

Special Thematic Section on "20 Years after Genocide: Psychology's Role in Reconciliation and Reconstruction in Rwanda"

How Motherhood Triumphs Over Trauma Among Mothers With Children From Genocidal Rape in Rwanda

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Abstract

Rape is a common occurrence during genocide and the presence of children born as a result of rape poses a challenge to post-genocide recovery processes. This paper treats mothers of children born as a result of genocidal rape during the 1994 Genocide against the Tutsi as a separate category of survivors and explores the contribution of a positive embrace of motherhood in their recovery. It is based upon a study that included fourteen women from Kigali city, Karongi District in the Western Province and Huye District in the Southern Province. Qualitative analysis of individual interviews and focus groups provided a means to explore in-depth the perceptions of mothers and the value of motherhood. It was found that mothers of children of rape experienced challenges raising their children, especially in the early stages of parenting. Social stigma related to rape and children born of rape created challenges, as did the lack of psychosocial resources for the women, particularly when faced with disclosing paternity to the children. However, despite these and other difficulties, motherhood played a positive role for many women, often providing a reason to live again after the genocide. These findings show that positive experiences of motherhood can be key to the recovery of survivors of genocidal rape in Rwanda and points to future directions for research and health promotion among populations affected by conflict-related sexual violence.

Keywords: motherhood, trauma, sexual violence, genocide, Rwanda

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Between April and July 1994, Rwanda was the scene of one of the most brutal genocides in the history of humankind. During the three-month period, more than one million people died. During the genocide, Tutsi girls and women were gang raped, forcibly impregnated with 'Hutu babies', sexually tortured, and sexually enslaved (African Rights, 2004; Amnesty International, 2004).

De Brouwer and Chu (2009) report that during the 1994 genocide against the Tutsi, HIV-positive perpetrators intentionally transmitted the virus by raping Tutsi women. The authors posit that, in the eyes of Hutu perpetrators, infecting Tutsi women with HIV served as an effective means to harm their future sexual partners and children

they bore, as well as eventually kill them and leave their dependents without support. A survey conducted by the peak association of widows of the 1994 genocide against the Tutsi (Association des Veuves du Genocide d'Avril or AVEGA) in 2001 reports that 70% of its 25,000 members were HIV positive (African Rights, 2004). The high rate of HIV/AIDS among survivors of rape occurred precisely because HIV was used as a weapon to destroy while inflicting maximum pain and suffering during the genocide (Donovan, 2002).

Motherhood resulting from genocidal rape is multiply problematic due to the experience of violence, the traumatic context of genocide, the issues of raising a child of rape and potential HIV positive status. Almqvist and Broberg (2003) state that if parents, and more specifically mothers, are exposed to organized violence, their parental functioning and family dynamics may be negatively affected, with a lasting adverse impact on children. On the other hand, Brison (2002) argues that, after sexual assault, reestablishing feelings of happiness and trust through motherhood can provide survivors with a reason to live again and help them find meaning in a life. Bernstein, Vujanovic, Leyro, and Zvolensky (2011) have also shown that the capacity to tolerate negative emotion (distress tolerance) also has adaptive value that suggests that it too might be a key component of resilience. This paper addresses the question of how mothers perceive the social conditions that surround raising children born of rape, and examines how motherhood plays an encouraging, positive role among women who survived the 1994 genocide against the Tutsi in Rwanda.

The adaptive values mentioned above support Brison's (2002) argument that, after sexual assault, reestablishing feelings of happiness and trust through becoming and being a mother can provide survivors with a reason to live again and help them find "meaning in a life caring for and being sustained by others" (p. 158). Brison thus suggests that motherhood can be central to the work of recovery and the work of remaking the self after violence.

Given these many underexplored complexities this paper endeavors to answer the following two research questions:

1. How do survivors of genocidal rape of the 1994 genocide against the Tutsi in Rwanda perceive the psychosocial conditions that surround raising children born out of rape?
2. How does motherhood impact the mothers of children born of genocidal rape in post-genocide Rwanda?

While most scholars focus on attempting to explain genocide, there is very little work examining the effects of rape that resulted from the 1994 genocide against the Tutsi in Rwanda. The intersection of the role of motherhood in encouraging positive emotion has received little to no attention in the published literature on the aftermath of political violence, warfare, genocide, and rape. Therefore, examining the ways motherhood provide positive emotion among mothers of children from rape advance understanding of how motherhood influences the life chances of Rwandan genocide-rape survivors in the cultural context of post-genocide Rwanda.

In this paper the term genocidal rape refers to forced sexual penetration that is "committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group" (Office of the Special Advisor on the Prevention of Genocide [OSAPG], 2010) by inflicting bodily and mental harm, causing death or group destruction, or preventing future births (Reid-Cunningham, 2008).

Rape During Genocide

Throughout the world, rape is routinely directed against females during situations of armed conflict. Rape in conflict is used as a weapon to terrorize and degrade a particular community and to achieve a specific political end. In the case of *The Prosecutor v Dragoljub Kunarac, Radomir Kovač and Zoran Vuković* (Buss, 2002) rape was treated as a crime against humanity under international humanitarian law for the first time.

