



Children Conceived in rape

A rapid evidence review for the Centre for
Women's Justice



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This Rapid Evidence Review was produced for CWJ for informational purposes only.

None of the research and studies were conducted by the authors themselves, and the authors were commissioned to carry out the research independently from Durham University.

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Introduction

Within the United Kingdom (UK), children who are conceived in rape are not currently recognised as victims. At present, there are appeals for legislation to recognise them as such within the Victims' Bill, which would bring the rights of children conceived in rape in line with the rights of other children, for example those covered by the Domestic Abuse Act (2021) (where children do not need to directly experience domestic abuse themselves to be recognised as victims). In late 2021, the Government endorsed an international 'Call to Action' (Gov.UK, 2022), which would recognise children conceived in sexual violence within conflict settings as victims. However, children conceived in rape within domestic settings (peacetime) have not yet been included under the call to action or within its proposed provisions. Not being recognised as a victim in their own right has serious connotations for children conceived in rape, including their inability to seek legal remedy in relation to their birth origins, legal recognition of the potentially damaging impact that being conceived in rape may have had upon them, and difficulties identifying and/or accessing appropriate support services.

This rapid evidence review synthesises the available evidence on children conceived in rape over the past two decades, exploring the impact of rape conception on mothers who give birth to children, and on children who have been conceived in rape. This review also considers some of the current legal frameworks and provisions for children conceived in rape (in the UK and in other parts of the world), to help outline whether there is any legal or other support available, and if so, how it is utilised.

Methodology

A rapid evidence review was conducted to identify literature within academic books and journals on children conceived in rape, published in English between January 1999 and March 2022¹. Databases searched were: Web of Science, EBSCOHOST, LexisNexis and Westlaw. Google Scholar and Google were also searched to identify any literature which had been missed by the former searches and also to account for 'grey' literature, such as newspaper articles and blogs. The following key words were searched for across the databases: Rape or sexual assault + pregnan (cy) (t); Rape or sexual assault + conc (eived) (eption); Rape or sexual assault + child (birth) (ren); Conce (ived) (ption) + consen (t) (sual); Mother + child + relationship + rape or sexual assault; Child + born + rape or sexual assault. Titles and abstracts were read to assess suitability for inclusion in relation to the research questions (see below). Reference lists from these articles were also read and any relevant articles followed up. When removing duplicates, these searches resulted in 141 unique journal articles and books/book chapters, of which 48 related to conception in rape during peacetime (14 found during the initial search, and 34 via following up references) and 93 related to conception in rape during periods of war (53 found during the initial search, and 40 via following up references). 40 pieces of 'grey' literature were also found. From the above, the literature most relevant to this review is presented within this report.

The following research questions were considered whilst reviewing the evidence:

1. What data is there on children conceived in rape in terms of the prevalence or extent?

¹ A study by Holmes et al (1996) was also included, due to its significance in this field despite falling outside of the search parameters

2. What are the impacts on children who are conceived as a consequence of rape and how does this differ by the sex/gender of the child?
 - a. Physical impacts
 - b. Psychological impacts
 - c. Social/community/family impacts
3. What are the impacts on mothers who conceive as a consequence of rape?
 - a. Physical impacts
 - b. Psychological impacts
 - c. Social/community/family impacts
4. What are the current legal provisions/frameworks concerning children conceived in rape?
 - a. Do any countries currently recognise the child/ren as victims?
 - b. Are there any civil or criminal statutes and/or remedies available to children conceived in rape?
 - c. What legal rights currently afforded to children conceived in rape?
5. What legal, statutory or non-statutory support is available for children conceived in rape?

Every effort was made to capture all the relevant literature in relation to the research questions above, however though due to the breadth of these questions, there may be additional literature available that fell outside of the specified search terms outlined above. The literature that arose during initial searches was also split into two core categories, literature pertaining to children conceived in rape during peacetime and literature pertaining to children born in rape during war and conflict (hereon described as children born of war²).

Because of the substantial gaps in knowledge relating to children conceived in rape during peacetime, this literature was analysed in relation to each of the research questions listed above, with the aim of bringing together the literature in this area. Due to the more substantial body of literature that exists in relation to children born of war, attention was focused here specifically on the lived experiences of children and young people who had been conceived in rape, particularly where they had shared firsthand testimony and reflected upon the impact of their birth origins upon their life course. This decision was taken due to:

- The specific areas of interest that this rapid evidence review has been developed for (the focus on children as victims);
- The dearth of knowledge in relation to the experiences of children, especially in relation to children and young people speaking from their own perspectives.

In order that the nuances relating to different experiences can be drawn out, the literature pertaining to both groups is presented separately within this review. Section one will present literature on children born in rape during peacetime, section two will present literature on children born of war, and section three will bring all of the research together, presenting specific considerations in relation to the recognition and support of children born in rape.

² Children born of war, a term that seems to have been first used by Professor Charli Carpenter (no date) is now most commonly used within the literature to describe children who have been conceived in rape and sexual violence during periods of conflict and/ or wartime.

Findings

Section one: Literature on children conceived in rape during peacetime

1.1 What data is there on children conceived in rape in terms of the prevalence or extent?

Data on the prevalence of children conceived in rape is difficult to ascertain. It is clear from extensive academic research that many women who have experienced rape do not report to an official body (Bianchi, 2014; Gupta & Sagar, 2017; Nusbaum, 2013) or may not identify what has happened as rape, particularly in the context of an intimate-partner relationship where there may also be consensual sex (Basile et al., 2018). For this reason, many pregnancies and births that occur due to rape will not be recorded within statistics as originating this way.

The most accurate information available in terms of statistics comes from officially reported incidents or crimes surrounding sexual violence. The Crime Survey for England and Wales is one way of assessing such data. In the most recent figures, the highest ever annual number of rape cases was recorded by police (67,125), with rape accounting for 37% of sexual offences overall (ONS, 2021). Research suggests that the chances of a woman of reproductive age becoming pregnant from non-consensual sex and consensual sex are the same, at a rate of between 3.1 to 5% (Holmes et al, 1996; Wilcox et al, 2001). With this in mind, it is possible that between 2,080 and 3,356 babies could have been conceived in rape during January 2021 - December 2021 in England and Wales alone³. Research published in 2018 which offered an estimate of national prevalence of rape-related pregnancy in the United States (US) found that 2.4% of women reported experiencing rape-related pregnancy during their lifetime (Basile et al., 2018). When considering adolescents, a world report on violence and health found that up to one third of girls worldwide experienced their first sexual experience as 'forced' (Krug et al., 2002, p.149), which is likely to have resulted in pregnancies in some cases. For women within the military, Grindley et al (2011) estimated that per 1,000 sexual assaults, 97 pregnancies will occur – a rate higher than for civilians, which they attributed to more women in the military being of childbearing age.

Of rapes that result in pregnancy, some women choose to raise the child, some choose for the child to be adopted and others elect to have an abortion. Ajayi and Ezegebe (2020) found in their study that women and girls who had experienced an unwanted pregnancy as a result of sexual violence were more likely to have an abortion (29.8%), compared to women whose unintended pregnancy was not as a result of sexual violence (22.9%). In another study, of the 11 women who had experienced 'forced sexual intercourse' (p.167), it is likely that this resulted in pregnancy for 6 of the women, which they were seeking abortion for (Keeling, 2004). Women in Perry et al's (2015a) research stated that generally, conceiving due to rape was the primary reason they were terminating their pregnancy. Doherty (2018) estimates that of the 25,000-32,000 women who conceive in rape each year in the US, 26-50% choose abortion, whilst 36% of those who carry the baby to term choose adoption. Reardon, Makimaa and Sobie (2000) cite a slightly lower figure, suggesting that 26% of children conceived in rape may be placed for adoption.

³ there are factors which may affect the figure, such as the number of women who were using birth control, were of reproductive age, and taking into account that some victims will have been men. The figure also only constitutes cases reported to police; the actual figure is likely to be much higher.

As some women who have conceived in rape choose abortion whereas others carry pregnancies to term, this combined with silence and stigma surrounding rape suggests that the actual figures relating to the number of children conceived in rape are likely to be higher than those reported within official statistics.

1.2 What are the physical, psychological and social impacts on children who are conceived as a consequence of rape?

Despite evidence that potentially thousands of children are being conceived in rape each year, there is little academic research which explores the impact of this on children, who have been described as the ‘forgotten victims’ (Solomon, 2012, p.478). Of research that does exist, reference to the impact on children is often made in passing when discussing the mothers’ experiences, if at all. Additionally, the majority of existing literature relates to children conceived in rape within conflict settings, which comes with unique nuances and is discussed in Section 2 in this report. A large proportion of information relating to the impact on children in peacetime can be found within ‘grey’ literature, such as newspaper articles, blogs, forums and other online sources where people speak about lived experiences. This section will summarise the academic research which does exist alongside first-hand experiences from within ‘grey’ literature.

1.2.1 Children’s physical wellbeing

There is little research which explores the physical impact on children of being conceived in rape. David (2006) found that generally, unintended pregnancy is associated with poorer physical and mental health than intended pregnancies. Prenatal care may also be sought later by women with unintended pregnancies than those with intended pregnancies (D’Angelo et al., 2004; Korenman, Kaestner & Joyce, 2002), which could have implications for the child’s physical development. Solomon (2012) outlined the case of a woman who was repeatedly physically assaulted by her partner during pregnancy, and upon the child being born, they continued to physically abuse both the mother and child, suggesting there could be negative impacts on the child both pre and post-natal. Bianchi (2014) also reported negative physical impacts on children, finding that nearly 85% of children born of rape were reported by their mothers to display increased internalising or externalising behaviours via the Child Behaviour Checklist, such as physical pain, issues with development or aggression.

There is also evidence that mothers may in some cases physically abuse their child, with a clinician in one study reporting that a mother viewed her child as a “child of the enemy” rather than a person with their own needs (van Ee & Blokland, 2019, p.5). The same authors also found evidence that male children may remind the mother of the rapist and thus act differently towards them, including finding it more difficult as they get older to touch them. Solomon (2012) also found evidence of children being pushed away or rejected by their mothers if they tried to make physical contact with them. This lack of physical parent-child intimacy and/or physical abuse is likely to negatively impact the child as they develop and form their identity.

Considering the physical impact on children as they age, Solomon (2012) spoke of a girl who was conceived in rape going on to experience rape herself alongside multiple pregnancies. Though there is no clear indication here of the correlation between the girl’s conception and her future behaviour, it is known that

risk-taking behaviour can lead to physical health complications such as sexually transmitted diseases, alongside the increased health risks which affect adolescents who becoming pregnant (Casas, 2019).

Research could not be found that examined how children were affected differently by gender, other than the previous example relating to possible future pregnancy in adolescent girls and the impact this could have on their physical health. There is also evidence that male children may be viewed differently to female children if they remind the mother of the rapist, but not enough evidence to determine if this affects the physical wellbeing of the child.

1.2.2 Children's psychological wellbeing

The psychological wellbeing of children conceived in rape is referenced within the literature in a number of ways. The area's most commonly discussed are attachment and how the trauma of the mother impacts on the child's psychological well-being, in cases where the child is raised by their birth mother.

