

Article

Gender Differences, Trauma, and Resilience of Children Born of Rape, and Perception of Their Behavior by Parents and the Community in the East of the Democratic Republic of Congo

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Abstract: This study was conducted in the eastern DR Congo to analyze the trauma of children born of rape (CBOR), and their behavior as it is perceived by their parents and community. Twenty-four families of women rape survivors and twenty-seven control families were used. The Trauma Symptoms Checklist for Children, Child Behavior Checklist, and Child and Youth Resilience Measure tests were applied. In addition, a discussion group was conducted with community members. Comparatively to girls, boys born from rape are traumatized and have psychopathological concerns such as anxiety, depression, and summation, and high internalized and externalized behaviors compared to boys from control families. Furthermore, CBOR are aggressive and gather in gangs. Despite the suffering, both CBOR and their siblings increase their resilience over the years and derive it from their environment, especially in the absence of the father who has become a polygamist. Girls born of rape are more resilient than their siblings.

Keywords: children born of rape; psychopathology; trauma; resilience; gender; behavior



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1. Introduction

The Democratic Republic of Congo (DRC) is going through unprecedented political and social instability. Armed conflicts have ravaged the country with the main consequence of massive, systematic, and organized violations of human rights. There have been several longitudinal studies that have reported on Eastern DRC, viewed to be the “world capital of rape” [1] and one of the most dangerous places in the world for the well-being of women and girls. Sexual violence is used as a “weapon of war” to inflict terror, humiliation, retaliation, and mass destruction on communities [2,3]. Among the multiple consequences of large-scale violence perpetrated on women and young girls during the last two decades of armed conflict in eastern DRC, the problem of children born of rape (CBOR) is a major phenomenon. Recent studies estimate that 40% of women in eastern DRC have been sexually abused and that 17% of them have given birth to children resulting from rape [4,5]. These CBOR face serious problems of social integration in their families and communities. In addition, interventions in the field of the fight against sexual violence or child protection do not consider their particularity [6]. Resulting from unwanted pregnancies, these children constitute a real difficulty for their mothers and family members who are forced to bear the responsibility of raising a child they never wanted. In many cases, these children are called

unlucky or even snake children. Indeed, at school as well as at the community level, these children are stigmatized by degrading name calling by other children who consider them single-parent children or children whose fathers are “Interahamwe”, a group of Rwandan Hutus who were the basis of the genocide in Rwanda in 1994 [5]. They are often prohibited from associating with others, and unfortunately this discriminatory logic is shared by some community leaders and influential people [7]. There is also silence on the part of the Congolese State vis-à-vis the supervision of these children. Most CBOR are not registered in the civil registry and do not know their fathers. Indeed, article 601 of the family code in DRC specifies that, even if the father of the child is unknown, the presumption of paternity must be established, in the name of the best interests of the child. Their right to a complete identity and a normal family is compromised. Thus, CBOR go through multiple traumatic situations during their lives that jeopardize their future and compromise their chance of normal development. They thus suffer complex trauma. Indeed, this type of trauma describes the dual problem of children’s exposure to traumatic events and the impact of this exposure on immediate and long-term outcomes [8]. Children subject to more victimization were reported to have higher symptoms of anxiety and depression [9]. It was also observed that girls’ and boys’ child abuse and neglect are differently affected by victimization [10,11].

Although there is not enough research evidence on the relationship between CBOR and their mothers in the post-conflict period, empirical data indicate that rape-related pregnancies and children resulting from it cause revulsion of mothers and the whole community towards these children. Concordant research has reported the abandonment of CBOR by their mothers, attempts at risky abortions, repeated torture of these children, and their marginalization in families who live in incredible poverty [4,12]. Social rejection and the multiple psychosocial problems that await CBOR are exacerbated by cultural factors and the context of their birth. The problem of the psychosocial care of children born of sexual violence has long remained widespread in the Democratic Republic of Congo and speaking of this category of children as a particularly vulnerable group has not been easy to accept in Congolese society [7,13]. Despite this extensive research, very little is known about family dynamics and its consequences on both the children born of rape and their siblings, even less on the stepfather. The research does not consider either the gender approach, distinguishing girl from boy, or factors such as the marital type of the couple.

In South Kivu province, in the east of the Democratic Republic of Congo, children born of rape are unloved by their siblings whose hierarchy they come to shake up [14]. Also, children born of rape have mental health problems; they manifest symptoms of posttraumatic stress [15]. Siblings, for their part, would have directly witnessed the rape of their mother and therefore they could show post-traumatic stress symptoms. In a study conducted in Rwanda among survivors of the genocide, CBOR were stigmatized by their siblings [12]. These children therefore experience traumatic events that last for a long time and that could affect their psychological state. Despite everything, these children could develop a certain resilience in the face of all these atrocities, as observed in Rwanda [12,16]. Furthermore, in South Kivu province, polygamy is used as a strategy to deal with the dishonor carried by women rape survivors [14]. Thus, the behavior of children in a monogamous couple would be different from that of children in a polygamous couple and the girls would be better integrated than the boys. Polygamy seems to be a stress factor for husbands who are bound by the principle of equal treatment and who experience competition between co-wives [17]. Polygamy could thus have positive or negative effects on the different members of the family [18]. Therefore, the purpose of this research was to analyze the post-traumatic stress symptoms of CBOR and their siblings. Using a gender approach, we also analyzed whether mothers’ perceptions are different from stepfathers’ perceptions of CBOR behavior. Finally, we analyzed the community’s perception of CBOR behavior and how children develop resilience in this environment.

