Original Article

Are the Offspring Still Affected by their Mothers' Genocidal Rape 28 Years Ago? : Thematic Analysis of Offspring Experience

Fortunée Nyirandamutsa[1*], Japhet Niyonsenga[1,2], Gaju K. Lisette[3], Josias Izabayo[4], Emilienne Kambibi[5], Samuel Munderere[5], Célestin Sebuhoro[1], Assumpta Muhayisa[1], Vincent Sezibera[4]

[1]Department of Clinical Psychology, College of Medicine and Health Sciences, University of Rwanda, Kigali, Rwanda.
[2]Department of Humanities, Social Sciences and Cultural Industries, University of Parma, Parma, Italy.
[3]Global Mental Health MSc program, King's College London and London School of Hygiene and Tropical medicine, London, UK.
[4]Centre for Mental Health, College of Medicine and Health Sciences, University of Rwanda.
[5]Survivors Fund Rwanda, Kigali, Rwanda.

***Corresponding author:** Fortunée Nyirandamutsa. Department of Clinical Psychology, College of Medicine and Health Sciences, University of Rwanda, Kigali, Rwanda. Email: nyirandamutsaf@gmail.com

Abstract

Background
There has been little attention paid by researchers on how the mothers' rape trauma may still affect the offspring born of that rape even in adulthood. This study, therefore, aimed to assess the perceived effects of being born of genocidal rape among adult offspring conceived from the genocidal rape against the Tutsi in 1994.

Methods
A purposive sample of 32 participants (16 dyads of mothers and their offspring) selected nationwide was considered for this qualitative study. In-depth individual interviews were conducted and audio-recorded with permission. Codebook thematic analysis was applied to analyse the transcribed verbatim inductively within the NVivo 12 software.

Results
The primary themes emerging from participants' accounts of the effects of rape trauma on the offspring included feeling controlled by mothers, being affected by the history of their mothers, family and social problems, a lack of personal growth, psychological problems, and self-stigma that emerged with several sub-themes.

Conclusion
The results from this assessment indicate that genocidal rape affected not only the mothers but also the offspring born of this rape, who are severely affected by the rape history of their mothers and feel hatred and rejection from them. Our findings will assist the health professionals and other stakeholders working with the adult offspring born of the genocidal rape in designing and strengthening the intervention targeted at this population.

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Keywords: Rape trauma, genocidal rape, born of rape, psychological problems, stigma and discrimination.

Introduction

The 1994 genocide against the Tutsi was a brutal wave of organised violence in which close to 1,000,000 Tutsi lost their lives in only three months.[1] The 1994 genocide against the Tutsi in Rwanda was carried out in large numbers by people the victims knew, in contrast to previous genocides in Armenia, Turkey, and Cambodia.[2] During house-to-house searches, roadblocks, or public gatherings, neighbours killed one another with machetes, pistols, or clubs. Genocidal activities, such as murder and sexual violence, as well as looting and property destruction, were frequent.[3] As rape was employed against Tutsi women as a devastating tool during the genocide, Tutsi women were frequently gang raped and subjected to numerous rapes. During Rwanda's genocide, it has been estimated that 250,000 to 500,000 Tutsi women and girls were exposed to systematic rape, many of whom gave birth to a child, [4] with evidence showing that between 10,000 to 20,000 children were born due to genocide rape.[5] Rape during the genocide was used as a weapon of extermination by inoculating the HIV/AIDS to victims, which is different from rape seen as sexual appetite. The offspring and their mothers often face severe psychological, economic and social hardship and health inequalities due to their isolation from traditional support networks.[6] They are excluded from existing opportunities and supporting programs including Genocide Survivors Assistance Fund (FARG) as well as societal and family stigma and discrimination.[7,8]

The victims certainly have post-traumatic stress disorder, which, if left untreated, might progress to chronic illness in addition to gynaecological trauma, infections, STDs, and HIV/AIDS.[9] In addition to the health, social consequences are also reported to be profound and concerning; for example, women may be blamed, ashamed and excluded from their own families and community, specifically in Rwandan culture, where rape, is taboo, and female identity and life paths are tied to ideals of sexual purity.[10] While they were recovering from the trauma of the assault, they should take care of an infant. They describe a spectrum of shifting emotions, from rejecting to accepting the baby. Worryingly, their fantasies and struggles during pregnancy and childbirth may profoundly impact how closely they identify with their offspring.

