

Psychosocial Integration of Raped Mothers Survivors and Children Born from Rape during 1994 Genocide against Tutsi in Rwanda. A Case of SEVOTA Associations Initiatives

*Prof. Dr. Pierre Damien Habumuremyi; **Dr. Adrie Mukashema (PhD); ***Mrs. Sylvie Nibeza (AQEPD. Msc. PGDE); ****Mr. Vedaste Habamenshi (PGDE. BBIT); *****Mrs. Godelieve Mukasarasi (PhD Scholar); *****Magnus Gasana Udahemuka; & *****Philomene Mutsobekazi.

* *Founder of Christian University of Rwanda (CHUR); **Deputy Vice Chancellor Academics at Christian University of Rwanda (CHUR); ***Lecturer and Head of Department of Business Management and Finance at Christian University of Rwanda (CHUR); ****Researcher and Part-time lecturer at Christian University of Rwanda (CHUR); Assistant Editor of International Journal of CHUR Research Academy (IJCHURA); *****Founder and Coordinator of SEVOTA Organization; *****Head of Health Commission at SEVOTA; *****The President of SEVOTA Organization.*

ABSTRACT: This research was about Psychosocial Integration of Raped Mothers Survivors and Children Born from Rape during 1994 Genocide against Tutsi in Rwanda. A Case of SEVOTA Associations Initiatives. The research assessed the current status of psychosocial integration of raped or sexually violated mothers survivors and children born of rape during 1994 genocide against Tutsi; the role played by SEVOTA Associations in the process of psychosocial integration; the challenges and mechanisms/ perspectives for effective psychosocial integration. The research used a mix of quantitative and qualitative approaches. From 218 partners having at least one child born of genocidal rape, the research applied Slovin's formula and used a sample of 71- where 39 were mothers survivors and 32 were husbands- responded to the questionnaire designed in form of four- level Likert scale. The questionnaire was reliable at 75% and it was analyzed using IBM SPSS Statistics 23. Non-numerical data was collected through unstructured interviews; 2 focus group discussions composed of 12 children born of rape per group; and personnel observation. The research found that the process of integration of children born of genocidal rape was needed to ensure security in households with segregation among children (84.5%). The positive results outlined by the research include: reduction of genocidal stigma (93.0%); increased mutual counselling (95.8%); improved responsibility taking at household and in society (91.5%); improved family care delivery (90.5%); inculcated inner love towards children born of genocidal rape (88.7%); improved parent- child relationship towards our children born of genocidal rape (90.3%); improved intimate partner relationship among members (94.4%); improved truth- telling between mothers and their children born of genocidal rape about their history (74.6%). The challenges to effective psychosocial integration include: Poverty in family of destination (64.8%); some husbands do not recognize such children as their own (64.8%); the crisis of belonging (100%); Negative thinking of children born of genocidal rape toward the adoptive family (66.2%). Proposed mechanisms for effective integration include: to provide financial support to start- up small businesses; Continuous trainings and assemblies gathering mothers survivors sharing the stigma; Strengthening children born of genocidal rape becoming independent through education and entrepreneurship in schools of excellency and/ or Vocational training; Protecting children born of genocidal rape from negativists persons inspiring them negative ideologies; Promoting advocacy for such kind of vulnerable persons for special attention of the society and financial support in general; and Integrating the issue of children born of genocidal rape among Government programs looking like the Genocide Survivors Support and Assistance Fund (FARG) [despite FARG is concerned with genocidal survivals and not people born after genocide].

KEY WORDS: children; genocide; genocidal survivors; mothers; rape; psychosocial integration.

I. BACKGROUND OF THE STUDY

The 1994 Genocide against Tutsi in Rwanda is classified by scholars among top 10 genocides: (1) The Holocaust and (2) the Generalplan Ost, by Nazi German government's plan. These genocides killed about 13,700,000 people during World War II between 1941- 1945 (Berenbaum, 2006). (3) The Holodomor (Ukrainian genocide which is part of greater Soviet famine of 1932–33) where about 7,500,000 population perished (Bezo & Maggi, 2015). (4) The Polish Genocide (1939- 1945) committed by Nazi Germany and collaborationist forces in World War II. About 3, 000, 000 Christian Poles were killed (Encyclopædia Britannica, 2019). (5) The Cambodian genocide (1975 to 1979) was carried out by the Khmer Rouge regime under the leadership of Pol Pot, inflicting a population loss around 3,000,000 million (Etcheson, 2005). (6) The Indonesian mass killings of 1965–1966. The tragedy killed around 3,000,000 (Robinson, 2018). (7) The genocide in Bangladesh that began on 26 March 1971. During the nine-month-long up to 3,000,000 people were killed; and between 200,000 and 400,000 Bangladesh women were raped (Rummel, n.d). (8) The Armenian Genocide (1915- 1922) was the Ottoman government's systematic extermination of around 1, 800, 000 million Armenians (Ginsborg, 2014). (9) The Circassian genocide (1864-1867) was the Russian Empire's ethnic cleansing, killing, forced migration, and expulsion of the majority of the Circassians from their historical homeland Circassia, where 1, 500, 000 people perished (Barry, 2011). (10) The 1994 Genocide against the Tutsi in Rwanda: during the 100-day period from 7 April to mid-July 1994, an estimated of 1,071,000 Tutsi were killed. Scholars have shown that rape and sexual violence are used as a weapon of war and genocide. An estimated 100,000- 250,000 women and girls were raped (Degni-Ségui, 1996; Binaifer Nowrojee, Researcher with Human Rights Watch).

The Government made considerable efforts in line with psychosocial integration of genocide survivors through supporting public and private initiatives. A number of organizations played an important role namely: IBUKA, AVEGA Agahozo, Pro -Femme Twesehamwe, National Women Council (CFN/ NWC), SEVOTA etc. The main objectives shared by those organizations include: promoting the general welfare of the genocide victims; promoting solidarity among members of the association; carrying out activity aimed at the amelioration of the widows' living conditions; cooperating with other organizations which have the same goals as AVEGA; commemorating genocide victims and fighting for justice; and participating in the national reconstruction and reconciliation processes. The uniqueness of SEVOTA consists of having oriented its core activities in improving the social integration of genocidal raped mothers survivors and their children born from rape and sexual violence during the genocide in Rwanda.

SEVOTA is a Rwandan non-governmental organization founded in December 1994, a few months after the genocide in Rwanda. It is a « Solidarity for Widows and Orphans for Work and Self-Promotion » certified by Ministerial Decree n ° 130/11 of September 5th 2008. SEVOTA supports women survivors of violence and their children in strengthening their relationships and helps reduce family conflict. Core activities of SEVOTA are: (1) Promoting reconciliation: SEVOTA provides genocidal raped women and their children with psychosocial and socioeconomic support in the form of women's forums, youth clubs and self-help groups. The exchange with fellow survivors often gives people new courage and helps them to pull themselves out of isolation and to participate actively in their communities again; (2) Consolidating positive effects through micro projects: SEVOTA develop small projects for supporting genocidal raped survivors and their children born of genocidal rape building their future. Such SEVOTA's projects have drawn attention to the problems and behaviors of women and their children; (3) Making space for solidarity, creating understanding: During the project term, SEVOTA organizes eight women's forums where survivors had an opportunity to exchange experiences, receive psychosocial counselling and learn techniques for overcoming trauma. Most women subsequently organized self-help groups in their own towns and continue to meet regularly. They were provided with some funds to do so. Sevota also included husbands in relevant activities to ensure that the immediate social environment of affected women and their children would be better equipped to understand their difficult situation.

