"I Learned Who I Am": Young People Born From Genocide Rape in Rwanda and Their Experiences of Disclosure Journal of Adolescent Research 1–22 © The Author(s) 2017 Reprints and permissions: sagepub.com/journalsPermissions.nav DOI: 10.1177/0743558417713302 journals.sagepub.com/home/jar



# Jemma Hogwood<sup>1</sup>, Christine Mushashi<sup>2</sup>, Stuart Jones<sup>3</sup>, and Carl Auerbach<sup>4</sup>

#### Abstract

Sexual violence was systematically used to terrorize thousands of Tutsi women and girls during the 1994 Rwandan genocide, infecting many with HIV and resulting in thousands of children born as a result of rape. Now these children are young adults; they are asking questions about their parentage and are often faced with challenging parent—child relationships, discrimination, stigmatization, and identity issues. As a result, there is a need for them to understand more about their birth histories. Through community counseling groups, mothers of these young people have been supported to disclose to their child about their birth histories. This study aims to understand how the young people experienced the disclosure and how this affected their sense of identity. Semistructured interviews were conducted with 10 young people and analyzed using interpretative phenomenological analysis. Three subordinate themes and eight subthemes begin to describe the complex and difficult process of learning about a new identity, the process of reconstructing a positive identity, and reworking

<sup>3</sup>Survivors Fund, London, UK

<sup>4</sup>Yeshiva University, New York, NY, USA

#### **Corresponding Author:**

Jemma Hogwood, Clinical Psychologist, Survivors Fund, P.O. Box 1942, Kigali, Rwanda. Email: jemmahogwood@yahoo.co.uk

<sup>&</sup>lt;sup>1</sup>Survivors Fund, Kigali, Rwanda

<sup>&</sup>lt;sup>2</sup>Bircham International University, Madrid, Spain

family relationships as a result of the knowledge acquired. The young people appreciated knowing about their birth histories despite the painful emotions. Recommendations are made as to how these young people and their families can be better supported.

#### **Keywords**

adolescence, disclosure, genocide, identity, rape, Rwanda

### Introduction

Rape and sexual violence were systematically used to terrorize thousands of Tutsi women and girls during the Rwandan genocide, infecting many with HIV and destroying the fabric of society (Mullins, 2009; Nowrojee, 1996; Reid-Cunningham, 2008). Genocide rape resulted in thousands of pregnancies, a constant reminder to the women of their traumatic experience. Some women felt no option but to choose suicide, and many others felt compelled to abort the fetus, abandon, or kill the baby after its birth (Nowrojee, 1996). Officially between 2,000 and 5,000 children are estimated to have been born of genocide rape in Rwanda (Nowrojee, 1996). However, with stigma, shame, and secrecy contributing to a lack of reporting, survivor groups claim between 10,000 and 25,000 children were born as a result (Wax, 2004). Women and girls were raped by men of all ages during the genocide, at times in front of their husbands and their children, to humiliate, degrade, and destroy. Rape is taboo in Rwandan society, with female identity and life trajectories explicitly linked to principles of sexual purity (Mukamana & Brysiewicz, 2008). The aftermath of rape has resulted in many women and their children being ostracized from, or living in hostile family and community environments (Mukamana & Brysiewicz, 2008; Mukangendo, 2007; Richters, Rutayisire, & Slegh, 2013; Torgovnik, 2009). The children and their mothers often face severe economic and social hardship and health inequalities in part due to the isolation from traditional networks of support (Mukangendo, 2007).

Rape warfare and genocide rape have been described as a mechanism of cultural dis-creation (Brownmiller, 1986), a "life force atrocity" (Joden-Forgey, 2010) and "social death" (Card, 2003), in its ability to violently disrupt traditional patterns of family processes and trajectories. The worldwide phenomenon of "war babies" has so far focused heavily on legal and human rights issues, and policy development (Carpenter, 2000, 2007, 2010; Goodhart, 2007; McEvoy-Levy, 2007). There is less attention on the lived experiences and challenges for children whose link to the perpetrator father means "families and society are unable to disentangle them from the circumstances of their conception" (Weitsman, 2008, p. 566). Van Ee and Kleber (2013) identified key risk factors for children born of rape, such as strained parent–child relationships, discrimination, stigmatization, and identity issues. They argue that such children should be acknowledged as secondary rape victims and supported to minimize mental health risks. It is therefore crucial to understand the experiences of the young Rwandans born as a result of genocide rape, as they are vulnerable to stigmatism and negative impacts on their identity development.

In the wider context, survivors of sexual assault and rape represent the largest group diagnosed with posttraumatic stress disorder (PTSD; Reid-Cunningham, 2009). Growing up with a traumatized mother who has experienced war, death, and destruction has shown to interfere with the ability to parent, parental child interaction, and the psychological development of the child (Appleyard & Osofsky, 2003; Reid-Cunningham, 2009; Van Ee, Kleber, & Mooren, 2012). Hagengimana, Hinton, Bird, Pollack, and Pitman (2003) found high levels of panic disorders in trauma-exposed Rwandan widows, while Eytan, Munyandamutsa, Nkubamugisha, and Gex-Fabry (2015) noted high comorbidity between PTSD and panic attacks in Rwandan widows. In addition, the majority of those found to meet PTSD criteria had concurrent major depressive episodes (Eytan et al., 2015). On the notion of transgenerational trauma, Cavalli (2012) and Atkinson, Nelson, and Atkinson (2010) noted that a parent's experience of severe trauma can erode the capacity to provide emotional order and meaning to a child, significantly affecting attachment between the child and the caregiver. Unresolved trauma can result in dissociated forms of threatening aggressive parental behavior, affecting a child's behavioral and attentional development (Cohen, Hein, & Batchelder, 2008; Hesse & Main, 1999). It is therefore unsurprising that young people born of rape often experience turbulent relationships with their mother, especially when there is the added notion of not understanding the reasons behind the difficult relationship.