The mother would find it extremely unpleasant to look at the child because it brings to mind both the perpetrator and herself as the victim environments.[11–13] She can have extremely unfavourable projections of her child, who might be viewed as punishing and malevolent.[11] When a mother feels ashamed, she may react angrily against her child, reject the child, and try to transfer the sorrow to the child. She might have trouble figuring out how to respond. She can be traumatised and very depressed.[5] She might want to humiliate and harm her child in retaliation for how she was treated, and she might find it unbearable to listen to their cries out of terror and be forced to respond to them, let alone to the requirements of a normal baby, which might seem like the demands of an adult man. The mother's fear and feelings of helplessness during pregnancy, birth, and the early years of parenting may be linked in her mind to an earlier experience of rape. The situation gets out of hand when mothers wish their offspring would die.

On the other hand, these offspring conceived from genocidal rape are now adults who are curious about their paternity and frequently deal with complex parent-child relationships and stigma, discrimination, and identity concerns.[5] As a result, there is a need for them to understand more about their birth histories. The aftermath of rape has resulted in many women and their offspring being ostracised from or living in hostile family and community environments .[5,14] Although several researchers have been devoted to investigating the effects of the 1994 genocide against Tutsi women and girls rape on the victims through

community counselling groups where mothers of these young people have been supported to disclose to their child about their birth histories,[5,15,16] there has been little attention by researchers on the long-term impact of the 1994 genocidal-rape trauma on the offspring born of that rape in qualitative study design in Rwanda. Few studies conducted in Rwanda, despite a lack of focus on mothers' marital status and adult offspring born of genocidal rape, have revealed that mothers of offspring born of rape reported psychological distress, social stigma related to rape, challenges of disclosure of paternity to the offspring.[15,16] According to,[16] marriage was a valuable tactic to overcome the shame and stigma associated with being an unmarried mother of a kid and a rape survivor. In the same way, marriage represented a chance for socioeconomic advancement because spouses were expected to contribute to the family's support and upkeep. However, instead of uplifting the family out of poverty, marriage in the context of a blended family would result in the exclusion of a kid born of genocidal rape and more significant issues for mothers, who were most frequently left to care for a child born of rapes.[16]

Therefore, there is a need to assess the strategies used by non-partnered genocide-rape survivors in rearing their offspring born of rape and the current perceived impact of the rape trauma offspring after 29 years post-genocide. The results of this assessment allow the health professionals and other stakeholders working with offspring born of this rape to consider the mothers' rape trauma and parenting practices in offspring's behaviours and psychosocial problems while designing and strengthening the intervention targeted at this population.

Method

Study design

A qualitative study was conducted to investigate the impact of rape trauma on the parenting of offspring born of the rape committed during the 1994 genocide against Tutsi in Rwanda.

Sample and procedure

This research has focussed on dyads of raped mothers and their offspring (adults now) born from the rape committed against them during the 1994 genocide of Tutsi in Rwanda. The participants were reached through the Survivors Rwanda Foundation (SURF), a non-governmental organization that supports the survivors of the 1994 Genocide against Tutsi from all over the country. SURF is currently helping offspring conceived through rape during or as a direct result of the 1994 Tutsi genocide in Rwanda by providing education and counselling services. FARG, a government agency that supports vulnerably affected genocide survivors, presents a problem for these raped mothers and their offspring born of genocidal rape because it does not view these children as eligible for support because they were born after the genocide and are not, therefore, survivors by definition.[17] Therefore, SURF found it imperative to support this population.

A purposive sample of 32 participants (16 dyads of mother and their offspring) who met the inclusion criteria partook in the current study. The inclusion criteria for mothers included (1) having a child born of rape in the 1994 genocide against the Tutsi who was the last born, (2) having not been married since the rape; whereas for offspring they included (1) being born of rape, (2) having lived with the mother from age 0 to 18 years and (3) being single. The respondents were excluded if they had (1) severe physical and mental illnesses that would affect their judgement or (2) were married. Unmarried women who were raped and gave birth frequently were excluded because they have been found to suffer heavy social stigma in their neighbourhood .[16]

Procedure

Before data collection, ethical approval was obtained from the institutional review board (IRB)of the College of Medicine and Health Sciences at the University of Rwanda (No 174/CMHS IRB/2021). All participants (mothers and offspring) were invited to the

SURF office to partake in this study, assisted by a counsellor working with those people at SURF. The principal investigator and the counsellor of SURF clearly explained the research objectives and process to the participants. Participants provided both verbal and written consent. They were informed about their right to opt-out of the study if they didn't want to participate or changed their mind. In-depth individual interviews were conducted in Kinyarwanda in safe and comfortable places (counselling room of SURF office) and audio-recorded with permission. The interviews were carried out separately for children and mothers. Psychosocial support systems were accessible because participants could re-experience psychological distress due to the interviews. The research team, including a local psychologist, conducted continuing post-interview follow-ups to ensure they were doing well.