Before birth, if the mother perceives the foetus as invading her body, there is suggestion that intergenerational trauma could occur (Thomson-Salo, 2010). After birth, the literature suggests that the mother's trauma can have a profound effect on their subsequent relationship with their child, and the child's wellbeing. A clinician within van Ee and Blokland's (2019) research quoted:

When you keep your child from sexual assault you are getting a dose of trauma every day you know. (p.6)

The mothers' trauma can mean that they experience conflicting and oscillating feelings about their child (van Ee & Blokland, 2019), which may in some cases result in emotional neglect of the child (Beck et al., 2019). This, in turn, could impact on the child's long-term functioning (Beck et al., 2019). Some of the ways which mothers negatively perceive their child can be viewing them as dirty, damaged or being ashamed of them (van Ee & Blokland, 2019) or feelings of disgust - feelings that have also been echoed by children themselves if they are aware of their conception, with some worrying whether they have inherited 'evil genes' from their father (Thomson-Salo, 2010, p.6), and concerns over the DNA of any future children they may have:

I even become disgusted with myself, for having my 'animal' father's DNA inside me. (Adopted_at_young, 2012)

Which are the rapist's parts? (Muller, 2016)

I worried that evil was embedded in my genes, and that people could tell, somehow, that I'd been created from violence. If I went on to have a son, would he be a rapist, too?' (Unknown, in Kiessling, 2012)

On the other hand, a mother may view their child as innocent (Thomson-Salo, 2010), a "miracle" (Salomon, p.498); seeing them as the good that has come out of something bad. Mothers who view their child this way are more likely to form positive attachment to them. Research by van Ee & Blokland (2019) found that when mothers saw their child as a part of themselves rather than like their father, children were more likely to feel loved and accepted. Personal accounts also suggest that children can view themselves as innocent when they understand the nature of their conception, though others describe feeling 'blessed' that they are accepted, suggesting that they feel gratitude for the love they receive:

I don't feel like a "product" I was an innocent victim as was my mother. (Adopted_at_young, 2012)

I am so BLESSED that my mother and her family LOVED me in spite of the circumstances of my conception. (TJ, 2018, in Muller, 2016)

When mothers struggle with attachment due to trauma, this can negatively impact the child. van Ee et al (2016) found that attachment difficulties were common within mother-child dyads, with parental symptoms of post-traumatic stress disorder (PTSD) being directly related to children's disorganised and insecure attachment styles, affecting younger children most profoundly. Struggling with attachment can impact upon children in many ways. Children may display internalising and externalising factors such as aggression and feelings of sadness (Bianchi, 2014), they may feel rejected which can lead to psychological issues - which in one example in research led to the child being removed by social services as the mother could not cope (Anderson & van Ee, 2019) - resulting in the child experiencing further loss and rejection (Solomon, 2012). Children may also become hyper-vigilant and feel they need to protect themselves as they struggle to make sense of their mother's response to them (Thomson-Salo, 2010).

Children who learn about their conception may struggle psychologically. Research suggests that they may experience depression, anxiety, PTSD, eating disorders and no sense of belonging (Bindel, 2018; Christy, 2021, in Muller, 2016; Hope, 2021, in Muller, 2016; Liebling, Slegh & Ruratotoye, 2012; Reardon, Makimaa & Sobie, 2000; Solomon, 2012).

I have been in and out of therapy for almost 10 years now and it feels like the work is never over. (Hope, in Muller, 2016)

Children may also struggle with feeling complicit in or sorrow in relation to the trauma their mother experienced, which could lead to secondary trauma (Salomon, 2012). Primarily through blogs and personal accounts, children explain their position in relation to this:

Everyday since I found out that my mother was raped, I think about the pain and trauma that she carried. (Kathy, in Muller, 2016)

I feel more sorry for her than myself. Not only was she raped, she also had to give her child up. She has suffered for her entire life. (Adopted_at_young, 2012)

I didn't rape her, but when I was younger, I used to feel like it was my fault...the dreams that she probably could have fulfilled – if she had stayed that innocent virgin who wanted to be a lawyer – she wasn't going to be able to fulfill those because I was here. (Perry, in Hunt, n.d).

In some cases where a child has been conceived in rape, there may be battles around parenting and custody. In these cases, research suggests that the child suffers increased stress if they are caught up in this (Stevens, 2014) as well as the mother experiencing continued trauma due to ongoing contact with the rapist, which in turn can negatively impact upon her ability to raise her child (H.R Res, 2015, cited in Dostis, 2021).

Some research indicated more positive outcomes for children conceived in rape. Reardon, Makimaa and Sobie (2000) surveyed children who had been told they were conceived in rape and found that most said that they had "happy, healthy, productive, normal lives" (p. 23). In some cases, children move into roles and careers as adults where they can support others using their experiences, suggesting that they have been able to process what has happened to them in a way that enables them to use it for good. Some

woman conceived in rape also go on to be mothers themselves, which can lead to them feeling protective and attached to their child; wanting to care for them and give them a better life than they themselves had (Solomon, 2012). Though these outcomes may be perceived as positive, it could be argued that the life-course of the child would have moved in a different direction had they not been conceived in rape.

1.2.3 Social, community and family impacts on children

Research was found that explores the impact of being conceived in rape in relation to children's social, community and family experiences. This was found to revolve around two themes: Impact on life course and knowing their origin/identity.

1.2.3.1 Impact on life course

Some research reports on the impact of being conceived in rape on a child's life course. Children who are raised by their birth mother may not be afforded a place in society due to being rejected by their mother's community and not knowing their father's – meaning they will be denied the right to participate in a community's social, religious and cultural activities, with community leaders apathetic about integrating these children due to prevailing stigma (Onyima & Chidiebere, 2018). At the start of their life, research suggests that a child may not receive the vaccinations they need due to mothers being rejected by society/being in hiding (Onyima & Chidiebere, 2018), which could impact upon the child's health. There is also evidence that when a child learns about their identity, they may become rebellious, with Solomon (2012) indicating that when one mother told her daughter how she was conceived, her daughter quickly became pregnant three times by three different fathers. This perhaps represents the child feeling a sense of worthlessness and as though she is usable. Elliott et al (2015) researched black, single mothers' parenting and outline how one boy conceived in rape was first arrested aged 12 and at the time the research was published, he was 28 years old and in prison; having no relationship with his mother.

Other research discusses the impact of being conceived in rape on a child's education, suggesting (generally) poorer educational outcomes for children born due to unintended pregnancy (David, 2006). Onyima and Chidiebere (2018) researched the social integration and poverty of children born in rape in Nigeria and found that many children were late in starting school and so lose out on education. Solomon (2012) describes a case whereby the age of 12, a boy conceived in rape was "bounced from school to school" (p.498) which again suggests disruption to their education.

1.2.3.2 Knowing origin/identity

When a child is conceived in rape they are perceived in numerous ways by others, including their mothers, other family members and members of the community. Research and opinion pieces suggest that children who are aware about the nature of their conception can be "negatively affected in profound ways" (Alcoff, 2018 p.44). Some of this research considers how children conceived in rape construct their identity.

Some research considers the questions children ask about their origin, in relation to their conception. Solomon (2012) outlines how as young as two, a child may start asking questions about why they do not have a father. This can leave the mother in a difficult situation, needing to make a decision about whether and what to tell their child about the nature of their conception. One mother speaks about the difficulties surrounding this:

I just gave birth three weeks ago to a beautiful boy conceived from rape. My heart breaks for the pain he will have to endure when he learns of how he got here. The choice I am left with now is either lose my husband and keep my child or keep my husband and lose my child. How can I make the right decision? What is the right decision? (S Rose, in Muller, 2016)

Solomon (2012) draws upon experiences of children who have been in this position, stating that they may feel anger at not knowing who their father is (or due to being lied to about them), or feeling they will die with unanswered questions. This may lead to them feeling betrayed if they later hear the truth. There is suggestion, however, that learning about their conception can help children to gain a deeper understanding into their relationship with their mother:

I am 34 and just found out I am a product of rape. It all makes sense now all of the disconnect from my mother and now the question is answered why she gave me away but kept my siblings. (Diane, in Muller, 2016)

Research suggests that finding their identity is especially important for children who are adopted and do not know their birth parents. A small body of literature exploring how adoptive parents make decisions about whether and how to tell their child that they were conceived in rape explores the difficulties faced by adoptive parents and the possible impacts on children. Thomson-Salo (2010) states that little is known about children who are adopted due to being conceived in rape, though the author states that some children want to know or construct who their biological parents are, and others want to find them. Regardless, children are likely to have questions about their origin. Goldberg et al (2019) found that most adoptive parents who adopt a child conceived in rape decide that they want to tell them at some point (and are also encouraged to by adoption agencies), however there is little research outlining the outcomes of these disclosures on children. Where research is available, it suggests that adoptive parents play a crucial role in supporting children to construct their identity and manage uncertainty via creating an open environment where information sharing is encouraged (Andriola, 2015; Warner Colaner & Kranstuber, 2010; Wrobel et al., 2003). Adoptive parents can, however, have concerns in relation to desiring an environment of openness with their child but also wanting to protect them; including not wanting them to feel that they are bad like their father (Goldberg et al., 2019). This is particularly pertinent as there is suggestion from some research that a child's identity is inherently linked to their father, no matter who raises them (van Ee & Kleber, 2013).

This latter point is echoed in other studies. In relation to the community response to children conceived in rape, there is research suggesting that in some cultures, the ethnic identity of the father is imposed upon the child; something which minimises the mothers' identity and thus negatively impacts upon the child's own identity formation (Anderson & van Ee, 2019). There is indication from the research that children may struggle to feel a sense of community for reasons related to those suggested by Anderson and van Ee (2019) and due to being denied societal privileges (Onyima & Chidiebere, 2018). Communities may further ostracise children by mocking them (Liebling, Slegh & Ruratotoye, 2012) and calling them derogatory names (Onyima & Chidiebere, 2018), as one survivor shared:

after I was born, my mother said she would take me for walks, and the local community would point at us and call me "the product." (Adopted_at_young, 2012)

Liebling, Slegh and Ruratotoye (2012) outline how in many cases within their research, negative community response led to children experiencing depression. Some communities may view conceiving in

rape as wrong, and expect that a mother should have an abortion, suggesting that they are already viewing the child with disgust and a lack of acceptance even before they are born (Gupta & Sagar, 2017). There is also a culture of silence around the nature of being conceived in rape in some communities, meaning children may not have their needs met, and their origin may be denied by others. Solomon (2012) outlines a case of grandparent shame, where they did not wish for the child to share their family name and pretended to others that the child was conceived consensually. There is also evidence of grandparents refusing to accept or recognise the child, or treating them differently than their other grandchildren. This lack of acknowledgement about their origin could leave children feeling isolated and confused. Solomon (2012) suggests that even when a child does know how they were conceived, children may struggle to find supportive environments alongside others with lived experiences.

In specific experiences of children who were mixed-race and/or a different race to their mother or adoptive parents, children may experience racism from family members and members of the community (Solomon, 2012), in addition to not feeling that they belong: “I had to constantly justify my existence” (see Daisy, in Selby, 2021). Solomon (2012) also outlines concerns by one birth mother who was considering adoption for her mixed-race child, feeling that they would not have their needs fully understood by white adoptive parents, and thus decided to raise her child herself. This research raises further questions around identity-formation for children in these situations, and whether their needs are recognised.

