

The Immediate and Long-Term Risks, Harms and Challenges Faced by Children Born of Conflict-Related Sexual Violence (CBoCRSV) in Low- and Middle-Income Countries (LMICs):

A Rapid Evidence Assessment (REA)

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The team is further strengthened by the insights of external consultants Prof. Heide Glaesmer, an expert in mental health and wellbeing from Leipzig University, and Prof. Annie Bunting, a specialist in law and society from York University, Toronto. Their combined expertise ensures a comprehensive and nuanced approach to the complex issues faced by CBoCRSV.

University of Birmingham Supporting Schools and Centres

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Organisational and Policy Expertise

This project leverages the institutional knowledge and expertise of the University of Birmingham, the Foreign, Commonwealth and Development Office (FCDO), and other key stakeholders. The FCDO policy team, including Harry Achillini, Deanne Rapley, Alice Baker, and former consultant Erica Hall, have played a crucial role in ensuring that the project aligns with the FCDO's strategic objectives and best practices. Their contributions have been instrumental in integrating policy insights and aligning the research with broader development goals.

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The authorship of this report is attributed to Kirstin Wagner, Sabine Lee, Scarlet Vass, and Toni Smith. Kirstin Wagner and Sabine Lee led the drafting of the manuscript, while Scarlet Vass and Toni Smith contributed significantly to data extraction and the production of the digital log. All authors have read and approved the final version of the report.

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Acronyms

BRIHC: Birmingham Research Centre for History and Cultures

CBOW: Children Born of War

CBoCRSV: Children Born of Conflict-Related Sexual Violence

CBoSEA: Children Born of Sexual Exploitation and Abuse

CHIBOW: Children Born of War: Past – Present – Future (Horizon 2020 Doctoral Training Network)

CRSV: Conflict-Related Sexual Violence

FCDO: Foreign, Commonwealth and Development Office

GSDRC: Governance and Social Development Resource Centre

ICC: International Criminal Court

K4D: Knowledge for Development

LMIC: Low- and Middle-Income Country

NGO: Non-Governmental Organisation

PKFC: Peacekeeper-Fathered Children

PTSD: Post-Traumatic Stress Disorder

QA: Quality Assurance

REA: Research Evidence Assessment

SEA: Sexual Exploitation and Abuse

SHaC: School of History and Cultures

UoB: University of Birmingham

UN: United Nations

UNSCR: United Nations Security Council Resolution

WPS: Women, Peace and Security

Table of Contents

Acronyms	3
1. Executive Summary	7
1.1 Key Findings	7
1.2 Recommendations	8
1.3 Structure of the Report	10
2. Introduction	11
2.1 Background and Rationale for the REA	11
2.2 Objectives	11
2.3 Evaluation Framework	12
2.4 Research Questions	16
Primary Research Question: Types and Scope of Risks, Harms, and Challenges	16
Secondary Research Question: Rights and Well-being of CBoCRSV	17
Tertiary Research Question: Nature of the Literature	17
3. Methodology	20
3.1 Search Strategy	20
3.2 Screening and Selection Process	23
3.3 Data Extraction and Synthesis	26
3.4 Quality Assurance	28
4. Findings and Analysis	29
4.1 Overview of Findings and Themes	29
4.2 Assessing the Strengths of the Evidence	30
5. Risks, Harms, and Challenges	36
5.1 Immediate and Long-term Risks, Harms, and Challenges	36
5.2 Prevalence and Significance	38
5.2.1 Stigmatisation and Social Exclusion	39
5.2.2 Maternal Neglect and Family Dynamics	41
5.2.3 Paternal Absence and Anonymity	42
5.2.4 Legal and Institutional Barriers	44
5.2.5 Psychological Challenges and Trauma	45
5.2.6 Educational and Health Barriers	46
5.2.7 Economic Hardship	48
5.2.8 Challenges with Race, Religion and Culture	49
5.3 Intersecting Risks, Harms, and Challenges	50
5.4 Similarities and Differences across Groups and Settings	51
6. Interventions, Rights and Well-Being	56

6.1 Effective or Promising Interventions Identified	56
6.1.1 Psychosocial Support Programs	56
6.1.2 Legal Advocacy	57
6.1.3 Economic Empowerment Initiatives.....	59
6.1.4 Educational and Health Interventions.....	60
6.2 Promoting Rights and Well-Being.....	60
6.2.1 Recognition of Cultural Norms and Practices.....	61
6.2.2 Community and Social Integration	62
6.2.3 Integrated Support for Mothers and CBoCRSV	65
6.2.4 Legal and Social Protection Frameworks.....	66
6.3 Integration into Post-Conflict Reconstruction.....	67
7. Development and Evolution of the Field.....	69
7.1 Development of the Research Field	69
7.1.1 Early Research Initiatives and Historical Contextualisation	69
7.1.2 Trends in the Research Landscape	71
7.1.3 Evolution of Terminology	73
7.1.4 Evolution of Research Methodologies.....	73
7.1.5 Research Clusters	74
7.2 Policy and Legal Developments.....	75
7.2.1 International Legal Frameworks.....	75
7.2.2 National Policy Responses.....	76
7.3 Contributions to Global Evidence Base	76
7.3.1 Interdisciplinary Research Contributions	76
7.3.2 Ethical Research Practices	76
7.3.3 Promotion of Agency and Participation	77
7.3.4 Advocacy and Awareness	77
8. Comprehensive Review and Analysis	78
8.1 Thematic Synthesis and Interpretation	78
8.2 Identification of Research Frontiers and Innovative Directions.....	78
9. Policy Implications and Recommendations.....	80
9.1 Strategic Insights for Policy Frameworks.....	80
9.1.1 Enhancing Legal Protections.....	80
9.1.2 Integrating CBoCRSV in Social Policies	80
9.1.3 Community Reintegration Strategies	81
9.2 Recommendations for Future Research.....	81
9.3 Implications for International Collaboration.....	82
9.3.1 Building Global Partnerships	82
9.3.2 Standardising Data Collection and Sharing	83

9.3.3 Coordinated Policy Efforts	83
10. Conclusion	84
Appendices	85
Appendix 1: List of Search Terms Used	85
Appendix 2: List of Consulted Experts	88
References	89
Glossary of Terms	104

1. Executive Summary

This Rapid Evidence Assessment (REA)¹ examines the immediate and long-term risks, harms, and challenges faced by Children Born of Conflict-Related Sexual Violence (CBoCRSV) in Low- and Middle-Income Countries (LMICs). CBoCRSV often endure significant adversities, including social stigmatisation, psychological trauma, and economic hardships, which impede their integration into society and overall well-being. This report systematically assesses and synthesises existing literature on their adversities, proposed interventions, and provides policy recommendations to improve the lives of CBoCRSV and their families.

The REA identifies key areas of concern, including legal and institutional barriers, physical and mental ill health, educational challenges, and the effects of familial, social, cultural, and political exclusion. It highlights the need for comprehensive support systems that address these multifaceted issues. By integrating insights from various disciplines and leveraging the expertise of academics, policymakers, CBoCRSV, and other stakeholders, this report aims to inform programmatic strategies that promote the rights and well-being of CBoCRSV in LMICs and beyond.

1.1 Key Findings

A comprehensive review of 289 documents has identified key themes related to the risks, harms, and challenges faced by CBoCRSV. Our analysis highlights that CBoCRSV face immediate risks such as infanticide, abandonment, and health issues due to maternal neglect, lack of access to medical care during birth, and inadequate care and support in childhood and adolescence. In conflict zones, they are at heightened risk of violence, malnutrition, and disease due to unstable living conditions and fragmented family networks. Long-term risks include ongoing physical, psychological, educational, and socio-economic challenges, as well as stigmatisation, marginalisation, and identity issues that persist throughout their lives.

