protecting children born of sexual violence and exploitation in conflict zones:

existing practice and knowledge gaps

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For more information on this project, go to **www.pitt.edu/~charli/childrenbornofwar**.

Participating Organizations

Office of the Special Representative to the Secretary General for Children and Armed Conflict

United Nations Children's Fund (UNICEF)

International Committee of the Red Cross (ICRC)

Human Rights Watch

Women's Commission for Refugee Women and Children

Save the Children USA

United Nations Development Fund for Women (UNIFEM)

World Health Organization (WHO)

Office for the Coordination of Humanitarian Affairs (OCHA)

United Nations High Commissioner for Refugees (UNHCR)

Washington Network on Children and Armed Conflict

United Nations Department of Economic and Social Affairs (UNDESA)

World Vision

Women for Women International

Defense for Children International

Medica Zenica

Krousar Thmey

End Child Prositution and Trafficking (ECPAT) USA

Children and War Project, University of Alberta

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Executive Summary

Sexual violence is endemic in conflict-affected areas, and children are often born as a result. It has been estimated that tens of thousands of children have been born out of mass rape campaigns or sexual exploitation during times of war in the last decade alone. Born of war, these children are deeply affected by the social upheavals that brought about their conception, as well as their treatment by society on the basis of their biological origins.

According to anecdotal reports and available evidence, these "children born of war" often face stigma, discrimination, abandonment and even infanticide as infants. Due to their extreme economic difficulty and lack of secure family networks, they may be particularly vulnerable to becoming street children or being trafficked. As older children they may be stateless, and efforts to secure their rights under international law may prove fruitless due to their ambiguous legal status. As adults, their ability to secure a sense of their own identity may be frustrated by legislation that impedes access to records about their birth parents. In all of these ways—physical, economic and psycho-social— war and post-conflict environments impact this category of child in particular ways.

Recognizing that the first line of protection for children affected by armed conflict is often the humanitarian community operating in emergencies, researchers associated with University of Pittsburgh's Graduate School of Public and International Affairs undertook in 2004–05 a set of consultations with humanitarian practitioners to assess the existing state of knowledge and practice with respect to protecting and responding to the specific needs and vulnerabilities of these children. These consultations were funded by the National Science Foundation and took place in New York, Geneva and Pittsburgh between December 2004 and March 2005. They included participants from major humanitarian agencies as well as a few local Nongovernmental Organizations (NGOs) with field expertise in these areas. We particularly sought the advice of practitioners currently working in child protection and/or gender-based violence.

The results of this study are outlined in the report that follows. Generally, we found that humanitarian practitioners agreed that children born of wartime rape and exploitation are appropriately understood as particularly vulnerable in conflict-affected areas. The conversations echoed much of what is known anecdotally about the risks faced by children born of war. In particular, participants in the consultations discussed these children's vulnerability to social exclusion and stigma from the societies into which they are born. This underlying risk factor is described as being connected to other sets of vulnerabilities: physical and psycho-social health, access to resources, risk of

separation, abuse or neglect by caretakers, and early childhood mortality, including as a result of infanticide.

At the same time, some participants were hesitant to label these children as a particularly vulnerable category specifically, and almost none were able to point to specific programs in place to explicitly address their particular needs. While this does not mean that no such initiatives exist, it is clear that a concern for this category of war-affected child has not been effectively mainstreamed into humanitarian adovacy and programming, compared to others such as child soldiers, separated children, or HIV-AIDS orphans.

Indeed, a number of debates arose in the context of discussing this issue with humanitarian practitioners. Participants in the focus groups were divided on the questions of a) the merits of specifying "children born of war" as a particularly vulnerable category, versus seeking to reach them within the context of other categories of concern already recognized on the humanitarian agenda b) which children, from a programmatic or advocacy perspective, would be included in such a category and c) the ethics of discussing or developing programs for such children, given the possibility that greater visibility may in fact exacerbate the stigma they face or create backlash from recipient communities.

While this report concludes by recommending serious fact-finding regarding children born of war, as well as the development of programming that targets their specific needs and vulnerabilities, such research, advocacy and programming in this area must pay careful attention to the concerns raised above. The consultations suggest that longitudinal data should be gathered in multiple country contexts, disaggregating these children from the larger vulnerable populations in which they are embedded; that immediate protection needs of infants in regions such as Darfur might be improved by providing adequate reproductive health and post-natal services for the conflict-affected populations as well as long-term psycho-social and economic assistance; that stigma against older children might be counteracted through rituals similar to those being used in reintegration programs, with particular attention paid to the indigenous resources available in the local context; and that a means should be found to raise awareness of this isssue within advocacy on children's human rights without exposing specific children through programming initiatives designed to reach them.

Background to the Study

According to a report by the War and Children Identity Project in Bergen, Norway, tens of thousands of infants have been born of wartime rape or sexual exploitation in the last decade alone (Grieg, 2001).[1] Adding together

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the estimated numbers of babies conceived internationally in forced pregnancy campaigns or incidentally through other forms of rape, children born to women held captive as sexual slaves or "wives" of military troops, and children born to women exploited by foreign soldiers, peacekeepers and even humanitarian workers, this emerges as a problem of enormous global scope with respect to securing fundamental human rights for children born into the midst of war. The Grieg Report estimates the number of all living "children born of war" at 500,000 (Grieg, 2001:7).

The common experience these children face is the perception by the societies into which they are born that they are "of the other" (Salzman, 1998). Stigmatized as both illegitimate and as "enemy" children, their human rights may be compromised in a number of ways, from rejection, abuse or neglect by immediate and extended family members, to stigma by the broader community, to lack of access to resources and denial of citizenship. Rehn and Sirleaf have written in a recent United Nations Development Fund for Women (UNIFEM) report (2003:18), that "the children...become the symbol of the trauma the nation as a whole went through, and society prefers not to acknowledge their needs."

