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Parenting style and its psychological impact on rape born children: Case of raped survivors of the 1994 genocide perpetrated against Tutsi in Rwanda

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Abstract

During the Genocide perpetrated against Tutsi in Rwanda, Tutsi women were systematically raped by members of extremist Hutu militia groups. Consequently, genocide-rape survivors were left pregnant and gave birth to children whom they are obliged to take care. This article evaluates the psychological state of genocide-rape survivors living with rape born children, their interpersonal relationships and how raped survivors perceive their children's behaviors. Participants were selected amongst victims in Kamonyi and Karongi districts. Therefore, different tools for data collection including Mini International Neuropsychiatric Interviews, Statements public use to describe parents, Behaviors Checklist and individual interviews were used. With qualitative and quantitative data analysis, the findings reveal that the fractious and adverse effects of genocidal rape are still fresh in the minds of the genocide-rape survivors. They are suffering different psychological problems which are influencing the efforts they are engaging in rearing rape born children and consequently affect the child behaviors.

Keywords: Parenting style, Genocide perpetrated against Tutsi, Rape, Rape born Children, Rwanda

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1. Introduction

In the 1994 Genocide perpetrated against Tutsi, more than one million Rwandan populations were killed, for the only reason of being Tutsi (MINALOC, 2004). During the genocide, rape was used as a destructive weapon against Tutsi women. This severe offense was so common that the Secretary-General of the United Nations included in the Statute of the International Criminal Tribunal for Rwanda (ICTR) an express provision for rape as a crime against humanity (ICTR, 1994).

In prosecuting the perpetrators of the Genocide perpetrated against Tutsi, rape has been legally recognized for the first time as a crime of genocide. In the case of the Prosecution vs. Akayesu, the Trial Chamber of the ICTR defined rape for the first time in international law. The Chamber defined rape as “a physical invasion of a sexual nature, committed on a person under circumstances which are coercive” (ICTR, 1999). Therefore, the Trial Chamber of the ICTR concluded in the Akayesu judgment of 1999 that, the sexual assault constituted rape under Article 3 of the ICTR statute. Incidents of sexual violence constitute an act of genocide as they cause serious bodily or mental harm to members of the group (UNCPPCG, 1948, article 2 sub-article b). According to Totten and Bartrop (2009), the Akayesu judgment of the ICTR was the seminal decision recognizing rape as an instrument of genocide. In finding Akayesu guilty for genocide and crimes against humanity, including the relentless rape committed upon Tutsi women as crime of genocide, he was sentenced to life imprisonment (Amann, 1999).

Even before the Akayesu judgment, Catherine (1995) has shown that, in the specific context of the Genocide perpetrated against Tutsi in Rwanda, rape was used as a strategic and severe perpetration of violence against Tutsi women and as a pervasive tool of genocide. Rape was carried out across the country by force and under threat. As Munyandamutsa (2001) reported:

Rape was widespread; women were raped individually or in groups, with objects such as sticks or gun barrels, held in sexual slavery or sexually mutilated. In most cases, these crimes were perpetrated against women after they have witnessed the torture and / or murder of their families and the destruction or vandalizing of their homes. Some women were forced to kill their own children before or after having been raped.

Tutsi women were systematically raped in order to humiliate, degrade and belittle and to make them suffer morally, culturally and psychologically. In addition to their physical offenses, perpetrators of rape deployed humiliating language such as: “we want to see how sweet Tutsi women are”, “you Tutsi women think that you are too good for us”, “we want to see if a Tutsi woman is like a Hutu woman”, “if there were peace you would never accept me” (Nowrojee, 1996). These statements reveal propagandists' efforts successfully demonized Tutsi women, thus increasing their vulnerability.

Throughout the Genocide perpetrated against Tutsi, several Tutsi women were often raped multiple times and gang raped. According to Nowrojee (1996), between 250,000 and 500,000 Tutsi women were systematically raped and forced into sexual servitude by members of extremist Hutu militia groups and left pregnant. African Rights (2004) stated that, during the genocide, raped women were sometimes held as

sexual slaves of the Hutu militiamen. Consequently, genocide-rape survivors gave birth to children from the genocidal rape.