The evaluation conducted by Medica Mondiale (2018) - Organization that supports women and girls in war and crisis zones- reported that Sevota is the only one to take a family-centric approach in its work with women raped during the 1994 genocide against Tutsi, and the children born from such rape. Sevota's activities have shown that it is fundamentally important for survivors to have their individual stories understood. This understanding gives them greater strength in dealing with their traumas and communicating more openly within their families. It also promotes survivors' transition from being passive community members to taking on more active roles, and it is essential for reducing discrimination and facilitating reconciliation within Rwandan society. The present research aims at assessing the current state of psychosocial integration of raped mothers survivors and children born of genocidal rape and sexual violence during the 1994 Genocide against Tutsi in Rwanda.

II. RESEARCH PROBLEM

During the 1994 genocide against Tutsi, rape was systematic and was used as a "weapon" by the perpetrators of the massacres. The results and other consequences of rape basically took the form of physical injury, psychological problems and the social exclusion of the victims. The physical injuries and their consequences range from mere abrasions to instant death, and include infection with sexually transmissible diseases. Psychological problems are the result of psychological traumas which affect even women who have only been eyewitnesses of the above-mentioned atrocities, but particularly those who experienced them personally. The major psychosis of the rape victims seems to be their social exclusion whereby some flee their hills and their own milieu for somewhere far away where they can live quietly and anonymously. Those who have become pregnant and give birth are in an even more uncomfortable position: Their situation is all the more delicate because conception has been the result of rape and/or incest; it is therefore difficult for them to accept their offspring, the fruit of their own womb. These children, born as a result of rape, are that crime's innocent victims. At best, they can expect to be badly treated. The names given them, putting them in the same category as their fathers, are already revealing in this regard. They are called: "children of shame", "gifts of the enemy", "little interahamwe", "Bad memory babies". These "little monsters" are more fortunate than the others who are sentenced to death before their cases are even opened. Many unmarried mothers have resorted either to abortion or to infanticide with or without the family's complicity. After 1994 genocide against Tutsi there was a problem of psychosocial integration of mothers survivors of genocidal rape and children born from rape. SEVOTA was created to fill this gap. SEVOTA was initiated in 1994 with general objective of promoting programs in line with psychosocial and economic integration of households of women survivors of genocidal rape and other sexual violence experienced during the 1994 genocide Tutsi ("Promouvoir des programmes visant l'intégration psycho-sanitaire, socio-économique des ménages femmes victimes des violences sexuelles"). The problem is to know if the process of psychosocial integration as initiated by SEVOTA was successful.

III. RESEARCH OBJECTIVES

The general objective of the research is to assess the current state of psychosocial integration of raped mothers survivors and children born of genocidal rape and sexual violence during 1994 genocide against Tutsi in Rwanda. Specific Objectives of the research are:

- 1) To assess the current status of psychosocial integration of raped or sexually violated mothers, survivors of 1994 genocide against Tutsi.
- 2) To outline the status of psychosocial integration of children born of genocidal rape and sexual violence in their respective households; and in large family in general.
- 3) To evaluate the role played by SEVOTA Associations in the process of psychosocial integration of raped mothers survivors and children born of rape and sexual violence during 1994 genocide against Tutsi.
- 4) To find out the challenges to effective psychosocial integration of raped mothers survivors and children born of rape and sexual violence during the 1994 genocide against Tutsi.
- 5) To determine the mechanisms/ perspectives for effective psychosocial integration of raped mothers survivors and children born of rape and sexual violence during the 1994 genocide against Tutsi.

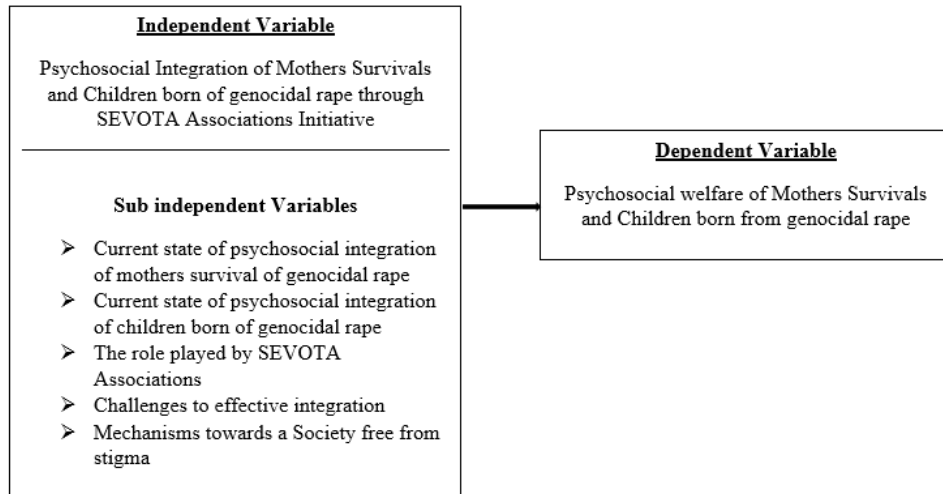
IV. THE SCOPE OF THE STUDY

This research is delimited in geographical area, time and content. Concerning the geographical area, the research was conducted in six Districts namely Kamonyi, Kirehe, Muhanga, Nyarugenge, Kicukiro and Gasabo. The time scope is 2010- 2018 because the SEVOTA Associations under evaluation were created since 2010. The content scope consists of social sciences where the research assesses the psychosocial integration of mothers survival and children born of genocidal rape.

V. RESEARCH FRAMEWORK

Variables of the research and their relationship can be schematized as by the following figure 1 below.

Figure 1: Research paradigm



Source: Authors, 2019.

VI. RESEARCH METHODOLOGY

This research used a mixed method of quantitative and qualitative approaches whereby numerical data was collected using a questionnaire designed in form of 4 levels Likert scale; and non- numerical data was collected through interview; focus group discussions and personal observation. The research combines features of descriptive, explanatory and evaluative research design. The total population of households of mothers survivors having children born of genocidal rape in Districts covered by this research are 218. The research applied the following Slovin’s formula

$$n = \frac{N}{1 + Ne^2} \text{ (Yamane, 1967, p.388), the research found a sample of 71 respondents calculated as the following: } n = \frac{N}{1 + Ne^2} = \frac{218}{1 + 218 * (0.1)^2} = \frac{218}{1 + 218 * 0.01} = \frac{218}{1 + 2.06} = \frac{218}{3.06} = 71.24 \approx 71.$$

The selection of those 71 respondents was done by using simple random sampling whereby 32 men and 39 women were selected to respond to the questionnaire. Children born of genocidal rape involved in this research are 24 and they participated in 2 focus group discussions. The total sample population used by the research are 95.

VII. THE SITUATION OF CHILDREN BORN OF GENOCIDAL RAPE BEFORE SEVOTA INITIATIVE

Table 1: Children born of genocidal rape suffered from anxiety, denial, anger, sadness and emotional outbursts

		Frequency	Percent
Valid	Agree	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

According to the table 1 above, 100% of respondents affirmed that children born of genocidal rape and sexual violence suffered symptoms of trauma namely anxiety, denial, anger, sadness and emotional outbursts. Through Interviews and focus group discussions participants affirmed that before SEVOTA, those children were not loved by their own mothers, their adoptive fathers, their brothers and sisters, and the members of large family. Being sons and daughters of enemy, they were seen as remainders of the tragic genocide perpetrated against Tutsi. They were called by names that are harassing such as “little interahamwe”. They were deprived some basic rights; they were harassed; their mothers were affected by high trauma; they suffered segregation in households as well as in large family; their mothers treated them severally as a means of reback.