1.3 What are the physical, psychological and social impacts on mothers who conceive as a consequence of rape?

1.3.1 Mothers’ physical wellbeing

Physical impacts on women due to rape are well documented within research. Women may experience short and long-term effects following rape, which include: genital injury, brain injury, headaches, sexually transmitted infections, panic attacks, blackouts, anaemia, vomiting hallucinations, agoraphobia, gynaecological problems and death (Casas, 2019; Jina & Thomas, 2013; McFarlane, 2007; Sommers, 2007; Sugar et al., 2004).

Some physical effects experienced by women can be described as acute as they are associated with the rape and pregnancy. For example, Casas (2019) considered children who are raped and forced to give birth to the child and found that they experienced serious health issues such as preeclampsia and preterm labour, alongside being four times more likely to die during childbirth than adult women. McFarlane (2007) found that women who fell pregnant after rape were more likely to be experiencing gynaecological symptoms such as bleeding from the vagina and rectum, bacterial vaginosis, chlamydia, gonorrhoea and trichomoniasis. This finding differs from that of Perry et al (2015b), who found that rates of chlamydia and gonorrhoea did not differ between women choosing abortion due to rape, and those terminating pregnancies for other reasons. In their ‘Stolen Lives’ report, Casas et al (2015) also found pregnancy-related symptoms were present such as vaginal and urinary infections, nausea and vomiting, and relating to younger girls, they found large numbers of caesarean deliveries, which they stated can lead to complications for young girls. In fact, Casas (2019) states that complications during pregnancy and childbirth are the leading cause of death for girls aged 15-19 years old, globally. Though the studies mentioned in this section highlight what may be viewed as ‘acute’ symptoms that are specifically related

to rape, pregnancy and childbirth, it is also the case that many of them could lead to further physical and psychological symptoms in the woman's future. Salomon (2012) outlines an example of later onset physical and psychological impacts experienced by one mother: "One day I just stopped...like a clock stops working" (p.510), whereby she was afflicted with symptoms such as panic attacks, blackouts, hair loss, agoraphobia, disorientation and olfactory hallucinations (which ultimately led to job loss). Additionally, amidst experiencing these symptoms, women are also expected to make the life-altering decision about whether to raise their child conceived in rape.

1.3.2 Mothers' psychological wellbeing

Women may experience a breadth of psychological symptoms due to rape itself and due to conceiving a child in rape. Research has identified that these include (though are not limited to): PTSD, shame, anxiety, depression, flashbacks, suicidal thoughts, shock, denial, fear and isolation (Makimaa & Sobie, 2000; McFarlane et al., 2005, 2007; Solomon, 2012; Symes et al., 2014; Zaleski and Katz, 2014). PTSD is particularly common, with McFarlane's (2007) review on intimate partner rape finding that women who reported rape had higher post-traumatic stress scores compared to women who were not raped at the time of conception. One woman likened the return of their trauma at nighttime to "a soldier returning from war and not knowing their own body" (Solomon, 2012, p.282). The psychological impacts that women experience stem from rape, pregnancy, decision-making around pregnancy, childbirth, and relationships with their child, family and wider society. This section will discuss some of this literature.

1.3.2.1 Decision making relating to pregnancy

Following rape that leads to pregnancy, women are required to make a decision about whether to carry a child to term (and then whether to place them for adoption or raise them themselves) (deHass et al, 2012) or have an abortion; decisions which can feel difficult and life-altering (Beck et al, 2019; Stevens, 2014). Some research suggests that when women are pregnant, they oscillate between feelings such as being "enlivened" and "intolerable shame" (Doherty, 2018, p.220). Personal accounts from survivors' echo this, with one woman stating:

I have fear though after he is born that all the emotions and scars from that night will come flooding in at what should be a happy time. (Kyrstan, 2019)

Other research suggests that women who have unintended pregnancies may seek prenatal care later than those with intended pregnancies (D'Angelo et al., 2004) which could have psychological and physical implications for the wellbeing of the mother and child. Solomon (2012) suggests that there may be age-related differences in women's decision making, with older women being in denial for longer and so being aware of their pregnancies later than younger women, who may base their decisions in relation to their parents/elders wishes. Others can effect a woman's decision-making in numerous ways, for example, through religion (Mantovani & Thomas, 2014), due to women having to fund their own abortions (Grindley et al., 2011 - this research focuses specifically on women serving in the military for whom there may be no safe abortion provision/where abortion may be illegal), feeling their job would be at risk if they disclosed the rape and societal stigma surrounding children conceived in rape (Doherty, 2018; Nusbaum, 2013). In Nusbaum's (2013) research, if a woman decides to keep their child, this may mean they are less likely to report the rape to police due to fear of stigma against her and her unborn child, concerns around not being believed and fears that others will try and discourage them from keeping the baby if they find out about how they were conceived.

From a more positive angle, some research has found that women may view their pregnancy as part of their recovery (Solomon, 2012), feel connected to their baby as they perceive them both to have suffered (Doherty, 2018; Solomon, 2012) and not feeling alone due to the life growing inside them (Prewitt, in O’Dea, 2022).

Regardless of the decision made by women relating to their pregnancy, however, Zaleski and Katz (2014) found that women felt “unresolved” (p.400) about their final decision, suggesting that conflicting feelings can be ongoing.

1.3.2.2 Bonding/reminder of rapist

Some research suggests that when women have conceived a child in rape and choose to raise them, they may be reminded of the rape/rapist and find the relationship with their child painful (Bekos, 2007; Paul, 2008) as they can struggle to separate the child from the way they were conceived. In some cases, this could lead mothers to direct anger towards the child and have difficulties bonding (Thomson-Salo, 2010; van Ee & Blokland, 2019).

Two pieces of research suggest that having a girl over a boy may be easier for a woman (Reardon, Makimaa & Sobie, 2000; Thomson-Salo, 2010). A survivor’s personal experience echoes this:

When i found out i was having a girl it became easier for me to see that it wasn't my daughter's fault for coming into this world and i began to love her. The girl thing was because i thought would be easier to look at her and not see him and it is she looks [like] me and you can't even he is her father. (kjbecks, 2014)

Van Ee & Blokland (2019) found that boy children may remind mothers of the rapist and thus mothers act differently towards them, including struggling with physical touch as the boy grows older. Regardless of the gender of the child, research has found evidence that if a child exhibits behaviours that their father displayed, the mother may feel re-traumatised due to this similarity (van Ee & Blokland, 2019). One survivor spoke about this re-traumatisation due to similarities with the rapist coupled with the love she simultaneously felt for her child:

As he's grown, those eyes have become even more [like his father's]. And one of the things that I remember most about the rape - and I don't think this is uncommon - is the eyes. He has got very, very striking eyes, they both have. They are very distinctive. I can put my hand on my heart and say I don't think there was ever any effect on my bond with him due to how he was conceived, certainly not consciously. The only thing I've had to tell myself was, that if I caught his eye - and even now if I catch the odd mannerism, because certain mannerisms seem to be hereditary - that it's not to do with him. If I get a flashback, I react physically, but it's to do with the reminder, like you might get a trigger. I have absolutely loved him, since the moment he was born. (Catherine*⁴, in BBC News, 2017)

Whilst this mother is clear in her conviction of her love for her child, she also struggled with trauma symptoms, which is evident in the literature. Van Ee & Blokland (2019) found within their research that some mothers did not connect with their child, one tried to suffocate them in the delivery room, they

⁴ Not the survivor’s real name

didn't want to hold them, and they didn't like them. Some may also be concerned that the impact of the father's "evil genes" are stronger than their (the mother's) ability to support their child to grow up to be respectful and loving (Solomon, 2012, p.482). As outlined earlier in relation to oscillating feelings during pregnancy, some mothers also experience these feelings when their child is born, moving between being glad that they had the child and wishing they didn't:

I want to blame the fact that I don't have a life on her. Then I think about it, and I do have a life. My life is her. And once I get into that mentality, I love her to death... I still wish I'd miscarried and didn't have her. (Solomon, 2012, p.517)

1.3.2.3 Ongoing contact with rapist

A further aspect that can affect mothers' psychological wellbeing is if they still have contact with the man who raped them (Beck et al., 2019; Doherty, 2018). This may be for many reasons, amongst which are due to them living together as partners, seeing them in the community, if they are co-parenting their child or if the rapist is fighting for rights to see the child. Basile et al (2018) used data in their research from a national intimate partner and sexual violence survey and found that three quarters of women who became pregnant due to rape were raped by a partner or ex-partner. This suggests that women in this situation are more likely to have some kind of ongoing contact with the rapist following the rape. The effects for women who are still in a relationship with the man who raped them are particularly serious, with research conducted in the US by Stevens (2014) finding that women have poorer mental health, feelings of vulnerability, loss of control and are likely to suffer further violence. Stevens goes on to state that these feelings make it difficult for a woman to recover from trauma and may also affect the child. Some rapists may attempt to exercise their parental rights over the child who has been conceived; a further act of power and control that can be re-traumatising for the woman. Doherty (2018) found that when women are being forced to continually see the rapist, their ability to live happily is impaired. Patterson (2016) also shares an example of how co-parenting with a rapist leads women to feel trapped and scared. In some cases relating to child contact, women may even resort to giving up their right to a trial so the rapist will stop pursuing custody of the child (Prewitt, in O'Dea, 2022).

1.3.2.4 Not seeking timely healthcare or healthcare at all

Another way that women who have been raped may be affected psychologically is that they may not seek timely healthcare, or healthcare at all. Van Ee and Blokland (2019) spoke with therapists who state that the reason for this may be that the connection between the trauma of rape and the child has not previously been discussed. Other reasons for not seeking immediate care may be due to shame and keeping the assault secret (Machado et al., 2015). There is also some evidence that professionals may not be adequately equipped to deal with conversations addressing rape conception. Some professionals in Meuleman and van Ee's (2021) research were worried that they didn't hold enough knowledge to be able to adequately support women who have conceived in rape and gained most of their knowledge through prior experience of working with women in this situation. One nurse in this study was concerned about whether to ask the mother about sexual violence:

To what extent do I break something open again or do I cause more damage. What results do I get following my question? Can I do something with the answers? Maybe I get an answer of which I think "oh shit what should I do next, because it is beyond my expertise." (Meuleman and van Ee, 2021, p.5).

1.3.3 Social, community and family impacts on mothers

When a woman becomes pregnant by rape, she may experience (or fear she may experience) ostracisation – from friends, family and the wider community, who may blame her for what has happened (Beck et al., 2019; Reardon, Makimaa & Sobie, 2000), though it is important to note that in some cases people can be accepting and support the mother and child (Reardon, Makimaa & Sobie, 2000; Solomon, 2012). Research suggests that there are negative societal assumptions around rape conception. These include, for example, that a woman should hate their child and should have an abortion (Prewitt, 2012), if a woman chooses to raise her child she is viewed with suspicion with doubts over whether she was raped (Prewitt, 2012) or alternatively, that a woman should be in love with her child as it is not the child's fault, with no recognition given to the woman in relation to the circumstances surrounding conception (Anderson & Van Ee, 2019). One woman quoted in Doherty's (2018) research discussed how the pro-choice movement can silence women who decide to keep their children conceived in rape. She feels that the movement suggests that her choice to raise her child means she is encouraging other women who are raped to do this, or that her choice to raise the child suggests she is judging those who choose not to. Ultimately, the woman feels that the judgment here that positions her child as "dirtying up the gene-pool of humanity" (p.253) is more harmful to her than being reminded of the rape.