The exact number of children resulting from genocidal rape is not known. The United Nations Special Rapporteur on Rwanda, René Degni-Segu, estimated that between 2,000 and 5,000 pregnancies resulted from genocidal rape (De Brouwer, 2005). According to genocide survivors, however, this number is far higher, estimated to be over 10,000 (Wax, 2004). For Torgovnik (2008), the number of rape born children is estimated to 20,000 children.

After the Genocide perpetrated against Tutsi, there has been little attention by researchers on how genocide-rape survivors cope with the suffered rape and take care of their children born of rape. Therefore, there is a need to assess the strategies used by genocide-rape survivors in rearing their children born of rape. The results of this assessment allow the genocide-rape survivors to understand their children's behaviors in light of their own parenting practices and fully realize the implications of these practices on their children.

2. Understanding and theorizing the key concepts

2.1. Parenting style

According to Abdorreza (2010), parenting style is a psychological construct representing standard strategies that parents use in child rearing. It is a complex activity that includes many specific behaviors working individually and together to influence child outcomes. For Belsky et al. (1984), parenting is:

The style of child rearing that enables the developing person to acquire the capacities required for dealing effectively with the ecological niches that she or he will inhabit during childhood, adolescence, and adulthood.

For Davies (2000), parenting "is the process of promoting and supporting the physical, emotional, social, and intellectual development of a child from infancy to adulthood". In this sense, parenting refers to the activity of child rearing rather than the biological relationship.

Many studies examining the impact of parenting style on children (Abell et al., 1996; Beyer, 1995; Bluestone and Tamis-LeMonda, 1999; Baumrind, 1978) found that it [parenting style] influences the child outcomes, child characteristics, child development and even child mental health. It plays an important role in the social and psychological adjustment of children and adolescents, extending into adulthood. Tracie (2006) stated that parental behaviors—particularly warmth, rejection, overprotection, and discipline—have an important impact on personality formation and development of the child. In this vein, it is important to evaluate how the parenting experiences of genocide-rape survivors influence their children born of rape in post-genocide Rwanda.

2.2. Rape and its consequences

According to Salzman (1998), rape is an act of violence that is by definition committed against the victim's will. The victim is forced to genital, oral and/or anal sexual acts and often to other aggression, abuse and degradation. The attacker controls the situation by the use of physical force, threats of harm and intimidation. Throughout the rape process, victim fears that she is going to be killed or injured.

Davidson et al. (1996) have found that rape is a violation of raped women's physical self and basic beliefs and assumptions about her environment, about others and relationships, and about herself. Rape is especially stigmatizing in cultures with strong customs and taboos regarding virginity, sex and sexuality, like in Rwanda. Craig (2006) states that:

Sexual violence is considered shameful in many cultures, and survivors are often shunned or punished for being raped. A women's sexual virtue is highly valued by the community as a marker of the purity and prestige of her family. When a woman is raped, the culture meaning behind that experience indicates that she has been spoiled, which reflects poorly upon her and on her family.

In addition, rape victims may be viewed by society as being dirty and/or damaged. Victims often suffer isolation and disownment from family and community. Raped survivors experience severe psychological effects, the most prominent of which is "Rape Trauma Syndrome"ⁱ.

One lasting effect of rape may be children produced as result of the offense. Pregnancy following rape is more likely to lead to inner conflicts for women about deciding whether to keep the child or not. In Kosovo for example, pregnant victims have reportedly been killed by their families and some have killed their babies at birth. Moreover, depression is also a common effect of rape, as many women may blame themselves for what happened and experience feelings of shame and guilt; victims may consequently project such feelings onto their growing children (SECASA: South Eastern Centre Against Sexual Assault, 2009).

