# Children Born of Conflict-Related Sexual Violence: A Review of Interdisciplinary Responses to Their Needs and Experiences

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## Abstract

***Background:***

*Conflict-related sexual violence (CRSV) with the intent of forced pregnancy is common in conflict, and used as a way to dominate women and their society/community. There is growing recognition of the needs of children born of CRSV, particularly by humanitarian practitioners who are coming into contact with them in emergency settings. We sought to find out what is the state-of-the-art on interventions to support children born of CRSV (and their families)?*

***Methods:***

*We systematically searched electronic databases (JSTOR, Google Scholar, Scopus, Cairn Info and Embase) and hand searched reference lists of key publications, as well*

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*as non-governmental organisations (NGO), United Nations (UN) agencies, international organisations and governmental reports on this topic and in the area of gender-based violence (GBV), child protection, health and other sectors addressed at humanitarian practitioners.*

***Results:***

*Experiences of children born of CRSV include psychological, economic, medical, and legal aspects. Responses to their needs include food aid, medical care, housing assistance, financial support for the mothers of children born of CRSV, and therapeutic games and counselling. However, these responses remain insignificant and partial, and are very often only implemented in one setting. The paucity of the evidence base is clear.*

***Conclusion:***

*Children born of conflict related sexual violence are a special population, both because of the context in which they were conceived, and because of the experiences they face. To deal with the complexity of their situation and thus respond effectively to their holistic needs, various actors must work in synergy.*

## 1. Background

### 1.1. Conflict-Related Sexual Violence – Active Conflict and Post-Conflict Settings

In times of conflict, sexual violence is or has been used as a strategy in many countries around the world, including – but not limited to – the First and Second World War,[1] in Peru,[2] Colombia,[3] Sierra Leone,[4] Uganda,[5]

1 K Grieg 'The War Children of the World, War and Children Identity Project, Bergen, Norway' (2001) <http://www.warandchildren.org/report1.html> accessed 4 March 2023.

2 K Theidon 'Hidden in Plain Sight' (2015) 56 Current Anthropology S191.

3 J Neenan, 'Closing the Protection Gap for Children Born of War Addressing Stigmatisation and the Intergenerational Impact of Sexual Violence in Conflict' (2017) Centre for Women Peace and Security: London.

4 M Denov, 'Children Born of Wartime Rape: The Intergenerational Realities of Sexual Violence and Abuse' in *Ethics, Medicine and Public Health* (Elsevier Masson SAS 2015) 61.

5 G Akello 'Experiences of Forced Mothers in Northern Uganda: The Legacy of War' (2013) 11 International Journal of Mental Health, Psychosocial Work & Counselling in Areas of Armed Conflict 149.
T Atim, D Mazurana and A Marshak 'Women Survivors and their Children Born of Wartime Sexual Violence in Northern Uganda' (2018) 42 Disasters S61.

Rwanda,[6] Iraq,[7] the Democratic Republic of Congo,[8] Bosnia,[9] and Kosovo.[10] There are various reasons why this type of violence takes place. For some perpetrators, the aim is to create a new generation of children, as observed in the conflict in Bosnia and Herzegovina during the 1990s[11] or in Uganda through sexual slavery and forced motherhood from 1986 to 2007.[12] Indeed, sexual violence can also be part of opportunistic behaviour by troops, much of which is tolerated by commanders, who have argued that fighters cannot afford to pay for sex, and disregarded the rape of non-combatants as a substitute for consent.[13] One example is the Japanese military, who forced 200,000 German and Asian women to serve as 'comfort women', subjecting them to rape, torture, and death during the Second World War.[14] Rape is also used in ethnic cleansing campaigns. Between 20,000 and 50,000 Muslim women were raped by Serbian soldiers for this purpose during the conflict in Bosnia and Herzegovina[15] and closer to 350,000 women were raped during the 1994 genocide in Rwanda in the same context.[16] In most cases, rape as a weapon of war is used to dominate and degrade not only women but also their society/community. Women and girls may be raped in front of their husbands, fathers, or sons to demonstrate the powerlessness of men to protect women.[17] In this respect, children born of

6 D Nikuze, 'Parenting Style and its Psychological Impact on Rape Born Children: Case of Raped Survivors of the 1994 Genocide Perpetrated against Tutsi in Rwanda' (2013) International Journal of Development and Sustainability Online 2.

7 B Rohwerder, 'Reintegration of Children Born of Wartime Rape Question What Lessons Have Been Learned from Efforts to Reintegrate Children Born of Wartime Rape into Communities?' (2019) Institute of Development Studies <https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/14592/628_Reintegration_of_Children_Born_of_Wartime_Rape.pdf?sequence=63> accessed 4 February 2023.

8 AC Foussiakda, N Mutama Kabesha, G Furaha Mirindi, C Gavray and A Blavier, 'Gender Relations and Social Reintegration of Rape Survivors in South Kivu: An Analysis of Favorable and Unfavorable Factors for Reintegration' (2022) Journal of Aggression, Maltreatment and Trauma.

9 L Strupinskiene, 'Living in the Shadows of Past Atrocities: War Babies of Bosnia' (2012) 10 Wagadu: A Journal of Transnational and Women's and Gender Studies 55.

10 K Mitchell, 'Children Born from Rape: Overlooked Victims of Human Rights Violations in Conflict Settings'. Paper presented in Master of Public Health Capstone Symposium (2005) Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland.

11 RC Carpenter, 'War's Impact on Children Born of Rape and Sexual Exploitation: Physical, Economic and Psychosocial Dimensions' (2007) in *Coalition to Stop the Use of Child Soldiers; University of Pittsburgh: Pittsburgh*, PA, USA, 2007.

12 Akello (n 5).

13 D Cohen, A Hoover Green and E Wood 'Wartime Sexual Violence Misconceptions, Implications and Ways Forward' (2013) United States Institute of Peace, Washington, DC.

14 Kaiser et al 2015 (n2); G Jonsson 'Can the Japan-Korea Dispute on "Comfort Women" be Resolved?' (2015) 46 Korea Observer 1-26.

15 I Skjelsbæk, 'Victim and Survivor: Narrated Social Identities of Women Who Experienced Rape During the War in Bosnia-Herzegovina' (2006) 16 Feminist Psychology 373.

16 Bijleveld, A Morssinkhof and A Smeulers, 'Counting the Countless: Rape Victimization During the Rwandan Genocide' (2009) 19 International Criminal Justice Review 208.

