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The Trauma of Women Who Were Raped and Children Who Were Born as a Result of Rape during the Rwandan Genocide: Cases from the Rwandan Diaspora

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Abstract

Throughout history, rape has been used as a weapon of war and genocide in conflict zones. In the Rwandan genocide against the Tutsi population, systematic sexual molestation, mutilation and rape of Tutsi women and girls were used as a tool to terrorize and annihilate the ethnic Tutsis. The aim of this study is twofold: to investigate (1) the trauma experienced by women who were raped and (2) the trauma of children born as a result of rape during the 1994 Rwandan genocide against the Tutsis and its aftermath. A questionnaire was completed by 341 members of the Rwandan diaspora, over 20 years of age (166 males, 175 females), who are living in Finland and Belgium. Of the women, 18 (10.3%) had been exposed to rape, and 9 individuals (2.6%) were born as a result of rape. The findings indicate that the women who had been raped experienced a much more severe trauma than the children who were born as a result of rape.

Keywords: Genocide, rape, Rwanda, trauma, violence, molestation.

INTRODUCTION

Throughout history, rape has been used as a strategy of warfare and genocide to annihilate certain ethnic group of people (Stark & Wessells, 2012). In the 1990s, rape was recognized as a crime against humanity (Baaz & Stern, 2009). The use of rape as a weapon is one of the most violent, traumatic and humiliating offenses inflicted on an enemy, leaving permanent scars on the victims' minds and often on their bodies. It is often used as a predecessor to murder, whereas some victims survive only to serve as daily reminders to those around them of their subordination to the winning side (Clifford, 2008). Sexual violence is viewed not only as an individual act of violence but also as a triumph for the winning side and a symbolic message of dominance over the conquered men and women (Baaz & Stern, 2009, p. 498). The aim of the present study is to investigate the trauma experienced by the women who were raped as well as the trauma of the children born as a result of rape during the 1994 Rwandan genocide and its aftermath. Those interviewed are now members of the Rwandan Diaspora living in Finland and Belgium. The Rwandan people encountered genocide in 1994, which caused terrific bloodshed among men, women, and children. Between April and July, an estimated 800 000 Rwandan Tutsis and moderate Hutus were slaughtered by Hutu extremists; this tragedy became one of the most intense genocides in recent history (Union Africaine, 2000, p. 121).

Women Who Were Raped During the Genocide and Its Aftermath

The systematic sexual molestation, mutilation and rape of Tutsi women and girls were used as a tool to humiliate and annihilate the ethnic Tutsi population (Amnesty International, 2004; Hamel, 2016). Some women were held individually and in groups as sexual slaves for the purpose of rape. According to some studies, between 2000 and 20000 children were born as a result of forced impregnation during the genocide and the unstable period that followed (Carpenter, 2010, p.17; De Brouwer & Ka Hon Chu, 2009, p. 145; Mukangendo, 2007, p. 42; Newburg & Baldwin 2000; Weistsman, 2008, p. 574). Women were not just raped behind closed doors; they were raped on the streets, at checkpoints, in cultivated plots, in or near governmental offices, hospitals, churches, and other public buildings (Nowrojee, 2005, p. 2). Hutu women who looked like Tutsi were also often raped when their identity cards were missing, as they were regarded as Tutsi women in disguise (Prunier, 1995, p. 249). A study by USAID indicates that some Hutu women were sexually abused also by soldiers from the Rwandan Patriotic Front (RPF) in revenge for what Hutu men previously had done to Tutsi women (Newburg & Baldwin, 2000, p. 4). According to studies, an estimated 250000 -500 000 Rwandan women were raped (Amnesty International, 2004; Des Forges 1999, p. 215; Haffajee, 2006, p. 201).

The long-term physical effects of rape can include pregnancy and sexually transmitted diseases such as HIV/AIDS. There was a dramatic increase of HIV after the genocide; a study of 1125 female victims showed that 66.7% were HIV positive (Amnesty, 2004). Men who were HIV positive intentionally transmitted the virus through rape, and many Tutsi women were given as gifts to Hutu men who had excelled at killing Tutsis. A study conducted by the AVEGA (Association des Veuves du Genocide d'Avril) in 2001 reported that 70% of its 25000 members were HIV positive (African Rights, 2004).

