



Multi-Level and Life Course Challenges Faced by Children Born Through Sexual Violence in Africa

¹Hilary I. Okagbue*, ²Eyitayo A. Lawal, ³Success C. David, ⁴Chioma Unogu & ⁵John John Etim
^{1, 2, 3 & 4}Sydani Institute for Research and Innovation, Sydani Group, Abuja, Nigeria

⁵Health Services Management and Health Policy, Department of Public Health, Faculty of Allied Medical Sciences, University of Calabar, Calabar, Nigeria

¹<https://orcid.org/0000-0002-3779-9763>

²<https://orcid.org/0000-0001-7951-7771>

³<https://orcid.org/0000-0002-3792-8326>

⁴<https://orcid.org/0009-0008-3410-2722>

⁵<https://orcid.org/0000-0002-4607-086X>

*Corresponding Author: tobyhilly93@gmail.com

ABSTRACT

Background: Children born through sexual violence in Africa represent a highly marginalised and understudied population. While the consequences of sexual violence on survivors are well documented, far less attention has been given to the long-term, multi-level challenges experienced by children conceived through such violence, particularly across different stages of life (Nwafor et al., 2022).

Objective: To synthesise existing evidence using the Socioecological Model (SEM) and Life Course Theory (LCT) to characterise the multi-level and life course challenges faced by children born through sexual violence in Africa.

Method: A narrative review of peer-reviewed English-language studies published between 2020 and 2025 was conducted using PubMed, Medline, Scopus, and Google Scholar. Studies were limited to African settings. Data were analysed using SEM and LCT as guiding frameworks, generating five socioecological themes (individual, interpersonal, community, institutional, societal) and three life-course stages (early childhood, adolescence, adulthood).

Results: The review identified interconnected challenges across all socioecological levels, including psychological distress, identity confusion, disrupted caregiving relationships, stigma, social exclusion, institutional barriers, and structural inequality. Life-course analysis demonstrated that early adversity becomes embedded in early childhood, intensifies during adolescence through identity and belonging struggles, and culminates in cumulative social, mental health, and economic disadvantage in adulthood. Evidence of resilience, adaptive coping, and protective relationships was also documented.

Conclusion: Children born through sexual violence in Africa experience persistent, multi-level challenges that accumulate across the life course. Addressing these challenges requires integrated, rights-based, and life-course-informed interventions that extend beyond short-term or individual-focused responses.



Unique Contribution: This review integrates the Socioecological Model and Life Course Theory to provide a comprehensive, multi-level and developmental understanding of the lived experiences of children born through sexual violence in African contexts.

Key Recommendation: Policies and programmes should explicitly recognise this population within child protection, health, education, and social welfare frameworks, while prioritising family-centred psychosocial support, stigma reduction, legal recognition, and long-term structural inclusion across the life course.

Keywords: Sexual violence; Children born of rape; Socioecological model Life course theory; Stigma and social exclusion; Africa.

INTRODUCTION

Sexual violence remains a public health concern and human rights problem across many parts of Africa. It is mostly prevalent in contexts of armed conflict, displacement and humanitarian crises (Bonati, 2025; Aligwe et al., 2019). Extensive literature has documented the physical, psychological, and social consequences of sexual violence for survivors (Bonati, 2025). However, far less attention has been paid to the children born as a result of such violence. These children represent a largely invisible and marginalised population, and most often, suffers from multiple levels of marginalisation and discrimination. Understanding their challenges is critical for advancing inclusive sexual and reproductive health (SRH), child protection, and social welfare responses.

Children born through sexual violence often experience complex and interrelated adversities that extend beyond individual health outcomes. Existing evidence suggests that they may face increased risks of poor mental health, identity confusion, social exclusion, disrupted caregiving relationships, and limited access to education and healthcare (Foussiakda *et al.*, 2025). The challenges faced by this subpopulation are frequently compounded by enormous stigma attached to sexual violence, particularly in Sub-Saharan African where strong social norms emphasise family honour, lineage, and legitimacy (Prundeanu-Thrower, 2022). Similarly, it has been reported that mothers of these children also have some negative experiences such as trauma, rejection, and so on (Van Ee & Kleber, 2013; Foussiakda *et al.*, 2025). As a result, the vulnerabilities of children born through sexual violence cannot be adequately understood through individual-level lens alone.

The socioecological model (SEM) provides a useful and comprehensive framework for examining these challenges. SEM advocates that experiences are shaped by interactions across multiple levels, namely, individual, interpersonal, community, institutional, and societal. In the context of children born through sexual violence, the SEM makes it possible to explore how these levels, often seen as factors, collectively shape outcomes across the life course. In addition, Life Course Theory (LCT) goes into detail within the life course. LCT explains how challenges faced by children born of sexual violence navigate from childhood to adulthood.