Identity formation is a central stage of development during adolescence (Erikson, 1959, 1968). Marcia (1966) theorized that identity formation is about the extent to which one has explored and committed to an identity in a number of life domains. He distinguished between "identity moratorium", where an individual is in a state of crisis and actively exploring alternatives, and "identity achievement" where the crisis has been experienced and commitments have been made. Berzonsky (2007, 2010) noted that identity commitments provide standards to make and solve problems. How a child balances these processes significantly affects their ability to form positive identities. Perceived parent–adolescent relationships have been found to

influence identity style processes in late adolescence (Berzonsky, 2007). For this reason, it is important to understand the mechanisms by which disclosure to a child born from rape can influence identity formation.

Although many Rwandan children born from genocide rape grow up hearing rumors and managing stigma associated with their origin, the act of disclosure can elicit abrupt shifts and changes in the notion of self. The idea that "changing lives" alters the development trajectories of individuals is central to a life course approach. Two principles underpinning a life course approach are particularly relevant to children born from genocide rape: "linked lives" and how the past shapes the future. Linked lives (and social ties) acknowledge the interdependent connections between individual life pathways and changes or "shocks" to family trajectories (Elder, 1998). In the case of Rwanda, the impact of the genocide and the experiences of survivors created profound fractures in groups and families. Trajectories were violently altered, the vibrations of which were carried forward and played out in less visible ways, including interdependent life shocks for the children born as a consequence. Unresolved trauma from a previous generation has been linked to dysfunction within the following generations (Atkinson et al., 2010). As previously discussed, PTSD and mental health issues among genocide survivors are widespread, and as a mother deals with the violence of her past, the child is also forced to confront behaviors and notions that can be deeply troubling and confusing, depending on how they are encountered and what social, cultural, and emotional support is available to them.

A study from Bosnia and Herzegovina (Erjavec & Volcic, 2010) interviewed 11 adolescents born of war rape to explore how they perceive themselves and construct their identities. The results found key themes including experiencing a continued sense of hostility and stigma even after the end of the war and feeling as if they belong to the "other." Children were also found to experience guilt and reversed roles in the parental relationship, becoming carers of their mothers. Some also see themselves as having a role in reconciliation processes due to their mixed heritage. From a life course perspective, stigma can affect many different life transitions, including employment, educational achievement, and relationships, and the management of stigmatized identities has been positively related to psychological distress and poorer health outcomes (Quin & Chaudoir, 2009). Hiding unresolved trauma and concealing stigmatized identities can be psychologically taxing and socially devaluing (Quin & Chaudoir, 2009). Frable, Platt, and Hoey (1998) found that individuals with concealable stigmas report lower self-esteem but that being in the presence of others in similar positions protected the psychological self from negative associations. This raises key questions for the role disclosure can have for these young people, and the importance of shaping effective support throughout the disclosure process. Chaudoir and Fisher's (2010) work on developing a "disclosure process model" is insightful for this research, and findings from this current study can help inform a better understanding of the potential benefits of disclosure, and specifically move toward best practice guidelines for war and genocide rape survivors and their children. The disclosure process model recognizes that disclosure is not a fixed entity, and benefits arising from disclosure are dependent on external factors, such as supportive environments and positive communication. The timing and manner in which a parent's trauma disclosure occurs is also important, including the child's capacity to feel safe and stable (Measham & Rousseau, 2010). So far, only a small amount of research has explored the evaluation of psychosocial interventions in Rwanda (Richters et al., 2013; Tol et al., 2013) from which collectivizing around shared historic trauma has been found to build positive connections by sharing and neutralizing the impact of stigma and marginalization for Rwandan genocide rape survivors (Zraly & Nyirazinyoye, 2010). This research can also contribute to our understanding of helpful and effective ways of supporting mothers in parenting and parent-child relationships, and supporting youth during key identity development stages.

Survivors Fund is a small international nongovernmental organization (NGO) working with local partner organizations in Rwanda to support survivors of the 1994 genocide against the Tutsi. One of its projects, with support of Foundation Rwanda, a U.S. nonprofit organization, is helping mothers who have children born of genocide rape by providing psychosocial support, opportunities for income generation, and educational support for their children. Mothers expressed feeling overwhelmed at how to manage adolescent behavior, communicate with their son or daughter, and answer questions about who their father is. Such questions became additionally important as their children applied for a national ID at 18 years old, where mother's and father's names are required. Furthermore, some young people are considering marriage and encountering land inheritance, both of which rely heavily on the identity of the father and the father's family. Many have also experienced community gossip and rumors and sensed that they were treated differently from their siblings. The mothers asked Survivors Fund for help in disclosing to their child the circumstances of their birth. Survivors Fund created a network of community counseling groups across the country which allowed the mothers a safe and confidential space to meet other mothers in a similar situation and discuss their own traumatic experiences. It also gave time to consider how to improve the relationship with their child and begin to answer some of their questions. The content and impact of these groups has been documented (Hogwood, Auerbach, Munderere, & Kambibi, 2014). As a result of these groups, many of the mothers began to disclose to their child about their birth histories. This research aims to explore the lived experiences of young people born of genocide rape in terms of their experiences of disclosure and how the knowledge about their birth history impacts or affects their sense of identity.