17 Foussiakda et al (n 8).

CRSV can be viewed by some as an insult and a continual reminder of the collective violence that results in the perceived public ownership of women's' sexuality. CRSV is tantamount to attacking an entire community, and while it is a crime committed against all genders, the impact of this attack is greater when a woman becomes pregnant.[18]

### 1.2. A Question of Terminology

In published literature, policy documents and historically among civil society organisations, 'children born of war' has been the most common term used to refer to children born in times of conflict and post-conflict, irrespective of types of conflict, geographical location, historical and reproductive contexts.[19] It largely refers to a child where one parent is a member of the military or peacekeepers (often the father) and the other parent (often the mother) is a civilian.[20] However, this is not homogeneous group.[21] This term includes sub-categories of children conceived with or without consent in conflict and post-conflict situations. These include children born to enemy soldiers, children born to allied soldiers (stationed forces),[22] children born to occupying forces,[23] children born to armed rebel groups,[24] children born to peacekeepers and children born to female soldiers.[25]

The recently published Platform for Action by the UK Foreign, Commonwealth and Development Office, presents a much-needed elaboration of the well-used terminology surrounding children born of sexual violence, to the following: 'children born of CRSV as individuals born from a pregnancy that was the result of conflict-related sexual violence, regardless of the individual's current age. The circumstances of their conception impact these individuals throughout their lives, even after they reach the age of 18. It includes children born of sexual exploitation and abuse by peacekeepers during and following conflict'. We, henceforth, refer to this terminology.

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18 Foussiakda et al (n 8).

19 IC Mochmann, 'Children Born of War - A Decade of International and Interdisciplinary Research' (2007) 41 Historical Social Research 320.

20 Grieg (n 1).

21 L Vahedi, S Bartels and S Lee, '"His Future will not be Bright": A Qualitative Analysis of Mothers' Lived Experiences Raising Peacekeeper-Fathered Children in Haiti' (2020) 119 Children and Youth Services Review.

22 Grieg (n 1).

23 IC Mochmann and S Larsen, 'The Forgotten Consequences of War: The Life Course of Children Fathered by German Soldiers in Norway and Denmark During WWII – some Empirical Results' (2008) 33 Historical Social Research 347.

24 Foussiakda et al 2022 (n 8).

25 A Delić, P Kuwert and H Glaesmer, 'Should the Definition of the Term "Children Born of War" and Vulnerabilities of Children from Recent Conflict and Post-Conflict Settings Be Broadened?' (2017) 46 Acta Medica Academica 67.

### 1.3. Scale of The Issue

The exact number of children born of CRSV is unknown, and although some attempts have been made to quantify, this is likely greatly underestimated. International humanitarian organisations have reported that at least 100 babies have been born in Kosovo as a result of sexual violence;[26] in Sierra Leone, between 4,500 and 5,760 pregnancies were reported[27] in Uganda, during the Lord's Resistance Army (LRA) civil war, it is estimated that 10,000 girls were raped, not counting those who returned from captivity with children or who were pregnant.[28] 10,000 to 25,000 children were said to have been conceived as a result of CRSV during the genocide against the Tutsi in Rwanda in 1994[29] and of the 40% of women raped in the Democratic Republic of the Congo, 17% are estimated to have become pregnant as a result of these rapes.[30] One of the reasons for the lack of accurate statistics is the likely reluctance of women to report rape and the pregnancy following for fear of being stigmatised.[31]

### 1.4. International Framework and Momentum Building

In the past decade, the global attention and momentum surrounding the issue of children born as a result of CRSV has been steadily growing. In 2012, former UK Foreign Secretary William Hague and UN Special Envoy Angelina Jolie established the Preventing Sexual Violence Initiative (PSVI), a worldwide campaign to stop sexual violence against women and girls in conflict. In 2014, representatives from more than 120 countries, including experts, faith leaders, youth organisations and representatives of civil society and international organisations gathered at the Global Summit to End Sexual

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26 Mitchell (n 10).

27 Denov (n 4).

28 Akello (n 5).

29 O Kantengwa, 'How Motherhood Triumphs Over Trauma Among Mothers with Children from Genocidal Rape in Rwanda' (2014) 2 Journal of Social and Political Psychology 417.
MC Mukangendo 'Caring for Children Born of Rape in Rwanda' in Carpenter, RC (ed) *Born of War: Protecting Children of Sexual Violence Survivors in Conflict Zones* (Kumarian: West Hartford 2007) 40.
M Denov, L Woolner, JP Bahati, P Nsuki and O Shyaka, 'The Intergenerational Legacy of Genocidal Rape: The Realities and Perspectives of Children Born of the Rwandan Genocide' (2020) 35 Journal of Interpersonal Violence 3286.

30 J Scott, C Mullen, S Rouhani, P Kuwert, A Greiner, K Albutt., C Burkhardt, M Onyango, M VanRooyen and S Bartels, 'A Qualitative Analysis of Psychosocial Outcomes Among Women with Sexual Violence-Related Pregnancies in Eastern Democratic Republic of Congo' (2017) International Journal of Mental Health Systems 11.

31 Mitchell (n 10).
J Kelly, K Albutt, J Kabanga, K Anderson and M VanRooyen, 'Rejection, Acceptance and the Spectrum Between: Understanding Male Attitudes and Experiences Towards Conflict-Related Sexual Violence in Eastern Democratic Republic of Congo' (2017) 17 BMC Women's Health 1.

Violence in Conflict. This initiative of the UK Foreign, Commonwealth & Development Office, agreed on practical steps to tackle impunity for the use of sexual violence as a weapon of war, and to begin to change global attitudes to these crimes. In 2016, a report by the same organisation[32] first identified the distinct stigma faced by children born as a result of sexual violence in conflict. Since then, the momentum has grown worldwide by (inter)national organisations (at policy, research and societal levels), in identifying and addressing the needs of these children. As mandated by Security Council Resolution 2467 in January 2022, the UN Secretary-General published a report[33] which focused exclusively on women and girls who become pregnant as a result of sexual violence in conflict, and on children born of CRSV. This report urged Member States to strengthen legal and policy frameworks and adequately respond to these children's needs. Children themselves have also used their voices in drawing attention to the issue. In late 2022, 10 years since the launch of the PSVI, more than 50 countries and the UN agreed urgent action to end sexual violence in conflict. For the first time, this includes a platform for action[34] specifically outlining principles and actions to promote the rights and wellbeing of children born of CRSV. This platform has since been endorsed by 17 international stakeholders, who have agreed in their specific capacity to ensure the rights and wellbeing of children born of CRSV; to provide space for children and survivors who wish to share their knowledge safely and meaningfully; to strengthen legal and policy frameworks to eliminate barriers to accessing rights; and encourage child-sensitive approaches to humanitarian assistance.

### 1.5. Psychosocial Impact

For survivors who conceive and give birth to a child as a result of sexual violence, in addition to post-traumatic stress disorder,[35] sexual violence is associated with stigmatisation, abandonment, divorce/separation, labelling

32 Preventing Sexual Violence Initiative 'Shaping Principles for Global Action to Prevent and Tackle Stigma', UK Foreign, Commonwealth & Development Office, Wilton Park (2016) <https://www.wiltonpark.org.uk/wp-content/uploads/WP1508-Report.pdf> accessed 3 February 2023.

