counselling stated that she feared her son would kill her [Hogwood, 2013, email interview, 8th Feb]. Once stigma is attached all subsequent actions of individual behaviour can become evidenced as a direct example of the constructed ‘defect’. For example, attributes of defensive behaviour may be seen as justification for the way a stigmatised individual is treated [Goffman, 1990: 16].

A community counselling initiative involving 40 mothers found that 49% felt isolated and had no-one to talk to if facing a problem [Hogwood, Kambibi & Munderere, 2013, unpublished paper]. Low social support and social isolation has been linked with difficulty in parenting and child maltreatment [Reid-Cunningham, 2009: 922].

“The challenge that I have is that I am alone with my problems, I do not share with anyone what I go through. It’s me and my son. For me that is the biggest challenge”

[Anon, qtd. in Hogwood, Kambibi and Munderere, 2013, unpublished report]

When attempting to cope with personal trauma and depression or any form of psychological problem, a mother’s emotional availability to their child can be severely affected [Hogwood, 2012, telephone interview, 10th Dec]. Trauma in mothers can manifest as emotional hyper-arousal, avoidance, numbing and re-experiencing [Kleber, Moore, & Van-ee, 2012: 460]. In terms of children whose birth is inextricably linked to the period resulting in the trauma, it can doubly impact a victim’s inability to cope with motherhood. On occasions women have reported not having wanted to breast feed their child as a baby [Hogwood, 2012, telephone interview, 10th Dec].
“When she was a baby, I left her crying. When it came to feeding, I fed the older one more than the younger one...my love is divided”

[qtd. in Torgovnik, 2009: 37].

[b] Secondary Trauma.

During infancy a child relies on caregivers to regulate their emotional states [Kleber, Moore, & Van-ee, 2012: 460]. Children have expressed occasions of emotional disturbance on conceptualising their birth circumstance. A participant of a focus group jointly conducted by SURF and Foundation Rwanda stated;

“I could not describe my feelings I had, but I felt as if I was foolish. I became frightened and later I felt as if it could happen again...I felt as if I had been there”.

[Anon, qtd. in Auerbach & Hogwood, 2012, unpublished report]

A danger exists in areas of failed support mechanisms for these children, if a mother is traumatised to an extent which impairs her ability to provide emotional support, and extended family and the community is unwilling to accept the child’s claim to group membership, then isolation and detachment can occur. Children can struggle to locate themselves within natural spheres of social protection. Another participant stated on knowledge of their birth;

“People told me that I was born in war, I became frightened. They told me also that I was born from parents who had married illegally (forced marriage), then I asked my mother what does that mean. Hearing it for the first time I became somehow restless, painful in my heart and became weak in life”

[Anon, qtd. in Auerbach & Hogwood, 2012, unpublished report].

Secondary or ‘inherited’ trauma can impact on the development of a child [Atkinson & Nelson, 2010: 138]. Atkinson et al describe this process of intergenerational transmission of
trauma as a ‘dysfunctional community syndrome’. The levels of resilience amongst rape survivors is variable, however all mothers to a lesser or greater degree were traumatised both physically and psychologically during the genocide. Moreover in post genocide Rwanda many family members who could help support the mothers and children do not wish to be associated with a ‘child of the killers’.

“My uncle didn’t welcome me into his house...He said I shouldn’t enter his house carrying a baby of the Hutu’s and chased me away”.

[qtd. in Torgovnik, 2009: 17]

Is it conceivable that children of war rape are scapegoats from a painful ‘dysfunction’ of social constructs. A child should not be left alone to manage the unconscious knowledge they carry of the pain, guilt and anger of traumatised parents and communities. Historical trauma of the genocide becomes entrenched in the cultural memory of population groups and is passed on from one generation to the next, thus normalising negative and stigmatising effects on future generations [Atkinson, Atkinson & Nelson, 2010: 138]

[S] Disclosure

[a] Environments of disclosure.

Within traumatised families silence is a common strategy for coping with painful and humiliating experiences [Almqvist & Broberg, 2003: 369]. Rape survivors have often gone to significant lengths in order to keep information of the birth circumstance from the child. In some cases mothers will make up a father and explain to the child that he died during the genocide [Munderere, 2012, telephone interview: 8th Nov].

Accidental disclosure from sources external to the child’s family unit often occurs and can be highly detrimental and distressing to the child’s wellbeing and community participation [Hogwood, 2012, telephone interview: 10th Dec]. On occasions alleged rapists have
returned to communities for the specific purpose of intimidating victims into remaining silent [HRW, 2004: 17]. Children have also been targeted by the families of the father in order to manipulate the mother [Kambibi, 2013, email interview: 14th Feb].