Rape leaves a permanent reminder of the war and the enemies, through children born as a result of rape, which places both the mother and child in a continual state of victimization and isolation (Clifford, 2008, May; Obijiofor & Rupiya, 2012). It is a testimony to what has happened to the raped women during the 1994 genocide and its aftermath. The Rwandan women who were raped are ignored and marginalized by their families and communities; and the children born as a result of rape are not accepted in their communities, instead they are considered as social burdens. The use of sexual violence in war and genocide leaves an entire society with long-term suffering (Tedeschi & Calhoun, 1995, pp. 16−20).

According to Natalya (2014, p. 148), a woman who has been raped may be left with horrific bodily injuries that impair her sense of what it means to be a woman, and the act of being raped may rob her of the opportunity of ever finding a husband or of having a family of her own. Thus, some raped Rwandan women find it hard to find a partner. Wartime rape is associated with a higher prevalence of mental and neurotic disorders, somatic disorders, severe symptoms of post-traumatic stress, severe symptoms of psychological distress, major depressive disorder, social dysfunction, concentration difficulties and generalized anxiety disorder (Johnson, Asher, Rosborough, Raja, Panjabi, Beadling & Lawry, 2008; Lueger-Schuster, Gluck, Tran, & Zeilinger, 2012).

Cahill (2001) describes rape as a violent destabilizing of the existing self. She writes that "to be raped to have one's body violated by another person's body in a particularly sexual way can mean the destruction of that person" (Cahill, 2001, p.131). Cultural factors will ultimately play a decisive role in determining whether and

to what extent the victim becomes an object of stigma. Stigma is more likely to manifest itself in a war context; when there are enemies all around, rape victims may raise suspicion within their communities. Raped women are often abandoned by their own community and accused of collaborating with the enemy (Mukangendo 2007, p. 42).

According to Carpenter (2000, p. 430), raped women, as well as children born as a result of rape, are marginalized in terms of human rights, and there is a tendency to identify them with the perpetrators rather than to see them as victims of genocide.

CHILDREN BORN AS A RESULT OF RAPE

Children born as a result of rape face challenging situations both before and after birth, and suffer continuously from stigmatization. They are especially prone to suffering from severe psychological disorders like depression and anxiety (Kantengwa, 2014; Solomon, 2012). They may be exposed to abusive parenting and neglect; they may also feel responsible for their fathers' actions, and accordingly experience guilt (Watson, 2007, p. 22).

Stepfathers may treat them differently than their own biological children and give them less support. They often develop poor parent-child relationships, as the rape may affect the mothers' emotional capacity to care for the child negatively, and make it impossible to form a loving tie. Therefore, these children engage in antisocial behaviors, like drug or alcohol abuse (Sezibera, 2008, p. 143). In Rwanda, it is estimated that 70% of women who survived rape during the genocide have been infected with HIV; therefore, children born as a result of rape suffer profoundly when their mothers become ill and die, and they have to deal with the shame and social stigma (Mukangendo, 2007, p. 46).

According to research by Torgovnik (2009), these children are sometimes unloved because the mothers had not been in love with their fathers, and in case the mothers have other biological children, the love is unequally distributed (2009). Some of the raped mothers express similar sentiments to the following: "I really don't hate him, but I feel this child is not mine. I looked at him and I wanted to kill him. I beat him even now; I have a long way to go before I can love this child who was born of rape" (Olojede, 2004, p. 7; see also De Brouwer and Ka Hon Chu, 2009, p. 117). However, even though the aftermath of wartime often exacerbates the stigmatization of children born as a result of rape, there should be no reason for a society to denounce these infants as children of hate, because they did not choose to be born as they are. Staub's (2011, p. 490) study shows that there may be a greater negative emotional impact than physical abuse when emotional neglect and disinterest to children is persistent. Therefore, parent-child relationships are a central factor of social life and an individual's well-being. A poor quality of parent-child relationships is associated with psychological distress, poor physical and mental health, learning disabilities and anxiety disorders, and aggressive behavior in children born as a result of rape (Barber *et al*, 1999; Creuziger, 1997).

