

# Transgenerational trauma in Rwandan genocidal rape survivors and their children: A culturally enhanced bioecological approach

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## Abstract

Multiple theories, including attachment, family systems, and epigenetics, among many others, have been invoked to explain the mechanisms through which trauma is transmitted from one generation to the next. To move toward integration of extant theories and, thus, acknowledgement of multiple pathways for transmission of trauma, the authors explore the potential of applying a culturally enhanced bioecological theory to transgenerational trauma (TGT). Data from in-depth qualitative interviews in Rwanda more than two decades after the genocide, with 44 mothers of children born of genocidal rape, and in-depth interviews and focus groups with a total of 60 youth born of genocidal rape, were analyzed according to the processes of culturally enhanced bioecological theory. The findings from a hybrid inductive and deductive thematic analysis suggest that a culturally enhanced bioecological theory of human development allows for an integrated, multi-dimensional analysis of individual, family, cultural, and societal factors of transmission of TGT. Some facets of the data, however, are not accounted for in the theory, specifically, how some mothers were able to create and sustain a positive bond with their children born of genocidal rape, despite societal and family pressure to abandon or abort them. Nonetheless, the findings demonstrate how a culturally enhanced bioecological theory can be an important overarching framework for developing policies and practices to help interrupt or mitigate TGT, strengthen resilience, and facilitate healing for children born of genocidal rape, their mothers, and their families.

## Keywords

children born of genocidal rape, genocide, historical trauma, intergenerational trauma, Rwanda, sexual violence, transgenerational trauma

## Introduction

Throughout the past half century, the concept of intergenerational transmission of trauma, or transgenerational trauma (TGT), has become a touchstone for scholars and practitioners who seek to expand the notion of trauma and its impacts beyond focus on an individual. A concerted effort has been made to describe and explore the phenomenon of TGT, wherein direct survivors of catastrophic trauma pass along its imprints to their descendants who did not directly experience the traumatic events themselves. The preponderance of research and theory devoted to TGT has been represented in studies of survivors of the Nazi Holocaust and their offspring (e.g., Bar-On et al., 1998; Braga et al., 2012; Lichtman, 1984; Sagi-Schwartz et al., 2003; Wiseman et al., 2002), Japanese-Americans interned in camps in the United States during the Second World War (Nagata et al., 1999), the Armenian genocide (Kupelian et al., 1998), and indigenous communities in the United States, Canada, and Australia (Bombay et al., 2014;

Duran et al., 1998; Raphael et al., 1998) as well as Black descendants of slaves (Wilkins et al., 2013), and even combat victims (Dekel & Goldblatt, 2008). Throughout this scholarship, efforts have been made to understand both the causes and effects of TGT from individual and psychosocial perspectives. For descendants of survivors of the Nazi Holocaust, the individual impacts of TGT have been identified as symptoms of post-traumatic stress disorder (Van IJzendoorn et al., 2003), depression, anxiety, and attention deficit hyperactivity disorder (Giladi & Bell, 2013; Letzter-Pouw et al., 2014); guilt and aggression (Barocas & Barocas, 1980), difficulty in regulating

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emotions, and a proclivity for self-criticism (Felsen, 1998). Importantly, some studies have found no evidence of increased risks of psychological consequences and, in fact, have reported notable resilience in survivors and their descendants (Sagi-Schwartz et al., 2008). Still others cast a critical eye on research methods used to build evidence that the offspring of genocide survivors may be particularly vulnerable to mental health symptoms, citing problems with self-selected sampling approaches that fail to accurately represent this population (Lindert et al., 2017). Researchers also have found that vulnerability to negative symptoms can be offset by secure attachment, lower genetic risk factors, presence of social support, economic security, and public recognition (Van IJzendoorn et al., 2003).

### *Theorizing pathways for transmission of transgenerational trauma*

Multiple theories have been invoked to explain the mechanisms through which trauma is transmitted from one generation to the next. Psychoanalytic scholars have suggested that the etiology of TGT is based on the unconscious projection of unacceptable emotions, memories, and psychic pain onto survivors' children, who then internalize them (e.g., Auerhahn & Laub, 1998). Relational scholars argue that the parent-child attachment (e.g., Bar-On et al., 1998) and parental communication about the trauma (Lichtman, 1984) are the mechanisms for trauma transmission across generations. Still others posit that socio-cultural structures perpetuate TGT (e.g., Wesley-Esquimaux & Smolewski, 2004). More recently, scholars have studied possible epigenetic transmission of trauma as evidenced by cellular alterations in both parents exposed to pre-conception genocidal trauma and their offspring (Yehuda & Lehrner, 2018; Yehuda et al., 2016).

In theorizing about the cause of TGT in the offspring of Holocaust survivors, Kellermann (2001) urges moving from a single explanatory model of TGT to a multilayered one that involves biological, psychodynamic, sociocultural, and family dimensions. We argue that a revised model of Bronfenbrenner's bioecological systems theory (as cited in Vélez-Agosto et al., 2017) allows for integration of all prevailing theories of TGT and the complex interactions between these systems, including the essential dimensions of culture and historical time (temporal systems) missing from Kellermann's model.