The aim of this review is therefore to use the SEM and LCT to characterise the multi-level and life course challenges faced by children born through sexual violence in Africa. By synthesising existing evidence across different socioecological levels, this review seeks to highlight key pathways of vulnerability across different life courses. Also, to identify gaps in current responses and inform more integrated, rights-based, and context-sensitive interventions for this neglected population.

METHOD

This review drew on peer-reviewed studies identified through PubMed, Medline, Scopus, and Google Scholar, focusing on English-language publications from 2020–2025. Only papers with African settings were included. The SEM and LCT guided the analysis, while narrative synthesis yielded the five themes of SEM and three themes of LCT.

RESULTS

Multi-level challenges

Using the SEM, findings from the 15 included studies were synthesized into five (5) interrelated levels of influence: individual, interpersonal, community, institutional, and societal. This illustrates how challenges faced by children born through sexual violence in Africa are produced and sustained across multiple layers.

Individual level challenges

At the individual level, the review has indicated that children conceived through sexual violence consistently face considerable psychological and identity-related challenges. Throughout Rwanda, the Democratic Republic of Congo (DRC), and Uganda, research has revealed elevated levels of psychological distress, encompassing depression, anxiety, anger, emotional numbness, and symptoms of Post-Traumatic Stress Disorder (PTSD) that persist into adolescence and adulthood (Denov *et al.*, 2020; Uwizeye *et al.*, 2022; Nyirandamutsa *et al.*, 2023, 2024; Denov, 2025). Identity confusion emerged as a prevalent theme, particularly concerning issues related to paternal origin, self-worth, and a sense of belonging in patrilineal societies where lineage plays a crucial role in identity development (Denov & Piolanti 2021; Denov & Saad, 2024; Rose, 2025). Furthermore, low self-esteem, internalized stigma, shame, and guilt were frequently reported, often associated with misfortune or reminders of a violent past (Uwizeye *et al.*, 2022; Denov & Saad, 2024; Nyirandamutsa *et al.*, 2024; Rose, 2025). Maladaptive coping mechanisms, such as social withdrawal, secrecy regarding birth history, substance abuse, and excessive commitment to work or religion, were also noted (Nyirandamutsa *et al.*, 2023, 2024). Despite these adversities, several studies documented resilience, agency, spirituality, and future-oriented aspirations among some children, highlighting heterogeneity in individual outcomes (Apio, 2022; Denov, 2025).



Interpersonal level challenges

At the interpersonal level, disrupted caregiving relationships and family dynamics were central. Maternal trauma frequently shaped mother–child relationships, resulting in ambivalence, emotional distance, overprotective control, or role reversal, where children assumed caregiving responsibilities for emotionally distressed mothers (Denov *et al.*, 2020; Kahn & Denov, 2022; Nyirandamutsa *et al.*, 2023; Denov, 2025). Weak maternal bonding, fear of disclosure, and silence around the circumstances of conception further strained relationships (Kahn & Denov, 2022; Nyirandamutsa *et al.*, 2023). Children born through sexual violence also faced rejection or neglect from extended family members, stepfathers, and half siblings, particularly in households formed after the violence (Apio, 2022; Woldetsadiket *et al.*, 2022; Denov & Saad, 2024). Gender differences were evident in the review, with boys often experiencing higher parental stress and facing greater rejection due to inheritance and lineage concerns (Woldetsadiket *et al.*, 2022; Foussiakda *et al.*, 2024; Kaningini & Vandeninden, 2025). Conversely, supportive maternal relationships, acceptance by maternal relatives, and presence of caring caregivers were key protective factors that fostered emotional stability and resilience (Apio, 2022; Kahn & Denov, 2022; Denov, 2025).

Community level challenges

At the community level, pervasive stigma and social exclusion were reported across all settings. Children born through violence were subjected to labelling, harassment, discrimination, and everyday forms of symbolic and social violence. This restricted participation in community life (Uwizeye *et al.*, 2022; Denov & Saad, 2024; Nyirandamutsa *et al.*, 2024; Rose, 2025). Community narratives that linked children to perpetrators of the sexual violence reinforced their marginalisation and legitimised unequal treatment, including denial of social support and opportunities (Rose, 2025). Fear of gossip, shaming, name calling and exposure to verbal abuse or mockery led many families of children born through sexual violence to relocate (Nyirandamutsa *et al.*, 2023, 2024). Others chose to withdraw socially, further isolating children (Nyirandamutsa *et al.*, 2023, 2024). Schools, peer groups, markets and religious spaces were often sites of both exclusion (Apio, 2022; Woldetsadiket *et al.*, 2022; Denov & Saad, 2024). These community level dynamics compounded psychological distress and undermined social integration over time.