Table 2: Children born of genocidal rape were isolated and had no hope for future

		Frequency	Percent
Valid	Tend to Agree	4	5.6
	Agree	67	94.4
	Total	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

Half abandoned by their mothers, households and large families, as described by the table 2 above, the children born of genocidal rape and sexual violence were abandoned to isolation whereby they felt rejected by the whole world. This is affirmed by 94.4% of respondents as summarised by the table 2 above. Through interviews and focus group discussions, respondents affirmed that such situation of isolation and lack of hope is also justified by the use of alcohol and drugs; the negative behaviour leading them to become dangerous persons. In fact, Families with children born of genocidal rape suffered from segregation among children and those born of genocidal rape were harassed so that mixing children of enemies with legitimate children and delivering to both the same family care was quit impossible. The results of such miserable condition was coupled with the crisis of belonging where those children born of genocidal rape and sexual violence had either no real father known (for the case one mother has been sexually abused by several men), or no chance to know their fathers; and they are not comfortable to be son/ daughter of the enemy and destroyer of the society.

Table 3: Intimate partners' relationship was not good among households' with children born of genocide rape

		Frequency	Percent
Valid	Disagree	1	1.4
	Tend to Agree	2	2.8
	Agree	68	95.8
	Total	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

Accepting to live in marriage with raped mother survival of genocide was a sacrifice for men due to additional stigma; however, it was painful to accept being a father of "interahamwe" (the son born of genocidal rape). The presence of such child at household increased the conflicts among partners as affirmed by 95.8% of respondents as described by the table 3. This is justified by the segregation and harassment described by the table 2.

The rationale of SEVOTA intervention

Children born of genocidal rape became a burden to their mother, their households and their families. There were two solutions: One was to end up conflicts by sending the kid to his/ her family of origin- which was hard to determine and assign the responsibility; or to accept the kid and integrating him/ her in new family. SEVOTA Associations came for implementing the second alternative. In fact, it was clear that such children, as human being, need to know their history and building their future. Integration of children born of genocidal rape was needed to ensure security in households with segregation among children; and the safety of households for ending up with continuous conflicts based on the status of those children.

VIII. CURRENT STATE OF PSYCHOSOCIAL INTEGRATION OF RAPED MOTHERS SURVIVORS

The current state of psychosocial integration of raped mothers survivors of 1994 genocide against Tutsi in Rwanda is summarized in the following tables 4 to 8 below.

Table 4: SEVOTA Associations increased among victims of genocidal rape the mutual counselling against genocide stigma

		Frequency	Percent
Valid	Tend to Agree	3	4.2
	Agree	68	95.8
	Total	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

SEVOTA Associations freed members from isolation and increased mutual counselling. This was affirmed by 95.8% of respondents to this research as outlined by the table 4 above. Several psychotherapeutic exercises done in groups increased the level of social integration of mothers survivors of genocidal rape and sexual violence. However, members became not only close to the group (SEVOTA Association members), but also open to the neighbours.

Table 5: Through SEVOTA Associations genocidal stigma were reduced considerably among victims of genocidal rape and they are reintegrated in society from feelings of isolation

		Frequency	Percent
Valid	Tend to Agree	5	7.0
	Agree	66	93.0
	Total	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

The table 5 shows that 93.0% of respondents affirmed that their stigma of genocidal rape and sexual violence experienced during the 1994 Genocide Tutsi were reduced. This achievement is due to counselling among group members at SEVOTA Associations as described by the table 4. In fact, through SEVOTA Associations, members got not only counselling, but also other human values.

Table 6: SEVOTA Associations made victims of genocidal rape more responsible in their respective households

		Frequency	Percent
Valid	Disagree	1	1.4
	Tend to Disagree	2	2.8
	Tend to Agree	3	4.2
	Agree	65	91.5
	Total	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

Childcare is a responsibility for men and women whatever their psychological status. SEVOTA Associations members were trained to such role and responsibility. This was affirmed by 91.5% of this research as outlined by the table 6. The responsibility described here concern inner love leading to treating all children equally being born of genocidal rape as legitimate child. Such responsibility calls all members- husbands and wives- cooperating to the development of their household.

Table 7: By SEVOTA trainings, husbands and wives having a child born of genocidal rape are cooperating for the development of the family

		Frequency	Percent
Valid	Disagree	10	14.1
	Tend to Disagree	11	15.5
	Agree	50	70.4
	Total	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

Contrary to the situation before being SEVOTA Association member where respectively children born of genocidal rape were marginalized and intimate partner relationship was not good, after becoming members of SEVOTA Associations, 70.4% of respondents affirmed that they husbands and wives are cooperating for the development of their household as outlined by the table 7 above.

Table 8: SEVOTA trainings increased personnel effort facing trauma and its symptoms among victims of genocidal rape

	N	Min.	Max.	Mean	Std. Dev.
Working hard	39	1	4	3.10	1.188
Trying to keep our mind busy	39	4	4	4.00	.000
Sharing our feelings to a confidential person and even co-members of SEVOTA Associations	39	4	4	4.00	.000
Participating in SEVOTA Associations and Cooperatives with neighbors	39	4	4	4.00	.000
Praying	39	2	4	3.72	.605
Participating in Vocational Trainings	39	2	4	2.85	.670
Cultivating inner self- confidence and hope for the future	39	4	4	4.00	.000
Efforts to think for the future and trying to forget the past tragic events	39	4	4	4.00	.000
Valid N (listwise)	39	3	4	3.70	.308

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

The table 8 above describes effectiveness of SEVOTA trainings in increasing personnel effort facing trauma and its symptoms among victims of genocidal rape. The table is in form of descriptive statistics whereby answers are in form of four levels Likert scale where: 1 = Disagree; 2 = Tend to Disagree; 3 = Tend to Agree; and 4 = Agree. The interpretation is based on Mean Values. Concerning Standard Deviation, a (Coefficient of Variation) CV >= 1 indicates a relatively high variation, while a CV < 1 can be considered low. This means that distributions with a coefficient of variation higher than 1 are considered to be high variance whereas those with a CV lower than 1 are considered to be low-variance. A low standard deviation indicates that the data points tend to be close to the mean (also called the expected value) of the set, while a high standard deviation indicates that the data points are spread out over a wider range of values.

IX. CURRENT STATE OF PSYCHOSOCIAL INTEGRATION OF CHILDREN BORN OF GENOCIDAL RAPE

This section assesses the current state of psychosocial integration of children born of genocidal rape and sexual violence during the 1994 genocide against Tutsi. It assesses their level of integration in their respective households in particular and in large family in general.

9.1. Psychosocial integration of children born of rape at household level

This section assessed the success and challenges to psychosocial integration of children born of genocidal rape and sexual abuse among members of SEVOTA Associations.