According to Smith (2000), rape shapes the future of victims, their families, communities, generations, and nations and has the potential to create a global impact. In light of these challenges, this paper shows how the genocide-rape survivors living with children born of rape in post-genocide Rwanda arrived to cope with the atrocities they suffered. This examination covers the genocide-rape survivors' experiences and their conflicted feelings about rearing a child who is a reminder of horrors endured. It also assesses how genocide-rape survivors perceive their children's behaviors.

3. Research methodology

This research evaluates the parental behaviors of genocide-rape survivors and the impact they have on the behaviors of their children born of rape in post-genocide Rwanda. To achieve this objective, this study used both quantitative and qualitative methods. The initial research population was comprised of 50 survivors of rape living in Kamonyi district of the Southern Province and Karongi district of the Western province of the

Republic of Rwanda. These genocide-rape survivors whose children born of rape are still alive and living together participated voluntarily.

Although all initially expressed a wish to participate, some withdrew (N=2) and some others were relocated during the interview (N=4), rendering the population to 44 participants. Among the research participants, 21 were from Kamonyi and 23 from Karongi. For an in-depth understanding of the problems of genocide-rape survivors living with their children born of rape, individual interviews were conducted. In addition, focus group discussion involving ten research participants was organized to see whether there were differences in respondents' viewpoints. Focus group participants were purposively selected; six were from Kamonyi district and four from Karongi district. The study was conducted over a three month period in 2011.

The research participants were subjected to different tools for data collection including (1) Mini International Neuropsychiatric Interviews (MINI)ⁱⁱ; (2) Different statements people use to describe parents which were elaborated and put on a four-point Likert scale and (3) a '*Child Behavior Checklist*'. Therefore, quantitative data was analyzed using numerical methods of descriptive statistics. Thematic analysis was also applied to qualitative data. Direct quotations from the interviews are provided so the reader can relate emerging themes to original data.

4. Findings and discussion

This section provides the exploratory findings from both quantitative and qualitative data brought together and discussed comparatively.

4.1. Psychological problems among genocide-rape survivors living with their rape born children

Having an unexpected child is a traumatizing event for any parent. The mother of a child born of rape, however, faces a lifetime of turmoil. In this regards, raped survivors of the Genocide perpetrated against Tutsi are not in the proper emotional state nor psychologically equipped to cope with the memory of the rape they endured. Living with a child born of rape makes coping with their past even more difficult.

Using Mini International Neuropsychiatric Interviews, the findings of this study depict that genocide-rape survivors living with children born of rape suffer different psychological problems. These include Post Traumatic Stress Disorders, depression and suicidal ideation, destructive behaviors such as drug/alcohol abuse and some antisocial personality disorders. Exploring the psychological impact of being raped and living with children born of rape, Landesman (2005), an adviser for the International Rescue Committee in Rwanda, highlighted some negative feelings among the genocide-rape survivors. Observing the appearance of the raped survivors of Genocide perpetrated against Tutsi, Landesman stated: "Did you ever see the look in a woman's eyes when she sees a child of rape? It's a depth of sadness you cannot imagine".

The following table summarizes the percentage distribution of psychological problems among the 44 interviewed genocide-rape survivors who are still living with their rape born children. Although each person is unique, this table helps to identify the range of psychological problems among the research participants.

Table 1. Distribution of frequencies of psychological problems

Psychological Disorders	Frequencies	Percentages
PTSD	25	56.8
Depression	05	11.4
Suicidal ideation	03	6.8
Alcohol Abuse	02	4.6
Alcohol Dependence	01	2.3
Antisocial Perso-nality Disorders	08	18.1
Total	N=44	100

Source: Primary data

Post traumatic stress disorder symptoms were expressed at high rate, experienced by more than the half of the research participants. In individual interviews, genocide-rape survivors shared that rearing their rape born children push them into a chronic Post Traumatic Stress Disorders. As one of the respondents expressed:

Unless I don't have alternative, I really don't love this child. She most of the time makes me think on what I have suffered! It is by God's strength I am still living with her. The remaining problem I still have is only that one day I will be overwhelmed, became foolish and run away. iii

Genocide-rape survivors are victimized by the memory of their rape and accompanying atrocities. Living with their children born of rape becomes an upsetting reminder in their everyday life. Different interviewees did not hesitate to state that their children are most of the time seen as "unwanted children" and labeled "Children of Bad Memories." From their points of view, "they [genocide-rape survivors] don't have pleasure in living with rape born children."