33 United Nations Security Council, 'Women and Girls Who Become Pregnant as a Result of Sexual Violence in Conflict and Children Born of CRSV in Conflict (2022) Report of the Secretary-General <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2022/02/report/auto-draft/N2223437.pdf> accessed 3 February 2023.

34 Preventing Sexual Violence in Conflict Initiative, 'Policy Paper: Platform for Action Promoting the Rights and Wellbeing of Children Born of CRSV' (2022) UK Foreign, Commonwealth & Development Office <https://www.gov.uk/government/publications/platform-for-action-promoting-rights-and-wellbeing-of-children-born-of-conflict-related-sexual-violence/platform-for-action-promoting-the-rights-and-wellbeing-of-children-born-of-conflict-related-sexual-violence> accessed 3 February 2023.

35 Kaiser et al (n 14).

of the victims by their relatives and by society/community, who experience it as a dishonour and a betrayal, especially when the victim makes the 'scandalous choice' not to abort the 'enemy's child'.[36] According to Carpenter, the fact that, in many situations, these children are immediately confined to the concept of 'war children' is problematic and means that they often escape attention. Indeed, the concept 'war child' has been constructed as a paradigm referring to being affected by war, which rather posits the notion of a childhood 'disturbed' by war. The suffering of children born of CRSV is thus implicitly hidden/concealed in the same way as that of other children who, for example, lose their parents, experience the psychosocial effects of having witnessed violence, etc. Despite the growing international attention, there remains a gap in knowledge of the needs of children born of CRSV. Current provisions are largely limited to socio-economic aspects by some states and communities.[37]

This has consequences for the mental health, not only of sexual violence survivors, but for their children and families as well. Women raped during the genocide against the Tutsi in Rwanda, for example, experienced familial complications due to the traumatic context of the genocide and the fact of raising a child born of rape.[38] On one hand, female victims may be forced to bear their attacker's children, have unsafe abortions, or may be rendered infertile as a result of multiple acts of violence or mutilation. In many countries where abortion is legal, women who conceive as a result of CRSV may be unable to access abortion services because of discrimination, disruption of the medical system, lack of safety, fear and shame[39] On the other hand, some women choose to continue their pregnancies through a desire to give birth, love for their unborn child or religious beliefs that prevent termination.[40]

### 1.6. A Holistic Approach to Care

Given the complex needs of survivors and their children, a holistic response has been promoted by international standards. The most recognised holistic model of care for survivors of CRSV was derived at Panzi Hospital, in Eastern DRC. In order to heal, survivors often require care that deals with all of the interconnected potential consequences of sexual violence — medical, psychological, legal and socio-economic. This model of holistic care

36 Foussiakda et al (n 8).
37 M Denov and AA Lakor, 'When War Is Better Than Peace: The Post-Conflict Realities of Children Born of Wartime Rape In Northern Uganda' (2017) 65 Child Abuse and Neglect 255.
38 Kantengwa (n 29).
39 Mitchell (n 10).
40 SM Loning, 'Beyond "Born of War": Children, Youth and Young Adults Conceived in Sexual Violence' (in press) Global Journal of Medicine & Public Health.

is integrated[41] within a general hospital, whereby coherent referrals and coordination between services can take place. Each survivor has a social assistant assigned to him or her from the start. Together they design a tailor-made healing pathway that includes the four domains listed above, including medical care which may involve emergency care such as treatment of severe gynaecological and other physical injuries, post-exposure prophylaxis (PEP) to prevent HIV in case of exposure, emergency contraception, prevention of sexually transmitted infections; psychological support including one-to-one support, group counselling and other forms of therapy; legal assistance including judicial counselling, accompaniment throughout the judicial process and other forms of legal advocacy; and socio-economic assistance to survivors such as literacy training, small business management and microcredit programmes. Despite this, the Panzi model currently has no specific implementation for children born of CRSV. The objective of this review is therefore to map the experiences of responses to, and recommendations for, the needs of children born of CRSV. This will enable us to identify gaps in knowledge and practice in conflict and post-conflict settings. Our research question is, therefore, what is the state-of-the-art on interventions to support children born of CRSV (and their families)?

## 2. Methods

### 2.1. Design and Data Sources

Given the relatively scant literature on this subject, it was decided that a scoping review would be the most appropriate methodology[42] to address such an objective. An electronic search was conducted on the databases Google Scholar, Scopus, Cairn Info, Embase and JSTOR. We also systematically searched the work of authors known for their contributions to the literature on this topic, and hand searched key journals, such as Conflict & Health, Sexual and Reproductive Health Matters, Intervention and the Journal of Human Trafficking, Enslavement and Conflict-Related Sexual Violence. Searches of organisational reports and international guidelines included, non-governmental organisations (NGO), United Nations (UN) agencies, governmental reports or papers on this topic, plus international guidelines in the area of gender-based violence (GBV), child protection, health and other sectors aimed at humanitar-

41 DM Mukwege and M Berg, 'A Holistic, Person-Centred Care Model for Victims of Violence in Democratic Republic of Congo: The Panzi Hospital One-Stop Centre Model of Care' (2016) 13 PLoS Medicine 13.

42 Z Munn, MDJ Peters and C Stern, 'Systematic Review or Scoping Review? Guidance For Authors When Choosing Between a Systematic or Scoping Review Approach' (2018) 18 BMC Med Res Methodol 43.

ian practitioners who support survivors of GBV including sexual violence. Targeted electronic searches included reference list screening of documents that were identified, hand search of websites mainly of GBV Area of Responsibility (AoR), Child Protection AoR, UNICEF, UNFPA, World Health Organisation (WHO), UN Women, PSVI, hand search of the repository of documents of the global GBV Community of Practice (CoP), and request of advice from the members of the global GBV CoP via email. The GBV CoP is a platform for professionals working in the field of GBV to share knowledge and expertise.

### 2.2. Study Selection

This review was conducted according to the PRISMA extended guidelines for scoping review.[43] After the first database search, titles and abstracts were screened. Relevant articles were selected for a second round, where full texts were retrieved and read in full. Once authors agreed on the final list of articles, data extraction began.

### 2.3. Eligibility Criteria

We included scientific articles and other reports published between 1980 and 2022 concerning children born of CRSV in conflict or post-conflict countries. We included dissertations, doctoral theses and reports available online. Owing to language capabilities of the team, we searched articles in English and French.