As this paper outlines at greater length below, these patterns are highly problematic measured against ideals for children's well-being and development, aspired to in international treaty law and advocated for by the human rights network.[2] Children born of rape and sexual exploitation constitute one of the most vulnerable sectors of the larger population of war-affected children. In addition to the deprivation, violence and insecurity faced by all children in war zones and post-conflict situations, children born of war may also be deprived of fundamental human rights guaranteed to children such as the right to survival, the right to be protected from stigma and discrimination, and the right to a nationality, family and identity. They may face specific health risks due to the circumstances of their birth, and the psycho-social trauma of their mothers may affect their early childhood development. Moreover, because their identities may be politicized by various state and non-state actors in post-conflict situations, it cannot simply be assumed that decisions regarding their care are being carried out with their best interests in mind (Carpenter, 2005a).[3]

The circumstances under which such children are born fall along a continuum from genocidal rape to forced marriage to various other forms of coercive yet nonviolent sexual exploitation. The circumstances facing these children after birth also vary widely: not all face similar conditions, capacities or vulnerabilities. Their needs will depend on a number of factors, including whether or not the surrounding community is aware of their origins, to what extent their paternity is visible in their physical features, whether they

are institutionalized, adopted or raised by their biological mother and if the latter, to what extent she can access economic and psycho-social support from both the humanitarian community and, in particular, her kin networks (Pojskic, 2001). Moreover, it has been hypothesized that the stigma against such children may be qualitatively more severe for those born in situations where forced impregnation was used deliberately as a tool of genocide or ethnic cleansing than in circumstances where the child is conceived as a result of exploitative, yet perhaps not ethnically charged, relationships between local women and outside men, including peacekeepers and humanitarian workers (Weitsman, 2005).

> Anecdotal evidence points to a general pattern of severe discrimination against children born of war.

Yet despite the wide variation in outcomes within this group, there exists a fair amount of anecdotal evidence pointing to a general pattern of severe discrimination against children born of war as such. One of the most severe human rights abuses that such children may face is infanticide, a violation of infants' survival rights under Article 6(2) of the 1989 Convention on the Rights of the Child. Some babies born of systematic rape campaigns during the war in the former Yugoslavia were neglected, abandoned, and even killed (Niarchos, 1995; Stigalmayer, 1994:137; Salzman, 1998). In Kosovo, one woman snapped her baby's neck in the presence of the World Health Organization (WHO) nurses who attended its birth (Smith, 2001). According to a report by Human Rights Watch, of the 2,000–5,000 children born as a result of the sexual violence during the 1994 Rwandan genocide, some have been killed (Nowrojee, 1996). Death by neglect may also result if rape survivors are psychologically unable to care for their infants and community or humanitarian resources are unavailable to fill the gap (Aaldrich and Baarda, 1994). Children of rape who survive infancy may face severe stigma within their communities.

case study:
bosnia-herzegovina

The war in the former Yugoslavia from 1991 to 1995 was characterized by atrocities, and an unverifiable number of babies were brought to term as a result of war-related sexual violence. Pregnancies resulted from opportunistic or single-incident rape on all sides. In addition, the Bosnian Serb Army and Yugoslav National Army engaged in a policy of mass systematic rape, which included the detention of Bosniak and Croat women with the intent to impregnate them as a means of altering the ethnic composition the communities to whom these women belonged. Estimates of the numbers of children born as a result of these rapes varied widely and are largely unverifiable. While the European Community issued a controversial estimate of 20,000 women raped in 1993, subsequent UN reports cast doubt on this number. In 1993, the Mazowieki Report confirmed a total of 9 births out of 119 rape-related pregnancies during the period, a rape-related birth-rate of 7.5 percent.

The vast majority of these pregancies probably resulted in abortions. According to a 1994 report from the Center for Reproductive Law and Policy in New York, in 1992 Croatian hospitals recorded 38 rape-related pregnancies of refugee women; all of the early pregnancies and two of the advanced pregnancies were terminated; only 7 pregnancies were ongoing or had been carried to term. A similar high rate of abortion for rape victims was noted by the 1993 Mazowiecki Report: of 119 verifiable rape-related pregnancies, all but 15 had been terminated. Some rape-related pregnancies were carried to term for various reasons, including lack of access to abortion facilities, failure to come forth in early pregnancy due to shame, forced detention until abortion was impossible. In addition, some rape survivors made the choice to give birth to and raise their children despite the trauma of their conception. According to Joana Daniel, children born of wartime rape in Bosnia today fall into three categories: those adopted by families within Bosnia, those who remain institutionalized in Bosnia, and those being raised by their mothers, often under conditions of extreme poverty and social marginalization. It is said by aid workers and government officials in the region that many more such children may have been trafficked out of the region or emigrated with their mothers as infants.

A United Nations Children's Fund (UNICEF) fact-finding study being released this year has followed up on the case histories of 23 children of rape identified through interviews with social workers and women's groups in Sarajevo, Mostar, Tuzla and Zenica. The report suggests that the children living with adopted families are economically and psycho-socially better off than those living with their mothers or those without parental care in institutions; however, adoptive parents are struggling with the question of how to tell their children, who are now reaching puberty, about their origins, and some of the children have made the discovery through peer networks. Children being raised by their mothers are experiencing a range of attachment difficulties, psycho-social stressors associated with feeling responsible for the care of their traumatized parent, and in some cases, stigma and social exclusion from neighborhoods, peers and extended families. This is exacerbated by severe economic hardship faced by single mothers generally in Bosnia-Herzegovina and by rape survivors in particular given, in many cases, the relative lack of familial or community support and the insufficiency of psycho-therapeutic assistance for the mothers. The humanitarian response to these children as a specific category in Bosnia has until very recently been non-existent, though some of them are benefiting indirectly from programs aimed at broader groups, and some of those identified by the UNICEF study have received care along with their mothers through women's NGOs such as Medica Zenica. A broader and better coordinated response would be useful to ensure financial and psycho-social support to these families, as well as advocacy initiatives to create a space for confronting this legacy in Bosnian society.

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Mazowiecki, Tadeuz. 1993. "Situation of Human Rights in the Territory of the Former Yugoslavia." Submitted in February to the Commission of Human Rights pursuant to Commission resolution 1992/S-1/1 of 14 August 1992.

Pine, Rachel and Julie Mertus. 1994. *Meeting the Health Needs of Victims of Sexual Violence in the Balkans.* NY: Center for Reproductive Law and Policy.

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In Rwanda, some have been maligned as "devil's children" (Nowrojee, 1996); in Kosovo they are called "children of shame" (Smith, 2001); in East Timor, "children of the enemy" (Powell, 2001); in Nicaragua, "monster babies" (Weitsman, 2003:11).

Children born of sexual exploitation or sexual slavery during armed conflict face problems similar to those conceived in mass rape campaigns. Babies born to girl soldiers held as "wives" in slavery-like conditions are reported to be rejected by extended families when they escape the armed forces with their mothers (Bennett, 2002:74; Mazurana and McKay, 2003:21). Those born to mothers who have been sexually exploited by peace-keepers, occupation forces, or humanitarian workers may

case study: east timor

East Timor has seen several waves of foreign rulers. The Portuguese ruled from the 16th century until 1975. During World War II, Dutch and Australian troops led a guerilla war against the Japanese occupation. In 1975 Indonesia occupied East Timor, and ruled the half-island with heavy military presence until United Nations organized an international referendum in 1999, which led to a new wave of violence as the Indonesian forces withdrew from the island. East Timor became independent on May 20, 2002.