Although largely a theory for examining human development, Bronfenbrenner's bioecological systems theory (Bronfenbrenner & Ceci, 1994) situates the developing human organism within layers of interdependent nested systems (microsystem, mesosystem, exosystem, macrosystem, and chronosystem). The model has been criticized for placing culture within the distal environment, separate from day-to-day experiences (Vélez-Agosto

et al., 2017). In Vélez-Agosto et al.'s (2017) revised framework, culture—defined as a system of ideas, practices, and processes of meaning-making adopted by groups is integral to all layers of an individual's bioecological system. Here, culture also is seen as the glue that connects the exosystem and the institutions that comprise the macrosystem. Although neither bioecological theory nor this revision was developed to apply to TGT, we consider their utility to its conceptualization.

To that end, we ask whether and how a culturally enhanced bioecological theory may apply to an analysis of vulnerabilities, areas of strength, and pathways toward healing for children born of genocidal rape in Rwanda, their mothers, and their communities. We report findings from research interviews with mothers who survived rape during the 1994 genocide against the Tutsi and a sample of young adult children born of genocidal rape. We situate the data within the culturally enhanced bioecological theory of TGT framework, explore areas of alignment and discord, discern implications, and offer recommendations for policy and practice to help break the cycle of transgenerational trauma.

### *A case study of Rwanda: The origins of transgenerational trauma*

From April through July 1994, members of the Hutu militia known as the *Interahamwe* in Rwanda carried out a targeted campaign of genocide against the Tutsi population, whereby over 1 million people, mostly Tutsi and Hutu moderates, were murdered. Rwanda's 100-day-long genocide was characterized by brutal acts of sexual violence, with women and young females bearing the brunt of systematic rape, torture, and other forms of sexual violence. It is estimated that between 250,000 (Mukamana & Brysiewicz, 2008) and 350,000 (Zraly et al., 2013) Tutsi and moderate Hutu females were raped during the genocide.

Sexual violence had dramatic and long-term psychosocial, economic, and health-related impacts (Mukamana & Brysiewicz, 2008; Mukangendo, 2007). Female survivors of sexual violence were confronted with multiple structural and social obstacles. Based in dominant cultural traditions, value ascribed to women's sexual "virtue" translated into the severe stigmatization of rape victims. This social stigma filtered into all aspects of life, making it difficult for women to remarry or access arable land as a means to support themselves and their children (Mukamana & Brysiewicz, 2008). Alongside severe social and economic marginalization, women reported adverse mental health outcomes, including panic, post-traumatic stress disorder symptoms, depression, feelings of shame, and loss of hope (Cohen et al., 2009; Hagengimana et al., 2003; Mukamana & Brysiewicz, 2008; Roth et al., 2014; Pham et al., 2004). These challenges are often exacerbated by post-genocide physical health adversity as a result of the

rapes and further aggravated when mothers were faced with an unwanted pregnancy (Mukangendo, 2007). The deep stigma and shame associated with carrying and raising a child born of genocidal rape hindered and often shattered remaining social networks (Mukangendo, 2007; Woolner et al., 2019). The Population Office of Rwanda estimates that 2,000–5,000 children were born in refugee / internally displaced persons camps as a direct consequence of rape (Mukangendo, 2007; Nowrojee, 1996). Other sources, however, claim this number to be much higher, at upwards of 10,000 to 25,000 (Mukangendo, 2007; Nowrojee, 1996; Hogwood et al., 2018). The paucity of systematic data on these children speaks to their invisibility.

Research focused upon the multiple stressors that affect Rwandan children's development, mental health, and well-being in the post-genocide context is emerging. Children born of genocidal rape in Rwanda may be born into and raised in structures in which unmitigated inter-generational trauma, maternal trauma and stress, and maternal ambivalence combine with social and economic marginalization to create a context hostile to children's healthy development (Denov & Kahn, 2019). Hamel (2016) found that, in relation to identity, following ethnic conflict, families may impose the ethnic identity of the father/rapist on the child, refusing to accept the child within the mother's ethnic group. Other challenges of children born of genocidal rape in Rwanda include issues of belonging, ambivalence in the mother-child relationship, family and community stigma, and a deep desire to learn of their biological origins and heritage (Kahn & Denov, 2019).

Children born of genocidal rape and their mothers represent a particularly complex portrait of TGT; not only are they links in a chain of TGT, but also both mothers and children occupy particularly stigmatized positions in the current social structures of post-genocidal Rwanda. Thus, the goal of this analysis, which is part of a larger study of the experiences of children born of genocidal rape in Rwanda, is to "test" the multi-layered, culturally enhanced bioecological theory for its applicability to this particularly invisible and stigmatized population. Although the authors' other analyses have focused on issues such as resilience (Shevell & Denov, 2021), mental health needs, (Denov & Piolanti, 2019; Kahn & Denov, 2019), and identity (Denov et al., 2020), in this study we ask whether this theoretical framework may shed new light upon some of the complexities in the lives of children and their mothers, and, if so, what policy and/or practice recommendations may fit at each level of the framework.