Due to the shame they may hold about how their child was conceived and fear of community stigma, women may not speak about it for many years (Reardon, Makimaa & Sobie, 2000; van Ee & Blokland, 2019). One survivor speaks about the difficulty she faced with judgement from others when she did not want to reveal that she became pregnant by rape:

I didn't have any family around me. People in the playground were quite judgmental when they realised I was pregnant but knew I was single, and I wasn't giving any explanation of why I was pregnant. (Catherine*, BBC News, 2017)

In some cases, if a survivor chooses to report rape, this could 'out' them to their community, and potentially expose them to more abuse and blame in relation to the rape (Casas, 2019). Solomon (2012) also outlines the difficulties women face when they want to speak about their experiences. During his research, he found that women wanted to tell their stories so that they could help others, however they were frightened, and thus some only wanted to meet in a public space as they feared being alone with a man, whereas others wanted private space as they worried about being overheard. These experiences highlight the ongoing decisions women are required to make relating to having conceived in rape and illustrates how they are silenced.

In addition to how society may perceive a mother who has conceived in rape, the mother may also experience educational, work or financial disruption. Casas (2019) outlines how when a young girl becomes pregnant, her vulnerability increases and her present and future prospects change (usually for the worse). One mother speaking in the 'Stolen Lives Report' states:

Unwanted pregnancy implies the imposition of motherhood, destroying life plans. "I don't know what will happen with my life and with my son." (Ana, 16 years old, Peru, cited in Casas et al., 2015 p. 69)

Murphy (2018) found further evidence of how conceiving by rape can disrupt a mother's life, speaking about a girl who became pregnant at aged 14 having to fight over a number of years to try and stop the rapist father having rights. This included her missing school to attend court proceedings, being required to submit personal and financial information to the court and rapist, and having to use her own money to go to family court. For some mothers, having a child may prevent them from pursuing educational goals or moving into careers they aspired to (Casas, 2019; Salomon, 2012) or in other instances, women's future careers have been shaped by what happened to them, as they move into careers where they can support others (Solomon, 2012). Some girls and women may also have their future decisions around whether to get married/have a child affected, with Casas et al (2015) finding that some girls in South America who had been raped may be forced to marry the rapist, and Zaleski and Katz (2014) finding that of a group of seven women who had all wanted to become a mother at some point prior to being raped, 57% did not have children afterwards.

1.4 What are the current legal provisions/frameworks concerning children conceived in rape?

Within the academic literature and database searches for legislation, there was little which explored the current legal provisions and frameworks concerning children conceived in rape. This report was asked to address whether any countries recognise the children as victims, whether there are any civil/criminal statutes or remedies available to children and whether they are afforded legal rights. Where possible, these questions will be discussed within this section⁵

A review of the research suggests that children who are conceived in rape within the US are afforded a small recognition that they are a victim, alongside limited rights, dependent on which state they reside within. Within the UK, the review did not find evidence that children conceived in rape are recognised as victims or afforded legal provision, other than support with tracing their birth parents. It is suggested that family courts, rather than criminal proceedings may be best for championing the interests of the child (Schoonmaker, 2010; Stevens, 2014).

In the US as of 2021, forty-nine states have established conditions that mean that a rapist's parental rights can be terminated, however 24 states still rely on rape conviction for these restrictions to be enacted, suggesting that protection and recognition for the rights of mothers and children as victims are lacking (see Dostis, 2021). Other conditions which appear to favour the rights of the father/rapist over those of the child (and mother) are a focus on biological links as indicative of parentage and as a reason for ongoing contact (Dostis, 2021; Murphy, 2018), rapists being consulted (and thus being able to influence) adoption proceedings (Dostis, 2021) and rules around fathers paying child benefit, which means they have access to firstly knowing the woman has a child and also information about where they live (Nasbaum, 2013). In some states, if a child is deemed old enough, their wishes around custody or visitation of the father are taken into consideration (Doherty, 2018). Children are also only eligible to inherit from their biological father if they are legally recognised as such; recognition which would give the father rights over the child's life, but without, would deem the child 'illegitimate' and unable to inherit (see Strange, 2013, in Laird, 2018). The 'unknowns' mentioned above around the rights of the father can be a big concern to the mother (Stevens, 2014). More recently, abortion laws becoming

⁵ Information which replicates that within Reed Smith's (2022) report was touched upon briefly/omitted from this report to avoid unnecessary duplication

stricter in the US may mean a woman is forced to have her child and for the rapist to be involved (Dostis, 2021), taking away further control from the mother (and indirectly, the child). The website <https://www.womenslaw.org> gives information relating to child custody within each State; including specific information relating to if a child was conceived in rape.

In the UK, children born of war will be recognised as victims in their own right as part of the ‘Call to action to ensure the rights and wellbeing of children born of sexual violence in conflict’ policy paper (Gov.UK, 2022). This call does not, however, address the needs and rights of children conceived in rape during peacetime.

In relation to father’s rights, the law in England and Wales holds that a child should have the right to have access to both parents. It also states that a father of a child conceived in rape can apply through the court for access to the child. They can also apply for “Parental Responsibility”, defined by the Children Act (1989) as “all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property” which is given automatically if the father is married to the mother when the child is conceived. Having parental responsibility means that the father is privy to any care proceedings concerning their child, even if the child does not wish to be involved with their father; suggesting a championing of the father’s rights over those of the child. In 2019, Louise Haigh MP put forward a Bill which would terminate the rights of fathers who have conceived a child in rape. This Bill had its first reading in 2019, and the current status appears to be that the Bill will go no further due to failing “to complete its passage through Parliament before the end of the session” (Parental Rights (Rapists) and Family Courts Bill, 2019). Without this Bill being passed, children’s rights in relation to not having to have contact with their rapist father continue to be unaddressed.

Children in the UK and US are already given support to trace their biological parents. Under new law, adopted children in the Republic of Ireland are set to be able to access unredacted details on their birth parents for the first time (see BBC News, 2022).

Gupta and Sagar (2017) outline a case where the Delhi High Court of India recognised within a case that a child conceived in rape had rights to compensation as a victim independent of their mother under Section 357 of the Criminal procedure Code (1973) and The Protection of Children from Sexual Offences Act (2012). They were also entitled to ‘maintenance and support’ (p.7). This was the first time the needs of a child conceived in rape have been considered in their own right in India (see Mathur, 2016 for newspaper article about the case). In early 2022, a Bombay High Court also ruled that a child conceived in rape should receive financial compensation after their mother died during their delivery and they were placed in an orphanage. The justification for this was that they were classed as a victim under Section 2(wa) of the Code of Criminal Procedure (see Chaudhari, 2022). A similar case in Bangladesh saw a child conceived in rape awarded inheritance rights alongside the rapist being imprisoned after their identity as the biological father was confirmed (Badal, 2021). It is unknown if these pieces of legislation have been applied further to similar cases in India and Bangladesh, as the legislation does not specifically mention children conceived in rape but appears to have been drawn upon in some cases.

Overall, it appears that of the legal provision available, these are primarily in the form of financial compensation or in relation to the rapists’ access to the child, rather than emotional support for both the mother and child to address trauma, which this review suggests is prevalent and unaddressed in many cases.

1.5 What legal, statutory or non-statutory support is available for children conceived in rape?

This review found that there is little emotional and practical support available to a child when they are conceived in rape, with most of what is available being for the mother (see, for example, Meuleman & van Ee, 2021). This is likely due to women who are raped being recognised in law as victims, a status which children who are conceived in rape are not afforded.

Within the UK, women who are raped are able to access any Rape Crisis Centre for emotional and practical support. A search found that some centres also advertise on their websites that they offer specialist support for children conceived in rape (see, for example, West Mercia Rape and Sexual Abuse Support Centre; Coventry Rape and Sexual Abuse Centre). It is possible that other Rape Crisis Centres would also support children conceived in rape; however, due to not being lawfully recognised as victims and not having themselves experienced rape, children/adults conceived in rape may not be aware this provision is available and so may not seek out this support. In 2020, an English Charity MOCRA (Mothers of Children Conceived in Rape and Abuse) was also set up by Dr Jessica Taylor, of which one area included provision for children and adult children conceived in rape. However, when searching for more information on this during the current review, the website did not appear to be active and so it is unclear as to whether this service is currently in operation (see womensgrid (2021) for more information).

In the UK, under the Criminal Injuries Compensation Act (1995), mothers can claim “compensation payable in respect of children conceived as a result of rape [or an offence under section 30 of the Sexual Offences Act 2003]” (Criminal Injuries Compensation Act, 1995) which covers both compensation in relation to pregnancy as a result of rape and additional compensation for each child the woman chooses to keep, but does not cover compensation directly to the child. The UK also offers mothers who have conceived in rape an exemption from the child tax credit limit (if the child is their third or further child). In addition to this ‘rape clause’ being problematic in that it replies on women disclosing that they have conceived in rape, it again focuses on financial ‘support’, whilst overlooking the emotional support needs of mothers and children.

There is evidence of some psychological support available to children in other countries. Research by van Ee and Blokland (2019) involved speaking to clinicians from the US, The Netherlands, Bosnia and Lebanon who were working with mothers raising children born of sexual violence. Some clinicians worked with the mother and child together, including teaching the child “coping strategies” (p.4); though the article does not give detail as to what these are. It is also mentioned that some clinicians focus on working more with the child, but again does not explain what this support looks like. Again, it is possible that psychological support through the NHS exists for children in the UK, though this would be on an individual basis rather than specialist provision due to their specific circumstance of being conceived in rape.

An adoptive father in Goldberg et al’s (2019) research conducted in the US mentions that their adoption agency provides counselling for their adopted child until they are 18 years old. The article does not, however, give detail about whether this is counselling related to being adopted or to provide specialist support around their conception. It is also not clear if this is provision provided by all adoption agencies in the US.

One paper conducted by authors in India suggests the importance of support groups for children conceived in rape in order to address stigma and reduce feelings of isolation (Gupta & Sagar, 2017). The

authors believe that these should be promoted by the government but state that there is currently no provision of this nature in India.

The lack of support for children and adult children conceived in rape is also evident within personal accounts globally, with survivors explaining that support groups do not exist, and professionals not understanding the nuances of their situation:

When I went to go look for support groups for children of rape victims or children conceived out of rape, they're pretty much nonexistent...rape is so common we don't even cringe when we hear about it. Rape is inhumane, and people are not treating it like it's inhumane. They just treat it like "Well, it happens." (Perry, in Hunt n.d)

There are no support groups to go to where people can truly understand how I'm feeling. I'm turning 50 this year and I am on a mission to get help and to provide help to others. (Jeff, in Muller, 2016)

I can't find a support group. An online support group for adults who were born from rape. I need to talk to someone else. Especially with all this abortion stuff coming up. I'm so triggered. (Tracey, in Muller, 2016)

Over the years I've tried counselling, but have been unsuccessful in finding a counsellor that has any experience with this type of trauma. It's such a taboo subject and very difficult to find the right understanding and support to deal with the psychological/emotional trauma. (Michelle, in Muller, 2016)

Professionals also highlighted concerns over how equipped they felt to work with mothers who have conceived in rape, feeling that they needed support to improve the care they provide such as more knowledge, skills-improvement and supervision (Meuleman and van Ee, 2021). Some were concerned that their current knowledge was not sufficient, and that what they did know was gained through their practical experience of working with mothers who conceived in rape. This suggests that practitioners feel they are lacking the specialist skills and knowledge to work with mothers around the nuances of conceiving through rape, which also suggests that they may face the same problems when working with children conceived in rape.