# Method

### Participants

The study took place in Bugesera District in the Eastern Province of Rwanda. Participants were recruited through their mothers, who had recently attended 6 months of community counseling organized by Survivors Fund, specifically aimed for mothers who have children born of genocide rape. The researcher was introduced to the mothers by the group counselor. Once the research study had been explained and the mothers gave consent for their children to participate, those young people who were fully aware of their birth histories were invited to take part in the research. A total of 10 participants agreed to be interviewed: five females and five males. All participants were born as a consequence of rape during the 1994 genocide against the Tutsi and were all aged 18 and attending school at the time of the study. All were living with their mother, except one whose main caregiver was his grandmother. Eight out of 10 participants were living with a stepfather as well as half-siblings born both before and after genocide. All but one had been disclosed to about their birth history by their mother and the other by his grandmother who was the main caregiver at the time. The time the initial disclosure had taken place was not always clear but seemed to range from age 12 to 17. Many had prompted the disclosure by asking his or her mother questions about his father. For the majority of participants, further disclosure conversations had taken place in the previous year, as a consequence of the mothers participating in the counseling groups.

## Procedure

Face-to-face interviews were conducted at the participant's home or a local authority office depending on individual choice. Informed consent was obtained, and ethical considerations such as confidentiality were explained. Interviews were conducted in the Rwandan language Kinyarwanda using a semistructured interview schedule which allowed the exploration of participants' perceptions and opinions (Ritchie & Lewis, 2003; Smith, 1995). The schedule was developed with reference to existing literature as well as

discussions with clinicians working with the client group. Broadly, it included questions about the participant and their daily life, their family and home life, their experiences of disclosure, and the impact of this disclosure. The interviews were audio-recorded, transcribed verbatim, and translated into English and any identifying information removed to ensure anonymity. Due to the sensitive and emotional nature of the subject matter, any mental health concerns about the participant were shared with the counselor from Survivors Fund who was able to offer follow-up.

#### Researcher's Perspective

The interviews and analysis were conducted by a young female Rwandese researcher in fulfillment of a master's degree in clinical psychology. She is skilled in interview techniques, has experience of working therapeutically with children and families, and has a personal preference for conducting qualitative research. As a survivor of the genocide herself, she was motivated to conduct the research through her own history, particularly that of her very young cousins whose father was killed during the 1994 genocide. As the children became older, they would ask many questions about their father. She went on to conduct research with survivors whose fathers were killed when they were very young, focusing on the issues and challenges related to self-identity.

### Method of Analysis

The data were analyzed using interpretative phenomenological analysis (IPA; Smith & Osborn, 2003). The approach aims to explore in detail the perceptions, feelings, and lived experiences of the participants and seeks to find meaning in events and interactions, providing a clearer understanding of how they make sense of these experiences. As documented in Smith, Flowers, and Larkin (2009), the analysis involved a number of stages, starting with the reading and rereading of the transcripts. Comments were written in the margin about the semantic content and language use. Emerging themes were then written in the other margin summarizing the notes. Patterns were identified by exploring similarities and grouping the emerging themes into larger units, taking into account the frequency of the themes as well as the function with which they served within the transcript. This led to the development of superordinate themes. The above stages were repeated for the second and subsequent transcripts. Once all the transcripts were analyzed, comparisons across cases were made and connections across cases began to emerge. This process involved relabeling and regrouping, to create a final table of themes.

Superordinate themes		Subthemes
١.	New identity resolves uncertainty but brings	,
	challenges.	"It is always in my mind": Managing painful emotions (9/10)
		"I feel different": An evolving identity (7/10)
2.	Reconstructing a positive identity.	"I have to work hard": Building self-reliance and finding a valued place in society (9/10)
		"I'm not the only one": Meeting others in a similar situation (6/10)
		"God has a plan": The role of faith and prayer (8/10)
3.	Reworking family relationships in light of	"I understand her now": Improved maternal relationships (8/10)
	the new identity.	"Maybe because he's my blood I can love him": Conflicting emotions for absent fathers (10/10)

#### Table I. Themes.

Note. For each theme, the numbers in parentheses reveal how many participants it applies to.

Credibility checks were completed to ensure reliability, validity, and relevance of results (Elliott, Fischer, & Rennie, 1999; Mays & Pope, 2000). This involved a colleague conducting an audit, following the first steps of analysis for sections of the transcripts. Her thoughts and initial themes were discussed and comparisons made. Another colleague checked the results against the data to ensure that the themes elicited were grounded in the data and a realistic interpretation. These checks resulted in some further elaboration of themes, and a general consensus was achieved.

## Results

The results reveal that being a young person born of rape is a very complex situation to live with. The majority expressed the importance of being disclosed to, despite the difficult emotions it brought up. The analysis revealed three superordinate themes related to the disclosure, accompanied by eight subthemes (see Table 1).

### New Identity Resolves Uncertainty but Brings Challenges

After learning about their true origins, the young people reported that what they previously understood to be true was replaced by a different understanding. Many had ideas about their absent father or thought that their stepfather or another male relative was their biological father. The act of disclosure was a marker in time after which the transition was about managing the complexities and tensions of this new self-identity.

"I learned who I am": The importance of knowing. The young people explained that being told about their birth history was hard to believe and challenging, but disclosure was described as positive because the self-knowledge helped them to understand more fully about themselves, their identity, and parent-age and to answer questions about their absent or unknown fathers. It confirmed or negated rumors around their birth circumstances, as most had already heard some information or gossip within the community, school, or wider family.

Before, I thought that the father of this family was my biological father, but because other children in the family kept telling me that I will not get any inheritance, I wanted to know the truth. (P7, female)

It was necessary to know my history because I learned who I am, I know where I stand now. (P10, male)

Knowing the truth also allowed the young people to better understand their life situation. For example, some of the participants had experienced difficulties within the family, including conflict and mistreatment.

At first, I didn't accept it but when I looked back at how I had been treated, I realized that it was true . . . [it was important for me to know] because I had been mistreated enough. (P9, male)

"It is always in my mind": Managing painful emotions. For almost all of the young people, they reported that disclosure also had a negative impact, that it was challenging and painful to learn about the circumstances around their birth, due to the negative history and meaning associated with the new identity. Many talked about repetitive or intrusive thoughts disturbing everyday activities such as studying and socializing. They also described the challenges of adapting to a new identity and the fear of rejection from others. Emotions such as anger, sorrow, loneliness, and hopelessness were common, as well as worry about inheritance.