According to the United Nations Special Rapporteur on Violence Against Women, rapes and forced marriages of Timorese women to occupation soldiers were widespread during the occupation as well as the post-referendum violence. An unspecified number of children have been born as a result of rape. During the occupation, women were also forced to be "wives" of the soldiers, living under slave-like conditions and serving them in every way, working for them, and sleeping with them. Such abuses occurred particularly against wives and relatives of independence leaders.

No official body has estimated the number of children born of the occupation or post-referendum violence. According to a Report from the War and Children Identity Project in Bergen, Norway, at least 100 children of post-referendum rapes were to be found in one district; since the population of the country is approximately 10 times the size of that district, this group estimated the number of children born at approximately 1000, with the number of children born over 25 years of occupation likely to be much higher.

Some reports suggest that these children and their mothers are stigmatized by the community: "Women who were already married, their husbands reject them." In East Timor, a single mother is usually taken care of by her larger family. These children and mothers are reported to have less support from their close families thereby becoming poorer than the average. Mothers of the children born as a result of the 1999 violence lived in some instances in separate dwellings inside the village. Sisters at the Catholic orphanages tell how the orphanages were filled up with children born as result of the rapes during the occupation. This suggests that poverty and stigmatization have combined to place these children at risk of abandonment.

Community leaders are aware of their vulnerable situation and some UN and NGO programs exist to provide economic support within the broader group of single mothers. However, there are no governmental programs for these children in place in East Timor, nor has the number of children born as result of the rapes been offi-cially estimated. The new Timorese government wants to put the past behind to help normalize its relationship to Indonesia. While the United Nations governed the country some investigations were made into human rights abuses. Although efforts were made to look into the many rape charges only a few Indonesian soldiers were indicted and none have been convicted.

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Powell, Siam. 2001. "East Timor's Children of the Enemy." *The Weekend Australian*, 10 March.

Rimmer, Susan Harris. 2005. "Orphans or Veterans? Justice for Children Born of War in East Timor." Pittsburgh: Ford Institute of Human Security Working Paper.

grow up without claims to paternal rights, child support or a name (Naik, 2002; Grieg, 2001:11). Deprived of extended family and other social networks, it has been suggested that these children are particularly vulnerable to being trafficked or becoming street children (Author interview, Women's Commission Official, August 2003). They may also be maligned as being "mixed" or "different," particularly in contexts where their biological origins are evident in their physical features.

In political contexts where nationality and citizenship rights are determined according to ethnicity or patrilineal descent, children of sexual violence or exploitation may become stateless. As Rehn and Sirleaf note, Liberia is one of the very few countries whose constitution recognizes children born of war as citizens (Rehn and Sirleaf 2002:18). Children of Bosnian refugee mothers in neighboring Croatia were sometimes denied citizenship (Jordan, 1995:20A; Mertus and Pine, 1994).

Because international law on children's human rights is based on the assumption of state responsibility, this problematizes the possibilities for securing fundamental social benefits such as an education, unless states can be convinced to take responsibility for all children born within their territorial jurisdictions, regardless of parentage, or unless states of whom the fathers are nationals can be held responsible for paternity.

Methodology

This project utilized focus group research to gather preliminary data on the knowledge, approaches and perspectives, and policies and programs of humanitarian agencies relating to this issue. Focus groups are particularly suited at the exploratory stage of a study (Kreuger, 1988), where such organized discussion can elicit participants' views and experiences, as well as highlighting a specific issue in a targeted manner. The interactive aspect of focus groups facilitates participants' consideration, evaluation, and sharing of their understandings of an issue such that differences and similarities of views can be clearly noted. In this way, the salience of an issue can be understood (Morgan, 1988).

Participants were recruited based on their employment in major humanitarian organizations with a child protection, gender-based violence or civilian protection mandate. Some subjects were identified based on their prominence in such initiatives; others were identified by contacting a specific agency and asking for referrals to the appropriate person. When needed, we used a snowball technique to identify additional participants. Recruitment involved an initial letter of invitation to each organization or individual, and a follow-up phone call. A total of 29 humanitarian practitioners participated in these preliminary consultations.

Because we were interested in gathering insights from across various perspectives, as well as to note what kinds of tensions or disagreements might arise in conversations between practitioners from different areas of expertise, we sought to diversify each focus group as much as possible. For example, we attempted to combine in each setting participants with backgrounds in child protection v. gender-based violence, human rights v. humanitarian action, international organizations v. non-governmental organizations, researchers v. practitioners at field v. policy level, and those engaged in programming v. advocacy. This allowed us to create synergy within the discussions, gather insight from as many perspectives as possible, and map out key areas of disagreement between different practitioners in thinking about this specific population.

Separate focus groups were conducted in New York, Geneva and Pittsburgh, in collaboration with Columbia University and University of Geneva. A total of four events were held, two in Geneva, for three hours each, with between five and nine participants in each group. The data was collected by a minimum of two (and in most cases three) of the participating researchers in each setting. At each group, one or two of the researchers asked questions and/or facilitated dialogue, while the other took careful field notes. The proceedings were audio-recorded and transcribed. Anonymity was protected by assigning each participant a number at the start of the session; one reseacher in each case kept track of the number order in which participants spoke so as to track responses for research purposes.

Each focus group began by asking general questions about the state of knowledge and practice with respect to women's and children's protection needs during and after conflict. Participants were asked to comment on what they believed these protection needs are, how the response to them has improved (or not) in the past ten years, and what could be done better. They were encouraged to respond to and build upon one another's comments as well as responding directly to the facilitator's questions. Later in the group we asked specific questions about survivors of wartime sexual violence or exploitation and the children born of such violence. We asked what is known about these specific populations, how humanitarian practitioners currently respond to their needs, what kinds of ethical dilemmas are involved in such assistance, and what data needs to be gathered on this population in order to assess their needs and provide programmatic recommendations.