Institutional level challenges

Institutional barriers further entrenched vulnerability. Limited access to education, healthcare, and legal documentation was repeatedly documented, often linked to poverty, stigma, and paternal identification requirements (Uwizeye *et al.*, 2022; Woldetsadiket *et al.*, 2022; Foussiakda *et al.*, 2023; Denov & Saad, 2024; Kaningini & Vandeninden, 2025). Children born through sexual violence were frequently excluded from post-conflict assistance schemes and social protection programs, particularly when eligibility was tied to genocide survival status or paternal lineage (Foussiakda *et al.*, 2023; Denov & Saad, 2024). Barriers to healthcare included cost, fear of disclosure, lack of specialised mental health services, and geographic inaccessibility, affecting both mothers and children (Woldetsadiket *et al.*, 2022; Foussiakda *et al.*, 2023; Kaningini & Vandeninden, 2025). Inadequate birth registration and legal recognition restricted access to



schooling, inheritance, and social services, reinforcing long-term marginalisation (Uwizeye *et al.*, 2022; Woldetsadiket *et al.*, 2022; Kaningini & Vandeninden, 2025).

Societal-level challenges

At the societal level, deeply entrenched gender norms, rape stigma, and patriarchal kinship systems shaped all other levels of experience across all the contexts. Societal constructions of sexual purity, blame directed at survivors, and the association of children with perpetrators sustained widespread rejection and discrimination (Kahn & Denov, 2022; Uwizeye *et al.*, 2022; Denov & Saad, 2024; Rose, 2025). Another observation from the review is the presence of weak child protection systems and limited political recognition of children born through sexual violence. This has unfortunately contributed to their invisibility in policy and programming (Uwizeye *et al.*, 2022; Foussiakda *et al.*, 2023). Structural poverty, post-conflict inequality, and inadequate accountability for sexual violence further perpetuated intergenerational harm which creates multiple layers of disadvantages for the children (Kahn & Denov, 2022; Denov, 2025). These societal forces created conditions under which trauma, stigma, and social exclusion were reproduced over time, constraining opportunities for healing, justice and social inclusion.

Life course challenges

LCT highlights how disadvantage accumulates across stages of life. It shows how early adversity becomes biologically and socially embedded, and how transitions from adolescence to adulthood. can either accentuate or attenuate earlier harm. Hence for children born of sexual violence, exposure begins before birth and gradually unfolds across interconnected life stages.

Early childhood

Evidence from reviewed papers consistently indicates that early childhood experiences among children born through sexual violence are shaped by the convergence of maternal trauma, social rejection, and structural deprivation (Van Ee & Kleber, 2013; Prundeanu-Thrower, 2022). These have profound implications for development across their life course. Disrupted attachment and bonding are frequently observed in contexts where mothers experience unresolved rape-related trauma, shame, and fear, which may manifest as emotional distance, ambivalence, or overprotective caregiving patterns toward the child (Kahn & Denov, 2022; Nyirandamutsa *et al.*, 2023). Caregiving quality is further constrained by intersecting factors such as poverty, stigma, single motherhood, and limited spousal or extended family support (Woldetsadiket *et al.*, 2022; Denov, 2025). An often-neglected factor is maternal mental ill-health (Woldetsadiket *et al.*, 2022; Denov & Saad, 2024; Denov, 2025; Kaningini & Vandeninden, 2025). All these factors undermine responsive caregiving, consistency, and emotional stability in early life (Woldetsadiket *et al.*, 2022; Denov & Saad, 2024). In addition, prenatal and early-life exposure to stress, including sustained maternal stress during pregnancy and infancy, has been associated with increased risks of long-term emotional and psychosomatic difficulties (Kahn & Denov, 2022; Bonati, 2025). This finding aligns with established evidence on transgenerational trauma pathways where trauma transcends from parents to children (Uwizeye *et al.*, 2022; Nyirandamutsa *et al.*, 2023). Social rejection and labelling of both mother and child often emerge during early childhood, exposing children to neglect, discrimination, and, in some cases, abandonment (Van Ee & Kleber, 2013; Rohwerder, 2019). Others are institutional invisibility,



such as lack of birth registration and access to basic services (Rohwerder, 2019; Nwafor et al., 2024). Generally, these early disruptions in attachment and caregiving establish a fragile developmental foundation that heightens the risk of later emotional insecurity, impaired trust in relationships, and increased vulnerability to mental health disorders across adolescence and adulthood.