### 2.4. Search Strategy

The search strategy was defined as terms containing adjectives or derivatives of 'children,' 'sexual violence' and 'intervention' in English and French. Interventions/projects known to the research team (eg, 'Panzi One-Stop Care Model') were searched for by name. The following keywords were used in the databases: (children born of sexual violence* children born of conflict-related sexual violence* OR children born of rape* OR children born of wartime*) AND (intervention* responses* OR approaches* OR trauma* OR experiences* OR integration*)

For organisational guidelines, searches included the following terms: 'born', 'conceived'; when no results were obtained with these two words, the following words were subsequently searched 'rape' and 'children' and checked whether these words were used in the context of children born of CRSV.

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43 AC Tricco, E Lillie, W Zarin, KK O'Brien, H Colquhoun, D Levac et al, 'PRISMA Extension For Scoping Reviews (PRISMA-ScR): Checklist And Explanation' (2018) 169 Ann Intern Med 467.

All searches were completed by 4 February 2023 and each eligible full-text study was double rated by the first and second authors. Disagreements were discussed with the third and the fourth authors and consensus was reached on the final inclusion of studies.

### 2.5. Data Extraction and Analysis

Mendeley and EndNote were used to store the data. Selected articles were tabulated and analysed on the basis of country, objectives, methodology and results. The results were analysed in the light of the research question. The significant results were then synthesised and classified into four domains (psychological, socio-economic, medical, and legal), based on those outlined by Mukwege & Berg.[44]

## 3. Results

This review included 26 articles, and 42 organisational reports. See Figure 1 for full screening process.

With regard to the four domains of support, some articles and reports addressed only one area which can be useful for the purposes of programming and designing interventions. However, some articles responded to multiple aspects, meaning that these teams/organisations are offering a holistic perspective, which is important given that often the domains are intertwined and reflect the complexity of needs and therefore the need for a comprehensive/holistic response. Equally, an aspect in one domain can have a knock-on effect of another aspect in a different domain. For example, the process of birth registration (socio-economic or legal) can be triggering for mothers, leading to poor mental well-being (psychological).

44 Mukwege & Berg (n 41)

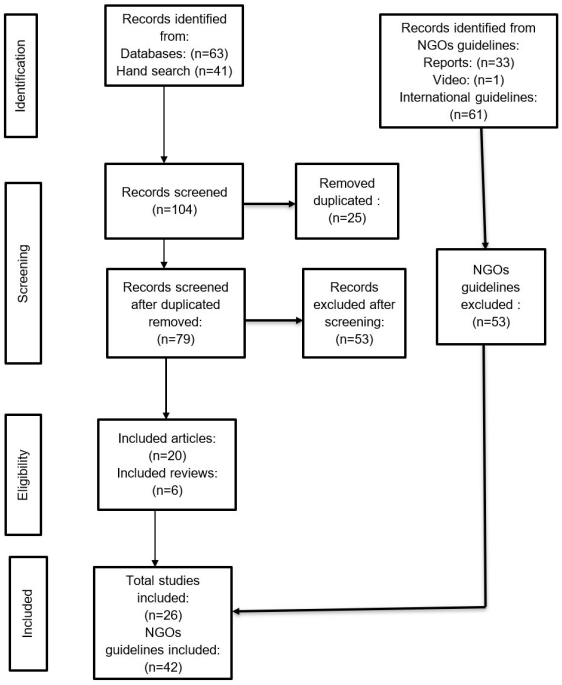


**Figure. 1** Study selection flow diagram

### 3.1. Socioeconomic

Experiences from a socioeconomic perspective were the most common, described in 21 academic articles and 17 organisational reports/guidelines. Since this domain touches on many aspects of the lives of survivors and their children, it is the most entwined with other domains, and is the most explicitly documented. The vast majority of articles draw upon the consequences of shame and stigma for mothers and children, how this affects their access to services, education, land and citizenship, the importance of educating their communities, as well as obtaining reparations. We were not able to find interventions that focus on education for children born of CRSV.

One report suggests that the competence and capacity of children-centred services should be increased including shelter, adoption, and economic support.[45] In practice, in Uganda, mothers and their children born of CRSV were

45 Dr Denis Mukwege Foundation, 'Understanding Conflict Related Sexual Violence in Ethiopia' (2022) <https://cpb-us-w2.wpmucdn.com/sites.wustl.edu/dist/1/2391/files/2022/11/CRSV_ETHIOPIA_REPORT_221025_FINAL-corrected.pdf> accessed 4 February 2023.

provided food such as rice and beans, cooking utensils, seeds, seedlings, and field tools such as hoes and machetes upon return from LRA captivity to civilian life.[46] They were also assisted in the construction of small housing huts and given meagre funds to start a new life. Some of the children returned from captivity passed through one of the reception centres in Northern Uganda before being reintegrated into civilian life for a period of stay ranging from a few weeks to several months or even a year. From there, children born of CRSV received support in the form of medical care, food, shelter and counselling.[47] In many villages in South Kivu, DRC, traditional community leaders and local associations such as civil society are not so indifferent to the issue of children born of CRSV. They nurture and protect them from the system of violence.[48] In addition, the children's parents and legal guardians are supported financially (25 USD per meeting session) in order to strengthen their income-generating activities and their mutual solidarity group.[49] In Uganda, at the request of children born of CRSV, radio talk shows were set up by researchers, and led by the children themselves, to talk about the stigma and marginalisation they face in their communities.[50] Elsewhere in Rwanda,[51] youth camps are run by local NGOs (SEVOTA and The Survivors Fund) to bring young people conceived of rape together twice in a one-year period. At these camps they play games and sports, attend workshops on business and entrepreneurship, as well as spending time in small groups for sessions where they share experiences with others. Young people who attended these camps described a sense of social connectedness, enhanced skills around mental well-being, and in caring for their mothers, all ultimately leading to increased stability in family life.

Adoption is another means of support for mothers following the birth of children born of CRSV. In Bosnia, through religious groups and in particular the transnational Islamic community, adoption gave these children the chance to integrate into society by offering them a family that has chosen to have them.[52] Institutionalisation through orphanage services is another way to protect them. For example, children born of CRSV are left in the care of authorities in conflict zones in the short or long term.

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46 Denov & Lakor (n 37).

47 Denov & Lakor (n 37); Neenan (n 3).

48 JK Mauwa, SB Kaye and DM Mukwege, 'Protecting and Nurturing Children Born from Rape in South Kivu Communities: A Challenge for Civil Society' in CK Kiyala and GT Harris (eds), *Civil Society and Peacebuilding in Sub-Saharan Africa in the Anthropocene, The Anthropocene: Politik—Economics—Society—Science* (Springer nature 2022) 397.

49 Les Enfants de Panzi et d'Ailleurs, 'Rapport Synthèse des Activités Réalisées au Quatrième Trimestre : Octobre, Novembre, Décembre' (2022) <https://enfantsdepanzi.org/index.php/fr/accueil/> accessed 19 March 2023.