## Methodology

This study received ethical approval from two research ethics boards: the first from the Rwandan National Ethics

Committee, and the second from the Research Ethics Board of McGill University, Canada. The ethical implications of this research were considerable. Participants were being asked questions about their lives that had the potential to both revive traumatic memories and cause significant distress. The potential risks for emotional distress were reviewed with participants as part of the informed consent process prior to their participation. In light of these possibilities, psychosocial support structures were put into place in advance, in the event that a participant should become distressed as a result of interview content and require a referral. With participants' permission, our local research team followed up post interview to ensure participants' wellbeing. However, wanting to ensure support beyond standard ethical protocols, we instituted monthly group counselling sessions for youth participants following their participation in the study.<sup>1</sup> Led by a local Rwandan psychologist (and member of our research team), the group counselling was free of charge and available to all youth participants for eight months following data collection.

The authors, two white women with no prior experience in Rwanda, were part of a non-Rwandan research team from a major university in Canada. The first author had worked extensively as a clinician and researcher with trauma survivors from a range of other African countries; the second author had extensive research experience with war-affected youth and children born of war in other African countries. In order to examine and address potential for conscious or unconscious neo-colonialist biases and behaviors, a group of youth born of genocidal rape were engaged in the study as co-researchers and involved in all aspects of the study. More specifically, aligned with the tenets of participatory research, three youth born of genocidal rape were provided extensive research training, and were involved in the design of the study, and collected data: they conducted interviews and focus groups with other children born of genocidal rape. The youth researchers were also involved in data analysis, and dissemination. The three youth were selected by local Rwandan research partners based upon their skills, and interest in the project.

A snowball sampling technique was used to recruit adult and youth participants through the professional networks of our local Rwandan research team. Potential participants were identified by and initially contacted by our local research team members and invited to take part in the study. Participants resided in three regions of Rwanda.<sup>2</sup>

In-depth interviews were conducted between June and August 2016 with 44 mothers of children born of genocidal rape, and 60 youth (29 females and 31 males), and conducted at the offices of our local research partners. Mother participants were aged between 33 and 52 years. At the time of the interviews, youth participants were either 20 or 21 years old, with the exception of one participant who was 19. The majority of participants were born in

1995 and aged 21 at the time of the interview. The age range of youth participants is due to the unique context of the genocide. While the majority of youth participants were born in 1995, in a few cases mothers were abducted and taken to the Democratic Republic of Congo or to places in Western Rwanda where they were held captive and experienced repeated sexual violence over lengthy periods of time. As such, a few of our youth participants were born in 1996. In the case of one youth participant, his mother was a victim of sexual violence when a group of *Interahamwe* returned to Rwanda in 1996. This participant was thus born in 1997 and aged 19 at the time of the interview.

The same youth who participated in interviews also participated in a single focus group discussion.<sup>3</sup> Focus groups occurred after in-depth interviews were completed.<sup>4</sup> A total of seven focus groups discussions, which included a mix of male and female participants, were held with eight youth participants in each group. Focus groups were co-facilitated by one adult and one youth researcher. While interviews aimed to delve into the unique life story of each participant, focus group questions centered on the collective challenges and needs, sources of support, and rights of children born of genocidal rape.

Interview and focus group protocols were developed in collaboration with the entire research team and took into consideration cultural and linguistic nuances. Data were collected through semi-structured open-ended questions, and researchers used probing techniques to elicit detailed responses from participants. Interviews and focus groups were audio-recorded with participants' permission;<sup>5</sup> pseudonyms were used to protect the privacy of participants. Local researchers conducted interviews in Kinyarwanda, whereas Canadian researchers used English with simultaneous English-Kinyarwanda translation with the support of an interpreter. Audio files were then translated and transcribed directly into English.

For our analysis, we chose a hybrid inductive and deductive qualitative analysis approach (Gilgun, 2004, 2005). We purposefully started with a conceptual framework to test, refine/refute, and improve upon it (Gilgun, 2005, p. 41). Building upon Gilgun's (2004, 2005) suggestions for a priori analysis, we began with the concepts drawn from the theories and prior scholarship on TGT, invoking thematic analysis as a research method for its capacity to accommodate both inductive and deductive approaches (Braun & Clarke, 2006). To analyze the data, we independently read and then reread the transcripts and generated a list of preliminary codes to represent subjective meanings in the data (Saldaña, 2013). Next, we implemented focused coding, wherein we sought to refine and categorize the first set of codes (Saldaña, 2013). We subsequently implemented pattern matching, wherein the conceptual model is imposed upon the data like a screen (Gilgun, 2005); here, the patterns of the

framework were compared with the patterns derived from the data analysis. Finally, we worked to create a cohesive story of the data (Braun & Clarke, 2006; Saldaña, 2013) as it related to a culturally enhanced bioecological theory of TGT.