Adolescence

Adolescence constitutes a critical life-course stage in which questions of identity, origin, and social belonging become more salient and psychologically demanding for children born through sexual violence. Identity confusion and loss of senses of belonging frequently emerge as adolescents learn the circumstances of their conception, particularly when this knowledge links them to perpetrators perceived (Denov *et al.*, 2020; Denov & Cadieux Van Vliet, 2021; Denov & Piolanti, 2021). The knowledge of their conception often undermines their self-worth, social identity, and future aspirations (Hogwood *et al.*, 2018; Uwizeye *et al.*, 2022). Peer rejection, bullying, and stigma are commonly reported, especially within school environments, often resulting in social withdrawal, secrecy about personal history, school dropout, or the tendency to associate only with peers of similar background as a protective strategy (Rohwerder, 2019; Nyirandamutsa *et al.*, 2024; Rose, 2025). Disclosure of birth often is traumatising during adolescence and is needed in designing coping and adaptive strategies which is necessary for identity reconstruction (Hogwood *et al.*, 2018; Uwizeye *et al.*, 2022; Loning, 2023). Gendered social norms further shape adolescent experiences, with girls facing compounded vulnerabilities related to sexualized stigma, early marriage, or domestic exploitation (Woldetsadiket *et al.*, 2022; Denov & Saad, 2024). The boys, on the other hand, frequently faced exclusion linked to patrilineal inheritance systems and expectations of lineage continuity (Woldetsadiket *et al.*, 2022; Denov & Saad, 2024; Foussiakda *et al.*, 2024).

Adulthood

In adulthood, the effects of adversity experienced in early childhood and adolescence often persist and accumulate, which reflects a pattern of cumulative disadvantage across the life course. The literature review showed several aspects of mental health challenges across this group. Unresolved early trauma and prolonged exposure to stigma lead to anxiety and depression, which inevitably lead to substance use and psychosomatic distress in adulthood (Kahn & Denov, 2019; Nyirandamutsa *et al.*, 2023, 2024). Impaired social integration often presents as challenges in establishing and maintaining close relationships, widespread distrust, anxiety about revealing birth origins, and ongoing social exclusion within familial and larger community contexts (Kahn & Denov, 2019; Nyirandamutsa *et al.*, 2023; Denov, 2025).

Economic marginalization exacerbates these issues, fuelled by interrupted educational opportunities, exclusion from land and inheritance rights, fragile social and professional networks, and ongoing stigma that limits access to stable and quality employment options (Denov & Lakor, 2017; Rohwerder, 2019; Woldetsadiket *et al.*, 2022; Kaningini & Vandeninden, 2025). Despite these obstacles, research also points to avenues of resilience and personal empowerment, especially when individuals can access education, supportive relationships, spirituality, or viable job opportunities, highlighting that adult life paths are adaptable rather than



predetermined (Kahn & Denov, 2019; Apio, 2022; Loning, 2023). From a life-course viewpoint, the lack of consistent structural and psychosocial support allows early trauma to evolve into lasting social and economic disparities; however, timely and supportive transitions, even later in life, have the capacity to change life paths and enhance social inclusion and overall wellbeing.

DISCUSSION

SEM in revealing multi-level challenges

This review demonstrates that the challenges faced by children born through sexual violence in Africa are multi-level, interconnected, and persistent across the life course as shown using the SEM. Across the evidence base, a predominant and unifying theme is the experience of children born of genocidal and war rape, particularly in Rwanda, the Democratic Republic of the Congo (DRC), and northern Uganda. These children are affected not only by the violent circumstances of their conception but also by enduring social, psychological, and structural consequences that persist long after armed conflict that resulted to their conception has ended (Denov & Lakor, 2017; Rohwerder, 2019).

At the individual level, studies consistently paint pictures of disturbing levels of psychological distress, including depression, anxiety, anger, shame, low self-esteem, and symptoms consistent with post-traumatic stress disorder, extending into adolescence and adulthood (Kahn & Denov, 2019; Denov *et al.*, 2020). Identity issues and struggles around belonging are especially pronounced in typical Sub-Saharan societies where lineage and paternal identity are key to social inclusion (Denov & Cadieux Van Vliet, 2021; Denov & Saad, 2024). Many children born out of sexual violence internalise stigma associated with their origins, leading to secrecy, social withdrawal, substance use, or Excessive reliance on work or religion as coping strategies (Kahn & Denov, 2019; Nyirandamutsa *et al.*, 2023, 2024). Despite these adversities and thankfully, several studies highlight resilience, agency, spirituality, and future aspirations, indicating heterogeneous outcomes rather than uniform vulnerability (Kahn & Denov, 2019; Apio, 2022; Denov, 2025).