50 Denov and Lakor (n 37).

51 Loning (n 40).

52 R Gledhill, 'Muslims Give Adoption Warning' (1993) in *London Times*, January 5.

### 3.2. Mental Health and Psychosocial Support

12 academic articles and 19 organisational reports and international guidelines highlighted experiences in the psychological domain. This perspective included information on the response to the sexual violence itself, as well as the psychological impact on the relationship between mother and children, familial relationships and community responses.

Ugandan NGO, Refugee Law Project (RLP)[53] describes that children born of CRSV continue experiencing lifetime challenges resulting from gruesome social treatment, stigma, discrimination, identity crisis and labelling. The experience of child abuse is not without consequences. It is a major risk factor for mental health problems triggering suffering in these children that leads to insecure attachment patterns derived from childhood figures.[54] Children born of CRSV carry the trauma of their stigmatisation, abuse and marginalisation, and additionally experience the effects of their mother's trauma.[55] From a very young age, they are often exposed to traumatic events, such as mothers refusing to let them feed until contented when they ask for breast milk,[56] the difference in treatment between them and other children in the house, etc.[57] They endure hatred from relatives and abuse as they grow up, causing and accumulating traumatic experiences.[58] Most of these children, especially girls born in captivity to traumatised abducted sex slaves, were in turn also traumatised as a result of witnessing and experiencing sexual violence, perpetual violence, life in captivity, misery and cruelty, fear, continuous displacement and conditions of extreme deprivation.[59]

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53 Refugee Law Project, 'Bringing Children Born of War into Peace and Security Discourse Requires Political Support' (2018) <https://refugeelawproject.org/files/events_and_press_releases/International_Day_for_the_Elimination_of_Sexual_Violence_in_Conflict_Statement1.pdf> accessed 4 February 2023.

54 Kaiser et al (n 14).

55 S Kahn and M Denov, '"We Are Children Like Others": Pathways to Mental Health and Healing For Children Born of Genocidal Rape in Rwanda' (2019) 56 Transcultural Psychiatry 510.

56 B Bihabwa Mahano, S Amalini and MR Moro, 'When Presupposed Innate Becomes a Challenge of Survival: Resilience of Children Born to Raped Mothers in Eastern DR Congo' (2019) 177 Annales Medico-Psychologiques 236.

57 Foussiakda et al (n 8); S Roupetz, JY Stein and K Anderson, 'Mother-Child Relationship Representations of Children Born of Sexual Violence in Post-WWII Germany' (2022) 32 J Child Fam Stud 1398.

58 Bihabwa Mahano, Amalini and Moro (n 54).

59 E Baines and C Oliveira, 'Securing the Future: Transformative Justice and Children 'Born of War' (2021) 30 Social and Legal Studies 341.
Akello (n 5); Denov and Lakhor (n 37); J Damour Banyanga and K Björkqvist, 'The Trauma of Women Who Were Raped and Children Who Were Born as a Result of Rape during the Rwandan Genocide: Cases from the Rwandan Diaspora' (2017) <http://www.pyrexjournals.org/pjasd> accessed 24 November 2022.

According to Kahn & Denov,[60] children born of CRSV may be beneficiaries of the legacy of intergenerational trauma. This type of trauma is the unconscious and conscious assimilation by a child of the experiences of parents affected by traumatic events and discrimination.[61] In such cases, infants show lower levels of responsiveness and involvement with their traumatised mothers.[62] The ICRC recommends that to avoid perpetuating stigma, any psychological response involves all the children in the community, ie, avoiding activities that only target specific groups of children, such as those associated with armed forces or children born of CRSV. Home visits are used in some areas to promote privacy and confidentiality and allow children and their parents to feel more comfortable opening up and identifying their needs. These visits are a way for psycho-social workers to identify risk factors against the growth and development of children born of sexual violence.[63] Peer support, loyalty, shared history and friendship are also noted as a resilience factor for children born of CRSV, as their peers help them to regain hope and confidence in the future. As Refugee Law Project states, 'Children born of war need to be given space, time and opportunity to share their ordeals, and to engage with duty bearers in forging workable solutions to the challenges they grapple with' (p 3), this is something that is working to great success in Rwanda, with camps for the children to attend.

In Uganda and Colombia,[64] some responses from religious, NGO and community leaders in Uganda include: individual psychosocial support, group psychosocial support and counselling; child family reunification programmes; community sensitisation meetings held by local government officials; local leader-led roundtable meetings; and religious and cultural leadership. Therapeutic games are also used in the psychological care of these children. They are seen as an effective way of restoring life and joy to the suffering child, a means of providing a therapeutic relationship in a setting or place that encourages creativity. Through play, the child manipulates phenomena from the outside world and previous experiences and puts them to work in the service of his or her imagination.[65]

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60 Kahn and Denov (n 55).

61 E Van Ee and RJ Kleber, 'Growing Up Under a Shadow: Key Issues in Research on and Treatment of Children Born of Rape' (2013) 22 Child Abuse Review 386.

62 E van Ee, RJ Kleber and TTM Mooren, 'War Trauma Lingers On: Associations Between Maternal Posttraumatic Stress Disorder, Parent-Child Interaction, And Child Development' (2012) 33 Infant Mental Health Journal 459; K Anderson and E Van Ee, 'Reflective Functioning of Refugee Mothers with Children Born of Sexual Violence' (2020) 17 International Journal of Environmental Research & Public Health 2873; Bihabwa Mahano, Amalini and Moro (n 55).

63 Mauwa et al (n 48).

64 Neenan (n 3).

65 Les Enfants de Panzi et d'Ailleurs (n 49).

In Eastern DRC, some rape survivors, their husbands, and siblings described their experiences with children born of CRSV as positive.[66] Indeed, love of neighbour, forgiveness, etc. are among the religious virtues they put forward as a reason for accepting children born of CRSV. In addition, raising a child born of CRSV during a conflict or post-conflict period also has a therapeutic' dimension.[67] Indeed, in a study of 44 survivors' experiences of genocidal rape in Rwanda, the therapeutic dimension of rape is reflected in developing a deep bond with the child as a result of shared trauma and marginalisation.[68]

### 3.3. Medical Care

3 academic articles and 8 organisational reports and international guidelines touched on experiences in the medical area. Sexual violence is often accompanied by physical injury including obstetric fistulae, sexually transmitted infections, including HIV/AIDS; and genital injury.[69] Norwegian Church Aid[70] has developed an international guideline for the clinical management of rape and intimate partner violence and, as well as teaching about medical examination in vulnerable populations, encourage practitioners to consider the social and cultural implications for the mother upon having a child born of CRSV. Including what options are available in places where abortion is not permitted (and/or wanted by the mother). As secondary victims of CRSV, no medical interventions were recommended specifically for children born of CRSV, though a small body of evidence suggests a link between health of the mother and outcomes for the physical development of the foetus. This may be due to difficulties accessing pre-natal care services for fear of discrimination, which significantly contributes to poor new-born health.[71] Being in captivity and/or wanting to hide their pregnancy, some survivors of sexual violence give birth without assistance.[72] New-borns are particularly at risk during the birthing process if the mothers have experienced nutritional deprivation or lack of ma-

66 SA Rouhani, J Scott, A Greiner, K Albutt, MR Hacker, O Kuwert, S Bartels, 'Stigma and Parenting Children Conceived from Sexual Violence' (2015) 136 Pediatrics e1195.