2. Materials and Methods

2.1. Study Design

This prospective cross-section study was conducted from 7 August 2021 to 10 September 2021 in the territory of Kabare in the province of South Kivu, specifically in the villages of Mabingu and Katana. This geographical environment was chosen because of its proximity to the Kahuzi Biega National Park where several armed groups are hiding who occasionally raid the surrounding villages to loot material goods and rape women.

A native social worker facilitated the identification of and contact with participants. Then, individual consent from each woman and her husband was obtained. Furthermore, the consent of parents was requested before discussion with their children. Five psychologists experienced in psychological testing were recruited and trained to have a common understanding of each item included in the questionnaires used in this study.

This research is focused on rape survivors to analyze the impact that the rape they suffered would have on family functioning. Indeed, our first frame of reference, the theory of attachment, places particular emphasis on the positive or negative development of the mental health of children that would result from the mother–child relationship since childbirth [19]. Numerous psychological studies have also highlighted the impact that depression and anxiety in mothers can have on the mental health of children [20]. The choice of stepfathers is explained by the second frame of reference which guides this research, namely the systemic approach which stipulates that, when an element of a system is affected, the whole system is affected automatically and can lead to system malfunction. The nuclear families in question in this study are assimilated to microsystems composed of elements which are the father, the mother, and the children. Fathers, heads of families, are indeed key actors in the reintegration of both rape survivors and the integration of children born of rape. Children born of rape, disturbing elements of the family system, are a reminder of rape and may have developed permanent and chronic trauma, which does not facilitate their integration within the family. They are also affected by the mental health of their mother who sometimes regrets their existence. The siblings who are indirectly informed of the true origin of the children born of rape regularly let them know through insults and mockery. The specific criteria of the sample of sibling children in victim families can once again be explained by the systemic approach because some of these children have experienced the rape of their mother; they were probably also attacked and lived in anguish at the absence of their mothers, some of whom were taken to the forest. These sibling children saw their mother return with a child whom she says is their brother or their sister, and who comes to shake up the hierarchy in the siblings. Referring to the theory of attachment, the influence of the mental health of survivors can be observed on the children who are born from the rape. The presence of the sample of control families is justified by the concern to compare the results between those which will be obtained by the victim families and those of the control families. Coming from a community with the same characteristics, the results will help us to confirm, for example, the real sources of trauma that would be identified in children.

2.2. Participants

Twenty-four victim families with 15 girls and 9 boys from the siblings, and 5 girls and 19 boys from the rape took part in the study with their parents (father and mother). In sum, four people were selected in each victim family. In addition, 27 control families with 17 girls and 10 boys were part of the study. Thus, three people were considered in each control family. The children in this study were of school age (8 to 18 years old). Indeed, at this age, children have a good ability to understand and can answer the questionnaires used for the study. These participants were selected using purposive sampling. This type of sampling applies assuming that the distribution of characteristics within the population is equal, which leads us to think, therefore, that this sample, despite its small size, could give exact and therefore scientifically valid results [12].

This assumes that certain characteristics should be filled in advance by the participants. The criteria for inclusion in the research were on the one hand, for victim families, to have been a victim of rape in the past 20 years, to have had a child from the rape, to be in a relationship, to have other children in addition to children born of rape whose age is close to those born of rape, and for the ages of these two types of children to vary between 8 and 18 years old. On the other hand, the selection criteria for the control families were not to have been raped, to be from the same community as that where the victim families were selected, and to have a child (girl or boy) whose age also varies between 8 and 18 years old. Finally, a focus group discussion was organized with 12 heterogeneous members including pastors, imam, chief of village, psycho-social workers, women leaders, teachers, and nurses.

2.3. Measures

A pre-survey was conducted to identify participants meeting the inclusion criteria. During this phase, the purpose of the study was given and consent was requested from the participants. The contact was facilitated by Mrs. Naomie, a psycho-social assistant who has worked in the past with rape survivors on behalf of the Panzi Foundation and who lives in the study area. In a previous exploratory study [14], it was noticed that rape survivors know each other and sometimes meet through church associations. We first located eight couples from this previous study [14] and, through the snowball technique, other rape survivors who met the inclusion criteria were identified. Psychological questionnaires initially designed to be completed were used in interview form due to many illiterates among our participants. Indeed, most of our respondents have not studied and are not able to complete a form. Questionnaires were used on both parents and children. The children filled in the resilience test (Child and Youth Resilience Measure/CYRM-28), and the parents completed the TSCC (Trauma Symptom Checklist for Children) and the CBCL (Children Behavior Check List). Each questionnaire was translated in Kiswahili, a national language spoken in South Kivu province, and was administered to participants for 30–40 min. To avoid misunderstanding, Swahili questionnaires were tested before being applied. Compensation in terms of money for transportation was given to the participants for their time as they must walk for 2 h before reaching the interview location. The three questionnaires used are briefly presented in the following sections. Furthermore, three variables considered independent were collected about the participants: monogamous or polygamous couple, and sex and age of the children.