At the interpersonal level, disrupted caregiving relationships serve as a significant mechanism through which trauma is either transmitted or mitigated. Trauma related to maternal rape frequently influences mother-child dynamics, resulting in ambivalence, emotional detachment, excessive protection, silence regarding origins, or role reversal, where children take on caregiving roles for mothers experiencing psychological distress (Denov *et al.*, 2020; Kahn & Denov, 2022). Reports of rejection from extended family, neglect by stepfathers, and conflicts with half-siblings are prevalent, especially when women resume intimate relationships following instances of violence (Apio, 2022; Woldetsadiket *et al.*, 2022; Denov & Saad, 2024). Gendered dynamics are widespread, as boys often encounter increased parental stress and higher rejection due to concerns surrounding inheritance and lineage (Woldetsadiket *et al.*, 2022; Foussiakda *et al.*, 2024; Kaningini & Vandeninden, 2025). In contrast, strong maternal connections and acceptance from maternal relatives are consistently recognized as protective factors that helps to foster emotional stability and resilience (Apio, 2022; Kahn & Denov, 2022).



At the community level, stigma and social exclusion present as significant and widespread challenges. Children conceived through sexual violence frequently endure labelling, harassment, discrimination, and various forms of symbolic and social violence that hinder their participation in educational settings, peer groups, religious organizations, and community activities (Rohwerder, 2019; Uwizeye *et al.*, 2022). The fear of gossip and potential exposure often compels families to move or socially withdraw, which further isolates children and exacerbates psychological distress (Denov & Lakor, 2017; Nyirandamutsa *et al.*, 2023, 2024). At the institutional level, obstacles to education, healthcare, and legal recognition deepen vulnerability. Numerous children experience disruptions in their education due to poverty, stigma within educational institutions, and administrative demands related to paternal identity (Rohwerder, 2019; Woldetsadiket *et al.*, 2022). Access to healthcare is limited by financial constraints, fear of disclosure, a lack of specialized mental health services, and fragile post-conflict health systems (Woldetsadiket *et al.*, 2022; Foussiakda *et al.*, 2023). Lamentingly, studies have reported that those children born out of sexual violence are often excluded from social protection programmes as a result of a lack of acknowledgement or absence of official documentation attesting to their paternal parental roots. These lead to their invisibility (Uwizeye *et al.*, 2022; Foussiakda *et al.*, 2023; Denov & Saad, 2024).

At the societal level, deeply rooted gender norms, stigma surrounding rape, and patriarchal kinship structures serve to underpin and exacerbate challenges across all other levels (Rohwerder, 2019; Rose, 2025). The societal constructs of sexual purity and the blame placed on survivors frame children as extensions of their perpetrators, thereby legitimizing discrimination and exclusion (Kahn & Denov, 2019; Rohwerder, 2019). Insufficient child protection systems, a lack of political acknowledgement, and pervasive structural poverty permit intergenerational trauma to persist unaddressed, heightening the risk of its transmission through generations (Uwizeye *et al.*, 2022; Bonati, 2025). As noted by various authors, children born from war rape come to represent unresolved collective trauma in post-conflict societies (Kahn & Denov, 2019; Odoemelam *et al.*, 2013).

Simultaneously, emerging research warns against the use of language and practices that reduce these individuals to mere symbols or legacies of violence. Recent studies highlight the ethical necessity of acknowledging children conceived through sexual violence as individuals with the same rights as others and should not suffer discrimination (Hogwood *et al.*, 2018; Loning, 2023). This viewpoint is consistent with evidence indicating that supportive relationships, educational access, peer connections, and opportunities for engagement can promote healing and social integration (Apio, 2022; Loning, 2023).

LCT in revealing life course challenges

Applying a life-course perspective clarifies how the harms associated with being born through sexual violence are socially constructed, unfolding from early childhood into adulthood. The evidence from the narrative synthesis submitted that exposure begins before birth, through maternal trauma, social rejection, and structural deprivation, and becomes biologically and socially embedded over time (Van Ee & Kleber, 2013; Bonati, 2025).