Data Collection process

Data for this study were collected through in-depth interviews with 32 participants using a qualitative research methodology. The interviews were conducted in Kinyarwanda (the spoken language of the participants) and lasted 30 and 40 minutes. Open-ended questions like "Please tell me your life story, and share with me whatever you believe is significant" were used to start interviews. The researcher gave the respondents the freedom to discuss any subjects they wanted and, in any sequence, they desired. The following questions were posed during the interviews:

1. How did you learn about your birth story and that of your family? (for offspring), How did you tell your child his/her birth story? (for mothers),
2. Could you describe how your birth story has affected you? (for offspring), Could you tell us how your offspring has been affected by his/her birth story? (for mother)
3. Could you describe the state of the relationship between you and others (mother/child, family members, peers, neighbours etc)? (For both mother and offspring)
4. How do you perceive your/child's personal ability? (School performance, goal setting, leadership etc.)

Data analytic strategies

The interviews were verbatim transcribed, but any identifiable details of the participants were eliminated. The interviews were transcribed and analysed using codebook thematic analysis [18] in Kinyarwanda and later translated into English. This choice was made because meaning would be easily lost in translation and the validity of the data may be compromised in this process. [19] Thematic analysis was chosen since each interview consisted of the same set of questions for each participant, resulting in different replies to the same questions. The approach explores the participants' perceptions, feelings, and lived experiences. It seeks to find meaning in events and interactions, clarifying how they make sense of these experiences.

The transcripts were imported into the Nvivo 12 software and started the process of developing initial codes from raw data using an inductive approach according to the primary study questions and the original codebook was discussed. By comparing commonalities and organizing the emerging themes into larger units, patterns were found by considering the frequency of the themes and the purpose they provided within the transcripts. This led to the development of superordinate themes. For the second and following transcripts, the aforementioned steps were repeated. After the analysis, the themes and subthemes were translated into English to reach a consensus on more appropriate wording.

Results

Sociodemographic characteristics

A sample of 16 mother-child dyads participated in this study. The participants were from ten districts with many respondents being selected from Kamonyi (8/32), Nyarugenge (7/32) and Gisagara (n=5/32).

Table 1.Sociodemographic characteristics

Variables		Frequency	
		Offspring (n=16)	Mothers (n=16)
Residence Place	Gasabo	4	0
	Gatsibo	0	1
	Gisagara	2	3
	Kamonyi	3	5
	Nyabihu	1	0
	Nyamasheke	0	1
	Nyarugenge	4	3
	Rubavu	0	1
	Rusizi	1	1
	Rwamagana	1	1
Education Level	Not completed primary	0	9
	Ordinary level	1	0
	Advanced Level	5	2
	TVET	3	5
	University	7	0
Marital Status	Single	16	8
	Window	0	8
Profession	Unemployed	4	2
	Farmer	0	7
	TVET (builder, driver, topographer etc.)	4	4
	Business	2	3
	Driver	2	0
	ICT	1	0
	Journalist	1	0
	Marketing	1	0
	Student	1	0
Number of Children	No child	16	0
	One child	0	9
	Two children	0	1
	Three children	0	3
	Four children	0	2
	Five children	0	1
Religion	Catholic	10	6
	Protestant	6	10

All the mothers were single (8/16) or windowed (8/16) at the time of the survey (Table 1). Regarding education, many mothers did not complete the primary level (9/16), while five and two mothers respectively had technical and vocational education and training (TVET), and advanced level. On the other hand many children have completed university (7/16), followed by TVET (3/16), advanced level (5/16) and Ordinaly level (1/16). All the offspring (16/16) and half of the mothers (8/16) were single (Table 1). It was found that 9 out of 16 mothers had one child, indicating that they were raped before marriage. And seven mothers had other children, suggesting that they were raped after killing their husbands.

The primary themes emerging from participants' accounts of the effects of rape trauma on the offspring included feeling controlled by mothers, being affected by the history of their mothers, family and social problems, a lack of personal growth, psychological problems, and self-stigma that emerged with several sub-themes (Table 2).