Prevalence and Significance

Although not all CBoCRSV encounter these challenges, they are prevalent and significant for many, who frequently grapple with multiple, overlapping burdens and interconnected issues, including:

Stigmatisation and Marginalisation: Social stigma often leads to marginalisation and social exclusion, severely impacting the ability of CBoCRSV to integrate into their families and communities. Approximately 87% of the reviewed studies (250 documents) identify stigmatisation related to their origin and negative attitudes towards their mothers as a critical issue.

Psychological Trauma: CBoCRSV frequently endure profound psychological trauma, manifesting in high rates of somatic symptoms, depression, and PTSD. About 78% of the studies (197 documents) speak to the occurrence of psychological issues and trauma.

Legal and Citizenship Issues: Many CBoCRSV lack legal documentation, hindering access to essential services like education and healthcare. This issue is reported in 67% of the studies (170 documents).

¹ A Rapid Evidence Assessment is a streamlined systematic review method designed to quickly gather, review, and synthesise available research evidence on a specific question or set of questions. This approach is particularly useful in policy-making contexts where decisions need to be informed by the best available evidence within a limited time frame. REAs aim to strike a balance between thoroughness and expediency, often focusing on key studies that meet predefined quality criteria to provide a robust summary of the evidence. This methodology ensures a comprehensive understanding of the topic by evaluating the quantity and quality of the existing research, identifying gaps in knowledge, and highlighting areas where further investigation is needed. In the context of this report, the REA is employed to examine the complex experiences of CBoCRSV, offering insights into the risks, harms, and challenges they face, as well as evaluating interventions and recommending policies for improving their conditions in LMICs.

Educational Barriers: Financial constraints, social stigma, and administrative barriers may prevent CBoCRSV from accessing education. Educational challenges are discussed in 60% of the literature (152 documents).

Economic Hardships: Economic deprivation is common among families of CBoCRSV in LMICs, limiting their access to basic needs and further restricting educational and developmental opportunities. About 75% of the studies (188 documents) discuss economic challenges.

Family Dynamics: The relationship between CBoCRSV and their families is often marked by tension and a lack of stable support, emotional availability and responsiveness from mothers and/or extended family members. Challenging family dynamics are covered in 80% of the studies (231 documents).

Cultural Challenges: In many societies, cultural and religious beliefs marginalise CBoCRSV. They often face exclusion due to norms that emphasise lineage and paternal heritage. Cultural challenges are discussed in 61% of the literature (175 documents).

Assessment of Interventions for CBoCRSV

The literature on interventions to support CBoCRSV is limited, but several types of interventions have been identified, discussed, or recommended. These include:

Psychological Support Programs: Initiatives such as trauma-informed care and comprehensive psychological services, including counselling and mental health support, are recognised for their potential to help CBoCRSV manage trauma and improve emotional well-being. These programs are recommended in 27% of the literature (77 documents).

Legal Advocacy: Efforts to ensure legal recognition and citizenship are vital, as they potentially enhance access to essential services like healthcare, education and access to alimony. Legal advocacy is mentioned in 31% of the literature (90 documents).

Community-Based Support: Community interventions, such as peer support groups and local NGO activities, are suggested to be crucial for fostering social acceptance and integration of CBoCRSV. These interventions are discussed in 28% of the literature (82 documents).

Educational and Economic Empowerment: Providing educational and economic opportunities through scholarships, vocational training, and microfinance programs is described as alleviating economic burdens and enabling independence. These initiatives are discussed in 26% of the literature (75 documents).

Integrated approaches that address multiple needs simultaneously—such as combining legal aid with psychological support and economic empowerment—are highlighted for their potential to provide comprehensive assistance. Despite these interventions being frequently discussed in the literature, it is essential to note that their effectiveness remains largely unvalidated due to the limited empirical research available. Rigorous empirical studies are essential to assess their efficacy.

1.2 Recommendations

Derived from the literature, the REA lists recommendations that were discussed to promote the rights and well-being of CBoCRSV. They focus on strengthening legal frameworks, enhancing social support systems, promoting economic inclusion, and improving access to education and healthcare.

Strengthen Legal and Policy Frameworks

1. **Legal Recognition and Documentation:** Establish robust legal frameworks that recognise and protect the rights of CBoCRSV, ensuring they are granted citizenship and access to essential social services. Simplify and make more inclusive the process for obtaining birth registration and other essential identification documents to prevent statelessness and social exclusion.

2. **Reparations and Transitional Justice:** Develop comprehensive legal frameworks that provide reparations including compensation for survivors of conflict-related sexual violence (CRSV) and their children. This should include co-creating reparation programmes with CBoCRSV and consulting with civil society to ensure the effectiveness of transitional justice processes.

Enhance Social and Community Support

3. **Community Awareness and Reintegration Campaigns:** Implement community education programs to reduce stigma and raise awareness about the challenges faced by CBoCRSV. Develop community-based programs involving traditional and religious leaders to mitigate stigma and facilitate the reintegration of CBoCRSV. National campaigns using traditional and social media should promote inclusive attitudes and foster community support.
4. **Peer Support and Mentoring:** Establish peer support groups and mentoring programs that connect CBoCRSV with positive role models and peers who have undergone similar experiences. This can help build resilience and a sense of belonging.

Promote Economic Inclusion

5. **Vocational Training and Financial Assistance:** Develop and support vocational training and job placement programs tailored to the needs of CBoCRSV. Implement microfinance programs and provide financial assistance to support survivors with small business ventures. These initiatives should include financial literacy training to ensure beneficiaries can manage their finances effectively.
6. **Economic Empowerment and Employment:** Create opportunities for economic independence through scholarships, vocational training, and job placement programs that provide marketable skills and facilitate economic stability for CBoCRSV and their families.

Improve Access to Education and Healthcare

7. **Inclusive Educational Policies and Psychosocial Support:** Ensure educational policies are inclusive and support the enrolment of CBoCRSV in schools without discrimination. Simplify documentation requirements and create safe, welcoming environments in educational institutions. Integrate psychosocial support services in schools to address the emotional needs of CBoCRSV.
8. **Comprehensive Healthcare Services:** Ensure healthcare policies include provisions for mental health support and trauma-informed care tailored to the needs of CBoCRSV and their mothers. This should encompass free access to psychological counselling and psychotherapy, treatment for sexually transmitted infections, and maternal health services.

Research and Policy Development

9. **State of the Art Research Methods and International Collaboration:** Fund and conduct state of the art research method studies, including longitudinal studies to follow the life courses of CBoCRSV and rigorously evaluate interventions. Foster international collaboration to share best practices and coordinate policies aimed at improving outcomes for CBoCRSV.
10. **Policy Advocacy and Implementation:** Advocate for national and international policy changes that promote the rights and recognition of CBoCRSV. Implement policies that ensure access to resources and support services, enhancing their overall well-being and integration into society.

Implementing these recommendations will contribute to creating a protective environment that reduces the risks, harms, and challenges faced by CBoCRSV, while addressing the complexities of their situations and promoting their integration, development, and well-being.

1.3 Structure of the Report

This report is structured to provide a thorough understanding of the immediate and long-term risks, harms, and challenges faced by CBoCRSV in LMICs on the basis of published academic research and grey literature, i.e. information produced outside of traditional publishing and distribution channels, which does not undergo quality control comparable to academic peer-review. The organisation of the report is designed to guide the reader through a logical progression of background information, methodological approaches, key findings, detailed analyses, and policy recommendations, ensuring accessibility and utility for a wide range of readers, including policymakers, practitioners, researchers, and advocates.