During early childhood, the normal development trajectories are truncated by disrupted attachment, compromised caregiving quality, and chronic stress within the caregiving environment. Mothers who experienced rape frequently carry unresolved trauma, stigma, and economic hardship, which affect emotional stability, consistency of care, and parent–child bonding (Nyirandamutsa *et al.*, 2023; Denov, 2025). Studies document ambivalence, overprotection, emotional withdrawal, or role reversal, where children take on caregiving responsibilities at an early age (Kahn & Denov, 2022; Nyirandamutsa *et al.*, 2023). LCT highlights this stage as a sensitive period, where adversity becomes biologically embedded, which increases vulnerability in adult mental health (Uwizeye *et al.*, 2022; Bonati, 2025). Social labelling and family rejection often begin in early childhood, exposing children to neglect, discrimination, and cruel institutional invisibility, such as lack of birth registration or access to services (Van Ee & Kleber, 2013; Rohwerder, 2019).

Adolescence represents a critical turning point in the life course, where identity formation, belonging, and peer relations intensify. For children born through sexual violence, learning the circumstances of their conception frequently triggers identity confusion, shame, and internalised stigma, particularly in traditional Sub-Saharan societies where paternal lineage defines social worth and sense of belonging (Denov & Piolanti, 2021; Uwizeye *et al.*, 2022). Peer rejection, bullying, and exclusion in schools and communities are common, often leading to school dropout, secrecy about origins, and social withdrawal (Rohwerder, 2019; Nyirandamutsa *et al.*, 2024). Disclosure of birth history during adolescence is described as both destabilising and necessary, functioning as a pivotal transition that can either compound distress or enable identity reconstruction when adequately supported (Hogwood *et al.*, 2018; Loning, 2023). Gendered life-course pathways are evident as seen in various instances. Girls face sexualised stigma and heightened vulnerability, while boys experience exclusion linked to inheritance and lineage expectations (Denov & Cadieux Van Vliet, 2021; Woldetsadiket *et al.*, 2022; Foussiakda *et al.*, 2024).

Early childhood and adolescent adversities translate into cumulative disadvantage in adulthood. This is consistent with life-course models of social stratification. Persistent mental health challenges are widely reported among adult offspring (Kahn & Denov, 2019; Nyirandamutsa *et al.*, 2023). Social integration is often impaired, manifesting as difficulty forming intimate relationships, fear of disclosure, distrust, and marginalisation within families and communities (Nyirandamutsa *et al.*, 2023; Denov, 2025). Economic marginalisation is also common, which is driven by disrupted education, exclusion from land inheritance, weak social networks/support, and enduring stigma that limits employment opportunities (Denov & Lakor, 2017; Rohwerder, 2019). However, life-course theory also emphasises plasticity: several studies document resilience, agency, and recovery when individuals access education, peer support, spirituality, or livelihood opportunities, demonstrating that trajectories are not fixed (Loning, 2023).



Implications for practice and policy recommendations

The study has shown that understanding the challenges faced by these special groups must be done through multi-level and multi-layer lenses. Practice should prioritise family-centred psychosocial interventions that address the interconnected needs of mothers and children across developmental stages. This may include culturally sensitive mental health care, supported disclosure processes, and strengthening communication around identity and origins at age-appropriate moments. Sustained psychosocial support through childhood and adolescence is essential to interrupt the intergenerational transmission of trauma and prevent cumulative disadvantage.

At the community level, it is recommended that stigma-reduction initiatives involving local leaders, educators, and religious authorities will be critical to disrupting everyday forms of exclusion that persist across the life course. Schools should be recognised as both potential sites of stigma and opportunity, requiring targeted teacher training, anti-bullying measures, and financial support to promote access, safety, and educational continuity.

From a policy perspective, children born through sexual violence must be explicitly included within child protection, education, health, and social welfare frameworks. Legal reforms guaranteeing birth registration, citizenship, and inheritance rights will be foundational to long-term social and economic inclusion. Importantly, children, adolescents, and adults conceived through sexual violence should be meaningfully involved in designing and implementing programmes and policies that affect them, in ways that respect their agency and evolving protection needs across the life course.

At a broader level, sustained political recognition of the long-term consequences of conflict-related sexual violence is required. Transitional justice, memorialisation, and reconciliation processes should acknowledge the experiences of children born of war rape without reducing them to symbols of past atrocities, recognising them instead as rights-bearing individuals with diverse life trajectories.