In these situations, gender intersects with other aspects of a woman's identity, such as ethnicity, religion, social class, or political affiliation (Arcel, Smalc, & Kovacic, 1995). The humiliation, pain, and terror inflicted by rapists are intended to degrade not just the individual woman but also to strip the humanity from the larger group of which the woman is part (Richters, 1998).

In 1994, rape and other forms of violence were also directed primarily against Tutsi women during the genocide against the Tutsi, because of their gender and their ethnicity. The extreme propaganda that exhorted Hutu extremists to commit the genocide specifically identified the Tutsi women as a means through which the Tutsi community would be exterminated (Human Rights Watch, 1999).

A large number of women became pregnant as a result of rape (Human Rights Watch, 1999). Shanks and Schull (2000) report that the effectiveness of rape as a strategy or weapon of war relies on the pervasive cultural norms surrounding the sexual virtue of women. It is the perception of public ownership of women's sexuality that makes it possible to translate an attack against one woman into an attack against entire community or group. The impact is multiplied when the women become pregnant, and the attack is then passed on to the next generation. Enforced pregnancy is used as a form of ethnic cleansing, because the woman is forced to bear a child that is ethnically associated with the rapist (see the discussion of van Ee & Kleber, 2013, below).

The Challenge of Prolonged PTSD, Stigma, and Disclosure Among Rape Survivors

Van Ee and Kleber's (2013) research on children born of rape shows mental health problems as well as high levels of posttraumatic stress disorder (PTSD) symptoms among victims. They report that, even after many years, the trauma of rape continues to have a major impact on women's lives. They also highlight research that has shown the distinct negative effects of parental psychiatric disorders such as depression, anxiety, or PTSD on the development of the child and that the mental health of children born of rape is at heightened risk.

Van Ee and Kleber (2013) consider rape-induced pregnancy as an added traumatic stressor where the child is seen as a living reminder of the rape and rapist. Their research identified four risk factors regarding mental health. The first one is pregnancy and delivery. They argue that children born of rape face several risks because their mothers conceive them under both physical and psychological suffering, which continues to affect them and puts them under severe stress. The second risk factor they identified was a poor parent-child relationship. They report that children born of rape face the risk of poor parent-child relationships, abuse, or neglect as a result of violent rapes that affect the parent's capacity to provide intimacy or care. They also report that this can lead to abusive parenting.

The third factor key in van Ee and Kleber's (2013) study is discrimination and stigmatization. Carpenter (2000) argues that the success of mass rape and forced impregnation as weapons of war depends not on what identity perpetrators ascribe to the children of the rapes but on how the affected community views the children. This stigmatization, especially in a patriarchal society, means that the community frequently ends up being the oppressor as the children are perceived as objects of shame and humiliation. Van Ee and Kleber (2013) observe that children born of rape are named in ways that stigmatize them. They highlight that "Russian brat" (German), "Devil's children" (Rwanda), "children of shame" (East Timor), "monster babies" (Nicaragua), "dust of life" (Vietnam), "children of hate", or "Chetnik babies" (Bosnia-Herzegovina) are among the names given to children born of rape. These names not only stigmatize children but also the mothers who have decided to raise them.

The fourth and last risk factor that [van Ee and Kleber \(2013\)](#) recognize relates to identity issues. They report that forced impregnation is viewed as a weapon of war to erase the identity of the mother and to leave her with a child belonging to another cultural group. They cite [Weitsman \(2008\)](#) who posits that because of ascribed patriarchal identity, perpetrators, mothers, and children all view the children of rape as belonging to the perpetrator's group, despite their mothers' identities and despite the children being raised in their mothers' ethnic or cultural group. The identity issues become more serious when the children born of rape enter adolescence. In this state of development, they begin to explore themselves and their identities and ask questions related to their origins. In the case of Rwanda, where many women were gang raped, it is vastly more complicated to tell children born of rape who they are, which becomes a source of psychosocial strain to both children and their mothers. A silence may develop between mother and child. As [Bonnet \(1993\)](#) notes: "It must be remembered that the women are protecting the babies from a stigma that would mark them for life" (p. 15).

The Ethnohistory of Motherhood in Rwanda

Traditionally, throughout Rwanda's 19th and early 20th century history, women were greatly respected when they were married especially when they bore children who extended their husbands' patrilineal line of descent. Throughout the postcolonial period, Rwandan cultural morals of womanhood included being a mother, transmitting life, transmitting cultural knowledge to one's children, and protecting children from danger. However, by the 1980s, it was estimated that in some areas of Rwanda up to 22 percent of births occurred among unmarried mothers ([Tallon, 1989](#)). This widespread bearing of children outside of marriage was not culturally valued and was declared to be a public health problem ([Office National de la Population, Republique Rwandaise \[ONAPO\], 1985](#)).

Regardless of whether women were pressed into or chose traditional cultural roles, motherhood in Rwandan society, as in other cultures, was a meaningful, enjoyable, and highly respected role. Along with all of its other traumatic consequences, genocidal rape should also be understood as an attack on the ability of the victims to attain this positive version of motherhood.

Methods

Research Strategy

Through the use of grounded theory methodology, the researcher aimed to understand how survivors of genocidal rape against Tutsi women perceived the psychosocial conditions that surround raising children born out of rape, and how motherhood impacts the mothers of children born of genocidal rape in post-genocide Rwanda.