The report begins with an **Executive Summary** (Section 1) that highlights the key findings and recommendations, offering an overview of the most critical insights. Following this, the **Introduction** (Section 2) provides the background and rationale for the REA, outlining the objectives, and explaining the evaluation framework and research questions that guide the assessment. The **Methodology** section (3) details the research design, search strategy, screening and selection process, data extraction and synthesis methods, and quality assurance measures. This comprehensive methodological outline ensures transparency and rigor in the assessment process.

The core insights generated by the evidence assessment are found in the **Findings and Analysis** (Section 4) and **Risks, Harms, and Challenges** (Section 5) segments. These parts provide an in-depth examination of the evidence, discussing the prevalence and significance of various challenges faced by CBoCRSV, and exploring specific issues such as stigmatisation, family dynamics, and legal barriers. Following the analysis, the **Interventions, Rights and Well-Being** section (6) identifies effective or promising interventions and strategies to improve the life courses of CBoCRSV. This section also discusses the integration of CBoCRSV into post-conflict reconstruction processes.

The findings are concluded with the **Development/Evolution of the Field** section (7), providing historical context, analysing research clusters, and discussing policy and legal developments. The **Comprehensive Review and Analysis** section (8) synthesises thematic findings, identifies trends in the research landscape, and highlights key gaps in current literature, before the **Policy Implications and Recommendations** section (9) offers strategic insights and future research recommendations.

Finally, the **Appendices** provide supplementary information, including search terms, consulted experts, reviewed studies, and additional data tables. The **References** section lists all cited works, and the **Glossary of Terms** clarifies specific terminology used throughout the report.

2. Introduction

2.1 Background and Rationale for the REA

The REA is part of the UK's commitment under the FCDO's [Platform for Action: Promoting the Rights and Wellbeing of CBoCRSV](#), (hereinafter the Platform) launched at the Preventing Sexual Violence in Conflict Initiative (PSVI) International Conference in November 2022. The Platform identifies critical areas of concern for CBoCRSV and underlines the need for a thorough review of evidence to shape future actions and guide the development of a global evidence base. The REA is a crucial step in fulfilling this commitment and enhancing understanding of the risks, harms, and challenges facing CBoCRSV in LMICs.

Developed through collaboration with CBoCRSV experts, states, CBoCRSV, the UN and academics, the Platform establishes a framework for change and defines both the critical areas of concern and the commitments needed to address them. The UK, along with several state and non-state partners including the University of Birmingham, the Children Born of War Project, the Global Survivors Fund and UN Special Representative of the Secretary-General for Children and Armed Conflict, have committed to key actions under this Platform.

The key areas of concern identified by the Platform include:

- Inequality, stigma and exclusion,
- Barriers to legal identity, nationality and belonging,
- Lack of access to physical and mental health support,
- Insufficient consultation and opportunities to be heard,
- Vulnerability to violence, exploitation and abuse, and
- Economic and social challenges among survivors who give birth to children from sexual violence.

Figure 1. Key areas of concern identified by the [Platform for Action](#)

The development of the Platform highlighted significant gaps in understanding how being born of conflict-related sexual violence (CRSV) affects individuals. This realisation underlined the need for a thorough review of the existing evidence.

2.2 Objectives

The REA, on the basis of published academic and non-academic data and research as well as autobiographical and biographical writings and other grey literature, aims to review the current evidence base and enhance understanding of the risks, harms and challenges faced by CBoCRSV in LMICs. The assessment is structured around three key objectives, each targeting a unique aspect of the evidence:

Objective 1: Assessing the Risks, Harms, and Challenges of CBoCRSV

This objective centres on assessing the immediate and long-term risks, harms, and challenges faced by CBoCRSV, including an examination of their prevalence and significance, intersection and impact. It involves a detailed analysis of the various contexts in which these risks and challenges occur, taking into account the influence of cultural, societal, and religious norms, as well as the continuum of violence from pre-conflict to post-conflict stages. Additionally, the objective includes a specific focus on understanding

any gender-specific differences in risks, harms, and challenges, and how these vary across different environments and circumstances.

Objective 2: Identifying Effective Interventions and Promoting Rights and Well-Being

The second objective aims to identify effective interventions and factors that promote the well-being and rights of CBoCRSV. It encompasses exploring policies and practices that facilitate the integration of CBoCRSV and their mothers into post-conflict reconstruction and reconciliation processes. This objective also entails understanding how the human and civil rights of CBoCRSV and their parents intersect and examining the approaches of post-conflict societies in addressing the wartime experiences of CBoCRSV. Furthermore, it seeks to draw lessons from various historical and geographical contexts, including considering the roles and policies of non-LMIC perpetrator countries in shaping the experiences and responses to CBoCRSV.

Objective 3: Comprehensive Review and Analysis of the Evidence Landscape

In order to allow a robust evaluation of the existing literature, this objective focuses on examining the depth and breadth of the current research landscape. It involves tracing how the literature has evolved over time, with a particular emphasis on the changes in research methodologies and empirical evidence. This comprehensive review aims to understand the historical context, thematic focus, and methodological approaches used in the study of CBoCRSV, identifying key trends and significant gaps in the existing body of research. The various subthemes encompassed within the third objective are as follows:

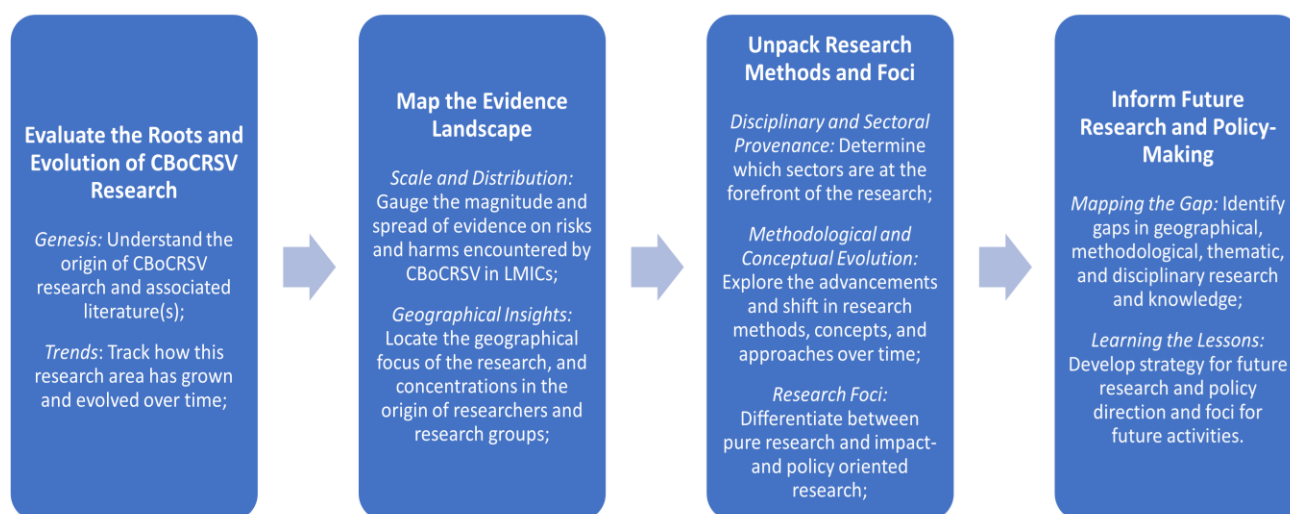


Figure 2. Subthemes encompassed under objective three

Together, these objectives aim to provide a nuanced understanding of the complexities surrounding CBoCRSV, with the goal of informing future research and policy developments in this area.