Being born as a result of rape and having one's identity formed by genocide has long-term consequences (Langberg, 1999, pp. 52−53; Natalya, 2014, p. 157). A study on street children in different parts of South Sudan has shown that nearly half of them had been driven to the street as a result of a combination of domestic violence, lack of parental care, poverty and parental behavior (Ndoromo *et al.,* 2017). Rwandan children born as a result of rape during the genocide carry the burden of their traumatic conception and the pain of their mothers. They may feel guilty, viewing themselves as the source of their mothers' suffering, and they may see themselves as genetically connected to their rapist fathers, thus feeling that they are doomed to violence. However, these children are the victims of things they are not responsible for; therefore, they need to be treated equally to other children.

According to the United Nations' Convention on the Rights of the Child, children have the right to an education, to a standard of living that is good enough to meet their physical and mental needs, and they should be protected from activities that could harm their development (Le Blanc, 1995). In his State of the World's Children 2005 speech, Kofi Anan, the Secretary General of the United Nations, said that "for nearly half of the two billion children in the world, childhood is starkly and brutally different from the ideal we all aspire to…..conflict and violence rob them of a secure family life; betray their trust and their hope" (Anan, 2005, p. vii). In addition, in 2000, the World Health Organization released a report in which children born as a result of rape were described as at risk of being abandoned, stigmatized and ostracized.

Regardless of the increased attention for the suffering of raped women, little attention has been directed at the neglected children born as a result of rape, and their life situations in their communities (Van Ee & Kleber, 2013). Children find themselves in a very serious challenging situation in many wars, armed conflicts and genocides. Children born of rape are the most vulnerable of all people, suffering the full impact of their fathers' and mothers' actions. The principle of how children should be

treated, and how they treat themselves, reflects the manner the world views these children born as a result of rape.

However, the stigma against children of rape differs depending on environments, regions, and cultures (Mcevoy-Levy, 2007, p. 3). For instance, in Rwanda, children born as a result of rape remain as living reminders of their mothers' shame (Smith, 2000), and they may be referred to as children of bad memories (Goodwin, 1997), or unwanted children, by their mothers and community, "children of Interahamwe" (McKnley, 1996). Some people referred to them as the "devil's children" (Nowrojee, 1996), others named them "little killers" (Wax, 2004, June 30), or "sons of the enemy" (Daniel-Wrabetz 2007, p .32), they were also known as "a generation of children of hate" (Weitsman, 2008, p.567). In the study by Coulter (2009, p. 233), it was found that in Sierra Leone some people seemed to fear children born as a result of rape because they carry their fathers' bad blood and therefore could become cursed children. When stories about babies born as a result of systematic rape hit the newsstands, the media often present this crime against humanity as unrepresented in horror and scope (Stanley, 1999).

The intentional production of babies by enemy rape is an ancient tool of war (Brownniller, 1976), with recent examples in conflicts as diverse as Bosnia-Herzegovina (Stiglmayer, 1994), the genocide in Rwanda (Mukangendo, 2007, p. 46), and Darfur (Wax, 2004, June 30). Babies born as results of systematic rape during the war in the former Yugoslavia were neglected, abandoned, and sometimes killed (Niarchos, 1995; Salzman, 1998; Stiglmayer, 1994, p.137). Consequently, in Rwanda, even though abortion was not legal, some pregnant women wanted to kill their babies after birth, saying that they were not conceived in love and that they were ashamed of carrying the children of bad memories (Newbury & Baldwin, 2000, p. 5; Wax, 2004, June 30).

Rwandan children of rape who survive infancy may face severe stigma within their communities and schools. Male babies are at risk of being viewed not merely as illegitimate or as reminders of sexual torture and national humiliation, but in fact as potential future enemy combatants growing up within the community (Toomey, 2003). Children born of sexual exploitation or sexual slavery during armed conflict face challenge similar to those conceived in a genocidal rape campaign. Due to negligence and stigma in families, children born as a result of rape are particularly vulnerable to being trafficked or becoming street children (Carpenter *et al.,* 2005; Hamel, 2016). They may also be marginalized, being of mixed origin, 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, children of sexual violence are at risk of lacking belongingness. Some children of Bosnian refugee mothers in neighboring Croatia were originally denied citizenship (Pine & Mertus, 1999). After the 1994 genocide, Rwanda received emergency support to rebuild a severely deteriorated nation. The Rwandan government, with assistance from UNICEF and other agencies, started various reformulations of its ministries in order to coordinate strategies for many helpless children; however, children born of rape were not considered as particularly vulnerable (Mukangendo, 2007, p. 47).