The psychological problems suffered by genocide-rape survivors are aggravated by a sense of "isolation" and "social rejection", "feelings of guilt" and "ashamed". These problems physically or emotionally/psychologically isolate them from their support network. They are often disowned by friends and family and/or feel disconnected from peers as a result of the perceived personal experience. As a survivor, who was raped as a young girl during the genocide avowed:

With that rape I lost my identity as a girl. When a friend of mine invites me to a party I can't go. I don't know if, when I go I have to be with the girls or with the women. I am not a girl and I am not a woman.^{iv}

Rape survivors also suffer from “self blame” and “guilt” as if the crime was their fault. Such beliefs encourage suicidal thoughts; some genocide-rape survivors reported that “[they] prefer, [they] would have been killed and died with others”.

The long-term effects that disturb the psychological state of genocide-rape survivors include sexually transmitted diseases such as HIV/AIDS. One participant expressed that she had contracted HIV/AIDS after being raped, and then gave birth to a son as a direct consequence. Expressing her feelings, she stated:

I am no longer living! After the genocide, I found that I have HIV/AIDS from the Interahamwe^v who raped me. And one of them is the father of that child (pointing the child with finger) I gave birth. I am now living with HIV/AIDS. It maybe came from his father. Why not? I have nothing unless the antiretroviral of HIV/AIDS. For sure I feel now so hopeless. By now I'd prefer die off.^{vi}

Victims like the participants in this study have to live with the memories of the genocide. Such memories are of their families murdered; of being raped multiple times and humiliated, and of birthing and living with children born of rape. In addition, some must live with HIV/AIDS that they contracted from when they were raped. Therefore, psychosocial support is needed to help them cope with the atrocities they endured and live in harmony with their children. This is particularly important as numerous researches show that the effects of rape experience and its accompanying all scenarios last a lifetime for both mother and child, as well as for family and community (Lindsey, 2001; Rimmer, 2006). Children born of rape need to be raised free from neglect, discrimination and ostracism to help them build a bright future.

4.2. Parental behaviors and its impact on rape born children's behaviors

The parenting experience plays an important role in the psychosocial development of children. As stated by Rohner (1986), parenting experiences are known to have a significant impact on children's emotions and behaviors, social competence, academic performance and so forth. In post-genocide Rwanda, however, studies that examined the experience of raped survivors of the 1994 Genocide perpetrated against Tutsi in rearing their rape born children and its impact on children are rare. It is in this insight this work was conducted, in recovering this gap.

However, each parent uses various principles in rearing her/his child. To assess the way raped survivors of the 1994 Genocide perpetrated against Tutsi behave in rearing their children born of rape, several statements that people most of the time use to describe parents were elaborated and put on a 4 point Likert scale (1 = Strongly Disagree; 2 = Disagree; 3 = Agree; and 4 = Strongly Agree). For each statement, the research participants were asked to choose the scale that most closely represents their own beliefs or perceptions about how they think they behave towards their rape born children. Specific parental

characteristics of warmth, rejection, and overprotection, discipline, encouragement and discouragement were variables of interest.

For the purpose of data analysis, different statements were combined to reflect one parenting variable. A total score for each group was calculated. Therefore, the following table shows distribution of quantitative data that was collected along with research participants on their respective parental behaviors in rearing their children born of rape. The score for each behavior was obtained by summing all items aimed at assessing one parental behavior.