2.3 Evaluation Framework

The REA uses a comprehensive interdisciplinary framework, integrating perspectives from anthropology, political science, law, psychology, psychiatry, sociology, social work, area studies, and development studies to thoroughly address its objectives. This inclusive approach facilitates a deep and layered understanding of the complex issues that affect CBoCRSV. By weaving together insights from a wide range

of disciplines, the framework provides a holistic analysis that captures the intricacies of the challenges faced by CBoCRSV. Additionally, the evaluation framework enriches its analysis by incorporating input from the Platform document and engaging with stakeholders actively involved in academic and policy circles as well as with CBoCRSV representatives. This strategy ensures that the REA is grounded in the lived experiences of CBoCRSV and benefits from the extensive expertise of our team across various crucial domains:

1. **Historical Context of Conflict and CRSV:** Examining the historical evolution of conflict dynamics and the role of sexual violence in conflicts, providing essential context for understanding the unique experiences and challenges faced by CBoCRSV.
2. **Psychosocial and Developmental Perspectives:** Investigating the psychosocial impact of conflict on children, particularly those born of sexual violence, highlighting the need for tailored psychological and developmental support for CBoCRSV.
3. **Legal and Human Rights Frameworks:** Exploring the legal challenges and human rights violations faced by CBoCRSV, situating their experiences within broader international law and human rights discourses to advocate for their protection and rights.
4. **Sociocultural Dynamics and Stigmatisation:** Analysing the role of societal attitudes, stigma, and exclusion in shaping the lives of CBoCRSV, emphasising the necessity for societal change and acceptance.
5. **Gendered Perspectives in CRSV:** Addressing the gendered nature of CRSV and its implications for both mothers and children, underscoring the importance of tackling gender-specific issues in CRSV.

Multidimensional Intersectional Approach

The REA employs a multidimensional evaluation framework, considering a variety of risk factors, intersecting harms, challenges, and vulnerabilities. Building on recent conceptual work, such as Murphy et al.'s socioecological framework (Figure 3; Murphy et al., 2023) for drivers of conflict and post-conflict violence against women and girls, the REA adopts an innovative approach to understanding the vulnerabilities of CBoCRSV. We evaluate the literature by exploring risks and harms from multiple angles, categorising material by types of challenges and disadvantages (including gendered, ethnic/racial, and cultural), and examining how related factors intersect. This method allows for gradations in the significance and intensity of risks and harms, as well as protective factors that mitigate these harms.

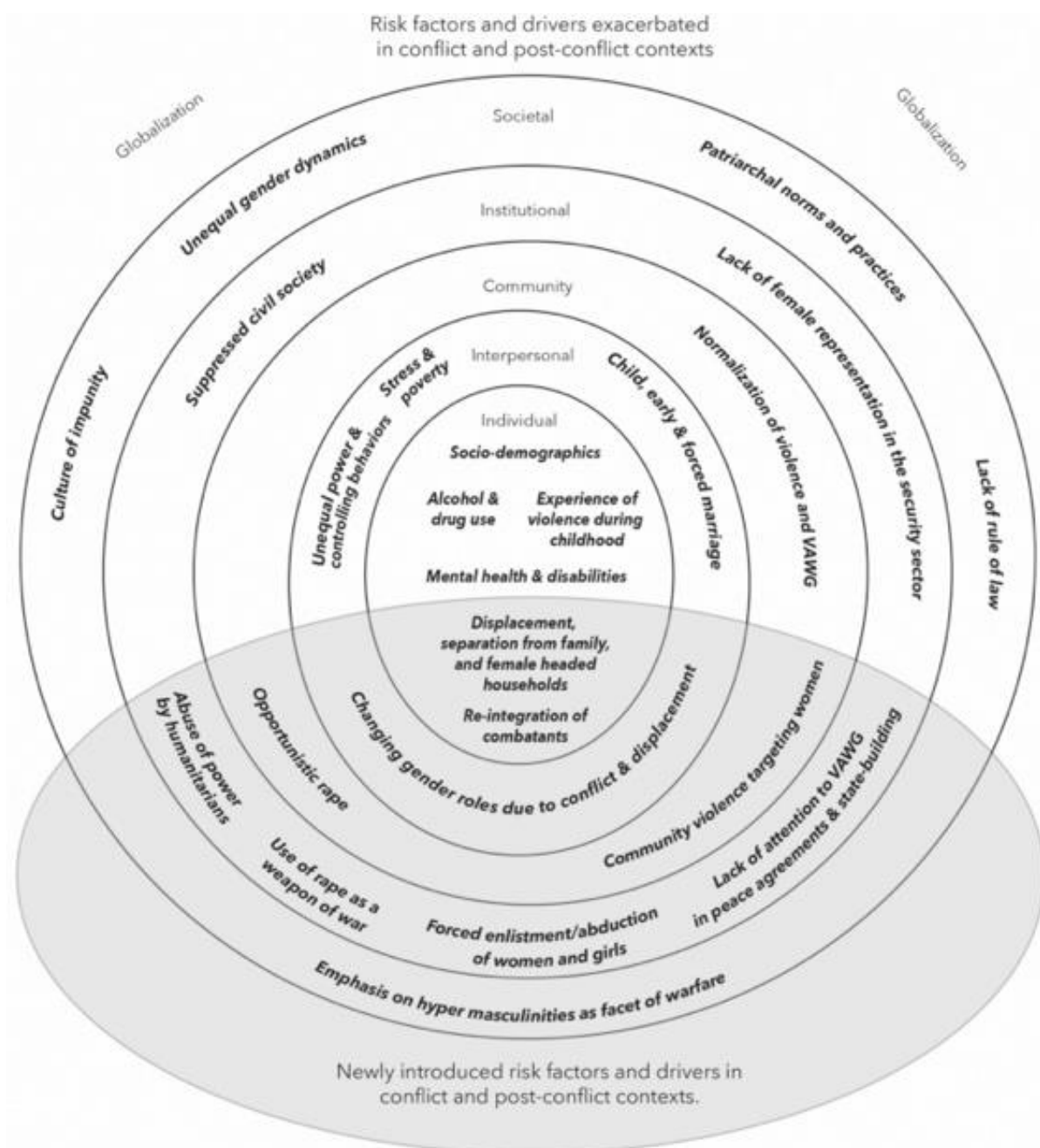


Figure 3. Socioecological framework for drivers of conflict and post conflict violence against women and girls, from Murphy, M. et al. (2023). Socioecological Framework for Drivers of Conflict and Post conflict Violence Against Women and Girls. *Violence Against Women*, 29(2), 411

Building on this understanding, we integrate ongoing research of the team leads (Figure 4; Wagner and Lee, 2025) along with thematic overviews from networks like Children Born of War ([CHIBOW](#)), Conjugal Slavery in War ([CSIW](#)), and the Children Born of War Project ([CBOW](#) Project), capturing the complexities of social layering and interaction effects between the various challenges faced by CBoCRSV. This includes the interaction of these burdens with those of their mothers, families, and communities. This socioecological view of risk and harm, spanning from the micro to macro levels, is crucial for understanding the spectrum and significance of adversities. It forms the basis for recommendations and effective programme development, ensuring that interventions at one level can mitigate risks, harms, and challenges at others—whether through trickle-down effects from macro to micro levels or vice versa.