2.3.1. The Child Behavior Check List

The CBCL is a global scale for assessing the psychopathology of children comprising 112 items. It provides a standardized description of emotional and behavioral disorders, as well as social and academic skills. The questionnaire includes two subscales: the social skills subscale and the behavior problems subscale. The social skills scale covers three domains: an activity scale, a social scale, and an academic scale. The scale of behavioral problems includes difficulties of the “internalization” type (anxiety/depression, withdrawal, and somatic complaints) and of the “externalization” type (delinquent behavior and aggressive behavior), as well as social problems, problems related to thoughts, and attention problems. We used the French version of the CBCL which includes 118 scales [21]. The Swahili version of CBCL was submitted to both parents (father and mother) of CBOR and those of the control. In principle, CBCL is submitted to one of the parents, but we submitted it to both father and mother since we also wanted to analyze gender issues, linked to the fact that the husbands of the survivors are not the parents of the CBOR. Therefore, we hypothesized that they may be a lack of attachment of CBOR to their stepfathers.

2.3.2. Trauma Symptoms Checklist for Children

The TSCC is a set of 54 items that are administered to children aged 8 to 17 [22,23] that measure six clinical scales (anxiety, depression, anger, post-traumatic stress, dissociation—two subscales, sexual concerns—with two subscales), and eight critical items. The critical

items represent the feelings and behaviors that the respondent may experience because of the traumatic event they experienced.

2.3.3. The Child and Youth Resilience Measure (CYRM-28)

This was used to assess children's resilience factors. This test has 28 questions and is used to assess the resilience of children. This instrument is suitable for children and young people from 6 to 23 years old. It includes three dimensions of resilience, namely: individual traits, the relationship with parents or guardians, and the contextual factors that facilitate the sense of belonging. For the validity of its psychometric properties, see [12,24].

2.3.4. Group Interview

In addition to the tests, a focus group of community leaders (group leader, village chief, sub-village chief, market president, community relay president, center leader, pastor, chapel leader, imam, school director, and leaders of local non-government organizations) was organized to assess the community's perceptions of CBOR behavior. The focus group was led by a moderator and an assistant. The moderator facilitated the discussion by introducing questions, taking some principal notes, while the assistant moderator was responsible for audio recording and taking notes. After the group discussion, a debriefing was organized by the moderator and assistant. The general first question was related to children born of rape behavior, and the difference between boys and girls. The second question was the support community members provide to CBOR. The results of the focus group were analyzed based on transcript notes from the audio recordings. These transcripts were analyzed along with the field notes taken by the moderators and their assistants to identify emerging themes related to the main question.

2.4. Statistical Analysis

Data analysis consisted of using statistical tools to identify factors likely to influence children's different scores on different subscales. For the qualitative factors, comparison tests of means were used, taking care to give beforehand an evaluation of their conditions of application. For the two-level factors: Student's *t* test was used if the conditions of normality and homoscedasticity were verified, and, if the latter condition was not acquired, Welch's *t* test was used. The Wilcoxon test was used each time the condition of normality was not acquired. For factors with more than two levels: the one-factor analysis of variance (ANOVA) was used in the case where the conditions of normality and homoscedasticity were verified; in the opposite cases, analysis of variance with Welch's correction was used in all cases where only the homoscedasticity condition was not satisfied. The Kruskal–Wallis test was used whenever the condition of normality was not acquired. For cases where it was necessary to evaluate the effects of more than one factor simultaneously (interaction models), simple linear regression was used. To verify normality and homoscedasticity, we used the Shapiro–Wilk test and the Bartlett test, respectively. All analyses were performed using R version 4.0.5 software. The Cronbach test was applied to analyze the reliability for each measurement scale used.

3. Results

3.1. Psychopathology and Behavior of Children

3.1.1. Trauma of Children Born from Rape

The analysis of the reliability of the TSCC shows an overall Cronbach's alpha coefficient of 0.87, whereas this coefficient is low and varies from 0.52 to 0.68 for the different subscales. We conclude that the results are reliable for the global scores and less so for the subscales. Total scores showed no significant difference ($F = 0.079, p = 0.925$) between CBOR (33.4 ± 13.6) and their siblings (30 ± 15.6) and the CC (31.2 ± 19.8). The scores of the girls (30 ± 16.9) were statically comparable ($t = -0.418, p = 0.68$) to those of the boys (33.6 ± 13.6) within the victim family. It was also observed that being in a monogamous (33.6 ± 13.5) or polygamous (26 ± 16.7) family did not influence significantly ($t = 0.997,$

$p = 0.33$) the behavior of CBOR. There was no difference ($t = -1.356$, $p = 0.19$) between scores in the monogamous regime (27.1 ± 12) and the polygamous regime (36.1 ± 20.3).

3.1.2. Frequency of Significant or Clinical Symptoms in Children Born from Rape

By observing the frequency of children with significant or clinical symptoms, a high percentage of traumatized children emerges in the category of CBOR and in that of their siblings compared to control children. There were more CBOR who were clinically anxious (41%) with PTS (23%) and those with high sexual concerns (36%) compared to CC where only 10% of them were anxious, 4% had SPT, and 16% had sexual concerns. In the category of siblings, the frequency was higher than that of CC but remains lower than that of CBOR except for sexual concerns where it was more common in siblings (37.5%) than in the other two categories where it was successively 36.4% for CBOR and 16% for control children.