Minor changes were made to the protocol from group to group in order to benefit from the learning of the early sessions and improve the quality of the output in the later ones (Greenbaum, 2000). For example, in the first focus group participants were asked to comment conceptually on the ways in which the protection needs of women or

children are interlinked or distinct, but this question ended up being redundant and in the interest of saving time was omitted from the following sessions. Additionally, it became clear during the first two sessions that it was important to ask participants to define what they meant by "protection," still an essentially contested concept in the humanitarian sector (Caversazio, 2000).

> Knowledge and awareness regarding children born of war within the humanitarian sector is extremely limited... yet many respondents suggested this is an important and neglected dimension in conflict settings.

Humanitarian practitioners' responses to these questions (summarized below) provide two kinds of data for researchers as well as policymakers interested in improving advocacy and programming in this area. First, to the extent that participants exhibit first-hand knowledge of this population, they provide concrete experiential information drawn from their own practical knowledge about the status and needs of the children and best practices. Anecdotes that arise in focus group settings can tell us a great deal about what is and isn't perceived to work on the ground, and why. These kinds of data can then be combined with other secondary sources on these children's status in order to disconfirm, buttress or enhance the picture painted by other anecdotal reports. The data gathered is not a substitute for much-

needed analysis on the target population itself, but the study here is designed to set a stage for thinking about how to best conduct primary research on this population in the long-term.

Second, the participants' assessment of what data would be useful to them provided a practice-oriented framework for building a more comprehensive study. Such a study was envisioned by the 2000 Graca Machel Review on the Impact of Children in Armed Conflict, and has been called for in a number of other international documents relevant to women and armed conflict, including the Independent Experts' Report on Women, War and Peace, the Secretary General's Report to the Security Council on Women, Peace and Security and the International Committee of the Red Cross's Women and War study. Plans for such a comprehensive study is currently under way within UNICEF. It is the view of the researchers involved that assessing the current state of knowledge and practice within the international humanitarian community can help those interested in such fact-finding identify the most policy-relevant research questions that could inform such a broader study (Wood, Apthorpe and Borton, 2002). Additionally, engaging practitioners in evaluating the methods and objectives of the research project is invaluable in helping define the appropriate focus and methods for such work, as well as attuning researchers to potential ethical and methodological pitfalls.

The focus group transcripts were analyzed using Atlas.ti 5.0, a qualitative data analysis software package that allows the user to code large quantities of text for specific substantive themes or discursive properties. We examined the transcripts for the substantive answers given to the relevant questions in the protocol, as well as for instances where participants linked the issue of children born of war to other issues already on the humanitarian agenda, and moments where participants were in particular disagreement with one another. The text was coded and edited separately by two members of the research team.

Findings

The key findings of the research are that knowledge and awareness regarding children born of war within the humanitarian sector is extremely limited. In the warming-up questions about protection needs of women and children in conflict situations generally, there were no references to the specific needs of this category of child, indicating that current thinking on child protection and gender-based violence in conflict situations is predominantly framed by other issues such as recruitment, demobilization, family tracing, sexual exploitation of children, and separation. These results are consistent with content analyses of

case study: darfur

The ongoing conflict in the Darfur region of the Sudan continues to result in births as a result of mass rape and sexual slavery. A long history of discontent was pushed to major significance in 2003 when two rebel groups representing the non-Arab citizens of the region began to attack government installations. The government swiftly empowered the Janjaweed, a militia comprised of local Arabs, to strike back on their behalf, and the war began. Hundreds of thousands of Sudanese have been affected by this conflict either through famine, displacement, murder or rape. As in many international conflict settings, sexual violence including gang rape and sexual slavery has been used in Darfur as a means to terrorize the civilian population. The Janjaweed, who are documented as using rape as one of their primary methods of attack, rely on the havoc they create and the psychological long-term effects they are fostering. As they are conservative Muslims themselves, they are fully aware of the resulting stigma and destruction that their sexual violence causes: indeed, there is evidence that this is the primary motivation for these campaigns of mass rape. One mother remembers being told during her rape, "We want to change the color of your children," which indicates forced impregnation as a tool of genocide.

The majority of research available on the Darfur conflict focuses on the women and girls who are raped, as well as the resulting situation in the community. Little research is available to date regarding infants born of such violence, possibly because the conflict is still relatively recent and babies are only now being born. Long-term assessment is required, but initial research indicates the babies, like their mothers, are heavily stigmatized and rarely are accepted by the community or in some cases even the mother. In traditional Darfur society, the identity of the child is with the father, not the mother, so even if the child does not look like the "enemy," he or she will still be observed for ill temperament and potentially abandoned as a result in the future, even if they are accepted in the present. According to press reports, such children have been referred to as "Janjaweed babies" or "dirty babies" by the communities into which they are born. Aid workers have reported rumors of infanticides, but these reports have not been independently verified. Specific statistics do not exist tracking the number of babies born from rape during this conflict, but speculation is that thousands of rapes have occurred since the conflict began. The difficulty with assessing specific numbers lies with the conservative nature of society. Rape is a taboo that is not to be talked about and consequently the majority of rapes go unreported. This is coupled with the Sudanese government's track record of non-punishment of the perpetrators of sexual violence.

UNICEF asserted in February 2005 that "dozens of babies are being born in Darfur to mothers raped during the ongoing conflict in western Sudan." UNICEF recommends diffusing the stigma through education of the community, believing that once the members of the community realize the rape was not the mother's fault and that an innocent child cannot be held accountable for their father's actions, the stigma will disappear and the mother and child will receive the support they need. In the meantime, they emphasize the need for humanitarian organizations to focus on making sure this population is not discriminated against in refugee camps and that they have equal access to health care and education.

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the children-and-armed-conflict agenda carried out previously at University of Pittsburgh (Carpenter, 2005b).

When prompted to think specifically about children born of rape or exploitation in conflict zones, however, many respondents were quick to suggest that this was an important and neglected dimension of the humanitarian context in conflict setting. Focus group participants made numerous connections between the protection needs of children born of rape or exploitation and other issues currently on the humanitarian agenda. For example, the neonatal health risks for babies born of rape are said to be linked to the use of HIV-AIDS as a weapon of war. The status of such babies is also tied into the phenomenon of child soldiering, as "many of the mothers are children themselves," having been sexually enslaved by militias in civil wars around the globe. The question of whether children born of rape or exploitation are registered at birth connects to the problem of statelessness, already a concern for the humanitarian community. Other issue linkages made by focus group participants included reproductive health, trafficking, women's rights, and post-conflict justice mechanisms.

Yet participants based their comments primarily on inference rather than experience. A comment frequently heard in the discussions is that this subject represents an important knowledge gap within the humanitarian sector:

"You ask what is known about these children? You might begin by asking what is not known."