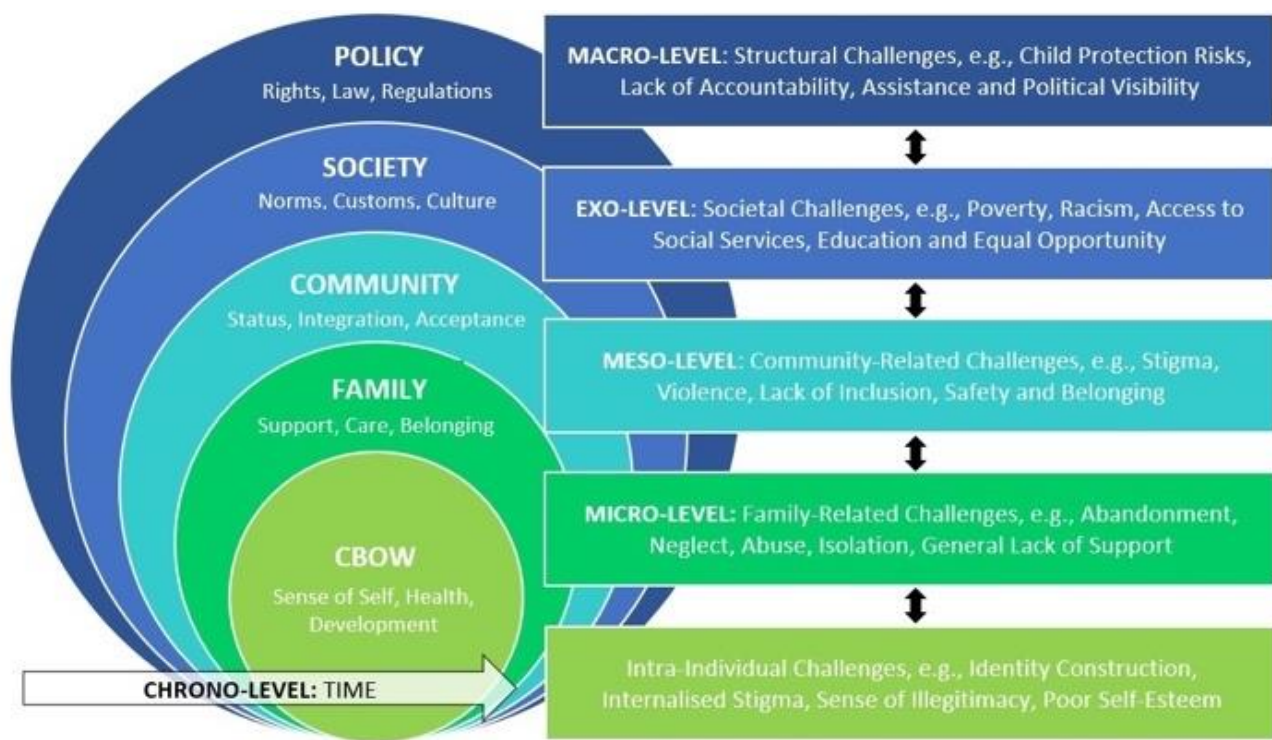


Figure 4. Wagner, K., & Lee, S. (2025). Sozio-ökologisches Rahmenmodell für die Erfahrungen von Kindern des Krieges [Socio-ecological framework for the experiences of children of war]. *Trauma & Gewalt*, 19(1), 44–56.

The review is framed by a gender-sensitive approach, acknowledging distinct power dynamics and their unique impacts, and a child-sensitive approach that upholds children's rights, respecting their developing capacities and special protections. These are complemented by a survivor-centred approach, as outlined by UN guidelines, focusing on placing the rights, needs, and choices of affected individuals at the core of all prevention and response efforts.

Our evidence review navigates the complex interplay between policy, practice, and research in the context of CBoCRSV. Policy decisions concerning the rights and well-being of CBoCRSV should be informed by robust research driven by on-the-ground realities and the voices of those with lived experiences. The co-development of the REA with CBOCRSV and the FCDO, facilitated by contributions from policy-oriented stakeholders, ensures that the document aligns with and actively informs the policy-making process outlined in the Platform. The authors intend for this report to be integrated into the Platform's first pillar, focusing on research- and evidence-based policy development, thereby supporting ongoing efforts in the field.

Inclusion of Diverse Perspectives

To enrich our understanding and enhance the global applicability of our findings, we have deliberately included literature from a variety of linguistic and cultural backgrounds, including German, French, Spanish, and Arabic in addition to the core English-language material. This diversity ensures that our evaluation framework does not just cover a wide range of global perspectives but also respects and integrates these diverse insights into the creation of context-sensitive support strategies for CBoCRSV.



Figure 5. Illustration of the PSVI's concerns and priorities for research, policy and practice on CBoCRSV. [Extracted from the [Platform document, p.12, Section 4: Strategic Priorities](#)]

2.4 Research Questions

The REA is informed by the FCDO's Terms of Reference and our project objectives, which led to the development of a set of research questions and sub-questions. These questions align with our aims and evaluation strands, drawing upon interdisciplinary and intersectional frameworks while providing a contextual analysis of the risks and challenges faced by CBoCRSV. The questions were identified and refined following an initial literature review, our collective expertise, and input from both academic and non-academic stakeholders during an inaugural stakeholder meeting where the scoping protocol² for the REA was reviewed.

Primary Research Question: Types and Scope of Risks, Harms, and Challenges

1. Immediate and Long-term Risks, Harms, and Challenges:

- What are the immediate and long-term risks, harms, and challenges faced by CBoCRSV in LMICs?
- How do these challenges impact their lives, and in what ways do they intersect or accumulate over time?
- How do these risks and challenges interact with those experienced by their mothers?

² A scoping protocol in research refers to a comprehensive plan or strategy that outlines the specific methods and objectives for conducting a review. The protocol typically includes criteria for selecting relevant studies, the search strategy for literature retrieval, and methods for extracting and charting the data. In the context of the REA, reviewing the scoping protocol ensured a structured and systematic approach to assessing the evidence, enhancing the transparency and reproducibility of the research process.

2. Prevalence and Significance of Risks, Harms, and Challenges:

- Which risks, harms, and challenges are most prevalent or significant in affecting the lives of CBoCRSV, as identified in the literature?
- How do these factors vary by context, including the influence of cultural, societal, religious, and other norms?
- Are there gender-specific differences in the risks, harms, and challenges faced by CBoCRSV?
- What is the impact of the continuum of violence (pre-conflict, conflict, post-conflict) on CBoCRSV?
- Are there discernible patterns in prevalence or significance of these risks and challenges?

Secondary Research Question: Rights and Well-being of CBoCRSV

1. Effective Interventions and Factors that Promote Well-being:

- Which protective factors minimise risks, harms, and challenges for CBoCRSV?
- What effective interventions are highlighted to reduce or mitigate these challenges?
- How do norms play a role in mitigating risks and harms for CBoCRSV?
- What are examples of risk and harm mitigation at various levels (family, community, regional, national, international)?
- How is the efficacy of these interventions assessed, and how are survivor and child perspectives integrated?

2. Policy, Rights Advancement and Integration:

- How are CBoCRSV and their mothers integrated into post-conflict reconstruction and reconciliation processes?
- How do post-conflict societies remember and address the wartime experiences of CBoCRSV, and how does this influence their community acceptance and integration?
- How do the human and civil rights of CBoCRSV and their parents intersect, complement, or conflict with each other?
- What do we know about CBoCRSV's search for fathers who are the perpetrators of CRSV?
- How are rights to reparations, paternity payments as well as justice and accountability conceptualised for CBoCRSV?

Tertiary Research Question: Nature of the Literature

1. Empirical Evidence Base:

- What is the extent of the empirical evidence base on the risks, harms, and challenges faced by CBoCRSV in LMICs?
- In which geographies is the literature concentrated?
- What research methods are used to identify these risks, harms, and challenges?
- Which disciplines/sectors are most active?
- What trends have emerged in the literature over time, and where are the significant gaps in the evidence base?

Limits of the Research

These research questions are designed to comprehensively address the challenges faced by CBoCRSV, spanning a broad range of issues from immediate impacts to long-term policy and intervention strategies. The focus remains on the specific context of CBoCRSV in LMICs, based on the Platform's understanding of these terms.