3.1.3. Behavior of Children Born of Rape (CBCL)

The analysis of the reliability of the Child Behavior Checklist (CBCL) gave a Cronbach's α coefficient of 0.92 for the fathers and 0.91 for the mothers; the degree of reliability was therefore excellent.

Regarding the CBCL applied to mothers, there is no significant difference ($p < 0.05$) related to the sex of the child; the behavior of girls is comparable to that of boys whether in the CBOR or control child group. Girls born of rape are not different from girls in the control group; there is no significant difference between their CBCL scores (Table 1). However, when we compare the boys born of rape with the boys in the control group, it is observed that boys born of rape have higher scores in all the subscales except for avoidance, aggressive behavior, and attention problems. Thus, the boys born of rape are more anxious and somatic, and have more sexual preoccupation, thought problems, and delinquent behavior than those from the boys' control group. Ultimately, they have greater internalized and externalized behaviors (see Table 1).

Table 1. Child Behavior Check List (CBCL) scores according to mother (M) and father (F).

CBCL	Var	AD	AV	SO	SP	TP	AP	DB	AB	IB	EB	Total
M	Girls											
	Control	5.9 ± 3.5	2.4 ± 1.7	3.5 ± 4.3	2.8 ± 1.9	3.6 ± 3.4	2.4 ± 2.2	3.4 ± 2.2	5 ± 4.5	11.9 ± 7.9	8.3 ± 6.1	29.1 ± 18.8
	CBOR	8.2 ± 6.6	4.8 ± 5.2	9.6 ± 9.2	5.6 ± 5.7	6.4 ± 8.4	3.6 ± 3.2	7.4 ± 9	5.8 ± 5.4	22.6 ± 20.1	12.8 ± 13.5	51.4 ± 50.8
	Stat	$t = -1.021$	$W = 32$	$W = 18.5$	$We = -1.07$	$W = 39.5$	$W = 30$	$W = 31.5$	$W = 31.5$	$We = -1.163$	34	$We = -0.963$
	<i>p</i> -value	0.32	0.376	0.008	0.341	1.00	0.0422	0.506	0.5	0.304	0.649	0.386
	Boys											
	Control	4.1 ± 1.8	2.1 ± 1.1	2.7 ± 1.9	2.9 ± 1.7	2.6 ± 2.9	2.3 ± 2.3	2.6 ± 2.2	5.2 ± 6	9.2 ± 3.7	7.8 ± 7.7	24.5 ± 16.2
CBOR	6.9 ± 4.5	3.7 ± 3	6.3 ± 4.5	6 ± 3.3	6.3 ± 4.2	4.4 ± 3.4	6.4 ± 4.6	10.3 ± 8.7	17.5 ± 9.8	16.5 ± 12.8	50.4 ± 29.4	
Stat	$We = -2.4$	$W = 64$	$We = -3$	$W = 39$	$W = 33$	$W = 56$	$W = 39.5$	$W = 58$	$We = -3.29$	$W = 50$	$W = 42$	
<i>p</i> -value	0.025 **	0.15	0.006 ***	0.01 **	0.004 ***	0.074	0.011 **	0.093	0.003 **	0.041 **	0.016 **	
F	Girls											
	Control	4.7 ± 2.6	2.5 ± 1.8	1.7 ± 1.9	3 ± 2	1.8 ± 1.8	1.9 ± 1.9	4.1 ± 2.6	4.7 ± 4.8	8.9 ± 4.8	8.6 ± 5.9	24.3 ± 13.4
	CBOR	7.4 ± 5.9	4.6 ± 4.2	6 ± 9.1	6.4 ± 7.7	7 ± 12.9	5.8 ± 7.1	9 ± 12.9	9.6 ± 13.7	18 ± 19.1	18.2 ± 25.7	55.8 ± 73.1
	Stat	$W = 36.5$	$W = 23$	$W = 29$	$W = 30.5$	$W = 35$	$W = 24$	$W = 39$	$W = 29$	$W = 31.5$	$W = 35.5$	$W = 28$
	<i>p</i>	0.801	0.156	0.376	0.448	0.702	0.19	0.967	0.382	0.507	0.74	0.342
	Boys											
	Control	5.5 ± 3	2.5 ± 2.1	3.6 ± 3.1	3.8 ± 2	3.3 ± 2.8	3 ± 1.8	4.3 ± 2.9	4.9 ± 2.9	11.8 ± 5.3	8.9 ± 5.1	30.9 ± 12
CBOR	5.8 ± 4.1	3.3 ± 3.3	4.9 ± 5	4.2 ± 3.4	4.1 ± 4.7	3.7 ± 3.7	4.7 ± 3.3	5.9 ± 5.7	14.3 ± 11.3	10.6 ± 8.2	36.5 ± 26	
Stat	$t = -0.197$	$W = 88$	$W = 82.5$	$t = -0.302$	$W = 97$	$W = 94$	$t = -0.354$	$W = 94.5$	$W = 98$	$W = 92.5$	$W = 101$	
<i>p</i>	0.845	0.759	0.577	0.765	0.945	0.981	0.726	1.00	0.908	0.926	0.801	

Abbreviations: AD: anxious depressed; AV: avoidant/depressed; SO: somatic; SP: sexual preoccupation; TP: thought problems; AP: attention problems; DB: delinquent behavior; AB: aggressive behavior; IB: internalized behaviors; EB: externalized behaviors; CBOR: children born of rape; W: Wilcoxon test; We: Welch test; t: Student's test; Var: independent variables; ** $p < 0.05$; *** $p < 0.01$.