LIMITATIONS

The existing evidence base is geographically concentrated in a limited number of post-conflict settings, particularly Rwanda, the Democratic Republic of the Congo (DRC), and northern Uganda, which may limit transferability to other African contexts. Secondly, many studies rely on small, purposively selected samples, often connected to support organisations, potentially underrepresenting the most marginalised individuals. Thirdly, longitudinal and comparative studies remain scarce, restricting the ability to empirically trace life-course trajectories over time. Lastly, quantitative data on prevalence and long-term socioeconomic outcomes are limited, and younger children and individuals unaware of their origins are underrepresented in current research.



CONCLUSION

Children born through sexual violence in Africa, particularly those conceived during genocidal and war rape, face profound and interlocking challenges that unfold across the life course. These challenges often begin before birth and extend through childhood, adolescence, and adulthood, reflecting cumulative disadvantage shaped by stigma, patriarchal kinship systems, gendered power relations, weak protection frameworks, and unresolved collective trauma that persist long after the formal end of conflict. Early disruptions in attachment and caregiving, identity struggles during adolescence, and constrained social and economic opportunities in adulthood illustrate how harms accumulate over time across individual, interpersonal, community, institutional, and societal levels. Despite these adversities, the literature consistently documents resilience, agency, and adaptive pathways, particularly where supportive relationships, inclusive policies, and respectful, person-centred practices are present. Addressing the needs of this population therefore requires moving beyond silence, marginalisation, and short-term responses toward integrated, life-course-informed, and rights-based interventions. Such approaches must recognise children born through sexual violence not as legacies of war, but as individuals entitled to dignity, belonging, and opportunity across their entire lives.

Ethical clearance

This study was based exclusively on the synthesis of previously published literature and did not involve primary data collection, human participants, or access to identifiable personal records. Therefore, formal ethical approval was not required. All included studies were assumed to have obtained appropriate ethical clearance as stated in their respective publications.

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Conflict of Interest

The authors declare that there are no conflicts of interest regarding the publication of this manuscript.

Authors' contributions

All authors contributed substantially to the conception and design of the study. Literature search, data extraction, synthesis, and manuscript drafting were collaboratively undertaken. All authors reviewed and approved the final version of the manuscript.

Availability of data and Materials

All data supporting the findings of this study are derived from publicly available peer-reviewed publications. The extracted and synthesised materials are available from the corresponding author upon reasonable request.



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REFERENCES

- Aligwe, H.N., Nwafor, K. A., & Ekoja, E. A. (2019). Evaluation of Commercial Sex Workers' Attitude to HIV/AIDS and Condom Use Campaigns in Oturkpo, Benue State, Nigeria. *International Journal of Humanities and Social Science Invention*, 8(4), 54-62.
- Apio, E. O. (2022). Resilience among children born of war in Northern Uganda. *Frontiers in Political Science*, 4, 874548.
- Bonati, M. (2025). Child mortality following armed conflict: how long does it take to reduce to pre-conflict level?. *BMJ Paediatrics Open*, 9(1), e003379.
- Denov, M. (2025). The shared strengths & challenges of children born of conflict-related sexual violence and their mothers in post-genocide Rwanda. *Psychiatry*, 88(3), 207-219.
- Denov, M., & Cadieux Van Vliet, A. (2021). Children born of wartime rape on fatherhood: Grappling with violence, accountability, and forgiveness in postwar northern Uganda. *Peace and Conflict: Journal of Peace Psychology*, 27(4), 597.
- Denov, M., & Lakor, A. A. (2017). When war is better than peace: The post-conflict realities of children born of wartime rape in northern Uganda. *Child Abuse & Neglect*, 65, 255-265.
- Denov, M., & Piolanti, A. (2021). Identity formation and change in children and youth born of wartime sexual violence in northern Uganda. *Journal of Youth Studies*, 24(9), 1135-1147.
- Denov, M., & Saad, D. (2024). Umwana w'umugore: The gendered realities of girls born of conflict-related sexual violence and their mothers in post-genocide Rwanda. *Journal of Health Psychology*, 29(13), 1503-1518.
- Denov, M., Woolner, L., Bahati, J. P., Nsuki, P., & Shyaka, O. (2020). The intergenerational legacy of genocidal rape: The realities and perspectives of children born of the Rwandan genocide against the Tutsi. *Journal of Interpersonal Violence*, 35(17-18), 3286-3307.