Table 2. Summary of the themes and sub-themes

Themes	Subthemes	Frequency	
		Offspring (n=16)	Mothers (n=16)
Feeling hated and rejected by their mothers			
	Lack of autonomy	9	7
	Lack of love and solidarity	6	5
	lack a representation of a mother to turn to for help	4	3
	Lack of parental-child emotional bond	4	4
	Child's feelings of rejection by the mother	3	3
Affected by mothers' history			
	Growing up unable to understand that they were conceived from rape	14	9
	Feeling responsible for caring for mother	11	8
	Learning that the mother was exposed to sexual violence	6	7
	Reluctance to speak up about their history	5	6
	Inability to recognise the father	4	3
Family and social problems			
	Fear of the neighbours and public	10	12
	Conflicts and hate from extended family	10	8
	Lack of social support	6	5
	Inability to form and maintain relationships.	4	5
	Lack of trust	4	6
	Conflict with their family	3	2
Lack of personal growth			
	School dropout	11	12
	Low leadership capabilities	7	6
	Inability to set and achieve goals	3	3
Psychological problems			
	Detachment from emotions	16	10
	Lack of self-confidence	10	11
	Uncontrolled anger	7	6
	Aggressive behaviours in children	5	4
	Alcohol and drug abuse	4	5
	Persistent depressive mood	2	3
Stigma and discrimination			
	Shame and the fear arising from the rape or born from rape	15	14
	Social isolation	14	13
	Feeling sociable with individuals with the same history	10	11
	Drive to marry foreigners or people with the same history	3	2
	Hypersensitivity to criticisms	3	3

Feeling hated and rejected by their mothers.

When the offspring were asked about their relationship with their mothers, most of the respondents reported feeling rejected by their mother, lack of a representation of a mother to turn to for help, lack of autonomy, lack of love and solidarity, and lack of parental-child emotional bond.

"My mother never loved me, and the people close to us know about it! She always threw all the hatred and rancour that she had against my father on me! She continuously rejected me, and there isn't any attachment which should be between us as a mother-child! Instead of supporting me, our life was like that of a cat and mouse…!" **15-BR (Born of rape).**

Similarly, on the mother's side, the analysis showed that some mothers perceive their children as not having full potential and overprotection of the offspring because they fear they could be physically or emotionally abused.

"The hate that my grandmother showed me affected me too much. I was often the origin of family conflicts, and my mother was obliged to always be with me wherever she was to protect me from aggression! It made me suffer greatly because I was not born in normal conditions like my elder siblings. My childhood was unhappy as I grew up with neglect and stigma…." **14-BR**

Being affected by mothers' history

Many mothers reported that they had disclosed and discussed their exposure to sexual violence and how they were traumatised by this experience to their children born of this rape. However, all mothers said it was difficult to tell their children because of the shame and guilt. One mother shared:

"You can't imagine how difficult it is to tell your child that he was born from the genocidal rape! For me, it was even worse because after being raped by several unknown men, I gave birth to two twins who will never know their father and I raised the twins of an unknown partner..." **09-RM.**

On the other hand, the analysis showed that the offspring were emotionally affected by the history of their mothers. They were mostly affected by learning that their mother was exposed to sexual violence, growing up unable to understand that they were conceived from rape and inability to recognise their father. As one child explained:

"Knowing that I was born of the genocidal rape is the worst trauma to experience. While she is a widow of the genocide, my mother did not know my father because several men raped her, so I would not know my father or my paternal family. Sometimes I feel guilty for being the child of my mother's rapist and for being a permanent memory of my mother's worst experience…." **10-BR.**

"It hurts me a lot every time I remember my mother being beaten by her brother because of me, as he didn't want me. The lack of support and love, poverty and absence of solidarity is a big challenge to my development…" **08-BR.**

As a result of being affected by their mother's trauma, children felt responsible for caring for their mothers as shared in their verbatims.

"I was born of a genocidal rape while my mother is a widow of the genocide who is getting older but also traumatized by this rape. My mother did not know my father because several men raped her. Thus, I would not know my father or my paternal. This pushed me to be responsible since I was young, which did not allow me to live well during my childhood…." **09-BR.**

Moreover, both mothers and offspring have shared how they avoid speaking up about their history due to their inability to accept what happened to them.