[b] Accidental disclosure/Gacaca

Following the genocide the Rwandan infrastructure was severely damaged. What had been an already weak justice system was decimated [HRW, 2004: 13]. In an attempt to process the 100,000 detainees awaiting trial for involvement in the atrocities, Gacaca courts (meaning ‘on the grass’) were established. Gacaca had the double objective of providing a forum of truth and reconciliation through open public witnessing.

Despite intention for rape cases to be private some perpetrators would admit crimes and pronounce in front of the community that they had raped particular women. In this way many children have come to discover their birth circumstance [Munderere, 2012, telephone interview: 8th Nov]. Children often feel less comfortable to participate fully within the community, experiencing negative perceptions following public revelations. Families of the perpetrator are also able to identify the victim and cases exist in which children have been approached as leverage to manipulate the mother into getting a pardon for the accused [HRW, 2011: 124]. Woman and children born of rape are kept on the outer limits of society, making them easy prey for interception by perpetrators hoping to silence the truth [De Brouwer & Ka Hon Chu, 2009].

Children have gone to extreme lengths to distance themselves when their privacy is violated by community interference. One account revealed a child relocating from the East to the South of Rwanda as he felt unable to remain in his village because the general population knew of his circumstance. In the south he continues to hide his origin and identifies himself as Ugandan [Munderere, 2012, telephone interview: 8th Nov]. When a social environment affronts an individual’s identity and sense of self, as is the case of extreme public stigmatism, it can create a social void which is felt as deadly, generating nameless anxieties [Gavalli, 2012: 601].

[c] Child’s reactions
When disclosure is handled with care and in a safe environment children speak of the importance of knowing their circumstance of birth;

“It is important to know the situation from which you are born, for example you may meet a person who will want to help you because you are vulnerable. If you are not informed, it will be an obstacle to explain yourself”

[Anon, qtd. in Auerbach & Hogwood, 2012, unpublished report].

“I advise other children who do not know how they were born to go and ask their mothers, after which they will be able to have a good relationship with them”

[Anon, qtd. in Auerbach & Hogwood, 2012, unpublished report]

Individuals attempting to conceal stigma can in effect have a difficult time recognising and accessing potential avenues of support, fearing the pursuit of specialised services will reveal their secret [Quinn, 2005: 87].

[d] Healing potential.

Importantly, disclosure under the right circumstances has the power to stabilise relationships between mother and child and findings show that mothers believe disclosure is an important and necessary process [Hogwood, Kambibi & Munderere, 2012, unpublished report]. This opinion is equally held by mothers who have not disclosed, stating the reasons for not doing so was due to lack of social and emotional support. It is important to recognise the complex emotional task of disclosure, and how constructing the best support and environmental conditions to do so is crucial for the healthy development of mother and child.
“The groups helped take the shame away from the fact I gave birth to child from rape and helped me accept my child”

[Anon, qtd. in Hogwood, Kambibi, & Munderere, 2012, unpublished report]

The context in which women approach disclosure is highly varied, as challenges including poverty, conflict in the community, difficulties with their husbands or general issues of daily survival can negate the strength needed to inform their child [Hogwood, 2012, email interview: 10th Dec].

There is evidence to suggest that religious faith can have a role in how mothers conceptualise the identity and existence of their child in Rwanda. For some women religion can help strengthen the maternal bond [Kamibibi, 2013, email interview: 14th Feb]. Some mothers say they love their child because they are a gift from God and as such all children are precious [Hogwood, 2012, email interview: 10th Dec]. Abortion is illegal in Rwanda and the church plays a significant role in conceptualising this position, as such there is a great deal of stigma attached to aborting a child and all child are thought to be God’s will and a gift [MIGEPROF, 2005: 17].

Some form of expression is important for the healing process, whether in the family environment or with friends. It may not always require directly talking about the issues, but rather being able to access environments of respect in which to be valued and supported [Hogwood, 2013, email interview: 4th Feb].

Cases do exist of negative reactions upon disclosure, children becoming very upset or angry, resulting in absence from school or running away from home [Hogwood, 2013, email interview, 4th Feb]. However what is important is not avoidance, but the effective management of emotional and social support enabling a disclosed child to healthily conceptualise their existence.
Non-recognition

“It is easier to treat victims with physical wounds and even psychological wounds, but children born from rape is not something people want to admit to”.