Table 9: Positive changes in the treatment of children born of genocide rape at household are being observed as the time pass

	Frequency	Percent
Valid Tend to Agree	3	4.2
Agree	68	95.8
Total	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

The table 1 to 3 showed how the status of children born of genocidal rape and sexual violence was negative whereby those children were abandoned psychologically and/ or physically by their mothers, households and families. After the process of integration through SEVOTA Associations, the situation changed positively as affirmed by 95.8% of respondents as outlined by the table 9. Respondents used the term “as the time pass” for meaning that the social integration process was done for one or two years. It took long time and it continues. Key indicators of such positive changes are described by the tables below.

Table 10: SEVOTA Associations improved mother- child relationship by inculcating in victims of genocidal rape the love of their children born of genocidal rape

	Frequency	Percent
Valid Tend to Disagree	2	2.8
Tend to Agree	4	5.6
Agree	65	91.5
Total	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

The first indicator of positive changes towards children born of genocidal rape and sexual violence is the improved mother- child relationship. In fact, 91.5% (table 10) affirmed the improvement in relationship between children born of genocidal rape and their mothers.

Table 11: SEVOTA Associations improved parent- child relationship among victims of genocidal rape towards their children born of genocidal rape

	Frequency	Percent
Valid Tend to Disagree	3	4.2
Tend to Agree	2	2.8
Agree	66	93.0
Total	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

93.0% of the research (table 11) affirmed that not only the mother- child relationship was improved through SEVOTA Associations, but also parent- child relationship was improved. At this stage, most of adoptive fathers accept or tend to accept those children as their own and they took responsibility to them as legitimate children.

Table 12: Through SEVOTA, mothers improved truth- telling between mothers and their children born of genocidal rape

	Frequency	Percent
Valid Disagree	5	7.0
Tend to Disagree	13	18.3
Agree	53	74.6
Total	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

The mother- child relationship being repaired (table 10), together with parent- child relationship (table 11); as well as intimate partner relationship (table 7), the truth about birth situation can be exchanged between raped mother survivor and the children born of rape; and the true history of those children can be delivered to them by their respective mothers. This was affirmed by 74.6% of respondents as outlined by the table 12. However, the way is still long: Some mothers still fear to tell to their children born of genocidal rape their real history and their real fathers as outlined by the table 21.

Table 13: Children born of genocidal rape are well integrated and they live in harmony with other children in households

	Frequency	Percent
Valid Disagree	2	2.8
Tend to Disagree	10	14.1
Tend to Agree	8	11.3
Agree	51	71.8
Total	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

In most of households the process of integration through SEVOTA Associations resulted in full household integration and the life in harmony as affirmed by 71.8% as outlined by the table 13; but 14.1% tend to disagreed and 2.8% disagreed on fully integration. This indicates that some household re still struggling with the issue of psychosocial integration.

9.2. Psychosocial integration of children born of rape at large family level

In previous section, the tables 9 to 13 showed positive achievements in psychosocial integration of children born of rape and sexual abuse at household level. Such achievements are due to efforts made by SEVOTA Associations as affirmed by respondents by respective tables. This section assesses the status of psychosocial integration of those children in large family in general.

Table 14: In some families, there is still segregation of children born of genocidal rape from legitimate children while schooling them

	Frequency	Percent
Valid Disagree	18	25.4
Tend to Disagree	6	8.5
Tend to Agree	2	2.8
Agree	45	63.4
Total	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

The table 14 shows that in large family, children born of genocidal rape and sexual violence are still challenged by segregation. The key indicator of segregation outlined by the research is about schooling whereby large family members have to contribute to school fees, transport and equipment. The schools pointed out are schools of excellence and Technical and Vocational Schools.

Table 15: In some families, children born of genocidal rape are still challenged by being named Interahamwe, and other different types of harassments

	Frequency	Percent
Valid Disagree	14	19.7
Tend to Disagree	13	18.3
Tend to Agree	15	21.1
Agree	29	40.8
Total	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

The table 15 shows that 40.8% of respondents affirmed that in some large families children born of genocidal rape and sexual violence are still psychologically harassed by blaming word and name such as “Interahamwe” and other phase such as “Like father like son” (“Ni uwa se”) etc.

Table 16: Children born of genocidal rape have no right to heritage

	Frequency	Percent
Valid Agree	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

100% of respondents affirmed that the big challenging issue faced by children born of genocidal rape and sexual violence is the lack of the right to heritage (table 16). In fact, the right to heritage is for legitimate children and adopted legally children. Those children adopted in informal manner can beneficiate the heritage only by charity. They could get heritage from the family of their fathers; and the relationship between the two families is critical due to the history of genocide in Rwanda.

10. CHALLENGES TO EFFECTIVE INTEGRATION OF MOTHERS SURVIVORS

Psychological integration of mothers survivors and children born from rape during a genocide like the 1994 genocide against Tutsi in Rwanda by itself is a process that requires time and finance to be fully achieved. It is undeniable that SEVOTA Associations initiative led those victims of genocidal rape to interesting achievements as described by tables 9 to 13.

However, mothers survivors are still challenged by a number of difficulties that are summarized by the following tables:

Table 17: Symptoms of existing individual trauma among victims of genocidal rape

	N	Min	Max	Mean	Std. Dev.
Loss of memory and concentration abilities	39	1	4	3.51	.914
Anger	39	1	4	3.67	.772
Tremendous fatigue and exhaustion	39	1	4	3.51	.942
Sadness	39	2	4	3.79	.522
Denial	39	2	4	3.59	.715
Shameful	39	2	4	3.33	.869
Anxiety	39	2	4	3.51	.756
Panic attacks and feeling unable to cope with certain circumstances	39	2	4	3.54	.682
Fatigue	39	2	4	3.28	.887
Insomnia and nightmares	39	2	4	3.05	.972
Disorientation	39	2	4	3.10	.995
Poor concentration	39	2	4	3.36	.873
Lack of self- confidence	39	2	4	3.59	.715
Lethargy	39	2	4	3.38	.877
Confusion	39	2	4	3.15	.933
Overwhelming fear	39	2	4	3.56	.680
Detachment from other people and emotions	39	2	4	3.44	.821
Valid N (listwise)	39	2	4	3.43	.819

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

While asked to describe their psychological and emotional inner feelings, 39 mothers survivors of genocidal rape and sexual violence listed symptoms of individual trauma summarized by the table 17. The mean value for every symptom is above 3 (tend to agree). This indicate that all listed symptoms exist among members of SEVOTA Associations. At each symptom (variable), the minimum answer was 1 (disagree) or 2 (tend to disagree), but the maximum was 4 (agree). This indicate that those symptoms exist at different degree among members and they are some of them who are free but at a little number. Concerning the standard deviation the Coefficient of Variation (CV) showing the heterogeneity of answers is ($CV \geq 1$) and homogeneity of answers ($CV < 1$), the research found homogeneity of answers with $CV = 0.819$. This indicate that individual trauma is a concern for all members of SEVOTA Associations.

Table 18: Difficulties that increasing individual trauma (Root causes)

	N	Min.	Max.	Mean	Std. Dev.
Lack of economic activity that occupies oneself busy	39	4	4	4.00	.000
Consequences of genocide	39	4	4	4.00	.000
Lack of enough qualified counselors	39	3	4	3.92	.270
Being too longtime taken by over thinking about our past	39	3	4	3.95	.223
Hardness to accept our history	39	3	4	3.95	.223
Having lost own assets and seeing oneself lagging behind other economically	39	3	4	3.95	.223
Being alone and in charge of educating children that are over own capacity	39	2	4	3.38	.877
Hopelessness and fear to leave own children as orphans	39	3	4	3.87	.339
Taking too much drugs	39	1	4	2.77	1.087
Valid N (listwise)	39	3	4	3.75	.360

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

The table 18 above outlines a series of difficulties increasing individual trauma (or root causes) pointed out by respondents. The mean value for each variable is greater than 3 (tend to agree) except for the case of taking too much drugs whereby the mean value is equal to 2.77. This indicates that all listed causes of trauma are agreed by respondents. The standard deviation of 0.360 ($CV < 1$) indicates homogeneity of answers.