I have times when I am angry towards no-one and I feel like I cannot approach anyone. I sleep too much and at home they think that I am sick and I feel ashamed. Being born in that way makes me very depressed, I feel sad when I think that my mom was raped and got pregnant from it. I can't forget it, it is always in my mind, and it can't be erased. (P8, male) I keep thinking about [my father] whatever I do, and sometimes I get into conflicts with my mom because I am not focused on anything and I get angry. (P3, male)

In some cases, adapting to this new complex identity was so difficult that it led to young people thinking that their life was over and to thoughts of suicide.

I was really sad. I felt like I came into this world hated. I thought that it would be better dying because living didn't have any meaning or importance for me anymore. (P7, female)

I thought about ending my life. The reason was because I felt like I didn't have anyone in my life to resolve my problems. I felt like I was standing alone on this earth and based nowhere. I felt like dying could resolve all my problems. (P10, male)

A number of young people expressed a fear of rejection from family members once they find out their true identity. At times, this was accompanied by thoughts that they "deserve" to be rejected given their birth histories. As a consequence, they prepared themselves for a negative reaction and made strategies for what they would do in such a situation.

I thought that they will hate me and beat me but that is not what happened. (P6, female)

"I feel different": An evolving identity. As a result of the disclosure and the new identity, the young people revealed that they felt changed and different from other children in their family or from other young people in the community or their school.

When I grew up I thought that my stepfather was my biological father, and after I learned that he's not, I felt different. I felt like something had changed and those thoughts keep coming back in my mind. (P1, female)

The young people expressed shame and wanting to hide their birth history, due to negative connotations associated with a child born from rape and/or a child born outside of marriage.

I feel ashamed when I am with my peers and I don't want anyone else to know about my history. (P9, male)

When people ask me about my father I tell them that he died when I was very young. (P3, male)

In grappling with a new "different" identity, the young people sometimes expressed a negative self-image, particularly related to the impact of knowing their father had raped and killed people.

I feel useless, because people say that I am interahamwe<sup>1</sup> and I feel like I am not a human being. (P2, male)

I sometimes have a negative image of myself or of my face and think that I probably resemble my father. (P6, female)

#### Reconstructing a Positive Identity

The young people talked about trying to find ways to cope with and manage the information about their new identity. They explained that after understanding their birth history and the subsequent negative connotations, they felt as if they must find ways to look after themselves and their future and reconstruct a positive identity.

"I have to work hard": Building self-reliance and finding a valued place in society. After disclosure, many of the young people realized that they could not rely on a father or the father's family for support or guidance, and furthermore lacked confidence in relying on their mother and extended families. Linked also to the potential lack of inheritance, the young people expressed the desire or need to be self-reliant.

Now I feel like I have to work hard as I don't have a father. I have to study hard, buy land for constructing a house because I don't think my stepfather can give me land when he has other children. (P10, male)

Many reported having hope for a better future, which motivates them to work hard and achieve.

I feel like I have a chance because there are people who talk to me about the future and tell me that having life is something I can use for a better future. Succeeding well in school also gives me hope and helps me to not fix my life on the past. I am confident about my future. (P9, male)

The young people have a desire to be recognized and accepted by their families and within the community, which contributes to the creation of a positive self-identity. This was expressed through the relationship with their mother and through the type of job they would like to pursue.

Knowing my history has given me the courage to work hard and study well and get a job so I can be helpful to my mom one day. And then she will know that I am great and can be a useful child and it won't make her regret giving birth to me. I am working hard to be able to help her. (P7, female)

I would like to become a mayor so that I can fulfill my obligations to society and find more partners to support vulnerable people. If that is not possible, I would like to be a doctor as they are respected people. I feel like I should not become useless like some people do when they don't have a father. (P9, male)

I think about becoming a leader because the life I have had was very hard. If I can become a leader I can resolve many problems in society particularly for children. (P8, male)

"I'm not the only one": Meeting others in a similar situation. Despite the concept of self-reliance, the need to connect with and receive support from others was revealed as an important way of reconstructing a positive identity. The young people described the value of knowing and meeting others in the same situation to discuss and share problems, helping to normalize the situation and provide them with strength to manage the disclosure.

Before I felt like I didn't want to be close to people and I isolated myself, but after knowing that there are other children in the same situation, I became more patient. We talk together and discuss it and now I feel like I am a child, the same as anyone else. (P7, female)

We talk about our problems, and when someone is having a bad time, the other one helps her. (P6, female)

"God has a plan": The role of faith and prayer. Religion has helped some of the young people reconstruct a positive identity. Belief that God has a plan has allowed some to see their existence in a positive light and given hope for the future.

Praying and being in a prayer group helps me a lot. It helps me not to feel so hopeless because I know that God has a plan for every person. These days, I feel like I do not have problems, I think my birth was God's will. (P7, female)

### Reworking Family Relationships in Light of the New Identity

In the process of learning about their birth history, some of the young people talked about the shifts and changes that occurred in their families. They work to reconstruct a positive identity, but also rework family relations in light of the disclosure and its implications.

"I understand her now": Improved maternal relationships. Following disclosure, many of the young people described an improved relationship with their mother that builds over time. They often appreciated the courage of their mothers for giving birth to them and recognized their distress and related psychological problems that might explain their behavior or attitudes in the past (e.g., beating the children when they asked about their father).