As per Hays and Singh (2012), we exercised reflexivity by examining our underlying assumptions prior to beginning data collection and throughout analysis. We assumed that mothers would report mental health problems, including symptoms consistent with post-traumatic stress disorder, and that they would have ambivalent relationships with their offspring born of rape. We assumed, as well, that youth in the study also would suffer from emotional distress. Throughout data collection and analysis, a process of self-assessment, journal writing, ongoing research-related discussions, and peer debriefings helped to mediate presumptions and preconceptions. Team discussions encouraged disagreement and helped us stay close to the data in analysis. Despite these strategies for accountability and rigor, biases inevitably affected the analysis and presentation of the findings, as we discuss in the Limitations section.

## Findings

In this section, we present data from our sample of mothers and youth. We highlight the ways in which the elements of culturally contextualized (1) personal characteristics and vulnerabilities, (2) attachment relationships, (3) family systems, and (4) socio-cultural and historical realities of TGT combine to provide a multi-layered, complex picture and understanding of the lived realities of women and children born of genocidal rape.

### *Cultural microsystems: Personal characteristics and vulnerabilities*

Although a qualitative analysis of in-depth interviews cannot provide epigenetic evidence of TGT, it can reveal important clues about women's lived experience of trauma as they anticipated the birth of their children born of genocidal rape. Mothers recalled their states of mind during gestation through to the birth of their offspring, including *experiencing depression, helplessness, and numbing; navigating physical problems; and responding to the stressors of motherhood.*

#### *Experiencing depression, helplessness, and numbing.*

According to accounts of the mothers, not only had women become impregnated as a result of rape during the genocide, they had also suffered innumerable losses, leading to expressions of deep sadness, as this reflection of a mother, Cherise, indicated: "I feel too sad. Last time I was thinking, 'Why did I not die like others who were

killed during genocide?’ I thought they are living in [more] peace than me.” Mothers in the study described the profound powerlessness and helplessness that they felt during the violence itself and at the moment that they gave birth, as illustrated by this mother, Prudence: “I did not love [my son], though I did not have courage to reject him. I was traumatized.”

Youth in the study related their early memories of their mothers’ psychological and somatic symptoms, which provided another portal into understanding how they were affected:

From one year to three years, I was a baby and did not know anything, but my mom was always sad. When I was four years old, my mother was crying all the time. When I was five years old, I asked her why she is always crying, but she did not give me any response. (Dido, Male youth)

Yes, I know it is due to what she passed through during genocide. They were 10 children in their family but they are two now. All others were killed during genocide. She is always taking medicine, but she is still having problems. (Alain, Male youth)

For some mothers, this combination of traumatic stressors led to feelings of desensitization or loss of capacity for emotional connection, manifesting as numbness, which sometimes persisted over their lives:

Things that have happened to me have taken away all the love that I had. ... No, I don’t feel any special emotion ... sometimes I ask myself the future of that girl [born of genocidal rape], and I don’t find the answer. (Giselle, Mother)

**Navigating physical problems.** The majority of mothers in the study reported suffering from physical health problems that they traced to the profound traumatic experiences from which they suffered during the genocide:

I used to suffer from stomachaches and headaches, but I often went to hospital and nothing was found. They told me that I have stress. ... I believe they are right since they could not find anything else. I was advised by people to even find a husband and get married, but this is not in my mind. I have accepted my history. (Martha, Mother)

**Responding to stressors of motherhood.** Although respondents described their state of mind during pregnancy and after giving birth, they also reported the myriad challenges they faced. For example, cast out from their families,

mothers faced difficulties with accessing resources to meet their basic needs and the needs of their newborns:

The situation was too hard, and I was too sad. I did not have clothes for him; my family rejected me. I had to find shelter elsewhere. It is a lady, a friend of mine, who took me to her home. But at the hospital, I could not get anything to eat or to wear; neither me nor my child could even take bath. I suffered a lot. The nurses noticed I did not have any help, then the hospital decided to take care of me. They gave me a small room and food and clothes, and I stayed there for some three months. (Prudence, Mother)

For some mothers, however, pregnancy provided a sense of strength and purpose or was regarded as divine compensation for the losses associated with the genocide: “When I saw the baby, I was so happy. I thought it is a gift from God to counsel from the pain I had due to my children that were killed during the genocide” (Rehema, Mother). Another mother stated:

My first feeling was to avoid aborting because I was thinking about women who wish to have children and who never get them. This gave me courage that it is a chance for me to have a child. I also thought that aborting would be killing like those “Interahamwe” who killed our families. (Alice, Mother)