Conflict Related Sexual Violence

The Platform uses the United Nations definition - rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, enforced sterilization, forced marriage and any other form of sexual violence of comparable gravity perpetrated against women, men, girls or boys that is directly or indirectly linked to a conflict. That link may be evident in the profile of the perpetrator (who may be affiliated with a State or non-State armed group, which includes terrorist entities); the profile of the victim (who may be an actual or perceived member of a political, ethnic or religious minority group or targeted on the basis of actual or perceived sexual orientation or gender identity); and the climate of impunity, which is generally associated with State collapse, cross-border consequences such as displacement or trafficking, and/or violations of a ceasefire agreement. The term also encompasses trafficking in persons for the purpose of sexual violence or exploitation, when committed in situations of conflict.

Children Born of Conflict-Related Sexual Violence

Refers to all individuals born from a pregnancy that was the result of conflict-related sexual violence, regardless of the individual's current age. The circumstances of their conception impact these individuals throughout their lives, even after they reach the age of 18. It includes children born of sexual exploitation and abuse by peacekeepers and humanitarian workers during and following conflict.

Figure 6. Terms as they are used by the PSVI [Extracted from the [Platform document](#), p.18, Annex A: Terminology]

Terminological Consistency and Inclusion Criteria

It is important to acknowledge that the terminology used in this context has evolved over time, carries different nuances in various languages, and is not consistently applied across different platforms and documents. This inconsistency and evolution have led to terms such as children born of war (CBOW), children born of sexual exploitation and abuse (CBSEA) and CBoCRSV being used interchangeably or without clear demarcation between the different groups, reflecting the complex and dynamic nature of understanding the needs of different groups of CBoCRSV.

We focus specifically on children born of sexual violence directly related to conflict scenarios, ensuring our research remains centred on them. This includes cases where sexual violence is intertwined with conflict-related power dynamics, such as relationships between local civilians and foreign military personnel, to capture the complex realities of consent and coercion in conflict settings.

Contextual Understanding and Broader Research Field

The broader field of research on CBOW³ incorporates studies on CBoCRSV, CBSEA, and of non-violent or consensual sexual relations that are directly linked to conflict (Mochmann and Larsen, 2008; Lee and Glaesmer, 2022a). An area of notable intersection is the study of sexual exploitation and abuse (SEA) in peace support operations, particularly focusing on children fathered by peacekeepers in conflict areas

³ CBOW are generally defined as children fathered by foreign soldiers and born to local mothers during and after conflict, irrespective of the nature of the relations between the child's biological parents. They include children conceived in a spectrum of relations from love relations via more or less constrained consensual relations to sexual exploitation, abuse and violence. In much of the literature distinctions are made between CBOW conceived a) in war, b) in post-war occupations, c) in peace support operations and d) children of child soldiers.

(Lee and Bartels, 2021; Wagner et al., 2022 a-c). Our review aims to include relevant CBOW and CBSEA studies to deepen our understanding of CBoCRSV, acknowledging that while CBOW and CBSEA may face similar challenges to CBoCRSV, the latter may endure amplified risks and harms due to the trauma of conception and societal responses to rape as a wartime strategy (Neenan, 2017).

Our literature analysis will therefore prioritise studies that offer significant insights into the experiences of children born from sexual violence in conflict settings, particularly focusing on situations where the conflict directly influences their conception. Additionally, our review contributes to refining the definition of CRSV. We explore whether CRSV should be defined strictly by the context of the act—occurring during conflict—or if it should consider the profiles of the perpetrator (e.g. member of an armed group) and the victim (e.g. civilian). Specifically, we aim to clarify whether CBoCRSV encompass only those born of sexual violence committed by individuals affiliated with a state or non-state armed group or also includes acts perpetrated by peacekeepers, humanitarian workers, or civilians in conflict settings. Additionally, we seek to connect or distinguish research on CBoCRSV (including rape, sexual slavery, forced prostitution, forced pregnancy, and forced marriage) with those conceived through various forms of conflict-related sexual misconduct, including sexual exploitation and abuse in conflict scenarios.

By incorporating this contextual understanding, our REA aims to present a nuanced, culturally sensitive, and actionable set of findings that address the risks, harms and challenges of CBoCRSV across different regions and contexts.

3. Methodology

Our methodology was developed to ensure a comprehensive and policy-relevant synthesis of the evidence base concerning CBoCRSV. The approach was aligned with the principles of systematic reviews, including rigorous data collection, transparent screening and selection processes, and robust methods for data extraction and synthesis to ensure the reliability and validity of the findings (Moher, 2009).

3.1 Search Strategy

The search strategy was developed to achieve a balance between sensitivity and specificity⁴, ensuring both comprehensive coverage and precise identification of all relevant studies in the field. This approach facilitated a rapid assessment of the literature to meet the objectives of the REA within the predefined timeframe. Consequently, our evidence base was manageable yet thorough, incorporating diverse perspectives and types of evidence.

Following the 'Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)' guidelines and the 'Population/Concept/Context (PCC) framework' recommended by the Joanna Briggs Institute (JBI), a systematic search and screening protocol was implemented (Moher et al., 2015; Peters et al., 2015). This protocol included the development of search terms, conducting structured searches across multiple databases, and identifying grey literature.

Acknowledging the global nature of CBoCRSV experiences, the literature search was first conducted in English and then expanded to include more diverse language literature. By integrating literature from multiple linguistic backgrounds—German, French, Spanish, and Arabic—we enrich our findings and provide more nuanced, culturally sensitive recommendations. This expansion addresses potential biases and gaps in the predominantly English-language narratives dominating the global discourse on CBoCRSV and allows for a more comprehensive understanding of the challenges faced by CBoCRSV across different cultural contexts.

The inclusion of German, French, Spanish, and Arabic was strategically chosen due to the extensive histories of CRSV in regions where these languages are prevalent. French is widely spoken in many African countries that have experienced CRSV, such as Rwanda and the Democratic Republic of Congo (DRC). Spanish is essential for understanding the experiences of CBoCRSV in Latin American conflicts, such as those in Colombia and Peru. Arabic is crucial for capturing the experiences in the Middle East, including conflicts in Syria and Iraq. German is included to cover literature from European contexts, particularly post-World War II studies and specifically studies relating to children born of post-war occupations.

Incorporating these languages not only enriches the data but also contributes to the decolonisation of literature reviews by ensuring that non-English narratives are represented (Smith et al., 2021). This approach acknowledges the importance of diverse cultural contexts and experiences in shaping the understanding of CBoCRSV.

Development of Search Terms

The search terms and search strings were carefully selected to ensure broad coverage and precise identification of relevant studies. These terms included variations and combinations related to CRSV, encompassing a broad spectrum of terminologies used in both historical and contemporary contexts to identify studies that speak to the lived experiences of CBoCRSV. They were developed by the core research team based on an initial literature review and their experience in the field, tested during a pilot

⁴ *Sensitivity* refers to the ability of the search strategy to identify all relevant studies (true positives), ensuring comprehensive coverage. *Specificity* relates to the strategy's ability to exclude irrelevant studies (true negatives), thereby enhancing the precision of the search results.

search, and discussed with stakeholders during the initial stakeholder meeting. The following terms were used:

1. "Child(ren) born of conflict(-)related sexual violence", "Child(ren) born of CRSV", "CBoCRSV", "CBCRSV", including variations such as "Child(ren) born of conflict(-)related SV/sexual exploitation and abuse/SEA/rape/gender(-)based violence/GBV/sexual and gender(-)based violence/SGBV".
2. "Child(ren) born of war," including the variations "Child(ren) born of war(-)time and war(-)zones".
3. "Child(ren) born of (sexual violence OR SV OR Sexual Exploitation and Abuse OR SEA OR rape or gender(-)based violence OR GBV or sexual and gender(-)based violence OR SGBV) AND (conflict OR war)," which encompasses a range of terminologies used to describe sexual violence in conflict or war scenarios.
4. "Child(ren) (of OR fathered) by perpetrators AND (conflict OR war)" and "Child(ren) of survivors AND (conflict OR war)," focusing on the relational aspect between the child and their parents in the context of CRSV.
5. "Child(ren) conceived through (conflict(-)related sexual violence OR CRSV OR wartime sexual violence OR (sexual violence OR SV OR Sexual Exploitation and Abuse OR SEA OR rape OR gender(-)based violence OR GBV OR sexual and gender(-)based violence OR SGBV) AND (conflict OR war))".
6. "Child(ren) conceived in (war OR conflict) AND (sexual violence OR SV OR Sexual Exploitation and Abuse OR SEA OR rape OR gender(-)based violence OR GBV OR sexual and gender(-)based violence OR SGBV)".
7. "Child(ren) born during (war OR Conflict) AND (sexual violence OR SV OR Sexual Exploitation and Abuse OR SEA OR rape OR gender(-)based violence OR GBV OR sexual and gender(-)based violence OR SGBV)".
8. Terms like "War babies," "Children of the enemy", or "(Rape baby OR Rape babies) AND (war OR conflict)" were also included to capture a wide range of experiences and terminologies used historically and in contemporary discussions about children born in these complex situations.