67 Carpenter (n 11).

68 L Woolner, M Denov and S Kahn, "I Asked Myself If I Would Ever Love My Baby": Mothering Children Born of Genocidal Rape in Rwanda' (2019)25 Violence Against Women 703.

69 S Koshin Wang and E Rowley, 'Rape: How Women, The Community and The Health Sector Respond' (2007) Geneva, Switzerland: World Health Organisation/Sexual Violence Research Initiative; DM Mukwege and C Nangini, 'Rape with Extreme Violence: The New Pathology In South Kivu, Democratic Republic Of Congo' (2009) 6 PLoS Med 1.

70 Norwegian Church Aid 'Clinical Management of Rape and Intimate Partner Violence - Training Manual' (2020) <https://www.kirkensnodhjelp.no/globalassets/gbv/nca-clinical-managment-of-rape-and-intimate-partner-violence-training-manual.pdf> accessed 4 February 2023.

71 Mitchell (n 10).

72 World Health Organisation, 'Reproductive Health During Conflict and Displacement: A Guide for Program Managers' (2021) WHO Doc. WHO_RHR_00.13 2012.

ternal care during their pregnancy.[73] In addition to the possibility of death, they are at risk of disability following premature delivery, which can have significant physical consequences for the new-borns, especially if there is no support nearby.[74]

In many instances where rape is committed by one or more soldiers, HIV/AIDS is often transmitted during the act of aggression. There are, subsequently, reports of HIV/AIDS transmission from some mothers who are already infected to their newborns.[75] Other women choose to seek abortion services where possible or resort to abortion using less safe traditional methods.[76] In addition, cultural beliefs and traditions about sexual violence influence the health of children born of CRSV. One belief is that the breast milk of a woman who has been raped is contaminated and therefore cannot feed the newborn[77] (Mitchell, 2005). This exposes the new-born to starvation and malnutrition. Access to health care by children born of CRSV can be fraught with legal and other obstacles (see below in the legal and protection domain).

The issue of abortion and abandonment are pertinent and sensitive topics. In many instances, children born of CRSV are rejected by their mother, family, and/or community, which leads to deprivation and destitution.[78] Historically, facilities for termination of pregnancy or adoption exist for women in emergency settings,[79] including safe houses where babies have been dropped after birth[80] for fear that they would be rejected if they returned to their community with an 'enemy's baby' (p 41).

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73 Center for Reproductive Law and Policy, 'Rape And Forced Pregnancy Have Historically Been a Part of War That Has Not Been Recognized as a Human Rights Abuse' (1996) <https://healtheducationresources.unesco.org/organizations/center-reproductive-law-and-policy-crlp> accessed 9 February 2023.

74 A Muhayisa, J Mutabaruka, I Mukarusanga and I Duret, 'Héritage Traumatique chez les Enfants Nés du Viol Pendant le Génocide Perpétré contre les Tutsis au Rwanda en 1994' (2018)19 L'Autre, Volume 197.

75 J Uram, 'Enfants de Mauvais Souvenir: Conceived Through Violence, Born as Outcasts, Living in Danger. Why Parentless and Orphaned Children of Rape Should Receive Refugee or Asylum Status' (2008) 26 Penn State International Law Review 935.

76 Human Rights Watch, 'Shattered Lives. Sexual Violence during the Rwandan Genocide and its Aftermath' (1996) Human Rights Watch: USA.

77 Mitchell (n 10).

78 UNDPO, 'The Handbook for United Nations Field Missions on Preventing and Responding to Conflict-Related Sexual Violence' (2020) < https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/06/2020.08-UN-CRSV-Handbook.pdf> accessed 4 February 2023.

79 International Rescue Committee, 'A Safe Space Created By and For Women Sexual and Gender-Based Violence Program' (1998) <https://www.cawtarclearinghouse.org/storage/Attachement-Gender/A%20Safe%20Space%20Created%20By%20and%20For%20Women-IRC.pdf> accessed: 4 February 2023.

80 Dr Denis Mukwege Foundation (n 45).

### 3.4. Legal and Protection Assistance

5 academic articles and 16 organisational reports noted some experiences in the legal and justice arena, although predominantly with recommendation, as opposed to direct experiences.

It is well understood that children born of CRSV face invisibility and lack of attention in policy, practice and research unlike other populations who have experienced war trauma and abuse.[81] Their right to an identity, to protection and to a family is often violated in accordance with the 1989 Convention on the Rights of the Child.[82] This is particularly the case in circumstances where children born of CRSV are denied citizenship by the countries in which they were born, often owing to patrilineal understands of ethnicity.[83] This can mean little access to medical care, education, or other social benefits such as access to religious sacraments.[84] A lack of citizenship may also have implications for land and birth rights,[85] and may further impact freedom of movement, ability to receive asylum, chance of being formally adopted and vulnerability to human trafficking.[86] The nexus between social stigmatisation of children born of CRSV that may lead to ostracisation/abandonment from their mother, and therefore vulnerability to trafficking is not something that receives as much attention as it should. Vulnerable children are known to be at risk from armed groups of mass abduction[87] and being recruited as child soldiers or as sex slaves,[88] and key actors in the legal and protection sectors should be aware that children born of CRSV might fall victim to these additional crimes.

When applying for refugee status, children born of CRSV face many obstacles to completing the process. If they are accepted into refugee camps, they may be risk of abuse given the lack of an adult to protect them (Uram, 2008). For some women with children conceived or born from CRSV, navigating the asylum process can be long and arduous and they may face challenges in telling their story. It can also act as a barrier to recovering from the trauma of CRSV, which is likely to impact on their capacity as a parent, and means they are not

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81 Denov (n 4).

82 UN General Assembly, 'Convention on the Rights of the Child' (1989) <https://www.ohchr.org/sites/default/files/crc.pdf> accessed 4 February 2023.

83 ME Hamel, 'Ethnic Belonging of the Children Born out of Rape in Post conflict Bosnia-Herzegovina and Rwanda' (2016) 22 Nations and Nationalism 287.

84 Bihabwa Mahano et al (n 56).

85 Neenan (n 3).

86 Carpenter (n 11).

87 European Parliament Briefing, 'Russia's war on Ukraine, Forcibly Displaced Ukrainian Children' <https://www.europarl.europa.eu/RegData/etudes/BRIE/2023/747093/EPRS_BRI(2023)747093_EN.pdf> accessed 15 June 2023.