### **Cultural microsystems: Attachment relationships**

The mother–child relationship, or attachment, could be affected in various ways, as represented in the following attachment-related themes: *distant, ambivalent and unreliable; rejecting and abusive; close and loving.*

**Distant, ambivalent, and unreliable.** Some mothers and youth described a relationship defined by emotional as well as physical distance. These participants described the lack of emotional closeness. One mother (Honorine) stated, “[My daughter] is not open with me; she even calls me ‘aunt.’ Maybe it is because I left her when I [went to] school after the genocide.” A son explained:

My mom has never shown that she loves me since I know her. I consider [my aunt] as my mother. ... It [mother–child relationship] is not good. She goes to work early in the morning; I don’t say good morning. And when she is back in the evening, it is like that. We may pass three weeks without talking to each other. And she used to use harsh words against me. I don’t like her. (James, Male youth)

For other mothers and youth in the study, relationships could be inconsistent, often conditional upon the child’s

behavior, as one mother (Solange) stated: “He doesn’t call me ‘mom’ even though he knows I am his mother. When he was impolite, I hated him. A simple mistake he makes it could upset me.” Still other youth described experiences of their mother’s deep ambivalence toward them, which characterized the bond:

She [mother] would say that I caused all this, I screwed everything up and sometimes she [would say that she] did not want to be with me. Saying like. ... She will never love me again. ... But later I could hear her apologizing again. ... And then she [mother] would feel guilty. (Keza, Female youth)

**Rejecting and abusive.** Several mothers reported that their children born of rape were seemingly inescapable reminders of the perpetrator(s) of genocidal rape and the trauma they had endured. This could affect their capacity to love and emotionally connect with their child, leading, in some cases, to outright rejection and physical abuse:

And when I see my daughter, I see her father in her, even if we are laughing; I can just stop laughing because of that. There are things that you can forget, but those are things that you live with and to forget them is not that easy. ... So sometimes I think that it is her fault, the things that happened to me. (Giselle, Mother)

One son (James) stated, “When I was young she used to beat me so much even our neighbors were wondering if she is really my mother.” A mother (Immaculée) explained, “I don’t know but I also used to beat him. One day I beat him, and as a reaction, he disappeared from home for three days.”

**Close and loving.** Some mothers and youth in the study shared that their mother–child bonds were loving and abiding:

All children are equal. But I love my son very much due to the history I passed through with him during my pregnancy and after. I was even advised to abort, but I did not do it because he was innocent. (Jeannette, Mother)

Physically, he reminds me of my family members who were killed since he resembles them. About his personality, I like the way he cares about the cleanliness at home, and he is smart, and he seems to be responsible for our home. (Aline, Mother)

The loving attachment with her mother was described by one youth as follows: “[My mother] has sacrificed her life for me, she has been a good mother for me. When everyone

abandoned her because of me, she didn’t leave me; she continued to love me unconditionally” (Winnie, Female youth).

### **Cultural microsystems: Family systems**

The attachment relationship cannot be seen in isolation from the family and community context. Here, themes represent family roles, behaviors, and activities through which relationships are enacted: *the push/pull of kinship*; *open versus closed communication*; and *protectiveness, empathy, and caretaking*.

**The push/pull of kinship.** For some youth, their relationships with their mothers shifted when the mother married or had a child with a chosen partner. This could invite stigmatizing and marginalizing of the youth from the rest of the family and kin:

I was four years old when my younger brother was born. Then my mom was calling me a bastard. Then I was growing up in that situation and was feeling not loved. My stepfather was beating me, hurting me, and calling me a bastard as well. He was even telling me to go to see my dad. (Felix, Male youth)

In contrast, another mother described her perspective of her child born of rape as a victim and recognized that she was repeating a pattern of rejection:

I was pregnant because I was raped by the *Interahamwe* during the genocide, and my family rejected me. I was too sad because they continued to reject me till I gave birth to my child. I was not happy with the child; I even hated him the same way I was treated by my family. My child is a victim of what happened to me. (Amelie, Mother)

In contrast, some mothers chose the child over family and kin:

My mother is my best friend. My mom was requested by many members of her family to reject me, but she never did it. Instead, she took care of me like other children; she showed me love, and I love her as well. (Coraline, Female youth)

**Open versus closed communication.** Communication between mothers and children born of genocidal rape was presented as either open or silent and avoidant. Some youth were reticent to ask their mothers questions due to the impact on their mother:

There’s a lot I want to ask her, but when I try to ask her, she acts as if she does not want me to ask her about it. ... I think that, when I ask her about it, the whole past story comes

back into her life, and it really disturbs her a lot. (Mussa, Male youth)

This inability to glean the truth about their backgrounds from their mothers represented an impediment to the relationship:

Another thing is a bad relationship with you and your mother because of the things she has been through and how she doesn't want to talk about it. You are curious to know what happened, so you are getting mad at each other. (Jean Baptiste, Male youth)

Those in the study who were able to engage in open communication about the genocide, genocidal rape, and subsequent impacts noted positive benefits to their mother-child relationship. As one female youth (Bernadette) described, "Knowing the truth increased our friendship and love. I don't have any problem with her."