The good thing about knowing my history is that it has made me love my mother so much. She was very patient with the problems she faced as she accepted to give birth to me. (P1, female)

Learning about my history helped me to sympathize with my mom. I used to think that she hated me but I understand her now; she was traumatized. She has a strong heart otherwise she could have chosen to reject me. I thank her so much for giving birth to me. She's a hero. (P9, male)

"Maybe because he's my blood I can love him": Conflicting emotions for absent fathers. The young people shared their thoughts and opinions about their fathers now that they know more about their birth circumstances. It is important to note that some young people will know who the father is and the father's family may live nearby, others have died or are in prison, and for others, the father will never be known due to multiple rapes inflicted on the mother. The relationship to the absent father is often conflictual and challenging for the young people. Some differences in thoughts and opinions were noted between boys and girls. Making sense of their connection to their absent father forms part of the reworking of family relationships.

For almost all of the young people, they understand that their father was a perpetrator of genocide and described him as a violent person and a killer. They expressed anger, disgust, and shame, and want to distance themselves from him. Boys expressed more anger than girls.

I think he was wicked. I can't be proud of him because he has killed people. (P2, male)

I never talk about him; I never have the courage to say the word "dad." I say that I am from my mom's family and never say anything about my father. I really strongly don't want to see him. My mom is everything for me... I don't know him but I also don't need to know him. (P9, male)

In comparison with the anger expressed by many of the boys, the girls expressed a dilemma about their relationship with their absent father. They expressed a wish to have their fathers in their life and talked about love and forgiveness, but at the same time as knowing he did bad things.

If I could meet my father, I can't be happy because what he did wasn't nice however I also can't be sad because it would be a chance to see him. (P5, female)

If I got the chance to meet him, I would talk badly to him and ask him why he did such bad things to my mom. I would tell him that he's such a bad parent and I didn't even want to meet him. I feel like I can't greet him, but because God asks us to forgive each other I have forgiven him. Maybe because he's my blood I can love him but I don't want to be like him. (P7, female)

# Discussion

This explorative study has sought to gain a clearer idea of the relationship between lived experiences of children born from genocide rape and their development in late adolescence. It also asks how maternal disclosure can resolve some of the issues created by this circumstance of birth. For the young adult participants of this study, disclosure of their birth history has clearly been an important and arguably necessary step in their development and identity processing. While the mothers had felt unable to talk about the traumatic event, or told their children stories to protect them from the truth, many of the young people had already gained an implicit understanding of their history. The majority felt they were treated differently from other children in the family or had heard rumors in the community which were distressing. As a result of the lack of knowledge and understanding, the young people often lacked the agency or coping strategies to deal with their situation. Once the disclosure event had taken place, the young people were more aware of their stigmatized identity and there was an immediate negative response to this awareness. However, all the young people interviewed in this study said they valued knowing the truth about their birth history. This is an important finding to inform evidence for clinicians working to support these families. Despite the challenges the disclosure information brought, it resolved much of the uncertainty and allowed them to begin to resolve their questions and curiosity surrounding identity. They now had the power and agency to do something about it and could construct a narrative that makes sense of their experience and connect with others in a similar social position. They could work toward reconstructing a positive identity and rework family relationships. These latter

points are consistent with research on the analysis of women's self-perception and identity after surviving the Rwandan genocide. The development of positive narratives allowed the women to develop efficacy and agency contributing to resilience and posttraumatic growth (Williamson, 2012).

It has been shown that genocide rape in Rwanda has considerable stigma attached, and this has been found to transfer to the children born as a consequence (Mukamana & Brysiewicz, 2008; Van Ee & Kleber, 2013). Quin and Chaudoir (2009, p. 635) have defined a concealable stigmatized identity as "an identity that can be kept hidden from others but that carries with it a social devaluation." There is an established link between stigmatized identities and increased psychological distress (Quin & Chaudoir, 2009). The findings in this study support Chaudoir and Fisher's (2010) conclusion that disclosure is a critical aspect in lived experiences of those with concealable stigmatized identities. Their model incorporates the key benefits of disclosure: the alleviation of inhibition, access to social support, and changes in social information all of which are relevant to the findings of the present study.

Despite the benefits of disclosure, it is also crucial to acknowledge the emotional pain and disruption such knowledge brings and the journey of adaptation and adjustment when assimilating this knowledge into one's selfidentity. The way the disclosure information is seen to alter developmental trajectories, as described in the life course approach, is not so well described in Chaudoir and Fisher's model, and it may be necessary for them to incorporate these developmental factors in order to fully explain the experiences of disclosure in this study. The findings of this study concur with Measham and Rousseau's (2010) assertion that the benefits of disclosure are mediated by the timing and manner in which it is done. Elder's (1998) discussion on life course development and the transferal of sociohistorical artifacts upon an individual is particularly pertinent when considering young people who are managing disclosure alongside an important adolescent stage of identity formation. Research and clinical guidelines from other domains can also help inform the work in developing the "disclosure process model" such as disclosure of HIV status to children (HIV Clinical Resource, 2009; Vreeman, Gramelspacher, Gisore, Scanlon, & Nyandiko, 2013; World Health Organization, 2011) and disclosure of adoption (Callahan, 2011; Smalley & Schooler, 2015). While there are some key differences, there are also many similarities and it can be helpful to learn from experience across domains.

This research study supports Marcia's (1966) theory that when transitions and life events bring disequilibrium to one's identity, a period of reconstruction begins. The results show that the young people use a number of resources or techniques to assist the process of identity reconstruction; that of building self-reliance, connecting with others for social support, and finding ways to gain recognition and acceptance within society. It is these resources and techniques that inform us of the specific cultural and individual ways of managing the disclosure, pertinent to salient themes within Rwanda. For example, the notion of self-reliance is currently salient to development within Rwanda (Webster, 2015) and religion and prayer play a significant role in fostering hope and reconciliation (Mukamana & Collins, 2006). The explicit exploration of identity is not as salient as previous research on young people born of rape (Erjavec & Volcic, 2010), and this is likely to do with the fact that Rwandans are no longer distinguishing between ethnic groups but promoting the ethos that everyone is "Rwandan" (Buckley-Zistel, 2006).