Grounded theory is a qualitative methods approach that allows the researcher to set flexible guidelines for collecting and analyzing data in order to "construct theories grounded in the data themselves" ([Charmaz, 2006](#), p. 2). In grounded theory, the researcher initially responds to a social problem by producing a set of broad research questions, rather than a narrow hypothesis. As the researcher investigates the problem, the research questions become narrower and lead to the creation of a conceptual framework ([Blumer, 1969](#)).

In this study, the researcher employed grounded theory methods because its flexible approach allowed her to be guided by the data on a sensitive topic. Purposive sampling was employed and data were collected through in-depth interviews and a focus group discussion, which allowed her to investigate her research question by

speaking to people with the most relevant experiences—women who had been raped during the 1994 genocide against the Tutsi and had born children from that sexual violence.

In order to best understand the lives and experiences of her research participants, the researcher encouraged these women to guide the conversation and share their stories in a way in which they felt comfortable (Blumer, 1969). In accordance with Charmaz (2006), the researcher established a rapport with respondents, listened with sensitivity, and encouraged responses to questions when necessary.

As the interviews were conducted, the flexibility of grounded theory methodology allowed the researcher to investigate different data points and delve deep into the data, while still granting her a degree of analytic control (Charmaz, 2006). Using different patterns identified in the interviews, the researcher was able to develop an explanatory framework.

Selection Criteria

Although genocidal rape affected all the regions of Rwanda harshly, this research focused on survivors of genocidal rape from Kigali city, Karongi District of Western Province and Huye District of Southern Province of Rwanda. The reason behind this choice is that experience from urban areas may be different from rural areas so it was necessary to ensure diversity in the sample. Respondents were identified through AVEGA, Solace Ministries, and the Kinyarwanda non-governmental organization. Selection criteria required that respondents be the mother of one or more children born of genocidal rape. Respondents were excluded from the sample if they had a severely limited ability to communicate with the researcher due to cognitive or emotional impairments. Of eighteen women who were identified, one woman was excluded because her mental health was deemed to be too poor to complete the interview. Three women who had never previously disclosed their experiences of genocidal rape agreed to be interviewed but after being introduced to the purpose of the study and the sample (mothers of children born of rape) chose to discontinue participation.

Data Collection Methods

The study's research approach was qualitative, and the data were gathered through eight in-depth interviews and one focus group discussion involving six participants. The in-depth interviews lasted between 120 and 210 minutes in spaces selected by the respondents (usually at home, or at the Sector or District level office). Interviews and group discussions began with open-ended questions such as "Please tell me your life story, and share with me whatever you think is relevant". The researcher let the respondents talk about whatever they wanted, in whatever order they chose, touching on topics that they chose. Over the course of the interviews and discussion the following questions were asked in each case:

1. How would you describe yourself during genocide?
2. What are the most challenging situations in your life?
3. Which crucial tasks define your life after genocide, and in what ways did these tasks affect your perception of your children born of rape?

Interviews and the focus group were conducted in Kinyarwanda, recorded (with permission of the interviewees), and later transcribed and translated into English. In conducting in-depth interviews as well as a group discussion, the researcher immersed herself in the data and ongoing analysis for two months before the final analysis.

Qualitative Data Analysis

As [Ellsberg and Carroll \(2005\)](#) put it, there are many different ways of analyzing qualitative data. Generally, however, all forms of analysis involve organizing the data according to specific criteria, reducing it to a more manageable form, displaying it in a form to aid analysis, and interpreting it ([Ellsberg & Carroll, 2005](#)).

The researcher read and re-read the data in order to form a consistent interpretation. However, the major part of data analysis was done after data collection, notably after the transcription of the field notes and interviews. From the life stories of the mothers, the analysis identified four elements that form the respondents' narratives:

- a. Perception of the psychosocial conditions that surround raising children born out of rape;
- b. Struggling with early childhood challenges;
- c. Adolescence and disclosure reasons, benefits, and challenges;
- d. Motherhood as a motivating task for mothers to live again after genocide.

Respondents

Some biographical information on the interviewees is presented in [Table 1](#).

Table 1

Mothers of Children Born of Rape Selected for the Study (names have been changed and details withheld to protect the respondents' confidentiality)

Codename, Age	Biographical note
Milka, 38	Lives with her one child of rape. She was unmarried when genocide happened. She decided to marry after genocide and she bore three other children. She later separated from her husband. All of her children are in school. They live an isolated life in a rural area. She participated in training on child's rights by Foundation Rwanda project.
Lori, 35	Lives in one of the rural districts with her child born of rape. She was unmarried when genocide happened. Her child attends school and his school fees are covered by one of the local NGOs. She was married after genocide and her husband died as soon as they were married. Her family subsists on a very small business. She participated in training on child's rights by Foundation Rwanda project.
Jasimin, 56	When genocide broke, she had two children. Her husband was killed during genocide. She lives with her child born of rape and the other two she survived with. She never remarried after genocide. All of her children are in school. The family subsists on agriculture from their land.
Matilda, 40	Lives with her mother in a rural area. She was unmarried when genocide happened. Her child goes to one of the technical schools. She recently separated from her husband, whom she married after genocide. She received training on children's rights.
Olga, 36	Lives with two children born of rape and two others she bore with the husband she married after the genocide. She was unmarried when genocide happened. She is currently in conflict with her husband, but she cannot separate from him until her children born of rape are registered as the husband's legal heirs to property. One of her children born of rape is taking ARTs (antiretroviral therapy medication for HIV/AIDS) and she normally sends them to a high school 55 km from home. She participated in training on trauma healing.