Moreover, open communication could lead to meaning-making through a sense of mutual understanding and forgiveness, as seen in a response to the interviewer's question: "Have you ever discussed with your son about his origins?" "Yes, we talked. ... He was sad, he cried [crying]. He did beg my pardon, saying that he is the origin of my bad life. I told him that it is not his fault, and God will help us" (Alice, Mother).

*Protectiveness, empathy, and caretaking.* Reflecting protectiveness, some mothers explained that, after their child learned the truth about the circumstances of his or her birth, the children wished to avenge the violence perpetrated upon their mothers. As one mother (Filone) stated, "[My son] could not understand how I don't know the people who raped me. And when I explain to him, then he says that he will enroll in military school to take revenge."

Further, highlighting a capacity for empathy, a male youth (Patrick) seemed to deeply relate to his mother's psychic pain: "I would show her that I understand the sadness she has about what happened to her and try to morally support her and tell her that we have to live with hope and to accept ourselves." Finally, youth could assume the role of caretaker, or project that they would be a caretaker in the future for their mothers, as this mother (Brigitte) stated: "[My son] told me that he is working hard at school, and he has hope that one day he will be able to build a very nice house for me."

### *Macro and temporal systems: Socio-cultural structures*

Structural barriers stood to prevent access to essential resources necessary for a stable life. These included

*absence of basic resources and lack of rights, recognition, and compensation.*

*Absence of basic resources.* Poverty appeared to be a consistent factor that affected the lived realities of both mothers and youth, including their relationships. The following quotes from a mother and a youth, respectively, underscore the ways in which the absence of basic resources affected the mother-child relationship:

There are many things that make someone painful like, "Don't have a family, poverty with no food," and you think that if your mother was alive, you would go there, or if you had siblings, you would go there, but when I think that I am alone with this problem, it makes me very sad and brings me much pain. And at my age, not having a house, I am always renting a house, but I hope that God will give me a house where to live. (Iza, Mother)

Another problem is the lack of means because our mothers have to raise us with our siblings. Sometimes, the poverty affects the relationship between us and our mothers when we don't get the minimum of our needs. (Bertha, Female youth)

*Lack of rights, recognition, and compensation.* Until recently, there has been very little acknowledgement of children born of rape in the dominant social and historical narratives on the Rwandan genocide (Denov & Kahn, 2019; Provost & Denov, 2020). Across interviews and focus groups, youth participants yearned for formal recognition from society of their perceived status as being "victims" of the genocide. Indeed, experiences of family and community stigma, violence, discrimination, and social marginalization were key to youth participants' understanding of themselves as victims of the genocide, and their desire to be recognized as such. These youth participants explained: "Why can't people understand that we are victims?" (Emmanuel, Male participant); "We have been victims of genocide" (Vincent, Male participant). Given youth's perception of themselves as victims of the genocide, they longed to be included in the Fund for the Neediest Survivors of Genocide in Rwanda ("*Fonds de soutien et d'assistance aux rescapés les plus nécessiteux du génocide*," commonly referred to as "FARG"), which supports genocide survivors born prior to 1995.<sup>6</sup> Their exclusion from FARG was raised as an issue for both the youth and their mothers. As this mother explained: "FARG discriminates against children who are victims of genocide. Children born from raped mothers during genocide are not sponsored by FARG. I think this is not fair" (Rita, Mother). This mother reaffirmed the youths' invisibility and ambiguous status in Rwandan society: "There is no one who considers them; they are not survivors of genocide,

they are not killers, and it is just us [mothers] who are taking care of them.” Another mother (Immaculée) noted:

I think there should be advocacy for special programs because these children did not have time to feel loved like other children. To me, though they are not many, they may be dangerous for the society if they are not well followed. There are some boys who take drugs and abandon school, there are girls who don't want to hear advice from their mothers. So it is obvious to take care of them, especially by counseling them before it is too late.

Within the youth focus group discussions, there emerged a strong collective desire for recognition and justice. Specifically, participants expressed a need to advocate not only for the right to full inclusion in Rwandan society for themselves and their families, but also for other children born of genocidal rape:

I want us to form a club and to have advocacy. We need to have all rights that other children have. We need to know each other, as we have the same problems. We need to be united, to understand each other. We also need to write our history. We need to make awareness of our story ...  
(Thierry, Male participant)

## Discussion

Data from our interviews and their subsequent analysis reveal that a culturally enhanced multi-layered framework of TGT can contribute to a deeper understanding of the vulnerabilities, areas of strength, and pathways toward healing for children born of genocidal rape in Rwanda, their mothers, and their communities. Caution and attention, however, is needed before making broad generalizations at each level of the framework; there are circumstances whereby individuals will triumph over epigenetic-, attachment-, and family systems-related risk factors. At the same time, however, unless the cultural structures can transform, TGT may continue to be perpetuated to future generations. Below, we address each element of the framework.