Section two: Literature on children born in rape during wartime

By far the largest body of literature surrounding children conceived in rape is in relation to 'children born of war' (Carpenter, 2007, International Network for Interdisciplinary Research on Children Born of War (INIRC-CBOW), 2021). Literature reviews have previously taken place within this context (see for example, Carpenter et al., 2005; Mochmann, 2017; Neenan, 2018; United Nations (UN), 2022), bringing together much of the existing knowledge base. Additionally, the INIRC-CBOW (2008-2021) have also collated literature in relation to children born of war, and their comprehensive reference list was drawn upon during this rapid evidence review.

For the purposes of this report, focus is directed at literature that explores the stories of children and young people born of war. The decision to focus specifically on children's firsthand testimony within the academic literature base coincides with Mochmann's recommendations following her comprehensive

review of interdisciplinary and international literature on children born of war (Mochmann, 2017). In her review, Mochmann advised that engagement with participatory, child-centred research is paramount - to extend the knowledge base regarding children conceived in rape and also to assist the identification and development of meaningful support systems for children and young people.

In addition to the core focus on children's experiences, some specific considerations for children born of war that have been derived from the literature are also shared. Some contextual considerations for mothers who conceive children through war are also shared, particularly in relation to girls who were raped and conceived children during wartime.

This section of the rapid evidence review therefore contains the following information:

- Data and statistics regarding children born of war;
- The impact of being born of war;
 - The physical impacts on children born of war;
 - The psychological impacts on children born of war;
 - The socio-cultural and community impacts on children born of war;
- Examples of existing support for children born of war.

2.1 Data and statistics regarding children born of war

According to Carpenter (n.d) there is a glaring knowledge gap in relation to data pertaining to children born of war. Carpenter notes that governments have not typically collected statistics in relation to “the number of children, their destinies or their status” (p.15). This lack of data has implications in relation to both legislative protections and support mechanisms for children born of war, including the enactment of their rights in accordance with the United Nations Convention on the rights of the child (United Nations, 1989).

Researchers have made efforts to address these data gaps, but in the absence of any standardised regulations or methodologies for data collection this remains a challenging task. In 2001, as part of the war and children identity project, Grieg (2001, p.9) collated estimated numbers of children born of war in different countries (see Grieg, 2001 for figures). Although the data collected was not specifically separated into conception through rape (the estimations were of pregnancies by military personnel and therefore also included consensual pregnancies), the estimations shared within Grieg's report suggest that the use of rape as a weapon of war is an endemic and pervasive issue affecting the lives of women, children and their communities worldwide.

One of the most researched conflicts in recent times has been the Rwandan genocide, where over the course of 100 days, Hutu extremists murdered approximately 800,000 people, including Rwanda's ethnic minority Tutsis, moderate Hutus and other political opponents (BBC News, 2019). Rape was commonly used during the conflict, with a key aim of obliterating Tutsi ethnicity. In terms of data relating to children conceived in rape during the Rwandan genocide, Denov and Piolanti's (2020) literature review estimates that “350,000 women and girls were raped and an estimated 10,000 to 25,000 children were born of these rapes” (p. 2).

Women and girls caught up in war face the threat of rape from multiple assailants; military forces, militia groups, even those who have been deployed to 'protect' war-torn communities. In their research about the experiences of Haitian women and girls, Lee and Bartels (2019) found that 10% of the 2500 people

they spoke with shared stories of children conceived in rapes perpetrated by men who were in peacekeeping roles.

Although it is difficult to draw any definitive conclusions, the estimations shared above highlight the substantive number of children who are born of war. In 2010, Carpenter estimated that there could be as many as 500,000 children who have been conceived in rape within this context; a number that will only continue to rise as further conflicts erupt across the globe. Evidently, there is still much to be done to break the silence surrounding conception through rape during wartime, to fully understand the extent of the issue and to ensure the rights of those who are born of war:

rather than gathering accurate data, establishing programs to address specific needs, and creating rights-based stories to counter misinformed sensationalism about the topic, organizations promoting children's human rights chose silence, a silence that is only very tentatively being broken. (Carpenter, 2010, p. xvi)

One of the ways that silence is slowly being broken is through the sharing of firsthand testimony from those born of war about their everyday lives, experiences and support needs. The next section of this report explores some of the research that has been undertaken with children and young people born of war, helping to reveal some of the physical, psychological and social/ community impacts that being conceived in rape within this context can entail.

2.2 The impact of being born of war

The impact of being conceived in rape upon the lives and circumstances of children and young people is little known. Literature that shares firsthand testimony from children and young people themselves is especially rare, particularly during peacetime. However, small pockets of research in relation to the direct experiences of children born of war did arise through the initial literature searches. Some of the findings from this research highlight specific, contextual considerations for children and young people born of war, whereas other findings may also be applicable to help understand, support and legislate for children conceived in rape during peacetime.

A striking similarity in the literature that does exist between children conceived in rape during peacetime and children born of war is in the reporting of continued issues across the life course. Van Ee and Kleber (2013, p.386) identified a series of risk factors for the wellbeing of children born of rape, including: "pregnancy and delivery; poor parent-child relationships; discrimination and stigmatisation; and identity issues." Research also repeatedly shows that the trauma experienced by women and girls who conceive through rape can be passed onto their children (Erjavec & Volčič, 2010; Kantengwa, 2014). These, secondary, transgenerational traumas passed from mother to child may in turn lead to "long-lasting effects on the child's physical, emotional and cognitive development" (Hogwood et al 2018; Van Ee & Kleber, 2013 p. 390). Children in these situations may also be confronted with painful decisions around who, how and when to disclose their origin stories (Eramian & Denov, 2018).

Even for children who are born of war but not conceived in rape (e.g., children who were conceived through love affairs⁶ with enemy soldiers), the circumstances of their birth have seemingly led to poorer outcomes across the lifecourse than their peers. In Van Ee and Kleber's (2013) analysis of register data held on children conceived in Norway under German occupation during World War 2, they found that:

These children have poorer health, higher suicide rates, and lower education and income levels than other Norwegians from the same age cohort. Even in their adult lives, the children of German soldiers in Norway reported symptoms such as concentration difficulties, sadness or depression, nightmares, restlessness, fatigue and sleeping problems. (van Ee & Kleber, 2013, p.387)

The strikingly detrimental impact on the life courses of those conceived under occupation by enemy soldiers described above may become further compounded where conception was through rape. In these instances, children and young people may be left to contend with the physical, psychological and social/community connotations that surround the circumstances of their birth, as Denov and Piolanti's participatory work with young people born of war in Rwanda articulates:

Youth participants reported ambivalent and often conflictual feelings towards their father, tension-filled relationships with their mother, and maltreatment perpetrated by step-fathers. Despite their absence, fathers held a significant, vital and symbolic role in participants' perceptions of themselves, sense of identity, and family belonging. (Denov & Piolanti, 2020, p.1).

The next sections of this rapid evidence review are split to consider in more depth the physical, psychological and social and community impacts on children born of war as reported within the literature.

2.2.1 Physical impact on children born of war

Physical impacts on children born of war reported within the literature include:

- **Mothers being deliberately infected with HIV**, so children are infected in utero (Carpenter, no date p.6; de Brouwer, Chu & Muscati, 2009; Solomon, 2012).
- **The (potential) impact of 'botched abortions'**, as women who have been raped attempt to self-abort or harm themselves whilst pregnant, especially where abortion is forbidden, against women's religious beliefs or where the circumstances of war have prevented women from accessing health care, including abortion services (Scott et al., 2018; Woolner, Denov & Kahn, 2019). Whilst women and girls who have conceived in rape during wartime have shared testimony in relation to "botched abortions" (Carpenter, no date; Scott et al., 2018), and a hope that their children would be 'born dead' (Woolner, Denov & Kahn, 2019), further research is required to understand whether such actions have lasting physical impacts on children as they grow and develop (Carpenter, no date p. 6).
- **Malnourishment** through the withdrawal of vital nutrients during early infancy, such as breast milk, as women struggle to form a connection with their child (Kantengwa, 2014).

• ⁶Mochmann problematises the idea of consensual relationships under occupation, asserting that: "The situations which lead to the birth of a Child Born of War differ in their nature. During armed conflict, it can be especially difficult to distinguish between voluntary and forced sexual relations. As a consequence, Children Born of War can be the result of intimate relationships but also because of the use of sex as a survival strategy, such as in exchange for goods or money" (Mochmann, 2017, p.325).

- **Physical assaults and injuries inflicted by family members**, including “disproportionately excessive beatings” from family members in instances where children had been regarded as making a mistake (Denov & Piolanti, 2020, p.5).
- **Targeted bullying from peers** in the school and community settings of children born of war, including physical assaults. In Erjavec and Volčič’s research with girls who had been conceived in rape during the 1992-1995 Bosnian war, the physical violence they had suffered at the hands of their peers had led many to “hate school” and several to drop out completely (Erjavec & Volčič, 2010, p.368).
- **Physical assault from adults in positions of authority**, including those working in educational roles. In Stewart’s storytelling and arts-based research with children born into the Lord’s Resistance Army (LRA) in Uganda, young people described being beaten and humiliated by their teachers. Stories included one boy being forced to undress in front of his peers to show them that he was older, and another boy being beaten “until some of the bones inside [his hands] were broken”. The explanation given for the assault was that children from the bush “do not know how to behave”. The headteacher also explained that their mother “does not like children who were born from the bush ... [They] have this saying that ... the smoke which comes from the bones (of the people killed in the bush), already spoiled their minds” (Stewart, 2021, p.119).
- **A heightened risk of rape and sexual violence from within their communities**, including from their stepfathers (Denov, & Piolanti, 2020, p.5.). This repeated cycle of sexual violence was also noted by Erjavec and Volčič (2010), where “girls reported being shot at, rape threats from others within their community and physical beatings for being conceived through rape” (p.369).
- **Suicide and suicide attempts**, particularly when children and young people discovered that they had been conceived in rape (Hogwood et al., 2018). The quote shared by Sabina (who was conceived through rape during the Bosnian war) illustrates the deeply serious attempts of some young people born of war to take their own lives: “My life is full of dark and strong pain. It is unbearable. And it hurts so much. I want to leave this world, you know. Three times, I tried to do it, with no success—they found me before. I’m just not normal and the therapy does not help here. All I want is to cut off and disappear” (Erjavec & Volčič, 2010, p.374).
- **Ongoing physical dangers for children born of war who are rejected or orphaned**. “Without an accepting family or community to raise and protect them, children of rape have a significant likelihood of becoming street children, who are routinely physically, emotionally and sexually abused and forcibly recruited into militia groups and political demonstrations. When and if these children attempt to escape from their homeland, they are placed in refugee camps with adults, which can be equally as dangerous as life on the streets” (Uram, 2008 p. 937).

2.2.2 Psychological impact on children born of war

Psychological impacts on children born of war reported within the literature include:

- **Insecure or ambivalent attachment as infants**. Van Ee and Kleber share an anonymised case study of 3-year-old Hamza, who “hardly speaks; most of the time, he uses crying to communicate his desires and he can communicate his desires fiercely. Hamza has difficulties playing with other children. He prefers to play with younger children, but at the same time he can be very aggressive

towards them. This scares other children and frustrates Amira (his mother)” (van Ee and Kleber, 2013, p.388).