The authors chose not to restrict the search to specific thematic areas, recognising that the bulk of the literature on CBoCRSV inherently addresses the spectrum of risks, harms, and challenges encountered by these populations. This broad approach enabled all relevant studies, regardless of their primary focus, to be considered, to provide a comprehensive overview. The search was not limited by publication year or type of literature, with the sole exception of excluding book reviews, for lack of original research.⁵ An example of our search string is provided in Appendix A.

For non-English literature, our search terms were translated using translation software and then reviewed by CBoCRSV experts fluent in Arabic, Spanish, French, and German to ensure accurate reflection of the terminology used in these languages. These experts were also asked to suggest additional terms specific to children studied in various global and regional conflicts under our definition of CBoCRSV.

Database Searches

We conducted structured searches across six academic bibliographic databases, chosen to cover a wide range of disciplines and ensure a comprehensive collection of relevant literature. These databases were:

⁵ While book reviews are excluded, two review articles (Mochmann, 2017; Foussiakda et al, 2023) were included as they provided an overview over relevant parts of the academic literature.

- PsycINFO
- Web of Science
- Scopus
- JSTOR
- Ovid Medline
- Embase

The selection of these databases was guided by their applicability across diverse disciplines. Primarily offering results in English, these databases also include a limited number of papers in other, largely European, languages. To broaden our access to non-English literature, we entered the non-English search terms into Google Scholar and checked the relevance of returned hits by translating their titles and abstracts into English.

Grey Literature and Expert Consultation

In addition to academic databases, our search extended to relevant organisational websites to include grey literature from entities that may speak to the lived experiences of CBoCRSV. This encompassed NGOs, United Nations agencies, and international organisations focused on child protection. Our search tools also included Google and Google Scholar, and we searched the WHO website for identifying grey literature, books, and program reports. Expert consultations were conducted to capture less traceable contributions, such as those in edited collections, biographies and autobiographies of CBoCRSV.

As part of the grey literature search, we conducted targeted searches for articles in reputable newspapers like *The Times* and *The New Humanitarian*, and analysed documentaries and films that address the topic. The analysis of media articles was conducted to understand how CBoCRSV issues are represented in public discourse and to assess the impact of these portrayals on awareness and policy advocacy. Major databases and media outlets known for their comprehensive coverage of human rights and conflict issues were accessed. Criteria for selection included the relevance to CBoCRSV, date of publication (focusing on the most current and impactful pieces), and geographical diversity to cover different conflict zones around the world.

This approach ensured that we included a very wide range of sources beyond peer-reviewed journal articles, while excluding most blog posts and social media more broadly due to concerns over quality control.

Pilot Search

A pilot search was conducted in Scopus and Web of Science to assess the volume and relevance of initial results when our search terms were applied to titles, abstracts, and keywords. This phase demonstrated the efficacy of our search terms and yielded a manageable number of relevant articles.

After excluding the term 'war babies' for being too broad in scope, the research yielded 151 relevant results in Scopus and 140 in Web of Science, with significant overlap between the two databases. This pilot phase confirmed that our search strategy was effective, allowing us to proceed with confidence to the full search stage. During this stage, references for all documents that included our search terms were downloaded to EndNote and uploaded into Covidence⁶, a web-based tool for literature review management.

By incorporating a wide range of search terms, databases, and grey literature sources, and consulting experts throughout the different stages of searching and screening, we ensured that our evidence base

⁶ Covidence is a specialised software tool that supports researchers by facilitating the management of key review steps, including the screening of abstracts and full texts, data extraction, and the resolution of discrepancies in study selection.

was thorough and inclusive. This approach enabled us to map the research landscape on CBoCRSV comprehensively, ultimately facilitating a detailed and nuanced analysis of the existing literature.

3.2 Screening and Selection Process

The screening and selection process was conducted using Covidence's systematic step-by-step guidance for reviews. This process was structured to filter the vast number of identified studies down to a more focused and relevant dataset for detailed analysis. Multiple review stages were employed to maintain rigour and ensure the comprehensiveness and pertinence of the final dataset.

Initial Identification and Deduplication

The initial search yielded a substantial body of literature, with 1090 records identified across various databases and additional sources. To manage this large volume of data, duplicates were systematically removed. This deduplication process involved both automatic detection through the use of Covidence's duplicate removal function, and manual identification. After removing 463 duplicates (284 identified by Covidence and 179 manually), the dataset was narrowed to 570 unique studies.

Title and Abstract Screening

The next stage involved screening the titles and abstracts of these 570 studies to assess their relevance to the research questions. Two independent reviewers conducted this screening to ensure objectivity and reliability. Studies were categorised as 'relevant,' 'irrelevant,' or 'unsure.' Any discrepancies between the reviewers were resolved through discussion, and if necessary, a third reviewer was consulted to make a final decision. This rigorous screening process ensured that only studies directly relevant to the research questions were selected for further review.

To ensure the reliability and validity of our screening process, we conducted an interrater reliability assessment among the reviewers. The evaluation focused on several key metrics, including proportionate agreement⁷ and Cohen's Kappa⁸. The high average proportionate agreement (88.08%) between the four reviewers indicates a strong level of consistency in the review process and confirms the clarity of our inclusion and exclusion criteria. The average Cohen's Kappa value of 0.77 suggests substantial agreement beyond chance, reflecting a high level of reliability in the reviewers' assessments, showing that our review process was consistent, and providing a solid foundation for the REA's analysis and recommendations.

Full-Text Screening

Studies marked as 'irrelevant' during the title and abstract screening were discarded (n = 138) and those marked as 'relevant' or 'unsure' underwent a full-text screening to ensure they met the inclusion criteria. This stage involved a comprehensive evaluation of the 432 eligible studies for which PDFs could be retrieved. The full-text screening was critical for confirming the relevance and quality of the selected studies, ensuring they provided substantive information on CBoCRSV.

⁷ This metric indicates the percentage of items on which the reviewers agreed. It is calculated by dividing the number of agreements by the total number of items reviewed.

⁸ Cohen's Kappa is a statistical measure of interrater agreement for categorical items. It accounts for the possibility of agreement occurring by chance. A Kappa value of 1 indicates perfect agreement, while a value of 0 indicates no agreement beyond chance.