Table 2. Distribution of response relating to the behaviors parents use in rearing their rape born children

Parental behaviors	Frequencies of respondents (N=44)				Percentages				
	Strongly Disagree	Disagree	Agree	Strongly Agree	Strongly Disagree	Disagree	Agree	Strongly Agree	
Warmth parental behavior	10	23	7	4	22.7	52.3	16	9	
Overprotection parental behavior	2	25	11	6	4.5	56.9	25	13.6	
Rejection parental behavior	1	2	12	29	2.2	4.5	27.3	66	
Discipline parental behavior	3	5	20	16	6.8	11.3	45.5	36.4	
Encourage parental behavior	9	14	13	8	20.5	31.8	29.5	18.2	
Discourage parental behavior	8	13	14	9	18.2	29.5	31.8	20.5	

Source: Primary data

As this table shows, a great number of the research participants, 41 over 44, expressed the 'Rejection parental behavior'. Rejection parental behaviors exist in various ways, like physical neglect, denial of love and affection, lack of interest in the child's activities, interests and achievement, harsh or inconsistent punishment, failure to spend time with the child, or any kind of activity of parents which keeps child away. As one of the interviewed genocide-rape survivors avowed:

I really don't want to live with this child. I do not love him at all. For sure, I most of the time do not want to have any discussion with him. He is not obedient; He is impolite and aggressive, always fighting with neighbors' children. You know, I am now fed-up with him because, I have realized that even blame for wrong doing is meaningless for him. ^{vii}

Another interviewed genocide-rape survivor expressed her feelings as follow: *'I don't know if maybe, sometime I will love this child. I don't know.'*^{viii} Similar statements were also expressed throughout the interviews.

Consequently, the rejected children born of rape face different problems in overcoming challenges of everyday life. Young et al. (1995) found that children receiving insufficient levels of love, care, or comfort by a parental figure can foster feelings of alienation, expressions of hostility and aggression, diminished self-esteem, antisocial and others risk behaviors. This is significant, because as the above interviewed statements show, children born of genocidal rape have now started developing antisocial behaviors such as aggressiveness, fighting with others, impoliteness, and so forth.

In everyday life, research participants agreed that they perceive challenges facing their rape born children into their respective extended families. Most of the time, the children are the source of conflict between relatives, since they are perceived as constant reminders of the genocide. They are seen in the image of their fathers. A majority of the society perceives them to resemble to rape perpetrators or belonging to the group of the genocide perpetrators. This is indicated in the names given to them such as "little killers", "children of bad memory", and "devil's children". Consequently, this public perception has an impact on individual children's behaviors and their socio-reintegration in the community. If, on one hand the parents do not show love to the child, and on the other hand the extended families mistreat the same child, life becomes devoid of emotional resources for the child. Love must exist for the healthy development of a child. As Krishna (2001) observed, in the absence of love and control, the personality of children gets distorted. It is clear that love and control in the right proportion is the surest way to ensure the healthy development of children.

The relationship between parents and children is among the most important issues at stake in this research. It involves the full extent of a child's development. Children living in a harsh and violent atmosphere suffer incredible developmental damage. They do not receive the amount of emotional and physical attachment that is needed for their personal wellbeing. According to James (1994) these infants may develop a high-pitched excessive scream, poor eating habits, and a disruptive sleeping pattern. All of which have a significant negative impact on the child's early socialization skills. By the time such a child enters school, he or she may be overwhelmed by negative feelings and express emotions through aggressive play and fantasies, acting out, feelings of sadness, physical and verbal aggressiveness toward others (Marans et al., 1996). These children lack sufficient respect of others, are more likely involved in early sexual activities, and may become active members in gangs (Fraser, 1996).