"When I think I was born of an unknown genocidal father who raped my mother, I feel very disturbed…. I do everything to avoid thinking or talking about it because it reminds me that I am the result of a criminal act committed against my mother, and I feel almost guilty for the unhappy life she lives..." **04-BR**

Family and social problems

Several subthemes emerged, including fear of the public or neighbours, inability to form and maintain relationships, lack of trust, conflict with their family, conflicts and hate from extended family and the elderly siblings, and lack of social support. As these participants explained:

"It is tough for me to make friends, not even with our neighbours, because I live with a permanent fear and shame of being a descendant of the genocidal father. …" **02-BR**

"Family and community attitudes related to my birth conditions are obstacles for me regarding trusting others. Family conflicts and hate related to my existence do not allow me to live well like the others born in normal conditions. I grew up without love and support from my both parents and I don't feel attached to anyone in my family …" **01-BR**

"We do not have enough social support because, as you know, Rwandan socio-cultural norms remain conflicted about children born illegally. This shows how much worse it is when discussing a child born of genocidal rape. For me, it's a misfortune that was added to another because my mother lost her leg during the genocide, which means that she is disabled and therefore her activities are limited, which means that it is I who must do anything to survive …" **13-BR**

Psychological problems

Psychological problems were expressed in six categories: detachment from emotions, aggressive behaviours, alcohol and drug abuse, suicidal ideation, lack of self-confidence, persistent depressive mood and uncontrolled anger.

"I don't like public speaking, and I'm not interested in leading others for fear that there might be someone there who knows my story. My mother has never taken care of me since childhood, she abandoned me with her old mother, and after her death, I was raised in several families. This made me grow up without love or attachment. I don't value myself enough like others born in usual conditions.…" **07-BR**

"Remembering that I am a child of a genocidal father makes me very uncomfortable, and sometimes I feel rage and great anger. It hurts me so much whenever I think of the hate and lack of support my family members have always shown me. One day I tried to commit suicide because of the consequences that I was experiencing related to my birth conditions.…" **01-BR**

Our findings indicated that the offspring might use alcohol and other drugs to relieve their psychological distress.

"I used to drink much alcohol, and every time I decide to stop it, I can't because it's the only way I've found that helps me not to think enough about my story and my birth condition. It also helps me to stay fearless, so I can face anyone who can attack me.…" **11-BR.**

The same view was reflected by the mothers of the offspring born of the genocidal rape:

- *"My son doesn't care about anything, and it's all because he abuses alcohol and other substances. He misbehaves, and he does not listen to my advice. Because of lack of self-confidence, he is often fired from his job, which fuels his anger and aggressiveness; the origin of his depressed mood.…"* **11-RM (mothers raped)**

- *"I had the bad luck of having a daughter who consumes too much alcohol. She shares all kinds of alcohol with anyone without distinction; she comes home when she wants and is always aggressive. Sometimes, she said she didn't want to live anymore and wanted to kill herself! For the moment, I no longer dare to forbid her to misbehave because when I try to talk to her about it, she intimidates me by telling me that she can beat me..."* **01-RM**

Stigma and discrimination

Because of stigma, many children and their mothers experienced extreme isolation because they could not rely on the support of their extended families or the people they were living with. Stigma and discrimination were expressed in seven categories such as the drive to marry foreigners or people with the same history, feeling sociable with individuals with the same history,

Stigma and discrimination were expressed in seven categories such as the drive to marry foreigners or people with the same history, feeling sociable with individuals with the same history, hypersensitivity to criticisms, shame and the fear arising from the rape (for the mother)or born from rape (for child) and social isolation. Here are the verbatims quotes:

"I often feel unable to have deep relationships for marriage as I am afraid of being not accepted due to my birth conditions! It's tough to find the answers to all the questions that anyone can ask you after telling him that you were born to an unknown genocidaire because several men raped your mom...For this, I set a goal of finding someone who is not a Rwandan or someone with whom we share the same story…" **04-BR,**

"Due to my history, I encounter many difficulties in answering certain questions about my life. I often fear loving and being rejected because of my birth condition. This pushes me to tie my friendships with people who have the same story as me to avoid attitudes that can make me feel ashamed.…." **03-BR**

"I like to keep myself very busy and work hard because it helps me to not think about my story! I only go out when it is indispensable, as I prefer to stay alone to avoid discussions and questions about my birth conditions. Due to the bad reviews and stigma linked to being born of genocidal rape, I live with shame, and this pushes me to take measures which should protect me against it …" **05-BR**

Though these children are adults today, our findings indicate that they are facing shame, rejection, and marginalisation from family and community members added to their significant suffering and adversely affected their ability to heal from their psychological distress and pain. Moving away from one's place of origin to avoid harassment by the neighbourhood was an effective coping strategy for stigmatisation.