- **Intense experiences of both primary and transgenerational trauma.** Of the eleven Bosniak girls interviewed by Erjavec and Volčič, ten described learning that they had been conceived in rape as the most traumatic event that had happened in their lives. Children and young people born of war are also described as victims of transgenerational trauma, as the traumatic experiences of those caught up in war are imprinted upon the lives of their children. Such experiences threaten and damage children’s relationships with their mothers, as Hogwood et al (2018, p.551) explain: “Unresolved trauma can result in dissociated forms of threatening aggressive parental behavior, affecting a child’s behavioral and attentional development... It is therefore unsurprising that young people born of rape often experience turbulent relationships with their mother, especially when there is the added notion of not understanding the reasons behind the difficult relationship.”
- **Feelings of guilt and shame.** The guilt and shame felt by children born of war in relation to their birth origins were repeatedly reported throughout the literature, with children and young people feeling responsible for the pain they had caused their mothers and other family members. (Eramian & Denov, 2018; Erjavec & Volčič, 2010; Hogwood et al., 2018; Kagoyire & Richters, 2018; Stewart, 2021). This is also prevalent in the accounts of children conceived in rape within peacetime.
- **Feelings of being unloved and unwanted.** Similarly to findings during peacetime, some children and young people born of war noted feelings of resentment from family members towards them, feeling as though they were a constant reminder of the damage that had been done to their family. Some reported being thrown out of their family homes, whilst others felt ignored or rejected by their family. A young man participating in Denov and Piolanti’s work with young people born of war in Rwanda stated: “I was growing up in a situation where I was not feeling loved. My step-father was beating me, hurting me, and calling me a bastard as well. He was even telling me to go to see my [biological] dad” (Denov & Piolanti, 2020, p.5).
- **Identity issues.** Corresponding with findings from peacetime for children conceived in rape, difficulties with identity were widely reported within the literature for children born of war. Children born of war were often acutely aware that their identity was “inextricably linked to that of their rapist fathers”, even if they had never met them before (Erjavec & Volčič, 2010; van Ee & Kleber, 2013). Clark (2014) describes rape as “a crime of identity”, explaining that it “is not only a sexual and physical violation but it is also a fundamental violation of the self”, leaving children who are conceived in rape with unanswered questions, half-finished stories and (often) their own imagination in relation to understanding their history and their biological makeup. Some children born of war expressed no desire to meet their fathers, but others reported a conflicting sense of wanting to know their fathers whilst simultaneously protecting their mothers (Denov & Piolanti, 2020, Hogwood et al., 2018). Hogwood et al (2018 p. 564) found important gender differences in relation to how young people born of war in Rwanda perceived their rapist fathers, with boys expressing more anger and girls more emotionally neutral (whilst still recognising the crimes their fathers had perpetrated). In some instances (particularly where children and young people had not received love or acceptance from their mothers’ families), children born of war described a longing to reconnect with their fathers. In Denov and Cadieux Van Vliet’s work with young people in Uganda for example, they found that children perceived their fathers as having played an

important caregiving role towards them during the conflict, with some hoping that they would be able to meet up and even live with them in the future (Denov & Cadieux Van Vliet, 2021, p.601 - 602). Similarly, Denov and Piolanti (2020) found that some young people in Rwanda expressed a desire to meet their fathers, in order to understand their heritage and to claim their inheritance rights.

- **Confusion and secrets.** Closely related to identity issues, some children reported feeling confusion about their family background before they were told about how they were conceived. This confusion, (including for some, not understanding why their mothers were cold and distant towards them), had an adverse effect on their mental health and wellbeing, as a young Rwandan woman describes: “When I was between seven and eleven years, I was in primary school and I had so many problems in my mind. Other children were talking about their fathers, but me I did not have one. I was asking my mom and she couldn’t even tell me the name of my father. When I reached secondary school, she took her time, we sat together and she explained to me in details what happened. Then I decided to accept it. This is why I feel my life is like normal” (Denov & Shevell, 2021 p.30). Although extremely challenging, understanding their origins helped some children born of war to develop their sense of identity and resolve some of the confusion they had been feeling about their lives (Katengwa, 2014). In some instances, learning about their identity also improved children and young people’s relationships with their mothers (Hogwood et al., 2018 p. 556). Other children and young people felt as though they had to keep their identity a secret or they would be treated differently and lose out on important opportunities, particularly in relation to their education (Di Eugenio & Baines, 2021; Erjavec & Volčič, 2010; Stewart, 2021).
- **A sense of role reversal in the child-parent relationship,** as children born of war became carers for their mothers. Examples of care include managing their mother’s trauma and its connotations surrounding her mental health and wellbeing and/or became carers for mothers who had become physically unwell as a result of their experiences, including those who had been deliberately infected with HIV during conflict (Erjavec & Volčič, 2010; Hogwood et al., 2018; Scott et al, 2015; Solomon, 2012).
- **Feelings of responsibility and gratitude.** In some instances, children born of war expressed feelings of gratitude to their mothers for keeping them because of how they had been conceived (Erjavec & Volčič, 2010), particularly in instances where they were aware that their siblings had been killed (Stewart, 2021). Feelings of gratitude were often also combined with a sense of responsibility, to work hard, to become successful and to make their mothers proud of them (Denov & Shevell., 2021; Kahn & Denov, 2019). Some young people also reported the importance of proving to their families that they were a good person: “knowing my history has given me the courage to work hard and study well and get a job so I can be helpful to my mom one day. And then she will know that I am great and can be a useful child and it won’t make her regret giving birth to me. I am working hard to be able to help her” (P7, female, in Hogwood et al., 2018, p.560).
- **Mental ill-health.** In several studies, children and young people shared their struggles with mental ill-health (Erjavec & Volčič, 2010; Hogwood et al., 2018; Kahn & Denov, 2019; van Ee & Kleber, 2013). One young man born of war in Rwanda described how learning that they were conceived in rape had adversely affected their mental health, leading to feelings of depression and rumination: “I have times when I am angry towards no-one and I feel like I cannot approach anyone. I sleep too much and at home they think that I am sick and I feel ashamed. Being born in that way makes me very depressed, I feel sad when I think that my mom was raped and got

pregnant from it. I can't forget it, it is always in my mind, and it can't be erased" (Hogwood et al., 2018, p.557). Some young people taking part in the same study also shared that they had considered committing suicide when they found out that they had been conceived in rape.

- **Invasions of privacy.** Some of the girls interviewed by Erjavec and Volčič (2010, p.367) reported feeling as though their privacy was continually being violated due to people staring at them. This invasion of privacy created a hypervigilant state for some of the girls, who felt as though they always had to be on their guard and protect themselves from those who knew about their background. Likewise, in Stewart's work with young people who had been born of war during the LRA conflict in Uganda, young people shared stories of LRA boys being forced to strip naked to show that they were older than other children in their class (Stewart, 2021).
- **Isolation.** "Because of internalized guilt and feelings of abnormality, the girls isolated themselves from society and closed themselves off from others. In other words, they reproduced the ostracization that has been visited upon them by Othering themselves" (Erjavec & Volčič, 2010, p.374).

2.2.3 Social and community impacts on children born of war

Social and community impacts on children born of war reported within the literature include:

- **Rejection and stigmatization by communities on both sides of the conflict.** For communities marred by conflict, children born of war may be regarded as both an unwelcome reminder of a painful history that would rather be forgotten (Stewart, 2021; Reid-Cunningham, 2008) and as "the object into which everyone else can channel their own frustrations because it is socially acceptable" (Erjavec & Volčič, 2010, p.367). Feelings of rejection and othering were commonly reported by children and young people within the literature, in relation to their family units through stigmatization from within their wider communities (Solomon, 2012; van Ee & Kleber, 2013). Some children and young people reported being physically removed from their mothers' homes, and others were spurned by community members, including those in positions of authority, such as community leaders and educators (Erjavec & Volčič, 2010; Solomon, 2012; Stewart, 2021). Children also reported being given derogatory names at birth (van Ee & Kleber, 2013), being called derogatory names by both family members and by people within their local communities (Kahn & Denov, 2019) and receiving death threats (Erjavec & Volčič, 2010; Liebling, Slegel & Ruratotoye, 2012).

Stewart (2021, p.117) notes that children born of war may be rejected by their communities because they "embody the memories of violence and they are therefore linked to the disorder and insecurity people continue to experience at the level of the everyday", thus jeopardising societal repair and the ability of a community to start anew. Stewart also suggests that children born of war may be compared with those who were murdered during conflicts or stolen by enemy forces:

Their bodies are marked by the signs of brutality, their very existence is evidence of horrors and transgressions that helped define the war. Significantly, their lives stand in contrast to the many lives of children taken in the war; children who were stolen from the very places in which the children in this study live out their lives today. (Stewart, 2021, p.117)

One place in Stewart's study where several young people reported feeling safe and part of their communities was in their churches and mosques. Young people also spoke about the importance of God in their lives in Hogwood and colleague's (2018) study with young people in Rwanda.

- **Responsibilisation for reconciliation within their communities.** Some children and young people born of war reported feeling a sense of responsibility to drive and support reconciliation efforts within their communities. Some felt that their dual heritage, ethnicity or nationality positioned them as uniquely well placed to support people to come together in the aftermath of conflict (Hogwood et al., 2018). In their (2010) study with Bosniak girls who had been conceived in rape, Erjavec & Volčič found that a sense of duty to support communities to forgive one another was particularly prominent in the narrative of one participant, Seada, the only girl participating in the study who was thriving in school and not living in poverty (Erjavec & Volčič, 2010, p.377). This finding was in contrast to the narratives of the other girls Erjavec and Volčič spoke with, who were more likely to see themselves as secondary, hidden victims of war (Erjavec & Volčič, 2010).

The responsabilisation of children to reconcile communities torn apart by war may also be fueled by media representation that “subordinates children’s identities” and portrays them as “part of the social representation of women as victims or men as perpetrators” (Sanchez Parra, & Lo lacono, 2020). On the other hand, there are also instances where communities have sought to fully integrate children born of war, as a form of ultimate revenge against the enemy, as in the case of French women who were raped by German soldiers and bore children during World War Two (Rivière, 2012). The suppression of children’s identities, rejection of their victimhood and responsabilisation for reparative work within their communities may simultaneously hold children born of war accountable for healing their communities whilst also denying them opportunity to understand the multiple aspects of their socio-cultural heritages and identities.