[Hogwood, 2013, email interview: 4th Feb]

[a] OVC Policy

A 2002 report by the UN Committee on the rights of the Child, noted that official Rwandan statistics of vulnerable children were based on shattered and partial estimates. Lack of population census and a growing number of vulnerable groups resulted in non-objective data supporting policies for the defence of children’s rights [UNCRC, 2002: para.367]. A situational analysis in 2008 found that a disproportionate amount of attention had been given to aiding orphans rather than considering vulnerable children more broadly [MIGEPROF, 2008: XXVIII]. In 2007, 13 years after the genocide, an official report stated that there was no nationally defined vulnerability indicators or comprehensive data on vulnerable children [MIGEPROF, 2007: 15].

The Rwandan constitution obligates government to establish appropriate legislation and institutions for the protection of the family, especially the child and mother in order that the family flourishes [Republic of Rwanda, 2003: art.27]

Child protection policies have manifestly failed to acknowledge the category of children born from rape in the genocide. This is likely a result of pragmatism, as in 2008 it was estimated 83% of all children in Rwanda were OVC [CARE, 2008: 3]. Subsequently the need for basic provision of food, shelter and clothes factor extremely high across the board. However in a survey of 2008, 42% of OVC participants expressed the need for emotional support and counselling as well [Care Rwanda, 2008: 11]. Poverty is wide reaching and severely impacts the effective realisation of children’s rights in general [Rwanda Gov, 2008: XVII]. In one respect it is easy to see how children born from genocide rape have failed to register in official policies. However tackling extensive poverty should not subvert the child
born from rape, as they not only face issues of poverty and deprivation, but may be doubly impacted by denied access to areas of group membership.

A 2005 government report on policy for family promotion set a list of objectives, including strengthening family relations, ensuring peace and security in the family, and protecting the child [MIGEPROF, 2005: 11]. In addition policies have given weight to the recovery of the traditional family unit [MIGEPROF, 2005: 19].

Recently official acknowledgment has been made to the specific challenges faced by OVC’s in terms of birth registration and national identity, resulting in discussion of new draft laws. Although, at this stage children born of rape would remain under the ambiguous distinction of born out of wedlock and children of single mothers [Rwanda, 2011]. For what progression there has been, predominant focus remains on orphans and street children and policies are based on levels of utility rather than considering social capability. Root causes of problems are largely levelled at the instability and loss of traditional values and the family unit. Almost no attention is made to ethnic dynamics within the private environment and a policy of non-ethnicity will continue to disallow such examination in the future.

“It is not easy to have a clear picture of mutations that took place in minds and thus affected attitudes of individuals within the community”

[MIGEPROF, 2005: 2]

Acknowledging the circumstance of birth so as to better understand the environment of interpersonal trauma would help provide appropriate and effective support for the child and also the mothers needs [Appleyard & Osofsky, 2003: 113].

[b] CRC: membership rights.

The official Rwandan definition of a vulnerable child is, “A person under the age of 18 years who is exposed to conditions which do not permit her/him to fulfil their fundamental rights for a harmonious development” [MIGEPROF, 2008: VII]. The government argues the pivotal role family has in reconciling an individual within society [MIGEPROF, 2005: 2]. The CRC, for which Rwanda is a signatory, provides a number of membership and family rights to the
child. Article 2; Requires the state to respect and ensure that children are not discriminated against, Article 7; provides the child with the right to name and nationality. Article’s 9, 12 and 20, 21 locate the family rights of the child ensuring that that protection from hostile environments be met [CRC, 1989].

[c] Support/Survivors fund

Law No 02/98 of Jan 1998, established the Fund for Assistance to Survivors of Genocide to which children born before the genocide are eligible. In a country where many live in poverty, external funding is a vital means of accessing secondary education which unlike primary is not funded by the government. Children born as a result of rape during the genocide do not qualify for the survivors fund as they are not considered ‘survivors’ in the strictest sense, despite their conception and eventual birth being the direct consequence of genocide. Some family units contain older children who are survivors and receive funding enabling them to attend school, whilst the child born of rape is denied the same opportunities [Munderere, 2012, telephone interview: 8th Nov].

A generalised survey reported that one quarter of OVC’s received some support from Government, in most accounts as part of the survivors fund. Only 5% reported receiving support from an NGO, 2.1% from faith based organisations and 4% from local institutions and agencies [MIGEPROF, 2008: XVIII]. As children born from rape during the genocide are not specifically recognised, it is impossible to establish reliable numbers receiving support, however when it does occur, it is highly unlikely that it is state funded, with these children only being recognised by NGO’s [Munderere, 2012, telephone interview: 8th Nov].