"I am traumatized by humiliation and rejection from my maternal family! I was often ashamed and marginalised by their raison. My mother and I left the native village to escape harassment and stigmatisation. Nowadays, our life is better than before, because where we live no one knows our history or my birth conditions …" **03-BR.**

Lack of personal growth

Lack of personal growth was expressed in three categories: difficulty in setting or achieving goals, low leadership capabilities and school dropout.

"The difficulties related to my birth conditions followed me all my life, so I could not even finish my secondary studies! Setting goals and accomplishing them is difficult; sometimes I feel destabilised, almost as if I'm about to become crazy.…" **06-BR**

"I finished my secondary studies with difficulties due to family conflicts, and there were periods when I had to be followed by mental health professionals. Now, I'm at professional training to one day take care of myself …" **12-BR.**

"I don't know what's wrong with me because I can't reach the goals I set for myself, and I didn't do well in my secondary studies. Also, I don't feel free when I have to share my ideas with others due to my birth conditions.…" 16-BR

Discussion

In this study, we sought to highlight the perspectives and voices of adult children born of rape during the 1994 genocide against Tutsi in Rwanda. Through investigating their narratives and experiences, we discovered that the psychological and social effects of sexual assault on these moms' lives persisted throughout time and had a detrimental impact on these children. In the same vein, several scholars have revealed that genocidal rape is complex; its ramifications go beyond the primary victims and families, in this case, children born of rape are affected.[20,21] According to,[20] children born because of rape are categorized as secondary victims, and they saw that while their conception cannot be viewed as a crime against the children, they are made victims by the crimes perpetrated against their mothers.

These children are at risk for hazards to their health and well-being from conception, and these risks may persist throughout their lives.[21,22] For instance, they are more likely to experience abuse as children if they are known to be the perpetrator's children.[20,21] Though the offspring who participated in the current study are now adults (i.e. 28 years old), our findings have indicated that they are still affected mainly by learning that their mothers were the victims of the sexual violence and being a bad memory of that violence, and parental psychological control (PPC). Through an inadvertent or unplanned disclosure, they learned where they were born. For instance, a neighbour may reveal the identity of the child's father, or the mother may become enraged and tell the child that they resemble their father-perpetrator.[7,9,21] Additionally, awareness of this truth was often accompanied by personal shame because the children often felt guilty about their fathers' crimes.[23,24]

These mothers, on other hand, are more likely to use hash parenting practices (i.e. PPC) that have long-term detrimental effects on children. PPC, a significant negative parenting style that includes strategies like love withdrawal, devaluation, and guilt induction, refers to parental control of the adolescent's psychological reality. [25] Psychological control primarily aims to maintain the adolescent's emotional dependence on the parents.[25,26] Consistently, many respondents of this study reported feeling rejected by their mother, lack of representation of a mother to turn to for help, lack of autonomy, lack of love and solidarity, and lack of parental-child emotional bond. Because Rwanda is a patriarchal nation and children are frequently linked with their fathers' lineage, the effects of rape are made worse. This implies that a sizable portion of society will view victims of wartime rape as members of the enemy. The offspring are referred to as "little Interahamwe" in the local language,[27] which reflects this. The Interahamwe in Rwanda were members of the Hutu militia who carried out a targeted campaign of genocide against the Tutsi population. As such, this label of Interahamwe given to these offspring may indicate a lack of humanity, aggressivity and other negative behaviours that characterised the perpetrators during the 1994 genocide against the Tutsi. Some rape survivors have developed a hatred for their offspring even before they are born because of the stigma attached to children and the fact that the child serves as a continual reminder of the abuse they have experienced.

Abundant studies have revealed that PCC predicts relational and physical aggressiveness in adolescents and other psychological problems that may be aggravated by the stigma and harassment from birth.[28,29] As revealed in previous studies, detachment from emotions, aggressive behaviours,[4] alcohol and drug abuse,[4] suicidal ideation,[30] lack of self-confidence, persistent depressive mood[30] and uncontrolled anger,[4] were commonly observed among the young people born of genocidal rape. The compelling evidence indicates that childhood experiences have effects on physical and emotional development that can persist into adulthood. Children born of genocidal rape are more likely to experience adverse childhood events, including "physical abuse, emotional abuse, and maternal mental health problems that may be associated with higher rates of mental illness, substance use, comorbidities, stress, and somatic disturbances" in adulthood . [31–33] Besides these, academic difficulties and the inability to set and achieve goals were observed in the offspring.