"There is very little data… we have good data now on the consequences of sexual violence for women, but looking specifically at what happens to the children, I've not seen it in the literature."

"Places such as Pakistan where there have been instances, it has been an issue, but no one's ever followed it up. It's been an issue that women have been raped, but then what happened to their children, they just disappeared into history."

Thus, while most participants agreed during the discussions that these children exist and are no doubt extremely vulnerable and marginalized, very few were able to base their comments on experiential data or data from previous fact-finding. Participants in all four focus groups called for more systematic research and fact-finding on this subject.
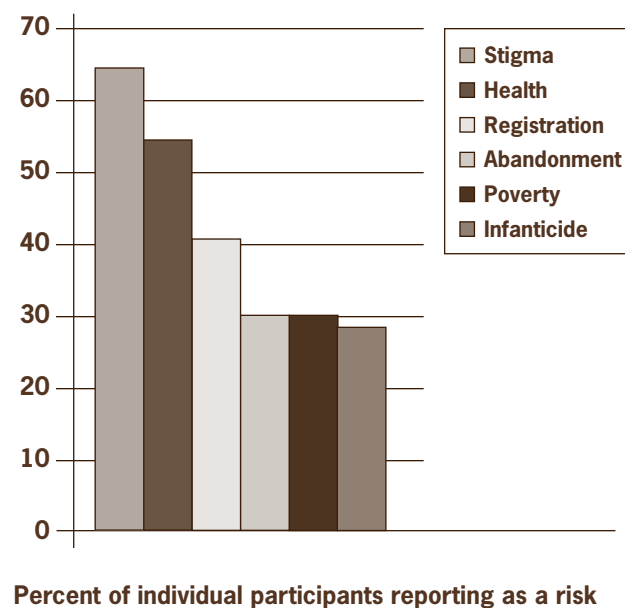
Children Born of War:
A Particularly Vulnerable Group?

There was general agreement across the focus groups that these children constitute a particularly vulnerable category. Concerns over stigma, health risks, economic hardship, abandonment, infanticide and identity/ nationality rights were raised by participants. However, the nature andextent of these vulnerabilities were debated during the conversations, as was the appropriateness of referring to these children as particularly vulnerable. Practitioners were also reluctant to generalize their concerns and many of them

emphasize that the situation is likely to vary from context to context, and would be different for different children.

Stigma and social exclusion were the biggest concerns raised in the focus groups. Sixty-five percent of participants described children of rape as particularly vulnerable to social exclusion or stigma on the basis of their origins. Risk of adverse health problems was also mentioned as a concern, including infant mortality, *in utero* transmission of HIV-AIDS, and psycho-social trauma due to neglect, stigma and/or attachment difficulties with mothers who have survived rape. In addition, children of rape are reported to be at risk of abandonment or separation from their mothers, although some participants suggested that this risk may be overblown by the media: "Lots of kids are also accepted, we know that too, it's a mixed outcome." Economic hardship was described as a likely outcome for these children due to the status of their mothers and/ or lack of access to social benefits and education in some cases. However, some questioned whether this hardship was any different in kind or degree from that experienced by other children in poverty.

Reported Risk Factors for Children Born of Wartime Rape/Exploitation

Legend: Stigma, Health, Registration, Abandonment, Poverty, Infanticide

Percent of individual participants reporting as a risk

Several participants were also concerned, on behalf of older children, about lack of access to information about their identities or family origins: "Children born of sexual violence that were adopted … don't have access to any information about their family background. And that has many implications, even just as basic as health care and knowing family history. And also I think it's a basic right

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in terms of understanding where they came from." Finally, infanticide was mentioned in three out of the four focus groups, although participants disagreed whether this should be treated as a child protection issue or as a women's human rights issue, or both.

In short, while children born of wartime rape as a particular category do not seem prominent on humanitarian practitioners' official agendas, when asked to consider the protection needs of this category practitioners provided a clear and nuanced view of what these needs might be, and how they dovetail with existing programming priorities in the humanitarian sector. These perceptions among practitioners are supported by available anecdotal and case data on this issue, though rigorous fact-finding has yet to be undertaken.[4]

Although participants generally agreed on the risk factors described above, some participants were wary of describing these children as a specific, protected category on the basis of these protection needs. It was argued by some that these vulnerabilities were a matter of degree, not scope, and that many children in conflict zones are at risk of deprivation or social exclusion for a variety of reasons. "It may be a mistake to assume that children born out of sexual violence are going to be the most vulnerable in society: perhaps it's better to look at who the most vulnerable are in post-conflict and try to understand what the common factors are."

Much of the conversation centered on the semantic trade-offs involved in conceptualizing and categorizing the nature of this population, which was recognized as a prerequisite for effective research if not programming, but also involved choices with implications for practitioners' understanding of the issue. One set of issues involved the parameters of the population under discussion, or as one participant put it, "where you draw the boundaries about who are these children born of what"? Are we concerned with children born specifically in genocidal rape campaigns, or all wartime sexual violence? Would marital rape count? Why not peacetime rape as well? What about children born of sexual exploitation by peacekeepers rather than enemy soldiers? Does this represent the same category or a distinctive category? One participant commented that it could be a conceptual mistake to link children born of genocidal forced pregnancy with those born to girls "wives" in rebel groups:

> "There's a lot of complexities to [forced marriage] and to define the children as being born out of that is in some ways denying the complexity of the relationship that that extended unit or however you want, has in terms of their connections to the origins of the child."

Others argued that without a broad initial definition of the population, research, programming and advocacy would be impossible, and only through such attention would practitioners be able to do more than guess about the actual similiarities and differences within this population.

> "If you don't classify, if you don't identify, if you don't know, then how do you plan the policy and the programs and how do you do the advocacy? So for advocacy, policy and program purposes you need to know. How much do you need to know, how do you want to break down the knowledge—that's the question."