Applying the CBCL to fathers, the results (see Table 1) show that fathers say that the behavior of their children is no different from other children in the control group, whether they are girls or boys. It was also observed that children born of rape who are living in a monogamous marital regime scored significantly higher ($p \geq 0.01$) than those in a polygamous regime except for somatic, sexual preoccupation, and attention problem

characteristics, for which no significant difference was observed between the two groups (Table 2).

Table 2. Child Behavior Check List (CBCL) scores according to mother and father by different marital regime, monogamous or polygamous.

CBCL	Var	AD	AV	SO	SP	TP	AP	DB	AB	IB	EB	Total
M	Control											
	Mono	5.5 ± 3.1	2.4 ± 1.5	3.2 ± 3.7	2.9 ± 1.9	3.3 ± 3.3	2.3 ± 2.3	3 ± 2.2	5.2 ± 5.2	11.3 ± 7	8.3 ± 6.8	27.8 ± 18.7
	Poly	3.3 ± 1.5	1.3 ± 1.2	3 ± 1	2.3 ± 0.6	2.7 ± 2.5	3.3 ± 1.2	3.3 ± 2.3	4 ± 3.6	7.7 ± 0.6	7 ± 5.3	23.3 ± 6
	Stat	t = 1.153	W = 48	W = 27.5	W = 43.5	W = 35	W = 17	W = 29.5	W = 35.5	W = 46.5	W = 37	t = 0.407
	p	0.26	0.279	0.597	0.48	1	0.163	0.714	0.968	0.354	0.872	0.687
	Victim											
	Mono	8.1 ± 4.7	4.5 ± 3.5	7.5 ± 6.2	6.4 ± 3.9	7.2 ± 5.2	4.7 ± 3.5	7.5 ± 5.7	10.8 ± 8.4	20.6 ± 12.4	18 ± 12.8	56.6 ± 33.5
	Poly	2.5 ± 2.1	1 ± 0.8	4.5 ± 1.3	3.5 ± 1.7	2 ± 1.4	2.2 ± 1.5	2.2 ± 1.5	2.5 ± 1.3	8.2 ± 3.5	4.5 ± 1.3	20.5 ± 7.2
	Stat	t = 2.3	W = 74	We = 1.972	t = 1.425	We = 3.839	W = 56.5	W = 68	W = 70	We = 3.79	W = 71	We = 4.335
	p	0.031 **	0.009 ***	0.062	0.168	0.001 ***	0.21	0.032 **	0.022 **	0.001 ***	0.018 **	0.000 ***
F	Control											
	Mono	4.8 ± 2.4	2.3 ± 1.7	2.3 ± 2.5	3.3 ± 2	2.4 ± 2.3	2.2 ± 1.8	4.1 ± 2.7	4.7 ± 4	9.6 ± 4.2	8.5 ± 5.6	26.2 ± 12.4
	Poly	6.7 ± 4.9	3.7 ± 2.9	3 ± 3.6	3 ± 2.6	2 ± 2.6	3 ± 2.6	4.7 ± 2.9	5.7 ± 5.7	13.3 ± 10.5	10.3 ± 5.7	31.7 ± 19.7
	Stat	t = -1.145	W = 25.5	W = 33	t = 0.279	W = 37	W = 28.5	W = 30	W = 31	We = -0.608	W = 28	t = -0.672
	p	0.264	0.476	0.935	0.783	0.87	0.652	0.746	0.807	0.603	0.628	0.508
	Victim											
	Mono	6.2 ± 4.4	3.5 ± 3.5	5.6 ± 6.1	4.8 ± 4.8	4.3 ± 7	4.4 ± 4.8	5.7 ± 6.9	6.3 ± 7.7	15.4 ± 13.1	11.8 ± 13.8	40.6 ± 40.2
	Poly	6 ± 5.6	4 ± 3.5	3 ± 4.7	3.8 ± 2.9	6.5 ± 7.3	2.8 ± 3.1	5.5 ± 3.4	8.5 ± 9.3	13 ± 13.4	14 ± 12.5	40 ± 38.3
	Stat	t = 0.06	W = 33	W = 56	W = 40	W = 28	W = 48	W = 33	W = 30	W = 48.5	W = 31.5	W = 39
	p	0.953	0.608	0.225	1	0.365	0.557	0.611	0.459	0.534	0.534	0.969

Abbreviations: AD: anxious depressed; AV: avoidant/depressed; So: somatic; SP: sexual preoccupation; TP: thought problems; AP: attention problems; DB: delinquent behavior; AB: aggressive behavior; IB: internalized behaviors; EB: externalized behaviors; CBOR: children born of rape; F: father; Var: independent variable.; W: Wilcoxon test; We: Welch test; t: Student’s test; ** $p < 0.05$; *** $p < 0.01$.