Study limitations

There are some limitations to this study that should forewarn against generalising the findings. First, as with any self-report data, information gathered from mothers of children born from rape was influenced by their willingness to divulge personal information.

Some mothers may not have been able to discuss their experiences due to possible stigmatisation and blame. Second, most of the mothers in this study were chosen through professional networks that targeted underprivileged women in Rwanda with low socioeconomic status. Because of this, there are no perspectives from women with high socioeconomic status, and the sample may represent certain participant traits. Finally, the study's qualitative design limits the conclusions' generalizability.

Conclusion

Our findings indicate that genocidal rape did not only have a long-term impact on the mothers but also on the offspring born of this rape is still severely affected by the history of their mothers and parental psychological control. As confirmed by their mothers, the offspring reported family and social problems, lack of personal growth, psychological problems, and stigma that emerged with several sub-themes. Our findings suggest that though these children born of rape are adults now, they are still reporting psychosocial problems and economic constraints at individual and family levels. Our findings will help the health professionals and other stakeholders working with the genocide-rape survivors and their children born of this rape in designing and strengthening the intervention targeted at this population.

Data availability statement
Data are not publicly available due to the privacy and confidentiality of participants. Restricted data are available upon reasonable request from the PIs.

Conflict-of-interest statement
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Author's contributions
F.N, S.C, A.M and V.S contributed to the study conception and design. JI, EK and SM contributed to the data collection process. J.N, F.N, and G.K.L contributed to the data analysis and results presentation. F.N, J.N, and G.K.L contributed to results discussion and original draft preparation. S.C, A.M and V.S were the study supervisors. Finally, all authors reviewed, edited and approved the final manuscript.

Consent for publication
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Competing interests
All authors declare that they have no competing interests.

References

1. Nikuze D. The Genocide against the Tutsi in Rwanda : Origins , causes , implementation , consequences , and the post-genocide era. *Int J Dev Sustain*. 2014;3.
2. Jansen S, Niyonsenga J, Ingabire CM, Jansen A, Nzabonimpa E, Ingabire N, et al. Evaluating the impact of Community-Based Sociotherapy on social dignity in post-genocide Rwanda: study protocol for a cluster randomized controlled trial. *Trials*. 2022;23:1035.
3. Straus S. How many perpetrators were there in the Rwandan genocide? An estimate. *J Genocide Res*. 2004;6:85–98.