Table 19: Poverty in household/ family of destination

		Frequency	Percent
Valid	Tend to Disagree	1	1.4
	Tend to Agree	6	8.5
	Agree	64	90.1
	Total	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

Two Rwandese proverbs state: 1) "Imfura yanyuze aha ni iyariye"; 2) "Nta mfura y'umutindi". In sum the two proverbs affirm that poor economic conditions affect individual characters. 90.1% of respondents to this research agreed on that poverty in family of destination play important role in decelerating the process of integration. Poverty is known as source of conflicts even in homogenous family. It is not surprising that it can be the source of conflicts in households and in family having children born of genocidal rape. This is supported by the table 18 where lack of economic activity increase the level of trauma for mothers survivors of genocidal rape and sexual violence. It is also supported by the table 38 where financial support is cited among the top mechanisms to face trauma and its symptoms. It is also supported by the table 16 about the lack of right to heritage. In fact, some families do not provide heritage to such children due to lack of enough financial resources and assets to share among all children and they prefer to concentrate on legitimate children.

Table 20: Poor schooling capabilities for schools of Excellency and technical schools

		Frequency	Percent
Valid	Disagree	9	12.7
	Tend to Disagree	8	11.3
	Agree	54	76.1
	Total	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

The poverty described by the table 19 leads to poor schooling of children born of genocidal rape in schools of excellence as well as in Vocational Training Schools. In fact, those schools providing technical teaching are difficult to afford for some households. Such poor schooling capabilities increase segregations whereby households concentrate on legitimate children and ignore those adoptive ones born of genocidal rape (table 14) and those children see themselves as deprived their basic rights including the right to education.

Consequences are so many such as lack of jobs described by the table 32; increase of the crisis of belonging described by the table 24; increase symptoms of trauma for their mothers as described in table 17.

Table 21: Fear to tell to those children the truth about the circumstances of their birth

		Frequency	Percent
Valid	Disagree	2	2.8
	Tend to Disagree	11	15.5
	Tend to Agree	5	7.0
	Agree	53	74.6
	Total	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

The table 21 shows that some mothers survivors have not yet achieved the courage of telling the truth to their children born of genocidal rape. This is affirmed by 74.6% of respondents. Such information hidden by the real parents is told by people with negative intentions and this affect social integration in family of adoption by increasing the negative thinking for children born of genocidal rape towards the new adoption family.

Table 22: Some husbands do not yet recognize children born of genocidal rape as their own

		Frequency	Percent
Valid	Disagree	9	12.7
	Tend to Disagree	16	22.5
	Agree	46	64.8
	Total	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

The situation described by the table 16 about the right to heritage is linked to the situation where adoptive fathers do not recognize the children born of genocidal rape as their own. This is affirmed by 64.8% of respondents as outlined by the table 22. Such situation has several consequences namely: Disintegration in family (table 28 and table 30); use of alcohol and drugs (table 34); unwanted pregnancies planning for creating own household (table 35); increase of the crisis of belonging (table 24).

Table 23: Parental irresponsibility: Abandonment of family' education to wives

		Frequency	Percent
Valid	Disagree	12	16.9
	Tend to Disagree	16	22.5
	Agree	43	60.6
	Total	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

Some fathers abandon the burden of children education to their wives. In this situation mothers survivors of genocidal rape and sexual violence are highly challenged by the burden of working hard to survive many children including the son/ daughter of the “enemy”. Exhausted of such abandonment, psychologically, those women are affected by the trauma that appears in different forms described by the table 17. Coupled with increase of poverty in such households as described by the table 19, such irresponsibility of fathers affirmed by 60.6% of respondents (table 23) decreases the process of psychosocial integration of children born of genocidal rape and their mothers survivors.

11. CHALLENGES TO INTEGRATION OF CHILDREN BORN OF GENOCIDAL RAPE

Challenges to integration of children born of genocidal rape include:

Table 24: The crisis of belonging (ignorance of legitimate father)

		Frequency	Percent
Valid	Agree	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

Naturally a child belong from the father and the mother. However, children born of genocidal rape suffer from the crisis of belonging from the side of the father. In fact, being sons or daughters of Interahamwe, their fathers are either known but dead; known but imprisoned; known but with high negative relationship with the mother of the kid; or unknown at all. All these circumstances create confusion in the psychology of the kid. On the other side, belonging from Interahamwe is highly stressing and children tend to do not accept such belonging condition because of Rwanda's History.

Table 25: Problem of legal right to heritage in family of adoption

		Frequency	Percent
Valid	Agree	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

The heritage helps young beneficiary starting up own household. In Rwanda, children with rights to heritage are those who are legitimate i.e those born of legal marriage or those adopted legally. Children born of genocidal rape are adopted illegally by simple consent between their mothers survivors and their current fathers by adoption. 100% of respondents to this research found this problem more challenging because of two reasons: firstly, their mothers have no own properties to give to them as heritage; secondary most of them have no real known father so that the mother can claim the heritage from the real father's family.

Table 26: Mistreatment and punishment by their mothers survivors as a means of reback

		Frequency	Percent
Valid	Tend to Disagree	4	5.6
	Tend to Agree	8	11.3
	Agree	59	83.1
	Total	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

Mistreatment of children born of genocidal rape and punishing them as a means of reback on the side of mothers survivors is a challenging issue affirmed by 83.1% of respondents (table 26). Such behaviour is observed on some mothers survivors who are not yet healed from trauma. This misconduct decreases the process of psychosocial integration because it reiterate anxiety, anger, sadness on the side of children born of genocidal rape as described by the table 1; it increases segregation described in table 14; it increases harassment described in the table 15. The results are the negative thinking for children born of genocidal rape towards the new family (table 30) with the risks of delivering themselves into alcoholism and drugs described in table 34.

Table 27: Misconducts of mothers survivors and/ or husbands with a child born of genocidal rape

		Frequency	Percent
Valid	Tend to Agree	10	14.1
	Agree	61	85.9
	Total	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

Another challenge to psychosocial integration of children born of genocidal rape and sexual violence is about misconduct of mothers survivors and the fathers adoptive. 85.9% of respondents affirmed that some parents misconduct themselves in the society (table 27). Educating children requires being self- educated and giving good example of behaving. Some parent deliver themselves to alcohol and they do not have time for educating the children. In such circumstances, the process of psychosocial integration is challenged.

Table 28: Disintegration in family

		Frequency	Percent
Valid	Disagree	7	9.9
	Tend to Disagree	9	12.7
	Tend to Agree	4	5.6
	Agree	51	71.8
	Total	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

Disintegration into new family and household for the children born of genocidal rape continue to be a challenging issue as affirmed by 71.8% of respondents. In fact, inner psychology of those children lead them to negative conception of the new family of adoption as described by the table 30. Neighbours inspiring negative thinking in those children also increase the level of social disintegration as described by the table 33. Other factors of social disintegration are: Harassment on the side of the new family described by the table 36; and the poor awareness about their real birth conditions for those where mothers survivors have not yet told them the truth as described by the table 21.