3.1.4. Community Perceptions of CBOR Behaviors Consequences of CBOR for Family Functioning

From the interview, we learned that husbands of rape survivors discriminate against CBOR and treat them differently from their own children. This can be seen in the sharing of property (clothes, for example), in schooling, and in housework. Many CBOR prefer to be homeless.

Furthermore, participants argued that CBOR are the source of divorce in certain households. Some husbands of rape survivors marry other women because they could not live with a raped woman or see these children born of rape in their families. And other husbands try to live with the raped wife while discrediting CBOR. According to members of the community, these children live in precarious conditions; they are neglected and mistreated in their families. For this reason they prefer to live on the street than to stay in families.

CBOR are mistreated by other children in the families, and are deprived of leisure and schooling. Here is what a member of the community said:

“In the house, the children of the siblings mistreat the CBOR. For example, when there are wedding ceremonies or parties, the daughter CBOR stays at home to do the housework and the other daughter of the siblings can go and celebrate. It happens that in the event of loss of objects in the family, everyone blames the CBOR”.

Six participants stated that CBOR are considered as disrespected kids in the community, and two participants said that they are bad behavior kids in their family, while four participants affirmed that these children’s behavior is not different from those of other kids in the family.

A member of the group said:

“These children are neglected, reviled in our community, and neglected by their parents. And sometimes they create small groups of delinquents where they plan malicious things. As a pastor, I have encountered problems in this village, I am for the intervention of the first participant, these cases exist and have existed for a long time; some children are neglected and suffer because their parents (soldiers) had abandoned them”.

This statement was supported by all participants who stated that, because of this mistreatment, many CBOR do not live with their mothers; they are placed in foster families and especially with grandparents.

Children Born of Rape Are Seen as Dangerous by the Community

Community members claim that these children organize themselves into small gangs, and commit theft and violence. All participants claim that CBOR do not recognize their fathers. The group interviews show that these CBOR know each other and constitute a threat to the community; they are mostly violent. Boys steal; they collaborate with girls first; they have sex with them and, when they hurt people, they show no regrets or remorse. They sometimes serve as intermediaries for the militias attacking the villages, they help them identify the victims. Other times they associate with other street children. The boys are more aggressive than the girls and are often solicited by certain members of the community to render popular justice in the event of conflicts in the village. Girls are more looking for where to sleep, what to eat, and few of them want to study. Here is what a member of the community said. "These children know each other and in the event of a problem they mobilize, get together to attack together". This statement is reinforced by those of another member. *"These kids are so smart, cunning and a threat to the community."*

Two other participants added remarks showing the high level of aggression of these children:

"It happens that these CBOR, made up of a band, walk around with knives". These children are a threat, I have seen girls and boys who walk with knives and who are too aggressive. If you reproach them or talk to them, they are ready to hurt".

"Sometimes when a problem arises (witchcraft, death, etc.) in the village, these children are the first to mobilize to do popular justice, they even involve our sons in these movements and are not afraid of the police".

Community members claim that girls have the advantage over boys because they will be married unlike boys who only cause expenses in the family. Nevertheless, these girls find it difficult to find a husband; they are considered prostitutes and the boys who want to betroth them are discouraged. Boys are more dangerous than girls when it comes to theft, while girls are more dangerous from the sex point of view; they often contribute to the increase in delinquents by also creating disorder in the world.

3.2. Resilience

3.2.1. Results Related to CYRM-28

The analysis of the reliability of the CYRM-28 test gave a Cronbach's alpha coefficient of 0.92 for the global score, 0.80 for relational resilience, and 0.83 for contextual resilience. We concluded that the test was reliable. Therefore, children born of rape (CBOR) have significantly higher contextual resilience than control children (CC) and siblings (see Table 3). Hence, the latter have the lowest contextual resilience. For the total scores and the other two types of resilience, i.e., individual, and relational, the three categories have statistically similar scores. Also, the differences are observed only in monogamous couples while, in polygamous couples, siblings and CBOR have scores like those of CC. The difference in the total score of contextual resilience is to be associated with the presence of daughters in the family. In fact, no difference was observed between male children. From a gender perspective, sibling girls have the highest resilience score, statistically different from those of CBOR girls and CC girls who have statistically the same scores (Table 3). These differences observed in girls are more related to the context. Indeed, CBOR girls have higher contextual resilience than CC girls and sibling girls. By analyzing the relationship between resilience score and the age of the children, an increase in individual resilience is observed as a function of the age of the CBOR (28 ± 0.76 age, adjusted $R^2 = 0.19$; $p = 0.020$).

Table 3. Comparison of resilience scores of children born of rape (CBOR), siblings, and control group children.