Codename, Age	Biographical note
Miriam, 37	Lives with her four children, one of them is a child born of rape. She was unmarried when genocide happened. She was married after genocide to a husband who was financially well off. She had expected that he would help her to raise her child from rape. She separated from him after six years. She lives in a very poor house and they live on little money from a small business. She received training on children's rights.
Martha, 45	Lives with her husband whom she married after the genocide. She was unmarried when genocide happened. Her child born of rape was left with her grandmother as her husband's family members rejected that child. She frequently regrets not staying with her child of rape. Her child born of rape goes to a high school.
Samantha, 43	Lives with her one child of rape. She was unmarried when genocide happened. They moved from a rural place to Kigali city where she now lives off a small business. Her child goes to school and she performs well at school. She received repeated training about management of the consequences of rape and HIV.
Saidath, 50	Lives with her aged mother and her child of rape. She was unmarried when genocide happened. She lives in Kigali city and was once remarried but separated after one year. She never bore any other children. Her child goes to a high school and their socioeconomic status is relatively high. She was trained in how to effectively manage income-generating funds.
Babra, 49	Lives with her child born of rape who was once put in an NGO-run orphanage. She does not know who the father of her child is since she experienced multiple rapes. Her child joined her at a later age and the child's school performance is not good.
Beltida, 35	Lives with her child, who in her early childhood experienced mental health problems, but now attends art school. She was unmarried when genocide happened.
Madlene, 34	Lives in Kigali city. She was unmarried when genocide happened. She lives with her three children and one of them is from rape. Her two children are in university and one is in high school. Her socioeconomic status is good. She participated in training on conflict management.
Odille, 37	Lives with her child. She was unmarried when genocide happened and decided not to marry after genocide. Her daughter from rape is in high school. They survive on a small business owned by Odille. She participated in training on child's rights.
Martine, 40	Lives with her two children and one of them is from rape. She was unmarried when genocide happened. She remarried and later separated. She has her own house and her two children go to a high school.

Findings

Socioeconomic and Psychological Struggles of Motherhood

Perceptions of psychosocial conditions confronting survivors of genocidal rape were assessed during three critical periods of the child's lifespan: infancy, early childhood, and early adulthood. In all periods, women had difficulties relating to their children born from rape and often struggled to find themselves and interact with the world around them.

Infancy: Challenges of Self-Perception, Relationships With Children, and Society

Almost every respondent reported having suffered physically and psychologically during the immediate period after the genocide and that they continued to be under severe stress during their child's infancy. These conditions made it difficult for these mothers to breastfeed their children. These mothers perceived their children as a living reminder of rape. Lori reported:

"I would see in him what was violently done to me. I remember that time I gave birth to a boy, but I did not breastfeed him though the doctors pressured [me] to forget about rape and feed him."

The mothers' representation of themselves was very negative. They saw themselves as having been destroyed, with nothing to offer their children. A positive representation of motherhood, characterized by a satisfied child, was replaced by the mothers' damaged representation of herself. The mothers shared regrets as to how they had made themselves unavailable to their children accordingly, emotionally as well as behaviorally. The mothers were aware that this was bad for the children, but they did not have the strength to act otherwise.

The women described how social stigma caused them to view their lives as worthless. This happened especially to mothers with limited resources who depended on their extended families for survival. They reported having been confronted with the choice between the child and their families. This led to having suicidal thoughts and three of them expressed that they wished that they had died during the genocide rather than live as a survivor with a child of rape. Sometimes, these emotional issues provoked behavioral issues such as intense withdrawal from social situations, and having a sad or depressed disposition. Underlying emotional and psychological issues also created a number of disturbing behaviors for respondents: sleep disturbance and lack of energy were frequently reported. Additionally, many respondents continued to practice extreme watchfulness due to fear of their safety being compromised. The social stigma, coupled with poverty and its consequences, led some mothers to get married quickly. It is notable that most of these early marriages did not last. Some mothers mentioned that they did not want to be married, but being raped as girls had violated their status in Rwandan communities. Miriam said:

“Immediately after when I was raped during genocide, I felt I was not a girl anymore and not fully transitioned into womanhood because I did not have a husband. I judged it right to get a husband soon as nobody would know what had befallen me.”

Some women thought that getting married would help come to terms with becoming the subject of the local gossip and socially isolating circumstances they would face as mothers of children born of rape.

Struggling With Early Childhood

Many respondents reported that children born of rape were disobedient, aggressive, and violent towards adults and especially towards other children. Their perception towards these children seemed colored by the circumstances of their conception. Babra said:

“I thought that my child was bewitched. He never smiled and would not play with other children. He woke up screaming every night. He showed no interest in communicating in any way. This frustrated me many times and I considered it more traumatizing than even rape that I endured.”

Jasimin reported:

“I thought my child had something wrong in his head. When he got angry he would tear off all his clothes. Many times he became anxious at night, slept badly and woke up from nightmares. Due to his aggressive behavior it was not possible to take the child anywhere where other children played. The child would beat them, kick them, or push them. When people saw his behavior, they kept saying that that is how children from Interahamwe (genocidaire militia) would behave and that that was a sign that they are the future killers. This troubled me and I was always scared of him.”