Table 29: Existing of stigma for some children

		Frequency	Percent
Valid	Disagree	9	12.7
	Tend to Disagree	6	8.5
	Tend to Agree	8	11.3
	Agree	48	67.6
	Total	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

Being born of genocidal rape and being son or daughter of Interahamwe and getting knowledge about such situation is not a situation easy to integrate and assimilate. Some children born of genocidal rape are still struggle the stigma as affirmed by 67.6% of respondents as outlined by the table 29. The causes are diversified: In fact, the negative inspiration from neighbours cited in the table 33 increase the level of stigma. Other causes are the harassments blames, insults, and recalling children born of genocidal rape as “interahamwe” from family members described by the table 36; together with the deprivation of basic rights including the right to heritage described by the table 37.

Table 30: Negative thinking of children born of genocidal rape toward the new family (adoptive)

		Frequency	Percent
Valid	Disagree	11	15.5
	Tend to Disagree	13	18.3
	Agree	47	66.2
	Total	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

Children born of genocidal rape are aware of their bad history. They know that they are not in their own families. They are aware that they have no real brothers and sisters. For all these reasons, 66.2% of the respondents affirmed that those children have negative thinking towards the adoptive family. Such negative thinking is increased by harassments they experience and the continuous recall on their birth conditions by members of the large family (table 33; 36etc).

Table 31: Negative thinking of the community towards children born of genocidal rape

		Frequency	Percent
Valid	Disagree	9	12.7
	Tend to Disagree	15	21.1
	Agree	47	66.2
	Total	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

Negative thinking towards children born of genocidal rape is an indicator of community trauma. In fact, the genocidal rape is characterised by public occurrence and brutality. These signs are kept in mind-set by the community. The presence of children born of such atrocity is a sign recalling the events. The results is the negative thinking by the families and the community towards those children as affirmed by 66.2% of respondents as outlined by the table31. This negative thinking becomes the basis for segregation of those children in households as well as in large family as described by the table 14and table 22; such negative thinking animate harassments and negative words towards those children recalling them their birth situation (table 36); and so many consequences.

Table 32: Lack of jobs

		Frequency	Percent
Valid	Disagree	14	19.7
	Tend to Disagree	11	15.5
	Agree	46	64.8
	Total	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

The table 32 shows that 64.8% of respondents affirmed that children born of genocidal rape are challenged by lack of jobs. This can be due to several causes including the poor technical education described in the table 20 linked to the poverty in family of destination described in table 19. Lack of jobs increase family disintegration (table 32) because the children born of genocidal rape still continue being a burden to the family.

Table 33: Negative inspirations acquired from negativists people recalling to those children their history

		Frequency	Percent
Valid	Disagree	12	16.9
	Tend to Disagree	14	19.7
	Agree	45	63.4
	Total	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

Some neighbours of family having children born of genocidal rape tend to recall those children that they are not members of the new families. This is affirmed by 63.4% of respondents (table 33). This situation is aggravated for some households where mothers are not yet open to tell the truth to their children born of genocidal rape as described by the table 21. Negative thinking can inspires those children the use of alcohol and drugs as described by the table 34.

Table 34: Use of alcohol and drugs

		Frequency	Percent
Valid	Disagree	7	9.9
	Tend to Disagree	18	25.4
	Tend to Agree	4	5.6
	Agree	42	59.2
	Total	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

Alcohol and drugs are seen by some people as remedy to traumatizing situations. 59.2% of respondents affirmed that children born of genocidal rape deliver themselves to alcohol and drugs. This situation is supported by negative thinking inspired by some neighbours convincing those children that they are not legitimate children. Such negative inspirers led these children into alcohol and drugs as described by the table 33. Other motives of the use of alcohol are: Family disintegration described by the table 14; table 15 and table 28; harassments described by the table 36; and segregation in families (table 14).

Table 35: Unwanted pregnancies

		Frequency	Percent
Valid	Disagree	14	19.7
	Tend to Disagree	16	22.5
	Agree	41	57.7
	Total	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

Disintegration in families described in table 28 can result in another type of drug: sexual activities that result in unwanted pregnancy as affirmed by 57.7% of respondents (table 35).

This aggravates the situation in households and in large family in general for the case of children born of genocidal rape. In fact, when such child get pregnant, the burden becomes heavy for her mother survival.

Table 36: Existence of harassments, blames, insults, and recalling children born of genocidal rape as “interahamwe”

	Frequency	Percent
Valid Disagree	21	29.6
Tend to Disagree	19	26.8
Tend to Agree	4	5.6
Agree	27	38.0
Total	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

On the basic rights deprived (table 37), are added psychological harassment which still exist in some households as affirmed by 38.0% of respondents plus 5.6% tending to agree as outlined by the table 36.

Table 37: Deprivation of basic rights to children born of genocidal rape while provided to legitimate children

	Frequency	Percent
Valid Disagree	39	54.9
Tend to Disagree	7	9.9
Agree	25	35.2
Total	71	100.0

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

35.2% and 9.9% of respondents respectively agreed and tended to agree on that segregation among children is still challenging issue in some households, whereby children born of genocide rape are still deprived the basic rights provided to legitimate children. The basic rights cited by respondents include: education in schools of excellence; provision of basic assets like good clothing and other equipment materials; limitation of freedom at home such as visiting or being visited by friends, going to match etc.

12. MECHANISMS FOR EFFECTIVE INTEGRATION OF MOTHERS SURVIVORS OF GENOCIDAL RAPE

Respondents to the research proposed a way forward to recover from trauma and its symptoms as summarized by following the table 38.

Table 38: Proposed solutions to the trauma

	N	Min.	Max.	Mean	Std. Dev.
Financial support to start- up small businesses	39	3	4	3.85	.366
Financial support for covering medical costs such as transport	39	3	4	3.74	.442
Continuous trainings and assemblies gathering mothers survivors sharing the stigma	39	4	4	4.00	.000
Schooling children in schools of excellency and/ or Vocational training	39	4	4	4.00	.000
Strengthening collaboration between members of SEVOTA Associations	39	4	4	4.00	.000
Providing counselors with offices for listening	39	4	4	4.00	.000
Direct support for those who can't run own small businesses	39	4	4	4.00	.000
Employment for children	39	3	4	3.85	.366
Valid N (listwise)	39	4	4	3.93	.147

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

The table 38 shows that the minimum vote provided to cited variables is 3 (tend to agree) and the maximum is 4 (agree). The average mean is 3.930 tending to equal to 4.

This means that all respondents confirmed the lists of variables contained in the table 38 as potential solutions to the symptoms of trauma described in the table 17 and root causes of individual trauma outlined by the table 18. The standard deviation of 0.147 close to 0.000 indicates the high level of homogeneity in answers.