Type of Children	Total Score	Individual Resilience	Relational Resilience	Contextual Resilience
Control	101.3 ± 19.8	38.2 ± 9.0	25.5 ± 5.7	37.6 ± 6.5 ab
Siblings	91.9 ± 19.6	35.0 ± 7.6	23.5 ± 5.2	33.4 ± 7.9 b
CBOR	102.6 ± 11.4	37.5 ± 4.8	26.1 ± 3.2	39.0 ± 4.8 a
Kruskal–Wallis	5.267	2.498	3.296	8.203
<i>P</i>	0.072	0.273	0.192	0.017 **
Girls				
Control	100.1 ± 21.9 a	37.4 ± 9.6	25.2 ± 6.5	37.5 ± 7.3 ab
Siblings	87.9 ± 21.7 b	33.8 ± 8.4	22.5 ± 5.4	31.7 ± 8.8 b
CBOR	106.2 ± 7.7 a	40 ± 4.2	26.8 ± 1.9	39.4 ± 3 a
Kruskal–Wallis	6.467	3.524	4.492	4.492
<i>P</i>	0.039 **	0.172	0.106	0.032 **
Boys				
Control	103.3 ± 17.0	39.4 ± 8.3	26.1 ± 4.6	37.8 ± 5.2
Siblings	101.0 ± 9.7	37.7 ± 4.9	25.9 ± 3.8	37.4 ± 2.7
CBOR	101.6 ± 12.2	36.9 ± 4.8	25.9 ± 3.5	38.8 ± 5.2
Stat	F = 0.075	F = 0.574	F = 0.214	F = 0.285
<i>P</i>	0.928	0.569	0.899	0.754

H: Kruskal–Wallis test; CBOR: children born of rape; F stat; ** $p < 0.05$.

3.2.2. Resilience as Perceived by Community Members

Children born of rape (CBOR) are supervised by local organizations such as centers for neglected children who also take care of other street children. When they are rejected by their family, they are placed in foster families such as with the parents of their mothers, or members of the ecclesiastical communities who accept to welcome them. A member of the focus group stated the following:

I have two children from rape at home, they even bear my name. I help them and often I advise them and make them understand that when they always behave well, they cannot miss the help in society. The Islamic community picks up these children and places them in schools where they must learn Arabic. While the girls are picked up by the imam, the muezzin and other mosque officials who house them and educate them as well.

Members of the community want to see the involvement of the state in the care of its CBOR for both their psychological and social care to reduce their aggressiveness.

4. Discussion

4.1. Trauma Suffered and Behavior of Children Born of Rape

Children born of rape are discriminated against regardless of their sex but boys born from rape even more so. Many of them are depressed (37% in our study) and subject to ridicule because they symbolize the aggressor. Boys born of rape are anxious, depressed, somatic, have thought problems, attention problems, delinquent behaviors, aggressive behaviors, internalized and externalized behaviors. They are labeled and show symptoms of delinquent behavior, they often gather in gangs and cause more problems in the community as it was stated by community members. Unlike in Rwanda [12] and Uganda [25] the CBOR in our study were born to mothers who continued to live with their husbands and with whom they had other children before and/or after the rape. The Ugandan and Rwandan women remarried after the rape. The dynamics in the family of our study is therefore complex because we meet two categories of children. The first is that of CBOR who are considered strangers by their stepbrothers and adoptive fathers. These children symbolize suffering for their mothers. The second category is that of siblings who were either born a year to two years before the rape of their mothers or one to two years after the reunification of their families. These siblings undergo chronic trauma both linked to the painful separation with their mother for a certain period at a young

age and to the fact of having experienced the rape of their mother, but, also, they are hierarchically disturbed by this newcomer who moreover is the fruit of their suffering and that of their mother [14]. Our results are in accordance with those from other researchers who confirmed that stigmatization of CBOR is a gender-based violence [12,14,26]. Boys born of rape in our study frequently experience multiple traumas [27], rather than an isolated traumatic incident, resulting in severe and distressing disturbances. These children have more moments of aggression against themselves and against others [28].

Discussions with community members indicate that girls born of rape are treated better compared to boys because they will be married off, for future dowry acquisition by fathers, while boys are badly perceived in their families; they only cause expenses [14]. CBOR girls, like boys, show symptoms of delinquency; they engage in prostitution and operate in gangs with boys. Our results show that girls born of rape are not traumatized compared to the control group. This is opposite to other researchers [29] who stated that girls are often the object of sexual abuse by their stepfathers or their stepbrothers. We did not assess this kind of treatment from stepfathers. The children in our study, whether born of rape or siblings of the rape-victim family, may experience chronic trauma [26]. The fact that these children regularly receive negative messages from their mothers, stepfathers, stepbrothers, and members of the community, added to the fact that they have been the cause of their mothers' suffering, deeply affects them [30].

CBOR in monogamous couples have higher scores for boys compared to those boys whose fathers are polygamous, which is contradictory to the results obtained by other researchers [31] which show that children in polygamous couples suffer more psychopathological problems than children living in monogamous couples. It is likely that the permanent presence of the stepfather in the family is a stressful element for boys which would be reduced or disappear if this father married a second wife and became rare in the family. Indeed, the CBOR is partly comparable to a child placed in a foster family without the consent of the foster members. It has been observed that children in care suffer from emotional and behavioral disorders which may partly represent symptoms linked to an accumulation of traumatic life experiences [8].