Mothers who were married after genocidal rape reported negative experiences and challenges especially in the family they were married into. Three of the respondents interviewed reported taking back their children born of rape to their original families (where they were born), so that these women could stay in the families they married

to. In addition, for those who raised their children in their marriage families, many of them reported lack of care and affections from their husbands to these children born of rape who instead loved their own children. Martine had this to say:

“I am always sad because my husband was never happy about my child that I brought to his home when we married and yet I have told him everything before we got married. I remember I told him that if he will never help to love and care for this child, I would do without marriage. He accepted but I was disappointed to see that he never worked on his promise.”

In contrast, Lori, who was unmarried during the genocide, reported experiencing love from her husband. When she fell sick, her husband asked his family to lend him money so that he could take his wife to the hospital, and when his family refused his request he committed suicide. She narrated her story while crying:

“Up to now, I am always guilty because I think my lovely husband died because of me. He was this kind of person whom God had sent to console me from bad experiences when I was raped during genocide. Till I go to the grave I will ever miss his love for me and my child whom he never but unconditionally cared for. He came to take away any stigma of rape, had accepted my kid and indeed he loved. But still I thank God that at least I met him and received that affection and love from and this taught me a lesson that all men are not like those that raped during genocide.”

Navigating Through a Sea of Disclosure—the Challenge of the Early Adulthood Stage

The respondents reported the stage of puberty to be characterized by disclosure issues. Despite challenges presented with disclosing, all the mothers interviewed both individually and in the focus group discussion reported that it was important to them as mothers as well as their children. Their responses reflected motivations for disclosure, as well as the benefits and challenges of sharing their stories.

Motivations for Disclosure

Meeting as a group of mothers who experienced rape and with children born of rape was reported to be the major motivation for disclosure. In turn, they shared experiences about disclosure. For those who had done it, they reported how good they felt after disclosure and how this had a long-term benefit to them.

Despite the fact that experiences of genocidal rape appeared to be difficult to talk about, many of the mothers longed to do so. HIV was reported as one of the reasons for disclosure. Odille, who contracted HIV as a result of genocidal rape, said:

“I prayed to God to give me more years so that I can tell my daughter, I felt I had to do it; I did not want her to get it from other people. I was ever scared that she might even hate me if I do not reveal it. By that the time she was getting too curious, I finally disclosed and I was so happy because I wanted her to hear it from me.”

Having children who were infected with HIV at birth was found to be one of the urgent reasons as to why they had to disclose. Their children had to start taking antiretroviral therapy and this meant that mothers had to explain why their children were taking such medications every day. Revealing that to their children meant telling them how they were conceived. Madlene said, “I decided to do it and we both spent the whole night crying but at the end my son was happy that at last he knows why he is taking the ARTs.”

Mothers' disclosure gave their children a clear social and personal identity and prevented accidental discovery. However, it was a complex process that required the skill of knowing how to go about it. Mothers who had received training about the rights of children to know their fathers were confronted with the alternative that remaining silent would not be good for the children. Milka described what she had learned from training:

“After the training and meeting my friends with similar experiences like mine, I discovered that I had a responsibility as a parent to tell my child. I worry that he will learn it from other people and that will make him feel bad. He is always asking me questions and I think it is important to disclose. It is a child's right to know.”

Challenges of Disclosure

Despite the fact that respondents highlighted many positive advantages of disclosing to their children, the process of disclosure was reported to have been very challenging. Some reported that genocide stories are extremely difficult to tell young children, and that despite the importance of doing so, telling their children the truth was reported to be very difficult. The majority of mothers wished that they had had support such as social and emotional resources for their children to address the challenges associated with disclosure. Lacking these resources, they stayed silent, fearful that disclosure would disrupt lives that were already unstable.

Disclosure without preparation was reported to be challenging to mothers. In cases where some event would prompt disclosure this was especially hard to manage. School registration was reported as one of the provoking factors that led some mothers to disclose without preparation. The mothers who did so as forced by circumstances said it was difficult to deal with the negative consequences of such disclosures.

For those who had a choice over timing the issue of when to disclose to their children was another common challenge from the respondents' point of view. Some mothers felt that their children were not old enough to deal with the stories of how they were born. Some said that they had to wait until these children had finished secondary school. This period was described to be the time when children are emotionally strong and mature enough to handle disclosure. Miriam noted, “I am waiting for the right moment to tell my son that he is a child of rape.” Lori explained that her husband, before he died, had accepted her child as his own and thus for her there was no need to disclose to her child. She did, however, mention that the community continued to gossip about her child, and that she was scared that her child would learn of the circumstances from the neighbors.

For mothers who were gang raped during genocide, disclosure was sometimes reported to be retraumatizing. Barbra said:

“I do not want something that takes me back to genocide. I tried many times to come to terms with my denial that I never went through such experiences. But when my son turned sixteen he started asking me about his father. I immediately told him to never ask me such question. Honestly, apart from this serving as a retraumatization I cannot tell who is the father. I was raped by a group of ten Interahamwe one by one and I remember even the youngest who looked like fifteen raped me. How would I tell who is the father?”