4.3. Perceived child behavior disorders

Behavior disorders are of a far more serious nature than the casual misbehavior exhibited by most children. The Diagnostic and Statistical Manual of Mental Disorders (2000) shows that, with a behavior disorder, children have a pattern of hostile, aggressive or disruptive behaviors. Warning signs can include harming or threatening themselves, other people or pets, damaging or destroying property, lying or stealing, not doing well at school, skipping school, early smoking, drinking or drug use, frequent tantrums and arguments, and/or consistent hostility towards authority figures (Fraser, 1996). By the time such child enters school,

his/her negative feelings and emotions are expressed through aggressive play and fantasies, acting out, feelings of sadness, physical and verbal aggressiveness toward others (Marans et al., 1996). Consequently, they are at a higher risk for school failure. Thus, this section sheds light on the relationship between genocide-rape survivors' parental behaviors and psychosocial adjustment of their children born of rape.

In assessing the behavioral state of children born of rape, a 'Child Behavior Checklist' was used. The 'Child Behavior Checklist' is performed with lists of behaviors or reactions describing disorders that may be seen in children and adolescents. The research participants were asked to read the list carefully and indicate whether the child has displayed any of the enumerated behaviors or reactions.

Findings indicate various perceived behavior problems among children born of rape. The following table summarizes the perceived behaviors of rape born children in their respective families.

Table 3. Distribution of responses relating to the rape born children' behaviors disturbance

Child dysfunctioning behaviors and Cognitive impairment *		Frequencies (N=44)	Percentages
Behaviors disorders	Impoliteness	31	70.5
	Aggressiveness	30	68.1
	Social isolation	39	88.5
Cognitive impairment	Poor school performance	12	27.3

Source: Primary data

* Cognitive impairment is a broad term used to describe a condition, typically found in children, where the child has some type of problems with their ability to think and learn. It is an unusually poor mental function, associated with confusion, forgetfulness and difficulty concentrating. This condition most readily presents itself when the child is at school and has difficulty with subjects such as reading or mathematics, far more problem than they should for a child with normal development at their age level. Poor school performance is the most characteristic of children having a cognitive impairment (Industry Canada Workplace Accommodation Toolkit, 2007)

According to the research findings presented in this table, most of the children present behavior disorders. In addition, throughout the interviews, research participants expressed several statements indicating behavior disturbances among the children born of rape. One of the interviewees stated:

What I have realized on my child is that he threatens others. He mocks, assaults, attacks and abuses neighbors, always fighting with other children (...). Currently; I am most of the time accused by neighbors that my child always named and referred to Interahamwe has beaten their children. ix

Furthermore, poor school performance was identified as a significant characteristic of children born of rape. In the results summarized in the above table, 23.7% of the research participants revealed that their children are failing their academics. One of them stated during the interview:

I saw my child unable to continue studies because those whom they started together are now in secondary school. But it became somehow impossible to even achieve the primary 6. He stills in Primary 5. And in each year from primary 2 he has to redo every time. I don't know whether he will finish even primary studies? Further to this, he can't read or write a simple letter! What he knows is nothing else than playing football! ^x

Poor school performance creates a serious problem for all children. It affects relationships with peers, impedes development and hampers future career opportunities.

Throughout the interviews, other psychological problems were identified. Interviews showed that “stigma” and “discrimination”, “shame”, “guilt”, “loss of dignity”, “identity problems”, and “attachment problems” are psychological problems children of rape face. In addition, most of the interviewed genocide-rape survivors expressed that their children manifest trauma symptoms. Specifically, the research participants expressed that trauma symptoms may result not only from the memory of the way they have been conceived and born but also from being threatened by family members and community, being labeled “little killers”, fathered by perpetrators of genocide. Children born of rape carry the burden of their traumatic conception and mothers’ pain with them. Consequently, they develop guilt, viewing their self as a source of misery, a mistake, tainted, and even evil, as they see themselves genetically connected to their rapist father perpetrators of genocide.

In summary, the psychological impact of genocidal rape on children born of rape is complex and lasting in that it profoundly frustrates the basic needs of these children. They face endless struggles of identity and social hurdles both internally and externally. This research thus highlights the critical importance of giving psychosocial assistance to both genocide-rape survivors and their children born of rape to help them cope with traumatic experiences and build a bright future. Consequently, there is an urgent need to strengthen the psychosocial assistance for genocide-rape survivors and their rape born children.