In contrast to mothers, stepfather (CBCL—father) perceptions of children's behavior did not indicate the difference between them and the children of the control group. Referring to the theory of the sexual division of labor, there is a strong proximity between mothers and their children in the domestic sphere. Mothers educate them and provide them with care [32]. They are likely to observe the behavior of children and their evolution unlike fathers whose assignments are oriented towards the public sphere. Some fathers would observe the behavioral change in their children when they are attached to them [33]. In the case of CBOR, there is a weak attachment to their stepfather. Fathers, through their socialization and their attribute of being the head of the family, refuse to externalize their weaknesses and those of their family, and send back the image that all is well, behaviors called the "Man Box" [34] which refers to a rigid set of expectations, perceptions, and behaviors. A man of power does not show pain or complain when he faces difficulties. The existence and presence of the child born of rape refers to the dishonor suffered by the woman through the rape and borne by the man [35]. The fathers of these families are therefore careful not to show that they have lost control in the education of the children.

Considering the victimization of CBOR and the trauma they suffer, these children should be legally and socially protected. A law should be adopted to enable these children to have a civil identity and to consider them as a vulnerable group which needs social assistance. As older children they may be stateless and efforts to secure their rights under international law may prove fruitless due to their ambiguous legal status. As adults, their ability to secure a sense of their own identity may be frustrated by legislation that impedes access to records about their birth parents [36].

4.2. *The Resilience of Children Born of Rape*

Children born of rape (CBOR) have higher resilience compared to their siblings and control children (CC). This high resilience is linked to the presence of girls in our sample. Indeed, CBOR girls derive their resilience from the environment, unlike CBOR boys whose resilience is comparable to that of other children in the environment. The building blocks of this contextual resilience are education, culture, and spirituality/religious beliefs. In accordance with the contextual dimension, the responses of CBOR girls show that their participation in religious activities such as singing in the choir, dancing in church, and the sense of solidarity advocated by religion are an important factor in their resilience. Education is a way to learn and become respectable people later in society. During the group discussions, the Islamic community which was represented by the imam affirmed that it picked up some children to house and send them to school. The CBOR girls already recognize themselves as stigmatized and have no other choice but to stay together in groups with their peers to build a shell (a shield) unlike the other girls, in particular the siblings who have been separated from their mother. In a case study of a child born of rape in the Democratic Republic of Congo, it was argued that even the fiercely hated child remains protected by the culture that forces everyone to deal with their vulnerability [37]. Sibling daughters are less resilient than CBOR daughters and CC daughters. We hypothesize that, as women, these girls internalize the rape of their mothers and are therefore fragile. They probably witnessed their mother's rape and live in constant fear of experiencing the same fate one day. The same is true of other girls in the area whose mothers were not raped but live in the same environment as those who were raped. This phenomenon is more observed in monogamous couples than in polygamous couples. As said previously, it is observed that fathers seem to increase the stress of children in monogamous couples. In a context of inequality, some people face additional barriers, vulnerabilities, and/or risks that undermine opportunities for resilience [38]. In such conditions, civil society organizations and non-governmental organizations play an important role in supporting children who have been neglected or who have been victims of multiple violence [39]. Nevertheless, there is an ambivalence of behavior on the part of the members of the community. First, the members of the community, in view of the cultural norms which would like the child to be protected by all, provide unfailing support to the CBOR. Secondly, and in contrast, these members of the community are at the root of the stigmatization, the humiliation of the CBOR, who they consider as a permanent danger in view of their high levels of aggression. It is therefore important that the state structures that support these CBOR be reactivated for better supervision and adequate support.

The children's individual resilience increased with age. Indeed, the individual dimension contains personal skills, peer support, and social skills. As CBOR get older, their personal skills evolve and are strengthened as well as their social skills [39]. Our results show that the negative change of CBOR at the behavioral level manifests itself while growing up, and from the moment that they learn their origin and realize the differentiation of treatment between them and their siblings. Added to this is peer support. Indeed, the results indicate that these children know each other and in the event of a problem they mobilize, come together to attack together and would be ruthless. The rebels and criminals invade the village with their complicity. Our research focused on women who were raped by elements of armed groups; the rapists are not known. This poses a problem of identity in children born of rape and, as they grow older, they discover themselves, and feel the exclusion from the family and the community [12,37].

4.3. *Limitations of the Study*

Cronbach's alpha coefficient was very low for all subscales of TSCC leading to a hypothesis that there was a lack comprehension of questionnaires. Respondents had difficulty in scale responses. It is therefore recommended that in this case we should combine questionnaire with interview. Tendencies to exaggerate or minimize events, and

inclinations to give answers that seem more socially acceptable are several reasons why an interviewee may give a false response.

5. Conclusions

Boys born of rape have psychopathological problems that require specific clinical care. They are depressed, anxious, somatic, delinquent, and aggressive. These children gather in gangs and cause enormous damage in the community. Indeed, sometimes girls and boys team up to commit violence. Although a certain category of girls born from rape seems to develop their resilience by participating in various activities (choir, family housework, participation in cultural associations of churches), another category associates with boys to commit violence and become prostitutes. Yet, the father in a monogamous couple seems to be perceived as an element of stress, especially for the sibling daughters who present a low score of resilience compared to the daughters born of rape and the daughters in the control families. In summary, these results show that it is interesting to analyze the degree of attachment of these children to their parents but also the probable stress that they would induce in the latter. It is also fruitful to analyze the functioning of the parental dyad following the presence of children born of rape behaviors.

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