13. MECHANISMS FOR EFFECTIVE INTEGRATION OF CHILDREN BORN OF GENOCIDAL RAPE

Table 39: Proposed mechanisms for effective psychosocial integration of children born of genocidal rape

	N	Min.	Max.	Mean	Std. Dev.
Strengthening children born of genocidal rape becoming independent through education and entrepreneurship	71	3	4	3.80	.551
Promoting in family a culture of love for children born of genocidal rape	71	3	4	3.92	.280
Promoting equal rights among children so those born of genocidal rape that legitimate children	71	4	4	4.00	.000
Developing continuous listening to special issues affecting those children born of genocidal rape	71	4	4	4.00	.000
Avoiding all types of segregations among children whatever their birth conditions	71	4	4	4.00	.000
Protecting children born of genocidal rape from negativists persons inspiring them negative ideologies	71	4	4	4.00	.000
Organizing continuous trainings and debate among parents and children concerned with the issue of children born of genocidal rape	71	4	4	4.00	.000
Promoting advocacy for such kind of vulnerable persons for special attention of the society and financial support in general	71	3	4	3.90	.300
Sensitizing Men being involved in childcare education of such children born of genocidal rape.	71	4	4	4.00	.000
Promoting educative dialogue in family	71	3	4	3.92	.280
Schooling equally children born of genocide rape as legitimate children	71	3	4	3.97	.167
Cultivate positive thinking in children born of genocidal rape; and develop a culture of equality of children in family	71	4	4	4.00	.000
Avoiding harassing words towards children born of genocidal rape	71	4	4	4.00	.000
Showing proximity and being attentive to suggestions of children born of genocidal rape as well as other children at household	71	2	4	3.75	.603
Promoting blossoming situation among children especially those born of genocidal rape	71	3	4	3.94	.232
Valid N (listwise)	71	3	4	3.95	0.161

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

The table 39 lists a series of actions to be undertaken for effective psychosocial integration of children born of genocidal rape and their mothers survivors. According to the table, the minimum answer was 3 (tend to agree) and the maximum was 4 (agree). The mean value for every variable (answer) is greater than 3 and this means that all variables were selected as important actions to be adopted. The overall average of mean values is 3.95. This means that all cited answers were accepted. The standard deviation of 0.161 close to zero implies the homogeneity of answers.

14. PROPOSED ROLE OF GOVERNMENT

Table 40: Proposed role of Government for effective psychosocial integration

	N	Min.	Max.	Mean	Std. Dev.
Providing financial support for affording technical schools education and entrepreneurship for those children	71	3	4	3.90	.300
Recognizing children born of genocidal rape as a heavy burden to mothers survivors of genocide; and develop a policy for their support	71	4	4	4.00	.000
Providing continuous civic education promoting social integration of all citizens	71	3	4	3.93	.258
Integrating the issue of children born of genocidal rape among themes of monthly Evening Parents' Meeting	71	2	4	3.70	.663
Promoting tight mechanisms fighting against drugs and alcohol especially for children born of genocidal rape	71	2	4	3.49	.876
Providing basics for entrepreneurship such as financing the projects designed by children born of genocidal rape as a special category of citizens	71	2	4	3.83	.560
Advocacy for those children born of genocidal rape	71	3	4	3.92	.280
Valid N (listwise)	71	3	4	3.81	0.439

Source: Primary data, 2018 computed using IBM SPSS Statistics 23.

The table 40 summarizes the proposals of respondents about actions that could be undertaken by the Government in order to promote the psychosocial integration of children born of genocidal rape and sexual violence. The mean value for each variable is greater than 3 (tend to agree), and the overall mean value for all cited answers is 3.81 tending to equal to 4 (agree). This means that all respondents agreed or tend to agree on cited variables. The standard deviation of 0.439 less than 1 indicates the homogeneity in answers.

X. CONCLUSION

The present research assessed psychosocial integration of raped mothers survivors and children born from rape during 1994 Genocide against Tutsi in Rwanda using a case of SEVOTA Associations Initiatives operating in six Districts namely: Nyarugenge, Kicukiro, Gasabo, Kamonyi, Muhanga and Kirehe. Five specific objectives of the research were: assessing the current status of psychosocial integration of raped or sexually violated mothers, survivors of 1994 genocide against Tutsi; outlining the status of psychosocial integration of children born of genocidal rape and sexual violence in their respective households; and in large family in general; evaluating the role played by SEVOTA Associations in the process of psychosocial integration of raped mothers survivors and children born of rape and sexual violence during 1994 genocide against Tutsi; finding out the challenges to effective psychosocial integration of raped mothers survivors and children born of rape and sexual violence during the 1994 genocide against Tutsi; and proposing the mechanisms/ perspectives for effective psychosocial integration of raped mothers survivors and children born of rape and sexual violence during the 1994 genocide against Tutsi.

The total population of the study was 218 partners where the wife is a survivor of genocidal rape and has a children born of rape. By applying the Slovin's formula, the research used a sample population of 71 where 32 were men and 39 were women. At 71 partners who responded to the questionnaire, the research involved 24 children born of genocidal rape who participated in two focus group discussions. Thus, total sample population involved by the research was 95.

The research used a mixed of quantitative and qualitative design where quantitative data was collected through a questionnaire with closed questions using four levels Likert scale; and qualitative data was collected through open questions, unstructured interview, focus group discussions, and personnel observations. The document review technique was applied in collecting secondary data. Internal consistency was measured through reliability test whereby the research tested the Cronbach's Alpha using Statistical Package for Social Sciences (IBM SPSS Statistics 23) and the result of the test found acceptable reliability at 0.757 (75%).

Before the process of integration through SEVOTA Associations, the research found that those children and their mothers were in critical psychosocial disintegration characterized by several indicators such as suffering from anxiety, denial, anger, sadness and emotional outbursts (100%); being isolated and having no hope for future (94.4%); the crisis of identity and belonging (64.8%); the excessive use of alcohol and drugs (73.2%); marginalization leading to become dangerous persons (100%); segregation and harassment in families (91.5%); continuous conflicts with partner in household and in large family (95.8%).

The research found that taking special care of children born of genocidal rape was necessary because those children need to know their history and build their future (100%). Integration of children born of genocidal rape was needed to ensure security in households with segregation among children (84.5%).

The positive results outlined by the research are the following:

Concerning the current state of psychosocial integration of genocidal raped mothers survivors, the research found positive results of SEVOTA Associations initiatives among members namely: reduction of genocidal stigma (93.0%); increased mutual counselling (95.8%); improved responsibility taking at household and in society (91.5%); improved family care delivery (90.5%); inculcated inner love towards children born of genocidal rape (88.7%); improved relationship and peaceful life with neighbours (93.0%); improved cooperation among partners at household (70.4%).

Concerning the current state of psychosocial integration of children at household level, the research found the following positive results: improved mother- child relationship towards our children born of genocidal rape (91.4%); improved parent- child relationship towards our children born of genocidal rape (90.3%); improved intimate partner relationship among members (94.4%); proved truth- telling between mothers and their children born of genocidal rape about their history (74.6%); improved integration among members of household (71.8%); reduction of the use of alcohol and drugs (62.0%).

Concerning the current state of psychosocial integration of children at large family level, as positive results, the research found that in some families children born of genocidal rape share with legitimate children the joy and troubles inherent to human being (54.9%).

Such low level of agreement about integration of children born of genocidal rape in large family is due to the fact that SEVOTA initiatives are limited to households; and trainings do not reach the member of the large family.