88 J Tan, 'Sexual Violence Against Children on the Battlefield as a Crime of Using Child Soldiers: Square Pegs in Round Holes and Missed Opportunities in Lubanga' in TD Gill et al (eds) *Yearbook of International Humanitarian Law* (Asser Press 2012) 117–151.

able to engage with their children in the way they would like.[89] Despite the wide acknowledgement of harm in this regard, guidance and recommendations on how to address this domain were less frequently mentioned, though several studies suggest that, as a first step, mothers and children need safe physical spaces, where they can be open and talk about their experiences.[90]

In a report by the Dr Denis Mukwege Foundation[91] on understanding CRSV in Ethiopia, this organisation recommends 'that children born to mothers of all ethnic groups enjoy equal rights as Ethiopian citizens. As the circumstances of conception or abandonment may not be known, all children who are abandoned during the conflict should be provided access to shelter, care and education without discrimination'. This goes for other conflicts as well, that specific recognition of these children at the national level as citizens of the country they were born, regardless of their father, should be encouraged. Furthermore, the PSVI Principles for Global Action, preventing and addressing stigma associated with CRSV,[92] also advocate for legal recognition for these children, in a non-stigmatising way. Notably, however, there exists a paucity of documentation as to the implementation of these policies, if/where they were adopted and their successes/obstacles.

## 4. Discussion

### 4.1. Summary of Findings

This review identified 68 documents (scientific articles, book chapters, organisational reports and international guidelines). Importantly, this review found both researchers and international organisations to be forthcoming in recommendations, but there remains a gap in implementation and documentation of the effectiveness of these recommendations. It is therefore imperative that practices are implemented and tested to ensure a robust evidence base that can be used by practitioners in the field.

Findings of this review most often fall into the socioeconomic domain but given that experiences of mothers with children born of CRSV are multiple and pervasive, many of these become intertwined with other domains. Based on

89 Anderson and van Ee (n 61).

90 UNICEF and International Alert, 'Bad Blood: Perceptions of Children Born of Conflict-related Sexual Violence and Women and Girls Associated with Boko Haram in Northeast Nigeria 2016 <https://www.international-alert.org/publications/bad-blood/> accessed 4 February 2023.

91 Dr Denis Mukwege Foundation (n 45), 64.

92 Preventing Sexual Violence Initiative, 'Principles for Global Action. Preventing And Addressing Stigma Associated With Conflict-Related Sexual Violence' (2017) <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645636/PSVI_Principles_for_Global_Action.pdf> accessed 4 February 2023.

the findings of this review, the authors have formulated recommendations that can guide professionals and decision-makers in improving existing responses for the holistic care of CRSV but also in implementing suggested interventions and assessing their effectiveness. Furthermore, we posit to take current terminology regarding children born of CRSV a step further and refer to the forthcoming publication of Loning,[93] who calls for a re-thinking of the language used globally to perceive children 'born' of war. Loning argues that current discourse emphasises a violent birth, as opposed to a violent conception. Given that many children do not enter the world in violence, but often surrounded by love, this could be a universal avenue for the future.

### 4.2. Implementation of Responses/Interventions for Children Born Of CRSV

From results of this review, there is a disconnect between practice and theory, which is otherwise rich in suggestions and recommendations. Indeed, children born of CRSV face many diverse problems across the lifespan, but the results of this review clearly show a lack of implementation in most countries. Notably, the search of organisational reports and international guidelines revealed two discussions as to why they felt as an organisation they were not able to address the needs of children born of CRSV. Reasons included a hesitation to label these children as particularly vulnerable persons, and almost no effective mainstreaming of humanitarian advocacy and programming for them, compared to other vulnerable children. For example, interviewees in a report from Iraq outlined a need to protect the reputation of these children in the local community due to fearmongering from authorities that children born of CRSV could pose a security risk. They also expressed a fear of being attacked (again) if they try to integrate these children into existing programmes.[94]

It is worth noting the relevance of the four domains on which the management of children born of CRSV is based and their interconnection. Indeed, the legal and medical domains, which are less well covered in this review in terms of content related to CRSV care, are equally important for the well-being of children born of CRSV. Bihabwa Mahano et al,[95] for example, demonstrate the link between the denial of citizenship to these children and their economic status, which restricts their access to health care, education, and other benefits only available to citizens of a country. As important as it is to use holistic theory in addressing CRSV, it is also essential that children themselves (those above 18) lead the discussion on how to make responses effective and efficient. The

93 Loning (n 40).

94 Amnesty International, *Legacy of Terror: The Plight of Yezidi Child Survivors of ISIS* (2020) <https://www.amnesty.org/en/documents/mde14/2759/2020/en/> accessed: 4 February 2023.

95 Bihabwa Mahano et al (n 56).

recommendations proposed in this review are directed at four key actors, namely researchers, public authorities, competent judicial bodies, and humanitarian agencies.

### 4.3. Recommendations to Researchers

Carpenter suggested that empirical evidence should be collected to enable governments to understand that the rights of children born of CRSV need to be specific. And while the empirical evidence base has expanded in the last 15 years, this call is supported more recently by the PSVI Platform for Action,[96] with an urge to research groups to build and share evidence on their needs. Furthermore, adult children born of CRSV should also be included as peer researchers in the co-creation of projects, and we should collectively work towards the development of survivor-centred, holistic, trauma-informed proposals for interventions. Children born of CRSV should be included from the start of the process, until the publication of results.

Viewed from a gender perspective, the issue of rape refers to power relationships and the dynamics they can engender both in the experiences of children born of sexual violence[97] and potentially in care thereafter. A gender-sensitive approach to research would make it possible to develop a gender-sensitive methodology that would later lead to appropriate recommendations for care. Research should take age groups into account in order to understand the trajectory of CRSV over time, and the resilience they might face. For younger children, whose data could be collected in particular through the perception of parents/guardians or third parties, it is necessary to collect the points of view of more than one adult (parent or guardian) in a comparative perspective. Indeed, views may be influenced by the status that CRSV occupy within the family[98] or the community. Given the intergenerational transmission trauma[99] from which they suffer, particular emphasis should be placed on the choice of data collection tools and strategies for gathering data from CRSV. The Murad Code, a global code for documenting and investigating CRSV, should be used as key guidance in the research process from collection to dissemination[100] (Murad Code, 2020).