Furthermore, raped Tutsi wives of imprisoned Hutu men usually found themselves banished and excluded from genocide survivor organizations because they were not perceived as real survivors (Burnet, 2012, p. 139). Because of that, as these children grow older, they question whether they can construct a meaningful social identity and a future within the community (Balorda, 2004). In many families, those children are associated with a profound division between their mothers and stepfathers. However, there are families who have raised children of rape with as much love as they have towards their other children. According to the principle of equal rights for all human beings, children born as a result of rape must have a right to exist as part of a community and be treated equally with other children of that community (Cahill, 2001, p. 132; Donnelly & Howard, 1998). These children could also serve as bridges of reconciliation between the divided ethnic backgrounds (McEvoy-Levy, 2007, p. 163).

METHOD

Sample

A total of 341 respondents (166 males, 175 females), 50 from Finland and 291 from Belgium, participated in the study. The mean age of the respondents was 44.4 years (SD = 11.9); there was no difference between males and females regarding age. The respondents had come to Belgium and Finland either as refugees or on other grounds after the 1994 genocide. They were living at 13 different locations in Belgium and 14 locations in Finland. The participant's were selected according to the following criteria: They should all be over 20 years of age; they should be native Rwandans; they should speak the local language, Kinyarwanda, and have a residence permit. Of the participating women, 18 (10.3%) had been exposed to rape, and 9 individuals (2.6%) were born as a result of rape.

Table 1. Results of a MANOVA comparing Rwandan women who had been raped during the genocide or its aftermath with women who had not, on eight dependent variables (N = 174), cf. Fig. 1.

	F	df	p≤	η_p^2
Multivariate analysis	6.12	8, 165	.001	.229
Univariate analyses				
Do you use alcohol to cope with your trauma?	8.71	1, 172	.004	.048
Do you use medicines to cope with your trauma?	20.75	"	.001	.108
Is it possible for you to love and forgive those who wounded you in your life?	3.81	"	.053	.022
Do you live peacefully with other Rwandans?	23.83	"	.001	.122
Do you have sleeping problems?	5.07	"	.026	.029
Do you have bad dreams?	8.14	"	.005	.045
Do you feel hatred and anger against the people who brought trauma into your life?	4.20	"	.042	.024
Do you have fear?	10.61	"	.001	.058

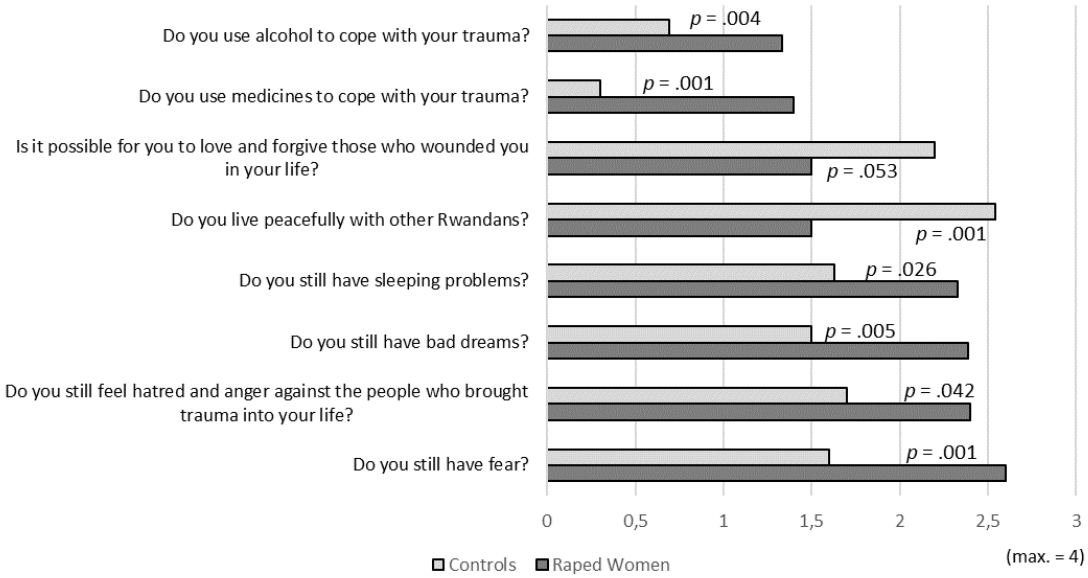

Figure 1. Mean values on eight dependent variables measuring concomitants of rape during the Rwandan genocide and its aftermath (N = 174), c.f. Table 1.