In relation to epigenetic theories, although our exploratory study was not designed to explicitly measure epigenetic transmission of trauma, our findings align with Perroud et al.'s (2014) research that found transmission of epigenetic alterations associated with PTSD were passed from mothers exposed to traumatic stressors during the Rwandan genocide to their children. Significantly, Perroud et al. (2014) stipulate that biological modifications may interact with behavioral and environmental adaptations, such as hypervigilant parenting approaches and unsafe living conditions, to confer a risk of PTSD in offspring. Specifically, our analysis suggests that the majority

of mothers in the sample suffered multiple severe and chronic stressors before, during, and after pregnancy. First, as in existing research on the traumatic effects of the Rwandan genocide on women and girls who survive sexual violence (Mukamana & Brysiewicz, 2008; Mukangendo, 2007; Roth et al., 2014), participants reported that experiences of genocidal rape were highly traumatizing to survivors, often resulting in persistent and pervasive psychological and somatic distress. Although our data do not presume to definitively diagnose post-traumatic stress disorder, the psychological reactions described were often consistent with the diagnostic criteria, as elaborated in the *Diagnostic and Statistical Manual* (5th ed.) (American Psychiatric Association [APA], 2013). Second, the psychosocial sequelae of genocidal rape presented significant additional stressors for survivors. The majority of mothers in our study who resisted family pressure to abort the pregnancy reported having been rejected and/or banished by their families; this led to serious stressors related to psychological, social, and material deprivation and marginalization during pregnancy. Extreme stress during pregnancy has been shown to be a factor in the epigenetic transmission of trauma (Perroud et al., 2014; Yehuda, & Lehrner, 2018; Yehuda et al., 2016). Moreover, Vélez-Agosto et al.'s (2017) contention that culture must be considered an integral part of a developing child's microsystem is supported by our data. The practice of banishing a daughter or sister for bearing the child of the "enemy" is a direct result of the meaning that the culture attributes to children born of the *Interahamwe* and contributed to ongoing stress for mothers. Some reportedly developed physical and somatic illnesses that persisted throughout the course of their life span. Such day-to-day stressors are known to be perpetuated and can be passed along to offspring (Berger, 2014).

In relation to attachment theories, our data suggest that giving birth to a child born of genocidal rape was experienced as an interpersonal trauma and appeared to directly influence the capacity of some mothers to bond with their children and, in turn, for children to bond with their mothers. It is important to note, however, that not all participants in the study reported a disrupted attachment. Some mothers saw the child as blameless and as a symbol of hope and renewal, although the reasons for this appeared to be idiosyncratic in nature. Future research is needed to further discern why some mothers take this position while others do not.

Social structures cannot be seen as irrelevant to individual attachment. A child's origins were profoundly colored by the meaning and cultural understandings and structures that family, community, and society attributed to giving birth to a "child of the *Interahamwe*." Thus, as Haskell and Randall (2009) suggest, disruption of attachment must be positioned within a larger social structure as a mechanism of TGT.



With regard to family systems theories, literature has documented that war-related trauma can lead to an erasure of normative parent–child boundaries (Letzter-Pouw et al., 2014). In our study, children often reported reversing roles with their parents, as mothers were perceived by children as extremely fragile and vulnerable. Although this may be the case, this finding must be understood within a cultural context where children may traditionally be expected to care for their parents as they age.

Our data suggest that mother–child communication patterns deeply affected the level of distress in children born of genocidal rape. Communication patterns were particularly salient and sensitive in relation to topics that involve the child’s paternity, the nature of the mother’s ongoing suffering, and lingering impacts, such as psychological symptoms. Moreover, communication patterns cannot be divorced from community structures in which they are embedded. Rumors within the community about the child’s paternity complicated the mother–child communication, often creating increased tension in the relationship and pressure on the mothers to disclose to children the truth around their birth origins. Children born of conflict-related sexual violence have noted the importance of “truth telling” and knowing—directly from their mothers—the truth about their birth origins (Denov et al., 2020). The lack of information on their birth origins and subsequent silence, both factual and emotional, has the capacity to be perpetuated to future generations, with negative implications (Giladi & Bell, 2013).

Finally, in relation to socio-cultural and historical theories of TGT, despite the passing of over two decades since the end of the 1994 genocide against Tutsi in Rwanda, children born of genocidal rape and their mothers continue to live within systems of chronic structural oppression related to sociocultural marginalization that affect them deeply and negatively. The implications of failing to address historical trauma are clear. As an example, Wesley-Esquimaux and Smolewski (2004) have observed that the transmission of so-called “maladaptive behaviors” in indigenous peoples—a direct result of the original genocide—is passed to subsequent generations; the resulting “social disorders” are directly related to symptoms of post-traumatic stress disorder in affected populations (p. iv). If learned behaviors, parental modelling, and current cultural structures are not adjusted, “social disorders” may result. Thus, inclusion of Bronfenbrenner’s temporal system, which accounts for the experience of individuals over historical time, is crucial when examining TGT for children born of genocidal rape in Rwanda, using a culturally enhanced bioecological framework.