In this case, disclosure appeared to be more challenging and brought pain to mothers.

Benefits of Disclosure

Disclosure was reported to help the children born of rape understand more fully about the genocide and their own personal history. This understanding helped the children overcome confusion about their identity and build self-confidence.

For many mothers, disclosure meant having to come to terms with the silence that they had used as a defense mechanism to prevent their child from asking about their identity. However, disclosure was beneficial because it lifted the burden of secrecy that mothers had been forced to carry. Matilda said, "I used to always be silent and aggressive and my daughter was ever-worried about me, but when I disclosed, I received peace of mind and felt that my self-esteem increased." An increased understanding and improved self-identity resulted in improved relationships between mother and child as well as between the family and the community.

Mothers reported that revealing their experiences had been good for both mothers and their children. Some felt sorry for what happened to their mothers but this also motivated them to work hard in school and help build a better future for their mothers. Miriam said:

"My son, after I disclosed my experiences to him, made a promise to me to take his studies seriously and do well and then buy me a big car and big house. Though he is still young, this strengthens me and I was so happy to have revealed it to him."

Children seemed to show increased affection towards their mothers, and relationships improved, as mother and child were more open with each other.

Motherhood, the Major Reason for Mothers Living After Genocide

This section addresses the study's second research question. It analyses the exploratory findings on motherhood regarding its role in providing positive emotions among mothers of children born of rape.

Having children from rape and deciding to raise them in whatever circumstances they had obliged most mother respondents of this study. Motherhood also provided meaning for their survival after genocide. These meanings motivated them to work hard for their families. Mothers interviewed for this study hoped to raise their children to be self-sufficient. A majority of mothers interviewed reported that motherhood was one of the most meaningful aspects of their lives. As mentioned in the previous section, raising children born of rape requires resources to deal with psychological and financial problems that mothers cannot always secure. But motherhood kept them moving despite all the adversities.

For many of mothers interviewed, surviving for their children was the major reason they highlighted. There were many disappointments, from marriage to husbands who were financially better and who had promised to help them take care of their children born of rape and later did not meet their expectations. Lori expressed that her main reason for living again (*kwongerakubaho*) is her child:

"I feel my son is the only reason that keeps me to live on, work hard, and earn a living for my child, so that if I die, I'll leave him with something because I do not want him to beg from anyone. I also think that I survived to teach him to work."

Deciding to carry out motherhood responsibilities generated a resilience among mothers and helped them to have a positive view of their children, who they once thought would bring shame to themselves and their families. Odille noted:

“I discovered that I am totally responsible for my child; no one from my family seemed to be concerned and this was a challenge but at the same time an opportunity. My child is the true reason for my survival. I keep my child close to me especially in holidays, because he needs to feel he is safe. Sometimes I am scared because he is all I have got. If he dies I will be alone again.”

Mothers like Lori also expressed how their children were closely connected to them, using formulations such as, “I feel I should always be with my child” and “I am inseparable from my child.” Mothers feel close only to their children, since their children are the only reason they live again. Mothers’ expressions also described how their children look after them. Olga noted:

“My children read me different verses in the Bible before I go to sleep and [I] also... sometimes sleep with them. They sometimes can calm me down if I become upset especially when I quarrel with my husband. I am happy that sometimes they act like a parent or a mate. And this is enough for me.”

Even though raising children born of rape was closely related to revisiting mothers’ genocidal rape memories and facing with emotional distress, mothers kept saying “what happened to me is over,” referring to ways of putting their experiences of genocide-rape in the past.

Mothers who do not live with their children born of rape in their newly established families after genocide reported being disturbed since they were constantly burdened by imagining that no one is there to care for the children born of rape. Martha said, “I am ever troubled with and sometimes I find no meaning for my life without caring for my child from rape.”

Balanced against this, the mothers whose children were infected with HIV through delivery reported mixed feelings. Some who were raped as unmarried girls and bore children expected a doomed legacy for these children. They had a feeling that these children will not live, and this made them grieve more and expressed that it would have been better to die during genocide.

Discussion

Mothers’ Perception of Psychosocial Condition Surrounding Raising Children Born of Genocidal Rape

The majority of respondents of this study were unmarried girls when the genocide happened, and they became mothers for the first time through genocidal rape. Almost all of them decided to get married and start a new family after genocide. Only three of the respondents were mothers before the genocide and they survived with some of their children while their husbands were killed during genocide. After genocide they decided to stay with their surviving children and the ones they conceived out of rape. Perhaps the most unexpected finding from this study was that those who decided to start a new family after genocide were all disappointed in that choice and many of them regretted their reasons for choosing marriage. Only in one case where a woman had a child from genocidal rape did her husband accept and love both her and her child.

The analysis of the life stories told by mother respondents of this study reveals discourses of identity that are connected to the beliefs and values in Rwanda that stem from patriarchal views. The majority of mothers interviewed accepted that both themselves and the community viewed their children born of rape as associated with their fathers' identities. This belief was more common in the early childhood of their children. This agrees with [Weitsman's \(2007\)](#) description of the "myth of genetic determination apparent in the patriarchal logic of rapists and communities who view children solely as inheriting the father's identity" (p. 122). Words such as "little killers", "eternal reminder of grief", or "gift of an enemy" exist within the social context that were highlighted by respondents' views. Mothers of children born of rape were excluded and stigmatized by their community.