The challenges to effective psychosocial integration of mothers survivors of genocidal rape outlined by the research are: psychological challenges expressed in terms of existence of symptoms of individual trauma such as loss of memory and concentration abilities, anger, tremendous fatigue and exhaustion, sadness, denial, shameful, anxiety, panic attacks and feeling unable to cope with certain circumstances, fatigue, insomnia and nightmares, disorientation, poor concentration, lack of self- confidence, lethargy, confusion, overwhelming fear, detachment from other people and emotions. The challenges causing those cited symptoms of individual trauma include: lack of economic activity, lack of enough qualified counsellors, being too long time taken by over thinking about our past, hardness to accept our history, having lost own assets and seeing oneself lagging behind other economically, being alone and in charge of educating children that are over own capacity, hopelessness and fear to leave own children as orphans, and taking too much drugs. Other challenges to integration of mothers survivors of genocidal rape are: Poverty in family of destination (64.8%); Poor schooling capabilities for schools of Excellency and technical schools (76.1%); Some husbands do not recognize such children as their own (64.8%); Parental irresponsibility: Abandonment of family' education to wives (60.6%); Fear to tell to those children the truth about the circumstances of their birth (74.6%).

The challenges to psychosocial integration of children born of genocidal rape outlined by the research are: the crisis of belonging (100%); Problem of legal right to heritage in family of adoption (100%); Mistreatment and punishment by their mothers survivors as a means of reback (83.1%); Misconducts of mothers survivors and/ or husbands with a child born of genocidal rape (85.9%); Disintegration in family (71.8%); Some children are still suffer from stigma (67.6%); Negative thinking of children born of genocidal rape toward the adoptive family (66.2%); Negative thinking towards children born of genocidal rape (66.2%); Lack of jobs (64.8%); Negative inspirations acquired from negativists people recalling to those children their history (63.4%); Use of alcohol and drugs (59.2%); Unwanted pregnancies (57.7%); Existence of harassments, blames, insults, and recalling children born of genocidal rape as "interahamwe" (38.0%); Deprivation of basic rights to children born of genocidal rape (35.2%); In some families with children born of genocidal rape there are still continuous conflicts related to the status of these children (54.9%).

Proposed mechanisms for effective integration of mothers survivors and children born of genocidal rape are: to provide financial support to start- up small businesses; to support for covering medical costs such as transport; Continuous trainings and assemblies gathering mothers survivors sharing the stigma; Schooling children in schools of excellency and/ or Vocational training; Strengthening collaboration between members of SEVOTA Associations; Providing counsellors with offices for listening; Direct support for those who can't run own small businesses; and Employment for children.

On the side of children born of genocidal rape, the mechanisms proposed for their effective integration include the following: Strengthening children born of genocidal rape becoming independent through education and entrepreneurship; Promoting in family a culture of love for children born of genocidal rape; Promoting equal rights among children so those born of genocidal rape that legitimate children; Developing continuous listening to special issues affecting those children born of genocidal rape; Avoiding all types of segregations among children whatever their birth conditions; Protecting children born of genocidal rape from negativists persons inspiring them negative ideologies; Organizing continuous trainings and debate among parents and children concerned with the issue of children born of genocidal rape; Promoting advocacy for such kind of vulnerable persons for special attention of the society and financial support in general; Sensitizing Men being involved in childcare education of such children born of genocidal rape; Promoting educative dialogue in family; Schooling equally children born of genocide rape as legitimate children; Cultivate positive thinking in children born of genocidal rape; and develop a culture of equality of children in family; Avoiding harassing words towards children born of genocidal rape; Showing proximity and being attentive to suggestions of children born of genocidal rape as well as other children at household; Promoting blossoming situation among children especially those born of genocidal rape.

Mechanisms for effective overall integration of mothers survivors and children born of genocidal rape include: Providing basics for entrepreneurship such as financing the projects designed by children born of genocidal rape as a special category of citizens; Providing financial support system for promoting education to children born of genocidal rape especially for affording technical schools allowing and entrepreneurship for those children; and schools of excellency leading to university education; Integrating the issue of children born of genocidal rape among Government program looking like the Genocide Survivors Support and Assistance Fund (FARG) [despite FARG is concerned with genocidal survivals and not people born after genocide]; Providing continuous civic education promoting social integration of mothers survivals and children born of genocidal rape; promoting tight mechanisms fighting against drugs and alcohol especially for children born of genocidal rape; Organizing regular meetings with parents and children born of genocidal rape for better integrating them in society in general.

RECOMMENDATIONS

1) To SEVOTA Organization

- The present research found a big gap of integration at large family level whereby respondents showed that enormous efforts are required to work on the “mindset” among members in large family. Positive achievements of trainings through SEVOTA Associations initiatives were limited to the households. The research recommends to SEVOTA to extend its initiative to large family. This goes with increasing the number of partners for technical and financial issues.
- Not only SEVOTA is recommended to involve large family members of current SEVOTA Associations members but also accessing other mothers survivors and children born of genocidal rape who had no chance to be part of current SEVOTA Associations. In fact, Ms. Binaifer Nowrojee, the researcher with Human Rights Watch reported that an estimated 100,000- 250,000 women were raped during three months of 1994 genocide against Tutsi in Rwanda. This indicates that the field of work is broad enough; and they share the same situation calling for integration. SEVOTA is also recommended to promote advocacy calling the Government and different organizations being involved in the process of integration of this part of the citizens so that they can access two dimensional support: psycho- medical support facing trauma and its symptoms; and financial support facing economic limitations that increase individual trauma and decelerate the process of integration.
- The research found positive achievements of integration through SEVOTA on the side of psychological life; however, respondents showed that the current burden they carry is about financial limitations and lack of economic activities to run that in turn increase the time at work and reduce individual trauma. In this sense, SEVOTA is recommended to translate Associations of its members into powered cooperatives with activities generating revenues. In this sense, mutual counselling meeting will be also a space to develop mutual capabilities in terms of economic development. Thus psychosocial integration will be translated into psycho- socio- economic integration.

2) To Non- Governmental Organizations

NGOs operating in Rwanda are recommended to support initiatives and projects designed in line with strengthening capacities of mothers survivors and children born of genocidal rape because this category of citizens that risk to lose the hope for the future due to the tragic event of genocide that affected them.

3) To National Women Council (NWC)

The issue of rape is highly challenging because it affect the victim even along her life. The NWC is recommended to play important role in advocating for mothers survivors of genocidal rape and their children born of rape and support SEVOTA efforts in improving the lives of this category of citizens.

4) To Civil Society

The crisis of belonging that challenge children born of genocidal rape affect their mothers survivors. This goes with the deprivation of right to heritage whereby children born of rape seem having no linearity allowing them heritage. The Civil Society is recommended to advocate for this category of citizens. This can be done through advocating for reviewing adoption system in Rwanda even for informal adoption as the case of most of children born of genocidal rape.

5) To the Government of Rwanda

The Government of Rwanda did more in promoting initiatives in line with integration of all citizens for making one Nation. In table 40, the respondents to the study have listed a series of actions whereby the Government should intervene for effective integration of mothers survivors and children born of genocidal rape. In addition, this research recommend to the Government to design a policy recognizing children born of genocidal rape as a special category of citizens requiring special support for alleviating the burden of mothers survivors of genocidal rape. In fact, current existing programs did not pay a special attention to this category of citizens.

SUGGESTIONS FOR FURTHER STUDIES

This research was about psychosocial integration of mothers survivors and children born of genocidal rape. Effective integration include not only psychological aspect but also economical aspect. Efforts made in psychological integration are interesting. However, this research lack the assessment of social- economic integration showing the current economic situation of mothers survivors and children born of genocidal rape. This aspect constitutes object of further study.

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