For some of the young people, the father is identifiable, and the opportunity of engagement between the child and the father has realistic potential. Results of the present study show differing value attached to this opportunity according to the gender of the young person. Male participants overwhelmingly expressed strong negative emotions and anger toward the father and disapproval of knowing him. However, the picture was not as clear for female participants, whose outlook had greater emotional neutrality despite recognizing the abhorrence of the rapes upon the mother. Exploring this gendered difference in the Rwandan context could provide a crucial element in understanding how male and female identity processes differ under disclosure of genocidal rape. Aggression and anger in males which is attached to ideas that shape core identity information should be effectively factored during the disclosure process to help ensure positive emotional development. It is equally important to gain a clearer understanding of why female adolescents are more open to knowing the fathers. For example, the normative assumptions attached to fathers in Rwandan society, and how this relates to the development and cultural alignment of female adolescents is important for managing disclosure outcomes for girls. These factors would be particularly important for shaping postdisclosure support activities.

### Implications for Support

Clinicians and professionals working to support these families can readily assist the young people by discussing ways and facilitating opportunities to build a more positive self-identity and increase support networks. In particular, meeting others in a similar situation can be very helpful as many imagined they were the only one dealing with this circumstance. This confirms the work of Harman (2001) who states that most victims seek the resolution of their traumatic experience by associating with other people who have suffered the same experience. There is a challenge of bringing the young people together due to their varying degrees of "knowing," but as more mothers participate in the counseling program, an increased number of the children are becoming aware of their histories. The young people revealed that disclosure of their birth histories was important; therefore, it is crucial to continue empowering mothers to disclose to their child and support them through the process of disclosure. They will then have the strength and resources to manage the painful emotions and support their child through the difficult time of reconstructing a positive identity. In addition, counseling groups or youth activities for the young people post disclosure are needed to give them the opportunity to discuss the impact of the disclosure and challenges regarding identity. Professionals working in this area should document the work, producing guidelines and a manual so that learning can be shared with other organizations and other countries facing similar challenges.

The participants talked about the importance of education and finding a valued job and place within society. In considering a more holistic approach to support and care, this advocates for the need for continued educational support and/or vocational training to ensure that the young people can break the cycle of poverty and feel a valued member of their family and the community. Family and community sensitization is also needed so that the young people and their mothers can understand and follow their legal rights, as well as advocacy for the young people so they can have equal rights as other family members on heritage. On a wider level, stigma and discrimination needs to be addressed on a community level to ensure that children born of rape are treated with respect and supported to lead positive lives.

### Further Research

Studies to explore individual differences that may influence the disclosure process, paying particular attention to gender differences, are needed. It would also be helpful to explore protective factors or those that may contribute to resilience. It would be useful to better understand the depth of family conflicts related to young people born of rape and to find ways of resolving these. It would also be helpful to understand the relationship between the young people's lived experiences and school failure as many young people are dropping out of school or performing poorly, despite their high ambitions for the future. Longitudinal research could explore the long-term impact of being born of rape, linked to the possibility of transgenerational trauma.

#### Methodological Limitations

The main limitation of this study is the small sample size which means the results cannot be generalized to all children born of genocide rape in Rwanda.

The young people who took part in the study had been disclosed to by their mothers and were willing to talk about their experiences. In addition, they are supported in their schooling, and their mothers have participated in group counseling and have developed a better understanding of the needs of their child and how to support them through the process of disclosure. These factors mean that their experiences are likely to be different to other young people who have not been disclosed to or are less willing to speak out or whose mothers have not received any support.

#### **Declaration of Conflicting Interests**

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

### Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

#### Note

1. *Interahamwe* was the name given to a group of civilian militias who were trained to kill people during the 1994 genocide against the Tutsi. In the Kinyarwanda language, it literally means "those who work together" or who have the same goal.

### References

- Appleyard, K., & Osofsky, J. D. (2003). Parenting after trauma: Supporting parents and caregivers in the treatment of children impacted by violence. *Infant Mental Health Journal*, 24, 111-125. doi:10.1002/imhj.10050
- Atkinson, J., Nelson, J., & Atkinson, C. (2010). Trauma, transgenerational transfer and effects on community wellbeing. In N. Purdie, P. Dudgeon, & R. Walker (Eds.), Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice, Australian Institute of Health and Welfare (pp. 135-144). Canberra: Australian Government Department of Health and Ageing.
- Berzonsky, M. D. (2007). Identity-processing style, psychosocial resources and adolescents perceptions of parent-adolescent relations. *The Journal of Early Adolescence*, 27, 324-345. doi:10.1177/0272431607302006
- Berzonsky, M. D. (2010). Cognitive processes and identity formation: The mediating role of identity processing style. *Psychologia Rozwojowa*, 15, 13-27. Retrieved from http://www.ejournals.eu/Psychologia-Rozwojowa/Tom-15-2010/Numer-4/ art/621