5. Conclusion

Rape itself is a damaging and invasive act that causes severe and lasting pain to rape victims. It is a violent invasion into the interior of one’s body and represents the most severe attack imaginable upon the intimate self and the dignity of a rape survivor. By any measure, it is a mark of severe torture not only for victims but also for a community, like in Rwanda, with strong culture, customs and taboos regarding virginity, sex and sexuality.

The raped survivors of the 1994 Genocide perpetrated against Tutsi in Rwanda are living testaments to this strategic waging of warfare on their bodies. They have lived through unimaginable suffering at the hands of those who carried out the genocide. The suffered rape caused them great psychological harm. Irreversible

damage has been done to their families and community, affecting the future of all those tied to the victim. Regardless of living with such difficulties, genocide-rape survivors must take care of their children born of rape and rear them. However, the memories of the genocidal rape taken with other related consequences render genocide-rape survivors unable to bear properly rear and take care of their rape born children. This consequently affects children's behaviors and stifles their future life.

This research supports the argument that children cannot grow in world in which they have no one to turn to for emotional support, because life may become empty for the child and his personality may get distorted. That is why there is an urgent need for special attention and psychological care for both genocide-rape survivors and children born of rape to tackle the specific psychosocial problems they are facing. Psychological care will help them to cope with past traumatic experience. Additionally, it will facilitate their socio-reintegration into community and help them to build a bright future.

Genocidal rape and other forms of sexual violence must be combated all over the world. Awareness about the consequences of this crime needs to be raised and solutions for rape survivors' problems need to be implemented. Taking into account problems facing raped survivors of the Genocide perpetrated against Tutsi living with their rape born children, more efforts need to be put on 'family therapy' and 'group therapy'. Efforts should be made by Government, Non-Government Organizations and community to make sure that all of the victims, along with their rape born children are benefiting psychosocial support so as to avoid worsening their future life.

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- ⁱ Rape trauma syndrome (RTS) is a form of psychological trauma experienced by a rape victim that consist of disruptions to normal physical, emotional, cognitive, behavioral, and interpersonal characteristics (Burgess et all, 1974).
- ⁱⁱ The Mini International Neuropsychiatric Interview (MINI) is a standardized, structured diagnostic interview designed conjointly in the United States and Europe to assess psychiatric diagnoses, according to DSM-IV and ICD-10 criteria. It was tested against the Structured Clinical Interview for DSM-III-R diagnoses (SCID) and the Composite International Diagnostic Interview for ICD-10 (CIDI) and found to be reliable and valid. It is short and can be administered by non-mental health professionals (Sheehan, D.V. et al., 1998).
- ⁱⁱⁱ Interview made with a raped survivor of the Genocide perpetrated against Tutsi, Kamonyi District, Southern Province; October 6th, 2011.
- ^{iv} Interview made with a raped survivor of the Genocide perpetrated against Tutsi, Kamonyi District, Southern Province; October 20th, 2011.
- ^v The *Interahamwe* refers to a group of extremist Hutus that perpetrated the 1994 Genocide against Tutsi in Rwanda.
- ^{vi} Interview made with a raped survivor of the Genocide perpetrated against Tutsi, Karongi District, Western Province; October 13rd, 2011.
- ^{vii} Interview made with a raped survivor of the Genocide perpetrated against Tutsi, Karongi District, Western Province; October 27th, 2011.
- ^{viii} Interview made with a raped survivor of the Genocide perpetrated against Tutsi, Kamonyi District, Southern Province; October 20th, 2011.
- ^{ix} Interview made with a raped survivor of the Genocide perpetrated against Tutsi, Kamonyi District, Southern Province; November 3rd, 2011.
- ^x Interview made with a raped survivor of the Genocide perpetrated against Tutsi, Karongi District, Western Province; October 27th, 2011.