Instrument

The data were collected using a paper-and-pencil questionnaire constructed specifically for this project. The questionnaire concerned traumatic experiences due to the genocide, the need for therapeutic treatment, and possibilities for reconciliation between Hutus and Tutsis. Some other results from this project have been published elsewhere (Banyanga & Björkqvist, 2017; Banyanga, Björkqvist, & Österman, 2017). In this context, only questions pertaining to traumatization will be analyzed. The response rate of the items varied from 0 (not all) to 4 (extremely much). Exact wordings of the reported items are presented in tables 1 and 2, and figures 1 and 2.

Ethical considerations

The study adheres to the principles concerning human research ethics of the Declaration of Helsinki (World Medical Association, 2013), as well as to the guidelines for responsible conduct of research issued by the Finnish Advisory Board on Research Integrity (2012).

Table 2. Results of a MANOVA comparing respondents who were born as a result of rape with those who had not, with age as a covariate, and eight dependent variables (N = 341), cf. Fig. 2.

	F	df	p ≤	η_p^2
Multivariate effect of covariate (age)	5.67	8, 330	.001	.121
Multivariate analysis (born of rape)	4.44	8, 330	.001	.097
Univariate analysis				
Do you have sleeping problems?	0.36	1, 337	n.s.	.001
Do you have bad dreams?	1.29	"	n.s.	.004
Do you still have fear?	4.97	"	.027	.015
Do you still feel hatred and anger against the people who brought the trauma into your life?	1.65	"	n.s.	.005
Is it possible for you to love and forgive those who wounded you in your life?	4.57	"	.033	.013
Do you use medicines to cope with your trauma?	0.09	"	n.s.	.000
Do you use alcohol to cope with your trauma?	15.32	"	.001	.043
Do you live peacefully with other Rwandans?	0.39	"	n.s.	.001

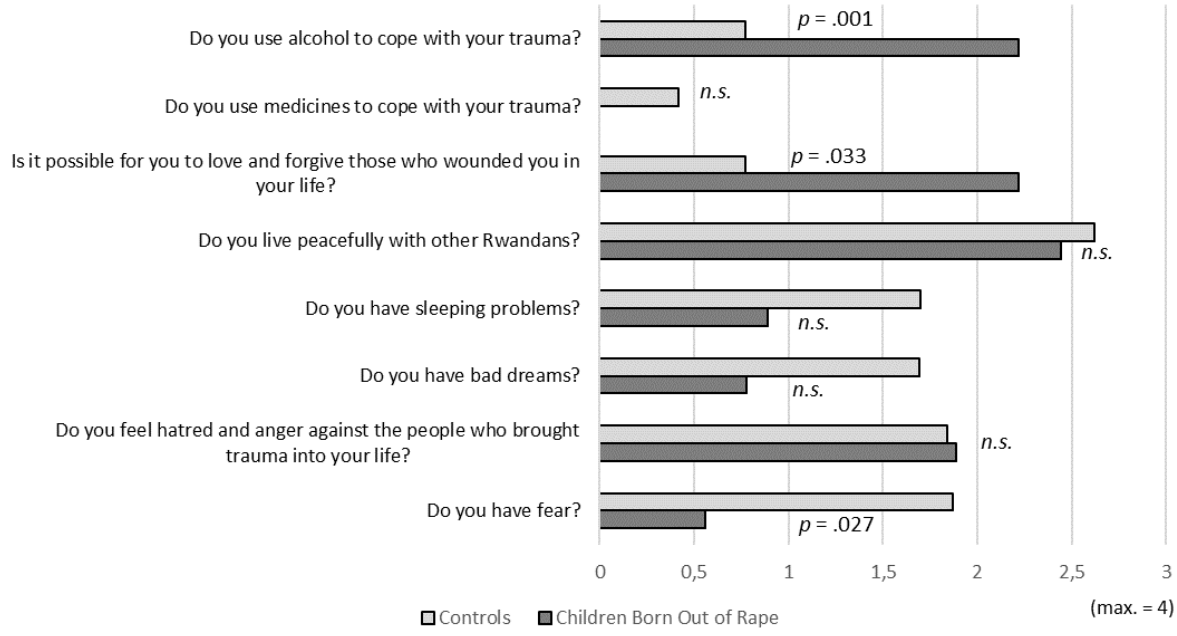

Figure 2. Mean values on eight dependent variables measuring concomitants of being born as a result of rape during the Rwandan genocide and its aftermath (*N* = 340), c.f. Table 2.