4. Banyanga J d'Amour, Björkqvist K, Österman K. The trauma of women who were raped and children who were born as a result of rape during the Rwandan genocide: Cases from the Rwandan diaspora. *Pyrex Journal of African Studies and Development.* 2017;3:31–9.
5. Hogwood J, Mushashi C, Jones S, Auerbach C. "I Learned Who I Am": Young People Born From Genocide Rape in Rwanda and Their Experiences of Disclosure. *J Adolesc Res*. 2018;33:549–70.
6. Woolner L, Denov M, Kahn S. "I Asked Myself If I Would Ever Love My Baby": Mothering Children Born of Genocidal Rape in Rwanda. *Violence Against Women.* 2019;25:703–20.
7. Kahn S, Denov M. "We are children like others": Pathways to mental health and healing for children born of genocidal rape in Rwanda. *Transcult Psychiatry.* 2019;56:510–28.
8. Kahn S, Denov M. Transgenerational trauma in Rwandan genocidal rape survivors and their children: A culturally enhanced bioecological approach. *Transcult Psychiatry* [Internet]. 2022;136346152210802. Available from: http://journals.sagepub.com/doi/10.1177/13634615221080231
9. Denov M, Piolanti A. Mothers of children born of genocidal rape in Rwanda: Implications for mental health, well-being and psycho-social support interventions. *Health Care Women Int.* 2019;40:813–28.
10. Mukamana D, Brysiewicz P. The Lived Experience of Genocide Rape Survivors in Rwanda. *Journal of Nursing Scholarship.* 2008;40:379–84.
11. Denov M, Piolanti A. Mothers of children born of genocidal rape in Rwanda: Implications for mental health, well-being and psycho-social support interventions. *Health Care Women Int.* 2019;40:813–28.
12. Kahn S, Denov M. "We are children like others": Pathways to mental health and healing for children born of genocidal rape in Rwanda. *Transcult Psychiatry*. 2019;56:510–28.
13. Denov M, Woolner L, Bahati JP, Nsuki P, Shyaka O. The Intergenerational Legacy of Genocidal Rape: The Realities and Perspectives of Children Born of the Rwandan Genocide. *J Interpers Violence* [Internet]. 2020;35:3286–307. Available from: http://journals.sagepub.com/doi/10.1177/0886260517708407
14. Richters A, Rutayisire T, Slegh H. Sexual transgression and social disconnection: healing through community-based sociotherapy in Rwanda. *Cult Health Sex.* 2013;15:S581–93.
15. Kantengwa O. How Motherhood Triumphs Over Trauma Among Mothers With Children From Genocidal Rape in Rwanda. *Journal of Social and Political Psychology.* 2014;2:417–34.
16. Denov M, Piolanti A. Mothers of children born of genocidal rape in Rwanda: Implications for mental health, well-being and psycho-social support interventions. *Health Care Women Int.* 2019;40:813–28.
17. Russell D. Foundation Rwanda [Internet]. 2022. Available from: *https://foundationrwanda.org/*
18. Braun V, Clarke V. Reflecting on reflexive thematic analysis. *Qual Res Sport Exerc Health.* 2019;11:589–97.
19. Smith HJ, Chen J, Liu X. Language and rigour in qualitative research: Problems and principles in analyzing data collected in Mandarin. *BMC Med Res Methodol.* 2008;8:44.
20. Van Ee E, Kleber RJ. Growing Up Under a Shadow: Key Issues in Research on and Treatment of Children Born of Rape. *Child Abuse Review*. 2013;22:386–97.
21. Uwizeye G, DeVon HA, McCreary LL, Patil CL, Thayer ZM, Rutherford JN. Children born of genocidal rape: What do we know about their experiences and needs? *Public Health Nurs*. 2022;39:350–9.
22. Clark JN. A Crime of Identity: Rape and Its Neglected Victims. *J Hum Rights* [Internet]. 2014;13:146–69. Available from: http://www.tandfonline.com/doi/abs/10.1080/14754835.2014.886952
23. Hogwood J, Auerbach C, Munderere S, Kambibi E. Rebuilding the social fabric. *Intervention.* 2014;12:393–404.

24. Godard M-O, Ukeye M-J. Enfants du viol : questions, silence et transmission. *Le Télémaque.* 2012;42:117.
25. Tian Y, Yu C, Lin S, Lu J, Liu Y, Zhang W. Parental Psychological Control and Adolescent Aggressive Behavior: Deviant Peer Affiliation as a Mediator and School Connectedness as a Moderator. *Front Psychol.* 2019;10.
26. Symeou M, Georgiou S. Externalizing and internalizing behaviours in adolescence, and the importance of parental behavioural and psychological control practices. *J Adolesc.* 2017;60:104–13.
27. Mukangendo MC. Caring for Children Born of Rape in Rwanda. Born of War Protecting Children of Sexual Violence Survivors in Conflict Zones. 2007;40–52.
28. Cui L, Morris AS, Criss MM, Houltberg BJ, Silk JS. Parental Psychological Control and Adolescent Adjustment: The Role of Adolescent Emotion Regulation. *Parenting.* 2014;14:47–67.
29. Nelson DA, Yang C, Coyne SM, Olsen JA, Hart CH. Parental psychological control dimensions: Connections with Russian preschoolers' physical and relational aggression. *J Appl Dev Psychol.* 2013;34:1–8.
30. Uwizeye G, Thayer ZM, DeVon HA, McCreary LL, McDade TW, Mukamana D, et al. Double Jeopardy: Young adult mental and physical health outcomes following conception via genocidal rape during the 1994 genocide against the Tutsi in Rwanda. *Soc Sci Med.* 2021;278:113938.
31. Herzog JI, Schmahl C. Adverse Childhood Experiences and the Consequences on Neurobiological, Psychosocial, and Somatic Conditions Across the Lifespan. *Front Psychiatry.* 2018;9.
32. Al-Shawi A, Lafta R. Effect of adverse childhood experiences on physical health in adulthood: Results of a study conducted in Baghdad city. *J Family Community Med.* 2015;22:78.
33. Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, et al. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *Am J Prev Med.* 1998;14:245–58.