- Brownmiller, S. (1986). Against our will: Men, women and rape. Harmondsworth, UK: Penguin.
- Buckley-Zistel, S. (2006). Dividing and uniting: The use of citizenship discourses in conflict and reconciliation in Rwanda. *Global Society*, 20, 101-113. doi:10.1080/13600820500405616
- Callahan, N. M. (2011). Talking to your child about adoption: Recommendations for parents (Adoption Advocate No. 42). National Council for Adoption. Retrieved from https://www.adoptioncouncil.org/publications/2011/12/adoption-advocateno-42
- Card, C. (2003). Genocide and social death. *Hypatia*, 18, 63-79. doi:10.1353/ hyp.2003.0006
- Carpenter, R. (2000). Surfacing children: Limitations of genocidal rape discourse. *Human Rights Quarterly*, 22, 428-477. doi:10.1353/hrq.2000.0020
- Carpenter, R. (2007). War's impact on children born of rape and sexual exploitation: Physical, economic and psychosocial dimensions. Retrieved from http://people. umass.edu/charli/childrenbornofwar/Carpenter-WP.pdf
- Carpenter, R. (2010). Forgetting children born of war: Setting the human rights agenda in Bosnia and beyond. New York, NY: Columbia University Press.
- Cavalli, A. (2012). Trans-generational transmission of indigestible facts: From trauma, deadly ghosts and mental voids to meaning-making interpretations. *Journal of Analytical Psychology*, 57, 597-614. doi:10.1111/j.1468-5922.2012.02005.x
- Chaudoir, S., & Fisher, J. (2010). The disclosure processes model: Understanding disclosure decision making and post-disclosure outcomes among people living with a concealable stigmatized identity. *Psychological Bulletin*, 136, 236-256. doi:10.1037/a0018193
- Cohen, L. R., Hein, D. A., & Batchelder, S. (2008). The impact of cumulative maternal trauma and diagnosis on parenting behavior. *Child Maltreatment*, 13, 27-38. doi:10.1177/1077559507310045
- Elder, G. H. (1998). The life course as developmental theory. *Child Development*, 69, 1-12. doi:10.1111/j.1467-8624.1998.tb06128.x
- Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38, 215-229. doi:10.1348/014466599162782
- Erikson, E. H. (1959). *Identity and the life cycle*. New York, NY: International Universities Press.
- Erikson, E. H. (1968). Identity, youth and crisis. New York, NY: W.W. Norton.
- Erjavec, K., & Volcic, Z. (2010). Living with the sins of their fathers: An analysis of self-representation of adolescents born of war rape. *Journal of Adolescent Research*, 25, 359-386. doi:10.1177/0743558410361373
- Eytan, A., Munyandamutsa, N., Nkubamugisha, P. M., & Gex-Fabry, M. (2015). Long-term mental health outcome in post-conflict settings: Similarities and differences between Kosovo and Rwanda. *International Journal of Social Psychiatry*, *61*, 363-372. doi:10.1177/0020764014547062

- Frable, D. E., Platt, L., & Hoey, S. (1998). Concealable stigmas and positive self-perceptions: Feeling better around similar others. *Journal of Personality and Social Psychology*, 74, 909-922. doi:10.1037//0022-3514.74.4.909
- Goodhart, M. (2007). Sins of the fathers: War rape, wrongful procreation, and children's human rights. *Journal of Human Rights*, *6*, 307-324. doi:10.1080/14754830701334657
- Hagengimana, A., Hinton, D., Bird, B., Pollack, M., & Pitman, R. (2003). Somatic panic-attack equivalents in a community sample of Rwandan widows who survived the 1994 genocide. *Psychiatry Research*, 117, 1-9. doi:10.1016/S0165-1781(02)00301-3
- Harman, J. L. (2001). Trauma and recovery. London, England: Pandora.
- Hesse, E., & Main, M. (1999). Second-generation effects of unresolved trauma in nonmaltreating parents: Dissociated, frightened and threatening parental behaviour. *Psychoanalytic Inquiry*, 19, 481-540. doi:10.1080/07351699909534265
- HIV Clinical Resource (2009). Disclosure to perinatally infected adolescents guideline. Retrieved from http://www.hivguidelines.org/adolescent-hiv-care/disclosure-of-perinatal-infection/#
- Hogwood, J., Auerbach, C., Munderere, S., & Kambibi, E. (2014). Rebuilding the social fabric: Community counseling groups for Rwandan women with children born as a result of genocide rape. *Intervention*, 12, 393-404. Available from http://www.interventionjournal.com/
- Joden-Forgey, E. (2010). The devil in the details: "Life force atrocities" and the assault on the family in times of conflict. *Genocide Studies and Prevention*, 5, 1-19. Retrieved from http://scholarcommons.usf.edu/gsp/vol5/iss1/2
- Marcia, J. E. (1966). Development and validation of ego-identity status. *Journal of Personality and Social Psychology*, 3, 551-558. doi:10.1037/h0023281
- Mays, N., & Pope, C. (2000). Assessing quality in qualitative research. *British Medical Journal*, 320, 50-52. Retrieved from http://www.bmj.com/archive/online/2000
- McEvoy-Levy, S. (2007). Human rights culture and children born of wartime rape. In R. C. Carpenter (Ed.), *Born of war: Protecting children of sexual violence survivors in conflict zones* (pp. 149-179). Bloomfield, CT: Kumarian Press.
- Measham, T., & Rousseau, C. (2010). Family disclosure of war trauma to children. *Traumatology*, 16, 85-96. doi:10.1177/1534765610395664
- Mukamana, D., & Brysiewicz, P. (2008). The lived experience of genocide rape survivors in Rwanda. *Journal of Nursing Scholarship*, 40, 379-384. doi:10.1111/j.1547-5069.2008.00253.x
- Mukamana, D., & Collins, A. (2006). Rape survivors of the Rwandan genocide.*International Journal of Critical Psychology*, 17, 140-166. Retrieved from http://www.academia.edu/1594955/Rape survivors of the Rwandan genocide
- Mukangendo, M. C. (2007). Caring for children born of rape in Rwanda. In R. C. Carpenter (Ed.), Born of war: Protecting children of sexual violence survivors in conflict zones (pp. 40-52). Bloomfield, CT: Kumarian Press.
- Mullins, C. (2009). "We are going to rape you and taste Tutsi women": Rape during the 1994 Rwandan genocide. *British Journal of Criminology*, 49, 719-735. doi:10.1093/bjc/azp040

