



*Australian Refugee Rights Alliance*

*"No Compromise on Human Rights"*

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Breaking the Silence: Women and Girls At Risk and Children of Rape

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## *Breaking the Silence: Women and Girls at Risk and Children of Rape*

### **BACKGROUND TO THE PAPER**

*In 2005 ARRA produced a paper on children of rape in conflict situations. It briefly explored the issue of pregnancy resulting from rape among refugee populations and concluded that further research into how women and children cope and adjust post conflict and upon resettlement to a third country was needed. Three years later, very little is still known about this often silenced area. This paper will explore the impact of this violent strategy of war and will draw on preliminary research currently being undertaken with resettled refugee women at risk to highlight the ongoing impact of this trauma post settlement.*

### **INTRODUCTION**

Organised rape as a strategy of war and a form of genocide is not a new or uncommon phenomenon. It is used in conflict zones worldwide, with women often systematically raped with the intention of becoming pregnant. Current conflicts across countries around the world including Sudan, Burma and the Democratic Republic of Congo are witnessing new generations of women and girls who have become pregnant as a result of rape. The impact upon women and girls, their families and communities and the children themselves who are born of this violence is far reaching. Children are bearing children, with girls as young as 11 and 12 becoming pregnant through rape. For those who are resettled, the trauma is brought with them and can be further compounded by the challenges of rebuilding a new life in an often very different world.

### **BACKGROUND**

Sexual and gender based violence (SGBV) is widespread and often endemic during war and its aftermath. Acts of sexual violence aim to demoralise, destroy and eliminate groups of people. Women and girls are particularly vulnerable to forced marriage, sexual mutilation, enforced prostitution, trafficking, sexual slavery, mass rape, forced impregnation and other forms of SGBV<sup>1</sup>. Accounts of women who have been kept as rebel wives or held captive in rape camps until they are pregnant and it is too late to abort have become horrifically common place. Cases are known of women and girls who have been forced into exploitative employment, just to survive only to then face further trauma when they are raped and bear children by their employers. Other women have told of being raped so often and by so many different men that when they do bear a child they have no idea which perpetrator is responsible<sup>2</sup>. Rape is used as a strategy to shame individuals, families and entire communities. The destruction of communities is particularly effective where men are shamed for not being able to protect their women. This shame is used strategically to weaken the social fabric of communities and to destabilize relationships and traditional roles.

Survivors of this violence, many of whom have proven their strength and resilience, are often heavily traumatised. The ensuing physical, psychological and social consequences of bearing a child of rape are immense and are highly detrimental to the safety and wellbeing of women and girls. Some are left with little choice but to abort the child, often in unsafe and highly dangerous situations. For those who carry their pregnancy to full term there is still further risk. Many women and girls die in childbirth, while others are left with complex health issues which impact upon their wellbeing in the long term and their capacity to bear future children. Still others, so traumatized by their experiences, are known to make the difficult decision to abandon the child or commit infanticide<sup>3</sup>. For those who survive and keep their children there are new challenges.

## THE TRAUMA CONTINUES - LIFE AFTER RESETTLEMENT

### The fate of women and girls

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Many of the women and girls at risk who are being resettled to other countries are survivors of sexual violence and have born children of rape. Despite being resettled, the shame and stigma of being raped and then bearing children as a consequence is still carried by these women and girls and felt by their communities. While little is known about the ongoing impact on individuals, families and communities post resettlement, early reports of research with resettled women at risk has indicated that the trauma is still being experienced<sup>4</sup>. The impact and response to this trauma varies across families and communities. In the case of some families, women whose young daughters have given birth to babies of rape have assumed the children as their own. Their daughters treat their children as their siblings, and the grandmothers assume the role of mother. In other families, the child is not accepted. Mothers are known to distance themselves from the children and attribute acts of misbehaviour to that of their violent parentage. Whilst many families struggle following such trauma not all experiences are negative. Some children of rape are assumed as part of the family unit and no obvious differentiation in their parentage or treatment can be seen. Such a positive response does not minimise the trauma experienced by their mothers nor does it eliminate the possibility of future complications for these families.

Some women experience a form of protective denial, believing the child to be that of their husband even if he may have died or disappeared years before the child was born. These are cases of women holding desperately onto the belief that the child must be of their loving husbands and not the violent perpetrators. Settlement services have reported instances of 'cultural' confusion in the gestation period for pregnancy and the age of children, with examples of women explaining they have been pregnant for 15 months or stating children are older than they physically appear to be. Other settlement workers have expressed concerns about the differing parenting styles which they feel leads some children to be treated harshly or neglectfully.<sup>5</sup> The likelihood that some of these women and their families will be experiencing difficulty transitioning to life in resettlement countries as a result of bearing children of rape must be acknowledged. The lack of awareness on the part of some settlement service providers of the potential impact of this trauma only further contributes to the silence. Without access to appropriate support and response models post resettlement, the trauma experienced by these families may be further compounded.

### What about the children?

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The existing research in this area has included very little on the affects on the children of rape themselves. In many societies the identity of a child is believed to lie with the father and children of rape are often heavily stigmatised and rejected by their community, extended family and even their mothers. Children have been labelled as '*children of bad memories*', '*children of shame*', '*devils children*' or '*monster babies*'.<sup>6</sup>..Children born of rape are vulnerable to increased risk because of their parentage. The risk they experience is dependent on a range of factors including their acceptance into the family unit, the level of stigma and social exclusion they experience, the support they receive from community members and the response of services. Reports are now beginning to emerge of resettled children being teased and ostracised by other refugee children at school when it is known they were conceived through rape. Further research is needed into this area and the development of future support and response models must include a focus on the interests of the children who have been born of this violence.

## CONCLUSION AND RECOMMENDATIONS

### Conclusion

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Although it is now being acknowledged internationally that women and girls are experiencing endemic levels of sexual violence and many are becoming pregnant and bearing children, there is still very little known about the true impact of this trauma. Preliminary research has begun to show the affects are diverse but are nevertheless very significant across individuals, families and communities. Few if any appropriate response mechanisms are available to support survivors of this violence and their children in conflict settings, refugee camps or in resettlement countries. Compounding the impact of this trauma is the silence which surrounds it. Despite the known realities of the violence experienced by women and girls, little is spoken about those who become pregnant and bear children as a result of these atrocities. The silence surrounding the consequences of this violence must be broken to ensure women, girls and their children receive the much needed support and assistance they require.

### Recommendations

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1. Protection and response models to be developed to support both mothers and children of rape in conflict settings, countries of asylum and resettlement countries.
2. Research to be conducted to further examine the impact of this violence on refugee women and girls, their families, communities and children born of rape.
3. Research to be undertaken to explore the adjustment and attachment patterns and difficulties of women and their children born of rape when resettled.
4. Service providers in situations of conflict, countries of asylum and resettlement countries to be made aware of the potential impact of this trauma and to be trained in appropriate response mechanisms.

**NOTE:** The Centre for Refugee Research and the Australian National Committee on Refugee Women are currently undertaking a three year research project to examine the experiences of resettled refugee women and girls at risk. The preliminary findings from this research have formed the basis for this paper. This research builds on earlier work which identified risk factors and protection concerns for refugee women and girls during displacement and in countries of asylum.

### ABOUT ARRA

ARRA: Australian Refugee Rights Alliance is a consortium of Australian Non Government Organisations attending the UNHCR Annual Consultations with NGOs and the Executive Committee of the High Commissioner's Programme. Its members advocate for change at the international level.

### REFERENCES

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