There was also a more pragmatic question raised of how to label the population itself, with various positions taken as to what terminology would capture the specific issue being raised without further stigmatizing the group. Practitioners cited lessons learned with advocacy labels in the past, pointing out for example that "AIDS orphans" was a term designed to draw donor and programming attention to the particular vulnerability of children who had

the challenge:scaling up from local initiatives

"In Sierra Leone there's a group called the Forum for African Women Education. It started as a relatively small program for young women, girls, who had been abducted or left mostly to have babies. It was basically a school plus they were giving them basic life skills training, how to raise a child, it was very basic what they were doing. But the girls had a social group. Many of them felt they couldn't return to families. And it was quite a nice little program and the participants–seemed quite happy with it: they had food, they had clothes, they had a place to sleep at night and they felt safe. But how do you take something like that and translate it to the thousands of women who may be faced with the same issue? That's quite difficult to do and the challenge is how do you try to replicate a model or expand on it without it falling apart?"

lost their parents to HIV-AIDS. One unintended side-effect had been to define these children according to this status and in some cases the stigma had increased. Practitioners are particularly sensitive to this issue given the way in which labels function to perpetuate stigma against this particular group, with terms like "children of the enemy" or "children of hate" popularized in the press as well as local discourses. No consensus arose as to what label if any would be appropriate for programming and advocacy purposes, but these issues should be considered in drafting language in documents relevant to these children's protection.

Programming: Existing Practice, Operational Gaps, and Recommendations

Few respondents could give specific examples of existing programming initiatives currently available to support babies born of wartime rape and exploitation. However, a number of respondents did refer to programming, particularly in the Balkans and Africa, that they believed had done some good. In particular the importance of involving religious leaders in anti-discrimination campaigns was mentioned, as was the importance of economic support for mothers raising children born of rape, and a means for similar families to connect with one another. Programs cited as serving this population tended to be connected either to reproductive and psycho-social health for women survivors, or to reintegration for child combatants—both sets of vulnerable groups to which parallels were repeatedly drawn by participants.

Additionally, a number of participants unable to cite specific programming mentioned a belief that these children were being reached by existing programming. It is argued that services aiming at sexual violence survivors, at children under five in conflict settings, or at unaccom-

panied children, for example, should be reaching these children as well and that perhaps specific programs aimed at this group are unnecessary. However, because of the lack of specific monitoring for this category, it is difficult to know whether these assumptions hold true.

The overall perception, however, was that existing programming is generally inadequate in the area of gender-based violence prevention and response, that these specific children may be particularly marginalized, and that programming innovations are required to address the needs of these children and their mothers:

"Most of the facilities don't know how to deal with girl mothers, aren't set up for girl mothers and their children and so they sort of get left behind in the process. And also the categories of bush wives, and mothers of, abducted girls and women who become bush wives and have children of commanders or of military groups and how they can be identified and protected."

"I think there's not been a strong programmatic response or comprehensive enough."

"We tend to think of children affected by war primarily as child soldiers. There are several categories of children affected by war; and a dire lack of information for this particular category."

"Agencies should take for granted the protection of women, as they do for health and food. In every vulnerable situation [sexual violence] is happening, we should have better protection strategies in place."

Eighty-nine percent of participants expressed similar views. When asked about specific programming gaps or needs, respondents emphasized that some means of making certain that these children and their mothers are not falling through the gaps should be established. Many also emphasized the need to better understand and prevent wartime sexual violence in the first place.

Throughout these discussions, participants stressed the importance of cultural context, both as a constraining factor to be taken into account in the formulation of any

> Participants disagreed over whether programming should target such children and their mothers directly or be subsumed into programming for larger, more diffuse beneficiary groups.

response, and as a variable to consider in thinking about protection needs generally:

> "I think every cultural context at the community level will define this in a different way. When you're creating a programmatic response, it's about tapping into existing capacities that are there for handling impacts of trauma, and it's about supporting those mechanisms to help them grow and be empowered."

There was some disagreement over whether programming innovations aimed at this population should target such children and their mothers directly or be subsumed into programming for larger, more diffuse beneficiary groups. At issue here was the tradeoff between marking the children by identifying them according to biological origin, versus treating them as children first and risking having their particular needs go unattended.

Some participants expressed a concern that aid targeting specific members of a recipient population could create a backlash from other members, exacerbating the very social exclusion one would hope to alleviate:

> "If humanitarian organizations come in and specifically target women who have been impregnated it may create jealousy and tensions with the rest of the population."

> "Is there a danger of creating this kind of category that is the same danger that you see in so-called AIDS orphans, which… creates a backlash in the communities, adds additional stigma, you know puts into place things that aren't necessarily required in order to address these issues."

However, other participants suggested these risks could be managed by "taking into account vulnerabilities without talking about it openly, otherwise you miss something." Others emphasized that the fear of backlash might be unavoidable but that certain populations simply required particular attention regardless of the trade-offs:

> "I think in some instances, and this may or may not be one of them, you do have to design specific programs and specific small categories of people and deal with the backlash… with respect to anti-retroviral treatments, obviously everyone wants to be first in line but do we make an argument within the women's rights community that women deserve priority attention because of their reproductive capacities? If so, shouldn't women be prioritized regardless of the backlash that men might feel?"

> "The disadvantage with broad classification is that you may overlook the need for the specific group. 'Oh yeah we are dealing with that in context of the children as a part of armed conflict,' when in fact certain children within the larger group are being greatly stigmatized or facing discrimination."

A distinction was made by participants between the need for awareness and advocacy at the international level and in the abstract, and the need for advocacy or special programs identifying particular groups in conflict zones. Some participants who supported the former were skeptical of the latter, particularly if it involved or risked exposing vulnerable individuals:

creating alliances with religious authorities

> "What we know from experience from Bosnia, in the beginning of the war in 1992, women's group asked religious leaders, the ulema, the leader of the Islamic community; he made consultations with lawyers about this issue; and they made recommendations, fetwa, it stated that children are members of community, that women who are raped are not guilty, they are heroes of the war. And men married for a time rape victims, young girls… I'm not saying that it solved all the problems, no, but it sensibilised, it raised awareness…"

"What we found [when we undertook a sexual violence study] is that women actually were surprisingly open about what had happened to them and the phrase we kept hearing was: tell people what you want but just don't tell my neighbors. Tell the people in the larger global context but don't tell the people I live with."

In short, while advocacy may be required at the global level—in generating resources from donors, in creating partnerships between child protection and gender-based violence specialists, in highlighting the complex dimensions of sexual violence in war and in guiding fact-finding—it does not necessarily follow that these children should be treated as a specific category in a specific setting. At the same time, the need for extra sensitivity in a specific context should not preclude awareness-raising around the issue more broadly or the gathering of more systematic evidence regarding the protection needs of this population.