- Nowrojee, B. (1996). Shattered lives: Sexual violence during the Rwandan genocide and its aftermath. New York, NY: Human Rights Watch.
- Quin, D. M., & Chaudoir, S. R. (2009). Living with a concealable stigmatized identity: The impact of anticipated stigma, centrality, salience, and cultural stigma on psychological distress and health. *Journal of Personality and Social Psychology*, 97, 634-651. doi:10.1037/a0015815
- Reid-Cunningham, A. R. (2008). Rape as a weapon of genocide. Genocide Studies and Prevention, 3, 279-296. doi:10.1353/gsp.2011.0043
- Reid-Cunningham, A. R. (2009). Parent-child relationship and mother's sexual assault history. Violence Against Women, 15, 920-932. doi:10.1177/1077801209335492
- Richters, A., Rutayisire, T., & Slegh, H. (2013). Sexual transgression and social disconnection: Healing through community-based sociotherapy in Rwanda. *Culture, Health & Sexuality*, 15, S581-S593. doi:10.1080/13691058.2013.780261
- Ritchie, J., & Lewis, J. (2003). *Qualitative research practice: A guide for social science students and researchers*. London, England: SAGE.
- Smalley, B. K., & Schooler, J. E. (2015). Telling the truth to your adopted or fostered child: Making sense of the past (2nd ed.). Santa Barbara, CA: Praeger.
- Smith, J. (1995). Semi-structured interviewing and qualitative analysis. In J. Smith, R. Harré, & L. Van Langhove (Eds.), *Rethinking methods in psychology* (pp. 9-26). London, England: Sage.
- Smith, J., Flowers, P., & Larkin, M. (2009). Interpretative phenomenological analysis: Theory, method and research. London, England: SAGE.
- Smith, J., & Osborn, M. (2003). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 53-80). London, England: Ssage.
- Tol, W., Stavru, V., Greene, C., Mergenthaler, C., Garcia-Moreno, C., & van Ommeren, M. (2013). Mental health and psychosocial support interventions for survivors of sexual and gender-based violence during armed conflict: A systematic review (Letter to the Editor). *World Psychiatry*, 12, 179-180. doi:10.1186/1752-1505-7-16
- Torgovnik, J. (2009). *Intended consequences: Rwandan children born of rape*. New York, NY: Aperture Foundation.
- Van Ee, E., & Kleber, R. J. (2013). Growing up under a shadow: Key issues in research on the treatment of children born or rape. *Child Abuse Review*, 22, 386-397. doi:10.1002/car.2270/
- Van Ee, E., Kleber, R. J., & Mooren, T. T. M. (2012). War trauma lingers on: Associations between maternal posttraumatic stress disorder, parent-child interaction, and child development. *Infant Mental Health Journal*, 33, 459-468. doi:10.1002/imhj.21324
- Vreeman, R. C., Gramelspacher, A. M., Gisore, P. O., Scanlon, M. L., & Nyandiko, W. M. (2013). Disclosure of HIV status to children in resource-limited settings: A systematic review. *Journal of the International AIDS Society*, *16*, 18466. doi:10.7448/IAS.16.1.18466
- Wax, E. (2004, March 28). Rwandans are struggling to love children of hate. *The Washington Post*. Retrieved from http://01fe00c.netsolhost.com/images/Rwanda-28-Mar-04-Rwandans\_Are\_Struggling\_To\_Love\_Children\_of\_Hate.pdf

- Webster, A. (2015). "Agaciro" the Kinyarwanda word for dignity: Ideas of selfreliance in Rwanda. *Effective States and Inclusive Development*. Retrieved from http://www.effective-states.org/agitura-the-kinyarwanda-word-for-dignityideas-of-self-reliance-in-rwanda/
- Weitsman, P. (2008). The politics of identity and sexual violence: A review of Bosnia and Rwanda. *Human Rights Quarterly*, 30, 561-578. doi:10.1353/hrq.0.0024
- Williamson, C. (2012). Assessing the impact of the genocide on Rwandan women's self-perception and identity: A discursive analysis of posttraumatic growth in survivors' testimonies. *Enquire*, 5, 3-21. Retrieved from https://www.nottingham. ac.uk/sociology/documents/enquire/vol-5-issue-1—williamson.pdf
- World Health Organization. (2011). Guideline on HIV disclosure counselling for children up to 12 years of age. Geneva, Switzerland: Author.
- Zraly, M., & Nyirazinyoye, L. (2010). Don't let the suffering make you fade away: An ethnographic study of resilience among survivors of genocide-rape in southern Rwanda. *Social Science & Medicine*, 70, 1656-1664. doi:10.1016/j.socscimed.2010.01.017

#### **Author Biographies**

Jemma Hogwood is a clinical psychologist trained at University College London and is currently working for Survivors Fund in Rwanda, supporting survivors of the 1994 Rwandan genocide. She manages a number of projects with a counseling and mental health element including the program supporting mothers with children born of rape and a telephone helpline providing counseling and legal support for student survivors.

**Christine Mushashi** is a clinical psychologist working in Rwanda. This research formed part of her master's degree in clinical psychology from Bircham International University. She previously worked for Partners in Health, Rwanda, as a family-strengthening intervention coordinator and as a participatory action researcher for the Community-Based Sociotherapy Program.

**Stuart Jones** is a development consultant, most recently with Save the Children UK. He has previously conducted MA research with Survivors Fund, examining the livelihood capabilities of Rwandan widows and genocide rape survivors. He also holds a BSc in human rights studies with specific focus on child rights and postconflict environments.

**Carl Auerbach** is a professor of psychology in the Ferkauf Graduate School of Yeshiva University, New York, NY, USA. His research is concerned with the psychology of trauma with a particular focus on mass trauma and genocide. In 2011, he received a Fulbright fellowship to teach and do research at the National University of Rwanda.