- Foussiakda, C. A., Anderson, K., Pasquero, L., & Blavier, A. (2023). Children born of conflict-related sexual violence: A review of interdisciplinary responses to their needs and experiences. *Journal of Human Trafficking, Enslavement and Conflict-Related Sexual Violence*, 4(1), 59-82.
- Foussiakda, C. A., Balegamire, J. B., Claire, G., Mugumaarhahama, Y., & Blavier, A. (2025). Posttraumatic Stress Disorder, Dyadic Adjustment, Sexual Desire, and Couple Resilience 10 Years After the Experience of Rape by Survivors in the Eastern Democratic Republic of the Congo. *Social Sciences*, 14(3), 131.
- Foussiakda, C. A., Balegamire, J. B., Mugumaarhahama, Y., Gavray, C., & Blavier, A. (2024). Stress induced by children born of rape and the parental alliance in the DR Congo. *Family Relations*, 73(5), 3343-3356.
- Hogwood, J., Mushashi, C., Jones, S., & Auerbach, C. (2018). "I learned who I am": Young people born from genocide rape in Rwanda and their experiences of disclosure. *Journal of adolescent research*, 33(5), 549-570.
- Kahn, S., & Denov, M. (2019). "We are children like others": Pathways to mental health and healing for children born of genocidal rape in Rwanda. *Transcultural Psychiatry*, 56(3), 510-528.
- Kahn, S., & Denov, M. (2022). Transgenerational trauma in Rwandan genocidal rape survivors and their children: A culturally enhanced bioecological approach. *Transcultural Psychiatry*, 59(6), 727-739.
- Kaningini W. E., & Vandeninden, F. (2025). Support for children born of rape in the Democratic Republic of the Congo: mother's experiences and challenges. *Conflict and Health*, 19(1), 38.
- Loning, L. (2023). Beyond "Born of War": Children, youth and young adults conceived in sexual violence. *Global Journal of Medicine and Public Health, Special Issue on Sexual Violence in Fragile Settings: Practice, Policies and Research*, 1-16.
- Nwafor, K. A. Ezema, S.I. & Igwebuike, O. (2022). Social Media Use And Substance Abuse Among Young People in South-East, Nigeria. *SAU Journal of Management and Social Sciences*, 3(1) 7-14
- Nwafor, K. A., Onwe, E.C., Onyejelem, T. E., Ujebe, N., Omojunikanbi, N.C., Chime- Nganya, C., Oshibe, N. (2024). Impact of *Al-Jazeera's* Portrayal of Sufferings of Women and Children in the 2023/2024 Israeli-Hamas War on Christian/Muslim Relationship in Nigeria: A Perception Study. *Ianna Journal of Interdisciplinary Studies*, 6(2), 87-98



- Nyirandamutsa, F., Niyonsenga, J., Lisette, G. K., Izabayo, J., Kambibi, E., Munderere, S., ... & Vincent, S. (2024). The mental health prognosis of offspring born of genocidal rape is influenced by family members, the community and their perceptions toward them. *PLoS one*, 19(4), e0302330.
- Nyirandamutsa, F., Niyonsenga, J., Lisette, G. K., Izabayo, J., Kambibi, E., Munderere, S., ... & Sezibera, V. (2023). Are the Offspring Still Affected by their Mothers' Genocidal Rape 28 Years Ago?: Thematic Analysis of Offspring Experience. *Rwanda Journal of Medicine and Health Sciences*, 6(2), 251-263.
- Odoemelum, C. C., Agu, S. U., Ebeze, V., Ibrahim, K. & Nwafor, K. A., (2013). Community Conflicts and Sustainable National Development: The Role of Advocacy Journalism. *Journal of Linguistics & Communication Studies*, 2(1), 73-84.
- Prundeanu-Thrower, A. M. (2022). Unwilling and Unprepared: Collective Responsibility for Traumatic Wartime Motherhood. *Law, Culture and the Humanities*, 18(3), 612-632.
- Rohwerder, B. (2019). Reintegration of children born of wartime rape. <https://hdl.handle.net/20.500.12413/14592>
- Rose, S. (2025). Locating the stigmatisation of children born of wartime rape on a continuum of violence. *The International Journal of Human Rights*, 29(3), 470-494.
- Uwizeye, G., DeVon, H. A., McCreary, L. L., Patil, C. L., Thayer, Z. M., & Rutherford, J. N. (2022). Children born of genocidal rape: What do we know about their experiences and needs?. *Public Health Nursing*, 39(1), 350-359.
- Van Ee, E., & Kleber, R. J. (2013). Growing up under a shadow: Key issues in research on and treatment of children born of rape. *Child Abuse Review*, 22(6), 386-397.
- Woldetsadik, M. A., Acan, G., & Odiya, O. I. (2022). The enduring consequences of conflict-related sexual violence: a qualitative study of women survivors in northern Uganda. *Conflict and Health*, 16(1), 16.