Fact-Finding is Urgently Needed:
Ethical and Methodological Questions

Participants suggested a number of areas in which more systematic research would be extremely useful in informing programming. In particular, practitioners want more rigorous data on outcomes for these children: Who are they? Finding a means of identifying these families in conflict-affected and displaced settings would be an important first step. How many are they? Participants mentioned that in terms of generating donor attention, some means of quantifying the scope of the issue is important. Where are they? A means of tracking what happens to them relative to a control group of children in similar circumstances would be helpful. Are these children at relatively greater risk than other infants born into war zones, or born to single mothers in a specific society, or born to parents traumatized through other means than rape during a war? To what extent are the vulnerabilities to which they are exposed mitigated by various factors? Participants recognized the great variation in contexts within the general category: are children whose origins are physically visible in their features at greater risk than others? Are those kept by their mothers at different risk than those institutionalized or adopted? As one participant remarked, "it would be great to have some sort of depiction based on real facts, rather than everyone's just best guess or anecdotes."

Practitioners also want to know, based on clear data, what practical steps they could take to better protect this population. Many agreed that better programming was needed, but in the absence of good fact-finding participants were hesitant to suggest concrete solutions. The first thing they would like determined is "who is doing what and what is working" with respect to these children already; and how can lessons learned be disseminated and implemented more broadly. It was repeatedly mentioned in the sessions that a sustainable response to these children should come

through a culturally appropriate engagement with the local conflict-affected community, but participants wanted research that could tell them about relevant coping mechanisms in post-conflict societies for responding to such children, and how in practical terms to support and encourage such a response. Respondents asked the research team to document the experiences of practitioners in cases that resulted in good outcomes: "It's important for us to study and understand those factors that enable communities to accept and bring girls [and their babies] home…and important to translate that into a programmatic response."

> Children born of war face a range of potential barriers to the protection of their human rights in conflict and post-conflict settings. Addressing these barriers should be a priority for child protection advocates.

Finally, some respondents were interested in how these concerns connect to issues already on the international agenda. For example, questions were raised about the impact of such children (and the social response to them) on identity and peace-building processes in post-conflict societies. It was posited that assisting to create a meaningful and positive place for such marginalized children in a violently divided society could have beneficial impacts on conflict resolution processes more generally. In this sense, participants suggested that the peace and security community might be missing an opportunity if the needs of this population fell through the cracks: "I'd like to know what impact does this specific issue have for peace and security and development prospects for a country? In many institutions that are funded, it's not in their mandate to care about this particular psycho-social well-being of families and children, they're looking at peace and security,

data to support best practice: ethical and methodological challenges

"I think that there are a lot of practitioners that know particular cases but we haven't been able to put them all together to see what the pattern is. We can kind of infer the pattern, but again most of these cases are hidden. They're hidden sometimes for good reason because our access to them sometimes makes them more vulnerable."

"It will be really interesting if you're going to do this type of long-term study in a country to identify what were the coping mechanisms in the community and what was the response? And how did humanitarian response either support and strengthen coping mechanisms and enhance protection or inadvertently perhaps even neglect or undermine the community?"

but there are linkages." Data that could clarify these linkages could be used to distill policy suggestions of use to a broad array of political actors in war-torn settings.

When asked for specific suggestions in designing a study that would answer some of these questions, participants stressed both methodological and ethical concerns. One reason given for the previous lack of fact-finding on this population within the humanitarian community was precisely the methodological obstacles. A number of participants stressed difficulties in identifying and accessing this population in the first place, due to the taboos surrounding the issue. If women do not wish to identify themselves as having been raped in conflict zones, how does one identify and monitor a child conceived in this way? It was also emphasized that the sensitivity and propaganda value of the issue for warring parties and conflict-affected populations necessitated great care in undertaking studies, particularly by outsiders, on such difficult subject. Numbers are important in generating donor and advocacy attention to marginalized groups, it was mentioned, but quantifying this type of issue is extremely difficult because so much of the data is anecdotal and cases can overlap with one another.

If a study were to be carried out on a specific subset of this population, participants recommended in particular a longitudinal component: the children need to be monitored and tracked over several years in order to fully understand variation in outcomes and to provide for appropriate follow-up. Comparative analysis between types of conflict, cultures and regions was also strongly encouraged, as participants repeatedly stressed the specificity

of different contexts: "it's impossible to generalize about these things." Other points of comparison for analytical purposes were also proposed. For example, one participant told us: "It is important to look at the programming response, from the perspective of the affected individual: what would they have wanted ideally? But also from the humanitarian organizations themselves, looking at what they did and what they thought they achieved over what time frame, to what end, because I find if you don't compare those two will make for a very one sided study." Control groups of various kinds were also encouraged. Some participants argued it would be useful to compare outcomes for children born of sexual violence in conflict to those born in of peacetime rape; or rape survivors raising children to other single mothers in a country context generally; or children born of rape to other infants born in displaced or conflict settings. Only in this way, it was said, could factors specific to children born of war be convincingly isolated.

The question of fact-finding on this population also raised ethical concerns. The greatest of these involved the risk of exposing children or their families to greater stigma by singling them out for study. As one participant put it, "there is nothing confidential in refugee settings." It was suggested that the safest way to construct such a study would be to research the children in the context of a putatively larger group such as "single mothers" or "children born in camps". Measures to protect confidentiality would also be extremely important, particularly considering the real risk to girls, for example, who may have escaped captivity with their babies. A second ethical

concern raised was the risk of re-traumatizing victims of rights violations by inquiring into painful issues. In the case of rape survivors, for example, "women often do not want to talk about these things"; in the case of the children, many of whom may not be aware of their origins, it may actually cause psychosocial harm to ask them direct questions.

At the same time, the importance of participatory research was stressed: practitioners feel strongly that beneficiary populations on whom research is being conducted should be empowered to assist in designing, conducting, interpreting and disseminating the research so that it serves the needs of the community itself. Without a participatory component, fact-finding can seem exploitative to beneficiaries:

> "One of the things that most people say to me when I talk about this area of research that I am very interested it is that they feel extremely exploited by the research community. Yes, they came out, they saw us, and they never talked to us again. Yes, they came out, they put their names on whatever they wrote, and we don't know anything about it."

Participatory research can pose specific problems when the subject population includes children, since it may be impossible to avoid allowing adults to serve as gatekeepers. This poses a tension with yet another ethical concern raised: the need for the research to be child-friendly: "Participatory research is harder when you are talking about children." "But even with children, of course, you have to think about means and ways in which you can help them to be the solution of their problems."

These ethical and methodological obstacles were generally presented as problems to be solved rather than reasons for not going forward with fact-finding. Participants were quick to mention innovative solutions undertaken by previous researchers in studying vulnerable populations:

> "I'm reminded…about some of the research that we're doing to try and gather some of the information about sexually exploited kids. It is better to not just ask the question directly and we're actually having some very good success in a research on asking street kids about how they have earned money. And just making [the questions about sex work] part of the whole questionnaire about, you know, other ways that they've gotten money."