In addition, from the perspective of mothers, their life stories revealed that children of rape and their mothers are stigmatized and are sometimes a basis of conflict. This worried mothers who were preoccupied by the future of their children. They felt that when they are gone no one would care for their children. This is in line with the work of [Arcel et al. \(1995\)](#) who worked with the rape victims who became pregnant from rape during the war in Bosnia-Herzegovina in 1992. They reported that many children of rape were abandoned by their communities or left for adoption. In some cases maltreatment and infanticide of those children were reported as they were not considered as a fruit of mutual love, but of the aggression which communities sought to repress or forget.

Exposure of children born of rape to an unsafe future was not limited to social stigma but also to reported poor parenting practices for the infant. This was a common theme among respondents and some regretted their harsh behavior towards their children. This inheritance, as [Danieli \(1998\)](#) puts it, could be caused by the fact that the mothers had not been able to mourn their experience of rape. This caused the rage and the stress to be transmitted to their children, who in turn might integrate the painful history and develop the trauma.

The most traumatizing and challenging process for mothers was the period of disclosure. The children born of rape were in late adolescence at the time of interview, and this period was characterized by children asking their mothers who their fathers are. However, those who had been engaged in training expressed that it was not as difficult as it was for those who had never attended. The trained mothers reported being relieved, and that the relationship between them and their children improved.

The analysis of life stories of mothers, especially in early childhood, was marked by poor mother-child relationships, affected by both physical and psychological torture from genocidal rape. This continued and was reported to cause severe stress. The traumatic genocidal rape also damaged mothers' caring and nurturing behaviors. Some reported that in the period immediately after genocide, they were not seeing themselves as protective mothers. Lori commented, "I was aware that my harsh reaction to my child including not breastfeeding her was bad for my child, but I did not have the strength to act otherwise."

Being close to their children triggered their traumatic memories of rape. [Almqvist and Broberg \(2003\)](#) report that when a parent is suffering from PTSD this can affect the child's development as well as the parent's reaction to the child. They also state that "when mothers are traumatized by organized violence, their internal representation of the self and self-being-together-with child are damaged, and this in turn leads to her care giving system being negatively affected" (p. 12).

Likewise, [Almqvist and Broberg \(2003\)](#) discuss the effects of a parent's unresolved loss on his/her care-giving behavior. It is possible that elements of the parent-infant attachment system act as triggers for intrusive memories. This also happened to mothers who survived the Holocaust. [Grubrich-Simitis \(1981\)](#) and [Kestenberg \(1982\)](#) express

that emotional withdrawal was frequently described in traumatized mothers, such as survivors of the Holocaust. From the respondents' perspective, abnormal behavior was one of the reasons for poor mother-child relationships. The mothers' closeness to their child sometimes became unbearable, especially in cases where their children behaved in abnormal ways that provoked intrusive memories, and in some cases they avoided being with their children for some period of time. [Fearon and Mansell \(2001\)](#) argue that in such cases, care-giving behavior is either unable to be carried out, or has to be carried out in a way that is disconnected from the emotional systems that normally automatically regulate care-giving behavior.

Coming to Terms With Disclosure Challenges Through Motherhood

The narratives of mothers' experiences reflect the importance of sharing traumatic emotions with people who went through the same tragedy. This was a powerful tool that helped them deal with their daily problems. It helped to break down isolation, secrecy, and shame. This suggests that because members of the group are at different stages of healing, some can gain perspective on how far others have come and this serves as evidence that further progress is possible. This aligns with the work of [Hassan \(2003\)](#), a therapist who worked with the survivors of the Holocaust, who found that those survivors who were able to talk about their experience were able to find relief. He acknowledges that talking in counseling was the primary medium of therapy. It also supports [Herman's \(1996\)](#) view that most victims seek the resolution of their traumatic experience by associating with other people who have suffered the same experience. Women who faced the same problems discover that they can transform the meaning of their personal tragedy by making it the basis for social action. [Zraly, Rubin, and Mukamana \(2013\)](#) also argue that understanding how patterns of courageous emotional expression among collective sexual violence survivors are supported or constrained by social and structural forces in post-conflict and post-genocide settings is critical.

Throughout the mothers' discourse, the benefits of disclosure were reported. Reaching such a decision, however, was not easy for every mother even where the desire to do so was present. The mothers were always confronted with choosing to remain silent on the one hand and the rights of their children to know and cope with their origins on the other hand. They were constantly scared that, if they did not disclose themselves, the community around them would reveal it to their children, which might make the relationship with their children sour.

Mothers' discourses reflect the urgency to disclose the violent circumstances of their children's conception on one hand, but on the other, there is also a need to understand when and how this information can best be given to the child, how this will affect the child, and what can be done to help children cope with this information. Mothers' life stories reflect the need to provide them with the environment and the social resources that could make managing the disclosure event possible. The major resources that the mothers and their children lack are social support, connection, and caring. Many of the women are socially isolated, especially those in the rural areas. Sharing their emotions in a group was reported as providing mutual support that helped them learn psychological strategies for dealing with painful emotional events. Discourse also draws attention to the importance of voluntary participation and giving the mothers a choice about whether or not to disclose, empowering the women to make their own informed decision.