[d] Ethnicity

History has shown that failing to address transmission of implicit trauma narratives can make future generations susceptible to repeat cycles of ethnic violence [Gabriele, 2010: 99]. Children born from rape offer a unique glimpse into how communities formulate social cohesion and also encounter disunity. Considering ethnicity as ‘irrelevant’ to communication of rights and social protection in Rwanda has ramifications on communities
who may experience a markedly different ethnic landscape to the optimised rhetoric of government.

The process of both remembering and forgetting is important in post-genocide Rwanda [Buckley-Zistel, 2008: 125]. Today perpetrators and victims of genocide live within the same communities and share social environments. Historical discourse of government has been a top down project aimed at establishing unity and removing ethnicity. Today the official line states that all citizens irrelevant of previous ethnic identities are ‘Rwandan’. However the experience within communities does not always mirror the position of government. Inevitably ethnic division and social exclusion still has roots in Rwanda, particularly in terms of children of genocide rape [Buckley-Zistel, 2008: 136]. Families who have become socially isolated following the genocide are vulnerable to intimation, which has worsened following the continued release of perpetrators since 2003 [Buckly-Zistel, 2008: 137].

Despite unity discourse in Rwandan politics attempting to define identity through collective citizenship rather than ethnicity, the realities of ethnic dynamics cannot be conveniently erased by rhetoric alone. By formulating a particular historical narrative whilst ignoring ethnicity, removes opportunities to objectify and rationalise the prejudicial logic towards children of genocide rape [Straus & Waldort, 2011: 316]. Unlike other vulnerable groups, children of genocide rape inhabit the past and present. In order to deconstruct ethnicity it cannot be avoided, or ignored but must instead be reflected upon in order to dispel damaging factors [Eltringham, 2011: 272]. Ignoring how factors of ethnicity can affect a child’s ability to gain membership within society fundamentally undermines any provision of utility available to the child.

[7] Women’s Autonomy

[a] Public/Private divide.

Official government policy emphasises the importance of ‘traditional values’ housed in the family unit and is considered vital in rebuilding the foundations of society. “It is within the family that the child is born, educated and given to the community for the good of society” [MIGEPROF, 2005: 2] This implies that children are both considered a commodity to the
development of a community, whilst maintaining that it is the responsibility of the private family unit to educate and initiate the child into this specific society. There is a very distinct chasm between these two positions. Trauma from rape and sexual violence during the genocide is commonly confined to the private sphere, from which women and mothers are incapable of exercising effective autonomy or gaining restitution from the community [Brysiewicz & Mukamana, 2008: 383]. Children of genocide rape have been brought up beneath ethnic paradigms detrimental to their development and damaging upon future involvement in Rwandan society.

[b] Capabilities and human rights.

“By treating as irrelevant for citizenship what-ever occurs in the private sphere, the dominant public/private discourse erects a ‘moral boundary’ between the family and the political”

[Lister, 2003: 120].

Genocide rape was so effective in destroying communities because at the heart of Rwandan culture the majority of women lack autonomy and remain dependant on patriarchal institutions of marriage for their effective survival. In post genocide Rwanda, traditional values and normative assumptions of the family unit are endorsed by government policy, stating that those unable to draw strength and reference from traditional values are “doomed to oblivion” [MIGEPROF, 2005: 9].

In truth, it can be argued that many of the traditional ‘values’ put constraints on women’s autonomy and leaves them vulnerable to a loss of capability. Visibility of women’s rights has progressed greatly in terms of official environments of government, with women holding 56% representation in parliament [Rwanda Gov, 2011: para.53]. However anecdotal evidence suggests progression has yet to effectively filter down through general society [Hogwood, 2012, telephone interview: 10th Dec]. In 2008 in was concluded that the majority of OVC households were headed by women, and 90% of those heads had no education or only primary education. With nearly 3 million OVC in Rwanda of a total population of 11 million this represents a significant amount of women still subsumed and vulnerable [MIGEPROF, 2008: XVIII]. The rigid ideology that separates the public from the private hides
the myriad of ways in which the two social spheres impact on one another [Lister, 2003: 120].

Women are less capable to participate in development programmes empowering their capacity for self-autonomy [Puechguiral, 2004: 5]. It has been noted that absence of gender inclusive development strategies exacerbates conflict environments [Williams, 2006: 31]. Empirical research shows that the social well-being of women is significantly influenced by a women’s ability to earn independently of the family [Sen, 2001: 191].