- **Differential treatment of young people within their family.** Closely tied with the theme of rejection, children born of war reported being treated differently from other members of their family, including siblings who were not born in rape (Denov & Shevell, 2021). Differential treatment took different forms, including severe punishment and beatings for minor misdemeanors, denying access to education through the withholding of school fees and being forced to take on extra housework or other household duties. Despite sharing half of their genetics with their maternal families, children born of war were often pushed to the margins of family life as “their identity is inextricably linked to their rapist fathers” (Erjavec & Volčič, 2010, p.363). Children born of war in Uganda and Rwanda also reported being sexually abused and raped by their stepfathers and other men within their family units (Kahn & Denov, 2019; Neenan, 2018). Denov and Piolanti (2020, p.6) describe the differential treatment of children born of war as an indication of the deep affect of “the intergenerational legacy of sexual violence, in a context of father absence and strained familial relationships”.
- **Challenges around disclosure and heritage.** Young people born of war described the difficulties they faced regarding whether or not to disclose their birth origins. For some, keeping silent supported them to fit in better in their school environments (Erjavec & Volčič, 2010; Stewart, 2021), although in these instances, children and young people reported feeling concerned about rejection from their peers and communities if they were found out. In other contexts, especially those where patriarchal privileges, including inheritance, are passed on through paternal lineage, children born of war are left with the dilemma of deciding whether to risk stigmatisation and

violence by disclosing their heritage to make a claim on an inheritance that is rightfully theirs, or staying silent and potentially being left destitute and disconnected from important social relations (Eramian & Denov, 2018; Oliveira & Baines, 2020). Young people taking part in a focus group in Rwanda reported not being able to expect financial support from their stepfather, particularly when they had children of their own who had not been conceived in rape: “Because we don’t know our origins, we don’t have heritage, we don’t have land, because many of our mothers are renting houses for our shelter. So, in the future we may lack a place to live. This is why we need to struggle for our studies and we need help to get school fees to pursue our university studies” (Denov & Piolanti, 2020 p.3).

- **Poverty.** Many children born of war live in extreme poverty (Carpenter, n.d), which due to lack of access to financial support or inheritance, may continue into adulthood. The majority of girls in Erjavec and Volčič’s (2010) study were living impoverished, and in some cases, children were providing financial support for their families or striving to do well in school in order to provide for their families (Denov & Shevell., 2021; Kahn & Denov, 2019). The poverty that children born of war face was also compounded by structural inequalities and social stigma towards women and children from their communities (Carpenter, no date p. 10).
- **Statelessness and human rights violations.** The systematic violation of children’s rights was recurrent within the literature, including the inability for children born of war to access their ascribed rights under the 1989 UN Convention on the Human Rights of the Child (UNCRC) (Carpenter, no date; Hermus, 2020). Uram (2008, p.948) describes children born in rape as experiencing human rights abuses “immediately and by default” and Di Eugenio & Baines (2021 p. 327) warn that they are “falling through the cracks of global policy makers”, leading to a “global protection gap... with both national and international policymakers having largely overlooked their protection needs – and indeed, their very existence” (United Nations, 2022). A specific issue pertaining to children born of war was their propensity to become stateless, and the impact of children’s statelessness in relation to their access to the protections offered through the UNCRC, because the UNCRC is based on state responsibility (Solomon, 2012). Accordingly, “children can be denied medical care or education, and may disfigure themselves to look more like a particular race or nationality” (Solomon, 2012 p530 -531). Children born of war with an “ambiguous legal status” may also have difficulties “securing their rights under international law” may struggle to seek asylum or refugee status (particularly as undocumented minors) and may therefore become increasingly vulnerable to further exploitation and abuse, including human trafficking. Children who do not possess accepted forms of identification may also be blocked from accessing records relating to their birth parents (Carpenter, n.d, p.1).

As is the case for children who are conceived in rape during peacetime, children born of war also struggled to be recognised as victims, with focus and support tending to be orientated towards their mothers (Carpenter, n.d; Erjavec, & Volčič, 2010). However, processes are beginning to be put into place to address this imbalance within the context, including a report and recommendations for children born of sexual violence produced by the United Nations (2022) and ‘a call to action to ensure the rights and wellbeing of children born of sexual violence in conflict’ (Gov.UK, 2022). Arguably, several of the UN’s recommendations, and much of the content of the call to action, which emphasises the vulnerabilities and stigmatisation of children born of war, would also be applicable for those conceived in rape during peacetime:

We further declare that children born of sexual violence are also falling through the cracks, deeply affected by the circumstances of their birth and facing distinct obstacles to thrive and pursue their dreams throughout their lives. We stress that they are rights holders in their own capacity and thus are to be treated without discrimination on the basis of age, gender, identity, family origin, sexuality, disability or ethnicity. (Gov.UK, 2022)

Zahra Ismail from the European University Centre for peace studies (quoted in Solomon, 2012, p. 531) has also highlighted the need for children born of war to be recognised as victims in their own right:

Children are also, albeit secondary, victims of the rape, who are denied their basic rights... forced pregnancy has so far been treated solely as a women's issue, not giving children born of war any consideration. This not only led to their marginalisation, but to their being overlooked as victims, and later being somehow cast into the perpetrator camp.

A further, important consideration affecting children born of war is that they may be forced to migrate as a result of the conflict and/ or due to stigma and threats of violence faced from within their communities (Anderson and van Ee, 2019). Forced migration may leave children born of war needing to quickly assimilate within a new cultural context, including having to contend with learning and communicating with adults in a foreign language. The issue of forced migration is likely to therefore further compound children's free and equitable access to their rights under the UNCRC, as well as their access to other legal supports.

2.3 Examples of existing support for children born of war

Within the literature, examples of support that had been put in place for children born of war had been shared. Some of these examples are shared below:

- Support for children and young people born of war in Rwanda came through their involvement with the villages of hope (what BETTER looks like, 2022); community projects offering accommodation, trauma informed educational opportunities, counselling and other therapeutic work for children and their families.
- For some children and young people, a religious connection was an important source of support, including connection with religious communities through attendance at churches and mosques (Stewart, 2021) or faith that God would protect them (Hogwood et al., 2018).
- Children were regarded as benefiting indirectly from psycho-social support given to their mothers, which helped them to develop their parenting skills and engage in trauma recovery (Kagoyire & Richters, 2018).
- Peer to peer support through the provision of youth groups and activities that brought together children born of war, as one young woman participating in Hogwood et al's study asserts: "Before I felt like I didn't want to be close to people and I isolated myself, but after knowing that there are other children in the same situation, I became more patient. We talk together and discuss it and now I feel like I am a child, the same as anyone else" (Hogwood et al., 2018 p. 560).
- Engagement in arts-based programmes as a vehicle for children born of war to share their stories. Arts based methods, such as the river of life used in Denov and Shevell's (2021) work

with young people in Rwanda was regarded as particularly useful for helping young people to share their stories and express themselves, as well as (potentially) being used as a therapeutic tool to aid recovery. Denov and Shevell note that it is important that arts-based activities are chosen in consultation with community members, as some will be more culturally appropriate than others. The unique context of each situation is therefore important when using arts-based programmes as a support mechanism.

- Di Eugenio and Baines (2021) mention two organisations providing support to both women and children born of war. The Hope and Peace Foundation (HPF) is an organisation that uses social therapy to counsel survivors of genocide rape and their children. The HPV also aims to encourage open dialogue and support reconciliation within families and communities affected by war. Similarly, AVEGA Agahozo supports those affected by genocidal rape, supporting them to drive forward the political, social and economic rebuilding of Rwanda. AVEGA Agahozo has also conducted appeals on behalf of children born of genocide rape to lobby for better support and recognition. Access to organisations such as these were found to be especially important for children born of war living within Rwanda, as “many of their mothers are now getting old, weak or have died due to HIV often contracted during rape” (Di Eugenio, & Baines, 2021 p.338).

Section three: Considerations and recommendations from the literature regarding the recognition and support of children born in rape

3.1 Specific considerations/ key themes for women and children conceived in rape

Through bringing together the literature presented in this rapid evidence review, key themes emerged in relation to how children who are conceived in rape are impacted. These impacts are briefly summarised within this section.

3.1.1 Identity issues

A number of pieces of literature spoke of the impact of being born in rape on a child’s identity. This relates to, for example, children who are adopted and do not have knowledge of their birth parent(s), a child being of two different ethnicities/religions/cultures/nationalities and finding their place within this, forced migration or disconnection from a child’s homeland or community, how a child is positioned in relation to their father and children ‘filling in the gaps’ in relation to their origin. The research highlighted the importance of children being able to construct an identity but this was often difficult amidst these different factors. Similarly, there were tensions around disclosure, for mothers disclosing to their children and also for children conceived in rape deciding whether or not to share their story (in some instances disclosure could unlock support, but it could also incite stigma, discrimination and rejection). Knowing about their identity, although incredibly difficult for many children, seemed to help them fill in the gaps within their lives: “At first, I didn’t accept it but when I looked back at how I had been treated, I realized that it was true . . . [it was important for me to know] because I had been mistreated enough” (P9, male, in Hogwood et al., 2018 p. 557).

3.1.2 Impact on life course

The research within this review suggests that being conceived in rape impacts upon the child's life course. The impact was borne out in a number of different ways, which seem to be affected by, for example, how accepted a child was by their mother/family/wider community and the opportunities they were afforded during life in areas such as education, social relationships and work. Some of the research suggested that a child's education may be disrupted, whether that is due to them starting school late, moving schools, having to attend court during schooltime, or, for children born of war, when there was a fear that their origin being outed would lead to discriminatory behaviours and attitudes from peers and from teachers (Stewart, 2021). This point is particularly salient when education symbolises hope and an escape from poverty for these children (Stewart, 2021). Some children may also not have received early vaccinations or medical care, may struggle to integrate into society or girls may fall pregnant themselves at a young age, which then has implications for their future lives. Children within the literature examined were also found to experience a number of mental health issues, including depression, anxiety, eating disorders, PTSD and rumination.

3.1.3 Societal stigma

The impact of societal stigma was prevalent within much of the literature from both peacetime and wartime. There were examples of children and their mothers being rejected by the society they lived in based on societal assumptions that children born of rape have 'evil DNA' or should be aborted. The stigma that women who conceive in rape face means that some may not speak out about what has happened to them; for fear that they may be influenced to abort their child, or through shame. When children are born, if society know about the child's origin they may be shunned, mocked, physically and verbally abused or removed from their home. In the context of children born of war, this may be justified by society in that the child is a reminder of a distressing past, and they are seen as an acceptable outlet for collective anger: "[they] symbolize unresolved collective trauma for the society" (Denov & Kahn, 2019).

3.1.4 Mothers' trauma and the impact on children

The literature suggested that mothers are likely to experience significant trauma when conceiving via rape. This may then impact upon the child, affecting their attachment to each other, how the mother perceives the child (good/bad), care of the child (medical care/abuse) and the child's social and emotional development. There were also examples of children feeling responsible for their mother's psychological trauma and holding some of this pain, feeling a sense of guilt if they perceived that they had been holding their mother back from her goals. Others felt intense shame or sorrow for their mother's suffering. Some children reported being grateful to have been born or 'blessed' that they had been accepted. In the context of war, children may feel responsible for trying to bring peace and reconciliation to the community post-war, taking an activism or peacemaker role. Children who have been conceived in rape may therefore become overtly or inadvertently responsabilised to 'heal' their family units and/or their wider communities, as opposed to being positioned as victims or as innocents.