RESULTS

Two separate multivariate analyses of variance (MANOVA) were conducted, with eight dependent variables each: the dependent variables measured symptoms of trauma and ways of coping with trauma.

In the first MANOVA, women who had been raped during the genocide or its aftermath were compared with women who had not been raped, who served as controls. The results from this analysis are presented in Table 1 and Figure 1. In the second MANOVA, children who had been born as a result of rape during the genocide or its

aftermath were compared with the rest of the respondents. In this MANOVA, age was controlled for by keeping it as a covariate, since there was a significant age difference between the children born as a result of rape and the other respondents. The results from this analysis are presented in Table 2 and Figure 2.

As Table 1 and Figure 1 show, it is clear that the women who had been raped had more symptoms of trauma than the other women. They scored significantly higher on six of the eight variables, all which measured signs of trauma: they felt fear, showed anger and hatred; they had bad dreams, sleeping problems, and used alcohol and medicines more than the controls. The controls, on the other hand, felt to a significantly greater extent that they live peacefully with other Rwandans, and there was a tendency towards a significant difference ($p = .053$) on the issue of whether they could love and forgive the perpetrators of the genocide.

In the second MANOVA, the results turned out quite differently. The children born as a result of rape reported having less fears than the controls; they also reported, to higher extent than the controls, that they could love and forgive the perpetrators of the genocide. On five of the eight variables, there was no significant difference between them and the controls. However, they reported using alcohol as a way of coping more compared to the controls.

DISCUSSION

The findings of the study show that the respondents who were born as a result of rape during the 1994 genocide or its aftermath were much less traumatized than the women who had been raped. These findings were perhaps somewhat surprising, considering previous results on so-called “war babies” (Balorda, 2004; Carpenter, 2010). The result was so consistent that it requires an explanation.

Being raped in circumstances of war, often by several rapists, without knowing whether one will survive or not, is obviously a horrifying experience, leaving psychological scars for the rest of one’s life. The children conceived as a result of these acts do not share these experiences. In fact, the war was already over when they were 1−2 years old and started to gain their first memories. Their trauma is mostly a result of the differential treatment they received from their mothers, family, and community.

For the mothers, raising a child born from rape involves many challenges. Throughout their lives, they have had to face stigmatization from spouses, family, and community; and in many cases, they questioned their own identity within the community. However, some women who had gone through counseling had a happy relationship with their children born as a result of rape. Thus, for these women, their children provided a meaning to their survival of the 1994 genocide as well as a purpose to go on living in the present. In this regard, talking about the bad event illustrates the problems and some possible solutions. Remembering and telling the truth about the terrible events are prerequisites both for the restoration of the social order and for the healing of rape victims. A common response to victimization is to turn to others for emotional and social support. Therefore, story-telling in groups, facilitated by psychologists or by a professional counselor, could be a way of allowing women survivors of rape to share their stories and help one another to build stronger relationships with their children who were born as a result of rape.

In order to reduce the stigmatization that surrounds rape victims, the survivors and their children need support in their resettlement countries. By joining a group of survivors of genocidal rape, these women and children born as a result of rape could reduce isolation, and the association with others in a similar situation could provide a sense of community, comfort, and support. It could also reduce the feeling of stigma, and facilitate the restoration of self-pride; it may help them to express emotions freely, and to gain hope for the future. There are some women survivors of rape that have turned to alcohol and drugs to help them to cope with their PTSD. However, alcohol and other drugs, while possibly having some positive short-term effects, tend to make things worse in the long run. Therefore, it is important for traumatized Rwandan women and children born as a result of rape to stop the permanent use of alcohol and drugs. Some Rwandan women have started to view their children born as a result of rape as a gift rather than the curse. Thus, if these women could build a good relationship with their children, there is hope that these relationships may act as a good model for Rwandan reconciliation in Finland and Belgium.

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