Traditional family law favoured the male child, however as of 1999 national law provided equal rights of succession and inheritance to male and female children [Rwanda, 1999: Law No 22/99, art. 43-50]. However culturally it remains that the birth of a baby boy is more valued then that of a girl and boys are believed to be the a ‘force’ in the family [HRW, 1996: 14]. Female headed households are believed to encounter bad luck, exampled by the Rwandan proverb, “a family headed by a woman is always under quarrels” [Kambibi, 2013, email interview, 14th Feb]. OVC caregiving households tend to be female headed [MIGEPROF, 2008: XVII].

Nussbaum’s [2000] capability approach to human rights provides one possible route to effectively shape policy for mothers and children born of rape. By asking not simply what ‘rights’ people have, but more importantly what people are actually able to do and be in society; capabilities can illustrate social and cultural weaknesses effecting the individual [Nussbaum: 2000: 5]. Understanding children born from rape in terms of their social, cultural and political capabilities better articulates the circumstance of their existence. By providing the mothers with the same access to capability framed initiatives it would strengthen their ability to provide adequate care for the child. Furthermore in asking of the levels of capability available to the child, it would effectively establish what damaging narratives of exclusion are still maintained and needing to be addressed at local level.

In order to meet the needs of children of genocide rape, consideration must be given to assessing the psychosocial functioning of mother and child in relation to the community. Additionally the social/cultural narratives of the victims and children of rape must not be subsumed into broad categories, but instead actively interpreted so as to ensure a full set of social, political and economic capabilities are made available to them.
Young children may find the ability to cope with challenging social environments, but only if their care provider is not forced to cope past the limits of their own trauma. Once that limit has been reached, the development of the child rapidly deteriorates [Almqvist & Broberg, 2003: 368].

**CONCLUSION**

These research findings can only be considered an introduction to an immensely complex issue that requires resources far beyond the means of this study. However provisionally it can be concluded that children of genocide rape have experienced routine instability within family, education, group membership and in terms of physical and emotional security.

Broadly categorising vulnerable groups without effectively considering post conflict ethnicity and the consequences of rape dangerously obscures the risks to specific children. Fixation on survival rights alone secures only the minimal standard of physical existence. To effectively utilise ones rights as a person, it is necessary to have membership to a community, with capabilities to ‘do’ and ‘become’.

Healing this issue requires policies capable of encompassing traumatic and deeply saddening histories with culturally specific empathy, to help aid vulnerable children and mothers to access their full capabilities. The mothers who have been spoken about in this study have suffered terribly and have had to cope with a myriad of social, economic, and emotional obstacles which have made motherhood extremely difficult. At no point has the intention of this research been to pass judgement, and any discussions on repercussions of parenting on the child must be considered in context to the profound difficulties facing mothers. The strength and courage it has taken to sustain themselves and their child in post genocide Rwanda is a remarkable feat and deserves the respect and support of others.
The relational, emotional and social capabilities of human beings shape the means in which we encounter, adapt and relate to others. At ground level when face to face, it is these conditions which frame the rights of individuals to fully access conditions of personhood.

It is important to emphasise that research has solely addressed the plight of Tutsi and moderate Hutu women and girls, as it was this category that constituted genocide rape. However to a different degree it must be noted that Hutu women were also raped by RPF forces, of which there exists bare minimum acknowledgement of possible children born as a consequence [HRW, 2004: P8]. Rape by RPF forces was of course incomparable to the levels and ethos of genocide rape against Tutsi women and girls, but nevertheless it is a thought to consider in terms of categorising vulnerable children.

To this date there has been little attention given to differential treatment between male and female children born of genocide. It has been stated that boys can cause more profound fears in the mother and perpetrators are easily associated with the male child, but little is made of the girl child’s identity. Providing attention to this question could help elaborate further on gender and cultural constructs at the heart of genocide rape logic.

Additionally questions regarding the experiences faced by Rwandan children within their own peer groups has led to a lack of knowledge at present. Although geographically and culturally different, studies in the Former Yugoslavia found negative experiences regarding war rape identity amongst same age peer groups [Erjavic & Volcic, 2010: 373]. This would suggest it worthwhile exploring the topic in the context of Rwanda, particularly as the children are now entering adulthood.

The negative and damaging identity thrust upon innocent children as a consequence of their birth circumstance should not be ignored. Avoiding the topic simply increases the stigma and taboo and implicitly legitimatises an environment of discrimination. Only by objectifying the child’s identity with a deconstruction of how society shapes membership rights, can children and young adults of genocide rape find a secure place in Rwandan society.
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