3.2 Recommendations for recognising and supporting children conceived in rape

Within the literature on children conceived in rape during peacetime and wartime, authors suggested interventions and support that take into account the specific context within which children who are conceived in rape are born and the sensitivities surrounding this. These areas are summarized below:

3.2.1 Children being recognised as victims

The rights of children who are conceived in wartime to be recognised as victims (or as secondary victims) and to be afforded legal rights is patchy and limited. For example, children cannot be registered without their father's name in Iraq or the Republic of Congo (and other countries), and a fund that supports survivors on the Genocide in Rwanda is not provided to children conceived in rape (UN, 2022). Children in Bosnia not being recognised as victims means they do not have legal documentation needed, for example, to apply to university. In Colombia, where children conceived in rape are recognised as victims, their afforded rights have not been borne out in practice, with no children receiving compensation as of early 2022 (UN, 2022). Neenan (2018) illustrates this issue by saying "Legal rights for children born of sexual violence are illusory without a broader policy framework addressing their needs and political will to implement this" (p.43). Denov and Kahn (2019) interviewed 60 children born of genocidal rape and found that many self-identify as victims due to living with the impacts of sexual violence along with stigma and rejection; despite this, they are often not entitled to formal support and do not have their needs recognised. Consequently, some of those interviewed by Denov and Kahn felt that they needed to stand up and speak about the impact that being conceived in rape has had upon them, so that the government would recognise them as victims. Di Eugenio and Baines (2012) state "without formal, legal recognition as a unique victim group, children 'born of war' fall through the cracks of policy frameworks... With no language in which to relay their unique victimization, they continue to fall through the cracks of current frameworks" (p. 329). Children born in rape during peacetime are also not legally recognised as victims. In terms of legal provisions and support, there is very little available to children due to lack of being recognised this way, though the evidence as outlined in this review suggests that they are very much victims in the way that many experience physical, psychological, social and community impacts relating to their conception. Not being recognised as victims means children may not have their very existence recognised, may not be afforded legal rights, not be provided with protections, fall through policy gaps and continue to have unequal access to life chances.

There has been some commitment towards recognising children born of war as victims in their own right (United Nations, 2022). A group 'Forgotten Children of Bosnia' has been formed by adults conceived in rape to lobby for the rights and recognition of children (Džonlić, 2019). The United Nations have also recently committed to recognising children born of rape in conflict settings as victims and to providing them with specialist support services (United Nations, 2022). However, this would not be applicable to children conceived in rape outside of conflict settings, despite, as this evidence review suggests, them experiencing multiple elements of victimization which can profoundly affect their lives. This means children are disadvantaged in relation to their legal rights, and having access to social, emotional and practical support that recognizes their positionality.

It can be surmised that there is much work to do to protect children who are conceived in rape, both in relation to the availability and existence of legal supports and frameworks and the consistent assurance of their human rights under the 1989 UNCRC. The lack of protection for children born of war is beginning to be recognised, with the UN (2022) stating that "both national and international policymakers having largely overlooked their protection needs – and indeed, their very existence." However, such recognition has not yet been extended to children conceived in rape during peacetime, despite many similar derogatory impacts also affecting children within this context. Finally, it is important to note that the rights and needs of children conceived in rape and the rights and needs of their mothers, may not align. This again strengthens the argument that children need to be recognised

as victims within their own right so that they can make decisions about the issues that are directly affecting their own lives: “There is an urgent need to develop a clinical discourse covering the integration of the interests and rights of rape survivors with those of their children” (Van Ee & Kleber, 2013 p. 394).

3.2.2 Giving voice to children and young people

Most of the evidence in this review is from the perspectives of practitioners and mothers, particularly that relating to children born during peacetime. There remains a dearth, however, of research foregrounding the voices of children themselves; again reflecting the silencing that surrounds children conceived in rape. Carpenter (n.d, p.15) states that “The lack of empirical data impedes independent research on the human rights of war babies, prevents follow-up assessments of their well-being, and allows governments to claim that their human rights are a non-issue”; a quote that may be relevant to all children conceived in rape.

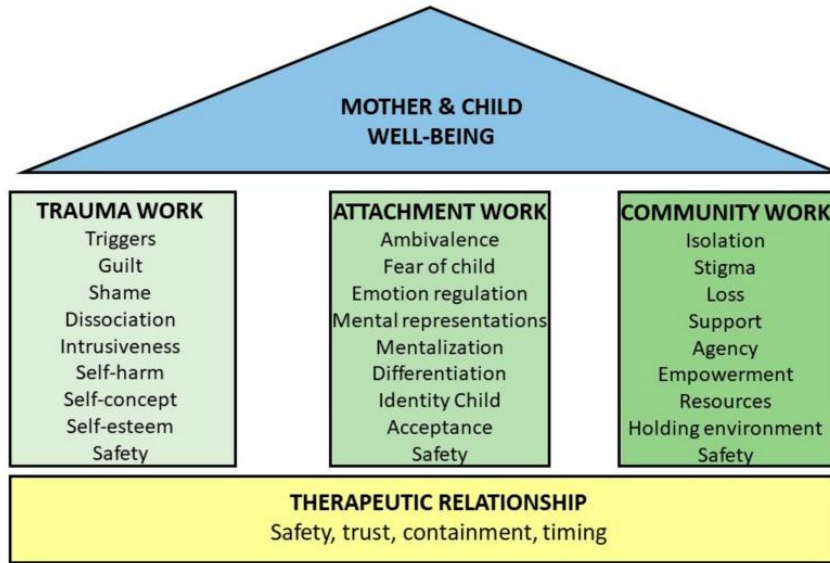
Findings from this review would suggest there exists a gap here that needs to be filled so that children are given the platform to voice their needs, using a “child centred approach” where young people’s insights are valued (Mochmann, 2017, p.333). Giving children a voice may then allow them to connect with others who experience stigma and trauma (Di Eugenio & Baines, 2021). When children’s visibility increases via these platforms, those with the power to effect change must listen and take action, so that children conceived in rape do not continue to be the “forgotten victims” (Stigma Inc, in Solomon, 2012, p. 478).

3.2.3 Supporting mothers to address trauma

The evidence collected within this review suggests that addressing trauma experienced by mothers may improve the wellbeing of both mothers and their children (Van Ee & Kleber, 2013). Therapeutic and social support have been identified as being important, with specific areas of support relating to: the mother feeling comfortable to disclose to somebody about their child’s conception (Onyango et al., 2016; Van Ee & Kleber, 2013); support within the period of time around disclosing the child’s origin to them (Hogwood et al., 2018; Katengwa, 2014); and support in relation to mothers’ attachments and relationships with their child(ren) (Erjavec, & Volčič, 2010; van Ee & Kleber, 2013). In relation to therapeutic support, it is suggested that the focus here is a grounding of a strong therapeutic relationship before addressing trauma, attachment and issues around community such as isolation and stigma (van Ee & Blokland, 2019).

Figure 1 shows a flowchart suggested by Van Ee and Blokland (2019). The flowchart outlines how therapists might work with mothers who have conceived a child in rape in ways that support the wellbeing of both mother and child.

Figure 1: How therapists can work with mothers to support mother and child well-being



The research outlined in this section emphasises the importance of appropriate resources being provided for mothers, which could then indirectly benefit the child. There is, however, a dearth of support or suggestion for support that is focused specifically and primarily on the needs of the child.

3.2.4 The importance of specialist support services

Due to the pervasiveness of stigma experienced by many mothers and their children conceived in rape, the literature suggests that specialist provision is needed that recognises their unique position. Support groups that would enable children to meet with others in similar situations, help reduce isolation and normalize their situation have been suggested (Gupta & Sagar, 2017; Hogwood et al., 2018). Young people born from genocidal rape in Rwanda in Hogwood’s research outlined the importance of these groups: “Before I felt like I didn’t want to be close to people and I isolated myself, but after knowing that there are other children in the same situation, I became more patient. We talk together and discuss it and now I feel like I am a child, the same as anyone else” (P7, female, p.560). Kahn and Denov (2019) suggest “healing for these young adults requires interpersonal and intrapersonal compassion and acceptance, a meaningful connection with a peer group, societal recognition, and empowerment to help contribute to and transform their lives and societies. Each of these pathways to healing—intrapersonal, interpersonal, and social—is contingent upon the other, and none can be considered in isolation” (Kahn & Denov, 2019). There is also suggestion within the literature that joint support groups for mothers and their children may be helpful (Erjavec & Volčič, 2010, p.382).

Research suggests, however, that support of this nature is not routinely available to children born during peacetime (see page 17-19 of this report), suggesting that they are not afforded the opportunity to benefit from the advantages of such support. There is also suggestion from the literature that more specialists and increased understanding of the issue are needed to support women and children in this area (Anderson & van Ee., 2019; Meuleman & van Ee., 2021), and that support must not be a

'blanketed', 'one size fits all' approach. Instead, practitioners working with children conceived in rape must consider the unique context of each situation and how this affects the child (in relation to, for example, cultural sensitivity, notions of fatherhood for children and young people and gender differences relating to this – see Denov & Piolanti, 2020; Hogwood et al., 2018, p.564 for examples of how this is understood/ approached in practice). Approaches must also be victim/survivor-centered, recognising the unique paths of recovery coupled with the “imagining of a better future” (Di Eugenio & Baines, 2021, p.336). Support for adoptive parents from professionals about how to speak to their child about their conception was also suggested, with one participant in Goldberg et al's (2019) research stating that she could only find “Christian-based” support online, which she couldn't identify with.

3.2.5 Involving communities to address stigma

There is evidence to suggest that the focus of support should not purely be on mothers, and communities should be involved to support the wellbeing of children and young people and promote integration (Anderson & van Ee., 2019; Denov & Piolanti, 2020). This moves the focus and responsibility away from the mother and child as needing to be the ones that drive social change onto educating communities around acceptance and perpetrator accountability: “Interventions that shift the stigma away from women and from the children, and rather to the perpetrator of violence in a way that social attitudes would reinforce the need for perpetrators of violence to be held accountable for their actions” (Anderson & van Ee, 2019). Community involvement has been seen to be especially important in relation to children born of war, or for those who may be abused, rejected or denied opportunities within their communities because of their origins. For example, in some studies, children and young people either felt unable to access, or were denied access, to educational opportunities, despite education being an important “opportunity for engendering hope, pride, confidence, and self-empowerment” (Denov & Shevell, 2021 p. 33), as well as in some instances, a potential way of escaping or alleviating poverty.

Concluding thoughts

Overall, the research used within this rapid evidence review found secrecy around rape and conception in rape. Issues of secrecy were particularly prevalent during peacetime, perhaps due to rape in peacetime being a more hidden issue than rape during conflict, where it is commonly used as a weapon of war. The secrecy surrounding rape and conception in rape was due to many reasons – guilt and shame on the part of the mother, community stigma and the impact of trauma. Due to secrecy and shame, many mothers (in both peacetime and during war) do not appear to seek professional emotional support for rape, and are raising children amidst difficult, often oscillating, feelings. Some children are also raised by adoptive parents, who themselves struggle with supporting their child to build their identity in relation to their conception. As a result, children conceived in rape may experience secondary trauma whilst growing up and/or struggle with their identity. When (if) they find out about the circumstances of their conception, children's identity struggles can continue, as they are required to assimilate this new knowledge into their existing view of themselves, their birth mother and their birth father. The evidence suggests a strong need for children to be able to form and understand their identity in order to make meaning from how they were conceived and to find their place in the world. This must be done with sensitivity, and practitioners need training and guidance in relation to how to provide effective therapeutic and practical support for children conceived in rape. Finally, children who

are conceived in rape need specific support to access their rights and receive the support and care they may need. One way of supporting them to do so is to legally recognise them as victims in their own right, a process that will not only support those who wish to do so to pursue legal or financial recompense, but also to trigger the development of vital support services for children conceived in rape.

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