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96 PSVI Platform for Action (n 34).
97 Foussiakda et al (n 8).
98 Denov and Lakhor (n 37).
99 Kahn and Denov (n 55).
100 Murad Code, *Background Paper & Draft Global Code of Conduct for Documenting & Investigating Conflict-Related Sexual Violence("The Murad Code")'* (2020) <https://static1.squarespace.com/static/5eba1018487928493de323e7/t/5efa1554a8553428c9395936/1593447765159/English+Draft-MuradCode%2BBackgroundPaper+June2020+Website.pdf> accessed 11 June 2023.

### 4.4. Recommendations to Public Authorities

The development of policies that legally/formally recognise children born of CRSV would be a first step towards their access to citizenship. These need to be tailored according to individual states, and should be inclusive, making children born of CRSV eligible for similar benefits granted to conflict survivors (Denov et al, 2020). Views of children born of CRSV should also be prioritised in policy development and implementation as they often have a clear understanding of their own situation and needs and how they would like them to be addressed. There is, therefore, a need to challenge the traditional approaches considered participatory so far. New approaches should not consider children born of CRSV and their mother as mere beneficiaries but rather as actors, as they are the people who hold valid solutions to their problems. They may also have different needs and wishes and should be involved in policy formulation in the areas of education, health, social and legal services. Gender differences should be taken into account in this exercise.[101] Even if the (military) perpetrators are untraceable, they work for the state, and as such, their states should pay compensation to women who have been raped by their soldiers, as well as their children.[102]

Children born of CRSV require regular and long-term access to mental health and social services that are designed to meet their unique needs. In addition, these services should take into account gender differentiation and the ways in which girls and boys are particularly affected.[103] Training of peacekeepers and military personnel on how to meet the needs of citizens should be a priority for the government to ensure that they understand the vulnerability of local populations in their host countries. In addition, they should also be trained in sexual and reproductive education for women and girls.[104]

### 4.5. Recommendations to Relevant Judicial Bodies

Relevant judicial bodies are asked to become involved in enabling children born of CRSV to have citizenship status in accordance with the Convention on the Rights of the Child which gives them the right to know their parents[105] to document and to share their experiences. Finding alternative

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101 Carpenter (n 11).
102 Grieg (n 1).
103 Denov (n 4).
104 K Wagner, H Glaesmer, SA Bartels and S Lee, 'If I Was with my Father Such Discrimination Wouldn't Exist, I Could Be Happy like Other People: A Qualitative Analysis of Stigma among Peacekeeper Fathered Children in the Democratic Republic Of Congo' (2020) 14 Conflict and Health 1.
105 Grieg (n 1).

solutions for mothers who choose not to raise their children would also provide relief for many of them. Denov et al have proposed the creation of laws to prevent stigmatisation and abuse. It would also be useful for key actors in the judicial system to have training in trauma-informed interview techniques, specifically to understand the impact that CRSV can have on memory, witness testimony and the ability to share their stories. Often women are too afraid to speak out about their experiences, but when they do, they are penalised for speaking too late and it thus having a negative impact on their asylum claim.[106]

### 4.6. Recommendations to Humanitarian Agencies

A useful first step would be for large humanitarian organisations and their donors to conduct or commission impact assessments of existing field guidelines on children born of CRSV, or support those currently ongoing. Some specific guidance should be developed in the existing guidelines to ensure humanitarian personnel knows how to effectively respond to children and their mothers and community, and this, with the involvement of survivors and children born of CRSV. Humanitarian organisations should encourage governments to maintain statistics on CRSV and make use of gender and child rights sensitive approaches in their use.

On the issue of their mental health, for children born of CRSV mental health and psychosocial support services should be culturally and contextually sensitive so as not to exacerbate symptoms of trauma. Indeed, the approaches usually used tend to focus on individual risk factors, psychopathology, and psychotherapy, which have shown their limitations.[107] The mother-child relationship is to be strengthened as it plays a vital role in the lives of children born of CRSV and has a unique importance.[108] Many learn what their mothers have gone through and can eventually feel empathy for their suffering.[109] The increase in focus groups with peers is an encouraging element and promotes exchange and social integration in the community. On the other hand, children born of CRSV need advocacy to highlight their particular persistent difficulties.[110]

Socioeconomically, in Rwanda, some programmes were proposed that could help children born of CRSV with livestock rearing, agricultural projects, voca-

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106 K Anderson and E Van Ee, 'Refugee Mothers Raising Children Born of Sexual Violence in Dutch Society' in K Zaleski, A Enrile, L Eugenia, Weiss and X Wang (eds), *Women's Journey to Empowerment in the 21st Century a Transnational Feminist Analysis of Women's Lives in Modern Times* (Oxford University Press, 2019).

107 Denov (n 4).

108 K Anderson, 'Supporting Mothers and Children Born of Sexual Violence: The Importance Of Community-Based Approaches' in B Stelzl-Marx, S Lee and H Glaesmer (eds), *Children Born of War in the 20th Century* (Taylor & Francis 2021).

109 Roupetz et al (n 57).

110 Denov et al (n 29).

tional training, and other income-generating activities to feed their families, attend school, rent land, and access health care. In Uganda, recommendations were made to focus on discussions on living together, education and awareness raising for school administrators, teachers, fellow students, family, community members and community leaders. They suggested the increase of talk-show radios to inform more about the difficulties and strengths of children born of CRSV. Psychosocial support to themselves and their families was raised in terms of home visits, psychosocial counselling, psycho-educational workshops on the concerns, needs and challenges faced by children, parents, and caregivers etc.[111]

The need for community awareness is to be considered as well as projects that can share collective experiences of marginalisation and move towards greater unity within the respective families and communities.[112] Individual and group support could be provided through comprehensive community-based HIV/AIDS treatment and care. Effective practices for children born of CRSV and their mothers should necessarily include families and communities to promote acceptance and inclusion beyond individual and group support. Children born of CRSV during the genocide against the Tutsi in Rwanda have requested to be included as beneficiaries of the Rwanda Genocide Survivors in Need (RGIS) fund in the same way as other genocide survivors born in 1994.[113]

## 5. Conclusion

Children born of conflict-related sexual violence are a special category, because of the context in which they were born and their experiences across the lifespan, including psychological, economic, medical, and legal/protection hardships. These children are very often stigmatised, traumatised, live in poverty, lack citizenship status in the country of their birth and some suffer from health problems related to the conditions of their conception and birth.

Some responses are provided by some humanitarian agencies, the community, and governmental organisations to alleviate the suffering of children born of CRSV. These responses include food aid, medical care, housing assistance, home visits, financial support for the mothers of children born of CRSV, and therapeutic games and counselling. Nonetheless, the results of the review show that there remains a gap between what is recommended and what is implemented in practice. With this in mind, this review summarizes requirements of researchers, humanitarian agencies, the relevant judicial bodies, and public

111 Denov and Lakhor (n 37).
112 Denov et al (n 29).
113 Khan and Denov (n 55).

authorities to improve responses to children born of CRSV and thereby enable their effective integration into the community of their mother.