Despite all the challenges associated with raising children born of rape in post-genocide Rwanda, motherhood was reported as a strong basis for overcoming such challenges. Narratives such as "I am grateful for my child; I am living for and with my children and I am happy when I provide for my children" were positive effects that reflect appreciation, comfort, dignity, and empowerment. [Fredrickson and Losada \(2005\)](#) argue that positive affect such

as contentment has adaptive value. They also suggest that this may be a key component of resilience and flourishing mental health. This also reflects that living for their children may have contributed to mothers' continual struggles and finding meaning in their motherhood responsibilities, which fosters their living again after genocidal rape. Cohen, d'Adesky, and Anastos (2005) also state that the experience of positive emotions may be more important for resilience and flourishing mental health, regardless of the intensity of negative emotions.

Conclusion

For women who were raped and impregnated during the 1994 genocide against the Tutsi, raising a child born from rape posed many challenges. The fourteen women in the sample group indicated that after delivery, they often had difficulty bonding with their babies because they projected their rapist onto the child; this resulted in re-traumatization for the women and impacted their parenting behavior. As the children grew up and began to question their identity, women faced the challenging prospect of disclosing parentage to their adolescents. Finally, throughout their lives, both women and their children born from rape faced stigmatization from their partners, families, and community at large, isolating them and in some cases straining their relationships.

However, the study indicated that the common theme among mothers who bear children from genocidal rape and continue to raise them is that by adolescence, even though new difficulties with disclosure arise, motherhood can overtake or override the problems with rejection, projection, re-traumatization, PTSD, and bonding reported in the early stages of parenting. These mothers have survived intensely traumatic experiences and are raising children in a post-conflict society rife with social stigma. For these women, children can provide a reason for their survival during the 1994 genocide against the Tutsi as well as a purpose to keep living in the present. Many mothers interviewed, in particular those who had gone through counseling, had healthy and happy relationships with their children born from rape. Motherhood can liberate and transform women survivors of genocidal rape, especially if they have the right support systems.

Respondents noted that children born of genocidal rape can serve as a constant reminder of trauma for women; as such, psychotherapy and counseling by health professionals should be offered to women, ideally while they are still pregnant. It is important for survivors of genocidal rape to build a healthy relationship with their child so that they will be able to positively confront any challenges they face in the future. This suggestion is less applicable to survivors of genocidal rape in Rwanda, who have already had their children, and who would be better served in the present by group therapies that brought together women survivors and their children born of rape. Group sharing, facilitated by a professional counselor, would allow survivors with different coping levels to share their stories and help one another build stronger relationships with their children born from rape.

Group sharing would also be helpful for women struggling with the decision to tell their children about the fathers that raped them during the genocide against the Tutsi. Disclosure was an extremely sensitive topic for mothers in this study, and group sharing facilitated by counselors would help mothers of children born of rape to understand when and how the information regarding children's conception can best be given to them, how this will affect them, and what can be done to help both children and their mothers cope with disclosure challenges. For mothers who share the same experience of genocidal rape and raising children born of rape, sharing emotions and experiences in the context of a group brings mutual support that helps women deal with painful emotional events. Discussion also draws attention to the importance of voluntary participation and giving the mothers a choice about whether

or not to disclose, empowering the women to make their own informed decisions. NGOs should partner with local governments to provide counseling services and meeting spaces for these women in order to help them face the daunting challenge of disclosure.

Reducing the social stigma that surrounds women survivors of genocidal rape and their children born from sexual violence is a multilevel issue that will require the cooperation of local governments and NGOs. Survivors of genocidal rape and their children are often isolated from society and their own families. Furthermore, the participants who were married indicated disputes with their husbands, and a vast majority ended up getting divorced. As a result, these women are often alone, with no material or social support from their families or communities. NGOs should partner with local governments to provide economic and social support to these survivors, such as job training for mothers and school fees for children. While it is hypothesized that raising a woman's economic status in a community through job training would decrease the social stigma she faces, further research should be done on this topic.

This paper reflects the experiences of the specific subsection of women survivors of genocidal rape who raise their children born of rape. As such, there are many avenues for further research. For example, further research might inquire into the perceptions of genocidal rape victims who did not conceive or did not raise their children, or in clinical interviews explore the condition of mothers whose mental health did not permit their participation here. Those women may not have been able to negotiate a positive vision of motherhood. In addition, while this study explores internal and societal perceptions of mothers raped during the 1994 genocide against the Tutsi, the collected testimonies imply that the sexual trauma of the mothers had a significant impact on their children born from rape. Research should be performed on this new generation of Rwandans born out of genocidal rape: how they identify themselves, how society treats them, and how they view the future.

After the 1994 genocide against the Tutsi in Rwanda, mothers of children born from rape often struggled with the challenges of raising their young ones. While the children's transition from infancy to adulthood has been difficult for mothers, these female survivors have come to view their children as gifts, rather than burdens. The experiences of women survivors and their children born of rape in Rwanda can serve as examples to other post-conflict nations. Women who have been impregnated by genocidal rape should immediately receive professional counseling on their perceptions of their future babies. As these women are often the single head of household and lack family and community support, organizations should seek to provide material assistance and job training to survivors. If female survivors can build healthy relationships with their children born from rape, then there is hope that these relationships will act as a catalyst for a stronger and more committed society overall.

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