### Limitations

This study had certain limitations. First, although the study included both mothers with children born of genocidal rape

and youth born of genocidal rape, we did not match mothers with their own children or vice versa. To do so might have helped us to better explore transgenerational transmission of trauma. We contend, however, that the diverse array of experiences of both mothers and youth was a strength of the study. Second, with qualitative research, generally, and thematic analysis, specifically, generalizability and external validity is not to be assumed (Braun & Clarke, 2006). Future research with similar populations across other cultural contexts is needed to help establish the transferability of our findings. Finally, we acknowledge that the biases of our research team inevitably affected this study; we expected to find stories of transgenerational transmission of trauma. Although we instituted strategies for methodological rigor by examining our pre-existing assumptions and implementing negative case finding and peer co-coding and debriefing, some bias was unavoidable.

### Conclusion

Our findings have important implications for practice in helping to interrupt TGT, whether in the context of post-genocide Rwanda or other contexts where similar acts of sexual violence have taken place. Culturally relevant interventions at each level of the culturally enhanced bioecological framework should be considered. Firstly, for women impregnated as a result of genocidal or conflict-related sexual violence, prenatal intervention may help to reduce stress and set the course for a more positive mother–child bond. Our findings align with those of Stevens et al. (2020), whose systematic review points to the need for further research into the potential promise of integrating community support, psychoeducation, and psychotherapy with pregnant women suffering from post-traumatic stress disorder, in order to mitigate negative health impacts upon mother and child. Moreover, as children age, consistent and long-term psycho-social support to both mothers and children (individually and as a dyad) throughout early childhood and adolescence would have benefits to both groups in terms of child development, attachment, bonding, and truth-telling. For example, our findings are consistent with those of Hogwood et al. (2014), who discuss the potential benefits of counselling groups for mothers with children born of genocidal rape in Rwanda, and Uwizeye et al. (2021), who argue that interventions for youth born of genocidal rape during the 1994 genocide against the Tutsi in Rwanda should target individuals, their families, and their communities. Our findings expand upon this, pointing towards the importance of access to economic resources for mothers, particularly in instances in which extended families refuse to accept the mother and her child. Despite the likelihood of father absence, interventions would do well to explore the role and impact of the father on child identity, as well as the mother–child relationship. Researchers have begun to explore the role and

impact of fathers and fatherhood on the lives of children born of conflict-related sexual violence (Denov & Cadieux Van Vliet, 2021; Denov & Piolanti, 2020). Given the sensitivity and ethical implications of interventions with this unique population of conflict-affected women and children, any of the above-noted practice approaches would need to pay heed to the tensions and challenges around children's desire to learn more about their birth origins, and mothers' frequent desire for privacy, secrecy, and not reliving the experience of sexual violence.

As our ongoing work (e.g., Denov & Kahn, 2019; Kahn & Denov, 2019) has shown, many children born of rape have the potential to triumph over their adverse experiences, whether epigenetic-, attachment-, or family-related or historical. While interventions at the prenatal, individual, dyadic (mother/child), familial, community, and structural levels may be necessary to ensure such outcomes for greater numbers of affected youth and their families, our study suggests such interventions alone are not sufficient. As Van Ijzendoorn et al. (2003) have also noted, our study illuminates the need for political and community recognition in order to achieve these triumphs fully. Given the current stigma associated with their birth origins in Rwanda, however, a cultural shift is needed to transform the meaning attributed by families and society-at-large to the complex identities assumed by youth born of genocidal rape and their mothers. In this way, crucial support may be opened up to help interrupt the transmission of trauma from mothers to their children born of genocidal rape.


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### Notes

1. The organization with whom we partnered provided ongoing counselling to mothers as part of their scope of services.
2. Due to the sensitive nature of the research, and participants' concerns about anonymity and confidentiality, to protect our participants we have deliberately not included the three regions of the country where the data were collected.
3. Four youth participants were unable to attend a focus group due to work or study commitments.

4. This was done to ensure participant comfort in the research process. Our research team hoped that following individual interviews, participants would be more comfortable with the project researchers and the research process, especially sharing their perspectives amidst other youth living in similar situations.
5. Participants provided their consent for participation in the study and to be audio-recorded, via a signed consent form.
6. Law No. 81 of 2013 (Law Establishing the Fund for Support and Assistance to the Neediest Survivors of the Genocide Against the Tutsi Committed Between 1 October 1990 and 31 December 1994 and Determining Its Mission, Powers, Organisation and Functioning), *Official Gazette*, vol. 45, 11 Nov. 2013 (Rwanda).

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