Summary and Recommendations

These consultations with humanitarian practitioners, combined with the literature gathered on this subject so far, suggest that children born of rape and exploitation constitute a particularly vulnerable category of war-affected child warranting greater attention by the human rights and humanitarian community. However, this data also suggests the need to proceed with care in creating an advocacy and programmatic response that will minimize unintended side effects and empower, rather than sensationalize, the victims of wartime sexual violence. To this end, we recommend that stakeholders in the international community begin to undertake the following:

Implement Machel Recommendation on a Multi-Country Study: Based on the results of these consultations, the research team's first and primary recommendation is that data be gathered empirically assessing the needs of this population in conflict-affected countries. In 2001, the follow-up document to the 1995 Graca Machel Report entitled The Impact of Armed Conflict on Children called for a multi-country study entitled Where are the Babies? that would follow up on these children and their mothers and be used to develop best practices for humanitarian programming for this population. Such fact-finding is urgently needed, as practitioners disagree onto what constitutes best practices and generally lack concrete data with which to weigh programming options.

Though the Machel Review did not name a specific organization best situated to conduct such a study, it appears at this time that the likeliest candidate is UNICEF, whose interest in this topic has been growing as a result of the situation in Darfur as well as exploratory work conducted by the Bosnia country office last year (UNICEF, 2005a; UNICEF, 2005b). Other actors with a stake in child protection in conflict zones, such as the Office of the Special Representative to the Secretary General for Children and Armed Conflict, might be in a position to lend assistance or visibility to such efforts. To be most effective, such work should ideally be undertaken in partnership with a variety of humanitarian stakeholders, including appropriate local actors, as well as the academic community. To succeed and be credible to various stakeholders in the international community and in local contexts, studies such as that envsioned by the Machel Review will need to be objective and methodologically rigorous, and include a number of careful ethical safeguards. (Where methodology and ethical concerns come into conflict the latter should be prioritized.)

Such studies should take care to examine these children in context rather than in isolation, to answer questions about how specific their needs actually are compared to other children in similar circumstances. The research most useful to practitioners would also include a comparative, longitudinal component both across cases and within each case, to identify factors that may account for variation in the nature of outcomes between children and families over a period of years.[5] Ethically, researchers must be particularly attuned to questions regarding confidentiality, appropriate participation by the population under study, and care not to expose the children or their mothers to undue negative scrutiny by local actors.

Raise Awareness and Build Capacity at Field Level:
In the absence of concrete findings from a comprehensive study, which if begun this year would not be available for some time, humanitarian organizations should begin to raise awareness in field offices of basic risk factors for children born of war, based on the anecdotal record and the existing knowledge base described here, and continue to think about how to design and disseminate basic guidelines on first response in humanitarian settings. Mention of the need to protect these children from stigmatization is made in a number of humanitarian documents, but how to do so needs to be considered and spelled out in concrete field guidelines.

Some things that practitioners might watch for in conflict settings include signs that a newborn may be at risk of infanticide at the hands of his/her mother or extended family; neglect or food discrimination for neonates; and stigma against older children. Comments regarding infanticide by rape survivors should be taken seriously and some mechanism put in place for protecting such infants while working to provide rape survivors with a set of choices and support needed to make a decision as to whether and how to care for their child. In such cases, mobilizing the support of the survivor's extended family may be particularly helpful, if possible.

In addition, psycho-social and reproductive care must be prioritized for all women, and particularly rape survivors, in conflict-affected and displaced settings. Such programs might provide a space in which to pilot data-collection tools for children of wartime violence or exploitation as well; these programs and tools might be included as part of efforts to mainstream reproductive health into humanitarian programming. Stigma or various forms of discrimination may occur against such children: humanitarian practitioners might consider dealing with these cases using strategies similar to those already in place for other stigmatized groups such as HIV-AIDS patients. Such programs must draw as appropriate on indigenous resources available in the local context: for example, cleansing rituals such as those used already for the reintegration of child soldiers may also work to engender community acceptance of children born of rape.

While it is premature to issue more specific recommendations in the absence of data from the field, and while what constitutes a best practice will depend on the specific context, certainly it is the case that the humanitarian community should be paying attention to the particular needs of these children and giving consideration to appropriate responses. At the same time, practitioners should be careful to consider the possible negative side effects of any specific programming options.

Conclusion

Children born of wartime rape and sexual exploitation constitute a particularly vulnerable category of war-affected child, but to date their needs have been understudied by researchers and underserved in the humanitarian sector. As this report suggests, evidence is emerging that as a group, children born of war face a range of potential barriers to the protection of their human rights in conflict and post-conflict settings.

Addressing these barriers should be a priority for child protection advocates. Advocates for the protection of children and armed conflict as well as humanitarian stakeholders with programs in the field must work collaboratively to gather systematic data assessing these children's needs and vulnerabilities and craft a coherent and ethically appropriate programming response.

These efforts should take into consideration the insights and concerns raised by the participants in this series of consultations. Humanitarian practitioners who participated in these conversations remind us both that it is easy to allow "sensitive" issues to fall through the cracks, leaving the most vulnerable without protection, and also that "there can be negative side effects from our good intentions". Stakeholders, policy-makers and academics should heed their advice—proceeding with caution and on the basis of genuine humanitarian principles—in developing a research, advocacy and programming response to this population.

Endnotes

[1] The creation of children as a result of war rape or exploitation is far from a contemporary phenomenon, however: older examples include children born of wartime rape in Bangladesh 1971–72 (Rozario, 1997); children born to Korean sex slaves during World War II (Provencher 2002); and French children left behind by German soldiers at the end of World War I (Harris, 1993).

[2] For a description of the children's rights network, see Brysk, 2004; on the Convention on the Rights of the Child see Leblanc, 1995. On the politics of advocacy networks generally, see Keck and Sikkink, 1998.

[3] On children as signifiers of culture and identity, see Brysk, 2003; Scheper-Hughes, 1998; and Stephens, 1995.

[4] For a bibliography of news articles, human rights reports and scholarly work making reference to this population, see **www.pitt.edu/~charli/childrenbornofwar**.

[5] One option might be a pair-matching approach such as that used in previous studies on similar populations (Sigal et. al, 2003). This approach might be effective both in providing a baseline for comparison and in avoiding drawing undue attention to these particular children.

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