Exclusion Criteria:

- **Paywall Access Limitations:** Studies inaccessible due to paywalls or subscription barriers were excluded, although efforts were made to contact authors directly, order books for the University of Birmingham library, or purchase copies. Despite best efforts, two English-language studies remained inaccessible.
- **Language Barriers:** Non-English studies (n = 22) were excluded from the "core repository" of literature and moved to an "additional literature repository" containing media articles and literature in French, Spanish, German, and Arabic. This distinction was necessary because these documents could not undergo the same data extraction steps and quality checks as those in the core repository due to their lack of peer review or translation software being needed for assessment. Languages beyond French, Spanish, German, and Arabic were excluded due to translation limitations, leaving a residual group (n = 5) of articles in Dutch, Polish, and Scandinavian languages unassessed.
- **Wrong Type of Literature:** Ineligible literature types, such as opinion pieces or editorial articles lacking original data or new insights, were excluded (n = 15).
- **Information Included Elsewhere:** Studies with information previously captured in other documents or providing secondary analyses of published data were omitted to avoid redundancy (n = 25).

Additional Inclusion Criteria:

- **Geographic Focus:** Studies from LMICs were prioritised to align with the contexts of the target populations, although valuable insights from other regions were considered for their contextual or comparative value.
- **Language Capabilities:** Initially, our search was limited to studies in English. Recognising the need for a broader perspective, we expanded our scope to include materials in French, Arabic, German, and Spanish. These non-English texts were translated and evaluated for relevance, thereby enriching our evidence base and promoting greater diversity and inclusivity.
- **Study Design:** We included both qualitative and quantitative studies that met our methodological quality standards, such as ethical research conduct, methodological robustness, evidence base, researcher bias, reflexivity, and clarity of exposition.
- **Thematic Relevance:** Only literature that directly addressed the core questions of the REA and substantively discussed the experiences of CBoCRSV was included, excluding studies that dealt with related topics but were not focused on CBoCRSV experiences directly.

This detailed screening led to the final inclusion of 289 English-language studies in the "core repository". with 141 excluded for the reasons mentioned above.

A similar process was adopted for the "additional literature repository," which included media articles, documentaries, and non-English studies. Initial screening of these materials was conducted based on their abstracts or summaries to assess relevance to the core topics of the REA. Each selected piece underwent a thorough evaluation for its coverage of CBoCRSV experiences and its contribution to the core repository. Items containing original and novel data relevant to our research questions were included. The final selection comprised 60 media articles, 8 documentaries, 20 French articles, one Spanish article, 31 German articles, and one Arabic article. Other pieces were excluded due to a lack of relevance, original information, accessibility, or incompatibility with the required translation software. Many non-English articles were excluded because they were redundant translations of existing English material, offering no additional value to the analysis.

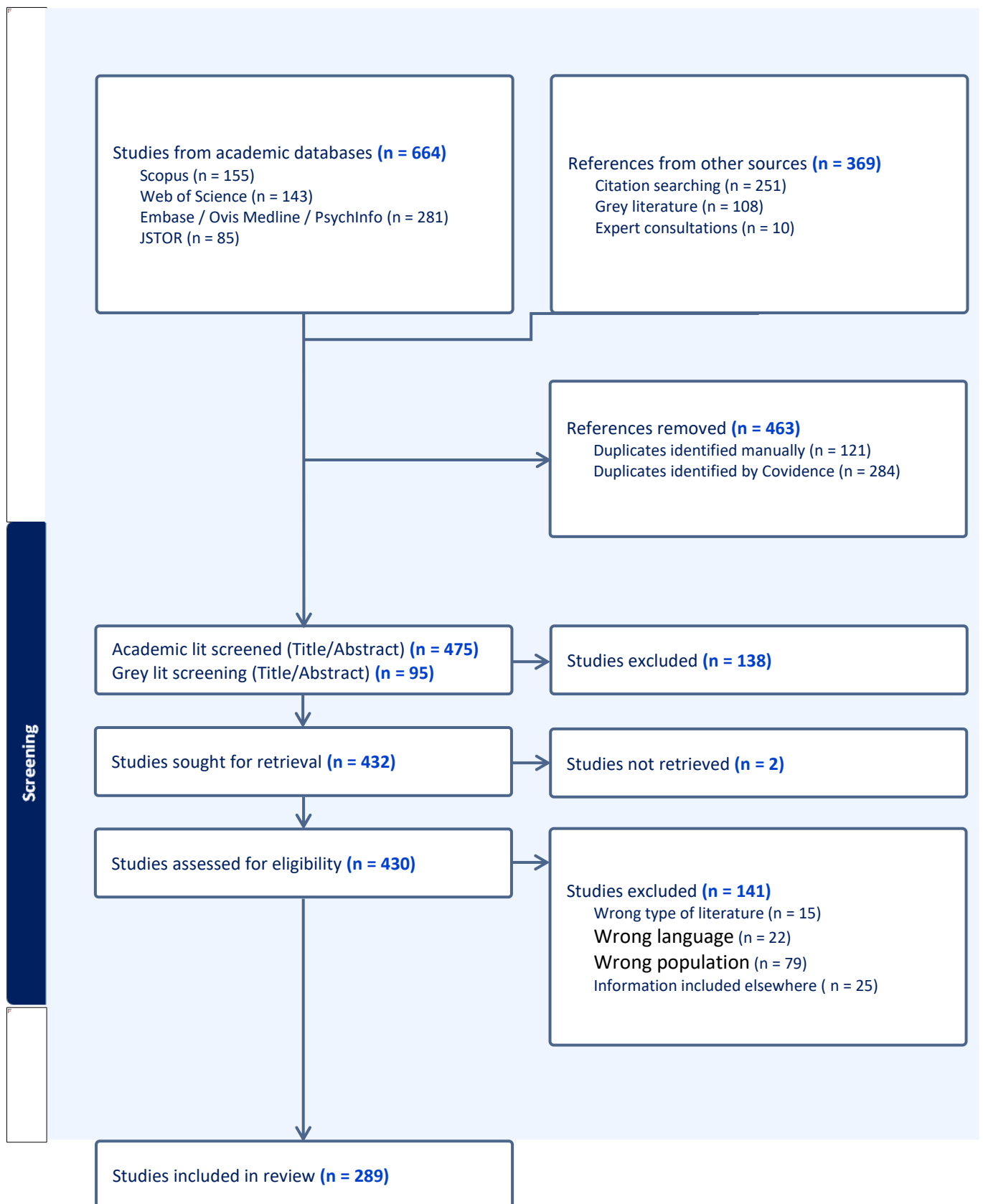


Figure 7: Prisma Diagram generated by Covidence for literature on CBoCRSV

The PRISMA diagram (Figure 6) provides a visual summary of the screening and selection process for the core repository of English literature, illustrating the flow of information through the different phases of the review.

- **Identification:** 1090 records identified (664 from academic databases, 369 from other sources).
- **Screening:** 570 studies after deduplication.
- **Eligibility:** 430 full-text articles assessed for eligibility.
- **Included:** 289 studies included in the final review (core repository of English articles).

3.3 Data Extraction and Synthesis

The data extraction and synthesis phase of the REA was systematically executed using a comprehensive coding framework, developed in accordance with the JBI Manual for Evidence Synthesis and our research objectives and questions. The data extraction template, created within Covidence, was designed to categorise and analyse the selected studies in a structured and coherent manner, focusing on a) general information and metadata, b) study design and methods, and c) outcomes and findings. Additionally, a quality extraction template was created to assess d) the likelihood of bias, quality, and relevance of each study.

a) General Information and Metadata:

- **Study ID and Title:** Identification and title of the paper or report from which data were extracted.
- **Lead Author and Country:** Information about the lead author and the country where they are based.
- **Country Focus:** The geographical focus of the study, indicating where the research was conducted.
- **Funder and Discipline:** Details of the funding body and the specific discipline of the research.
- **Publication Details:** Year of publication, journal or source, and the publication year.

b) Study Design and Methods:

- **Research Question and Methods:** Core research questions addressed, and the methodologies employed (qualitative, quantitative, autobiographical, intervention, etc.).
- **Type of Research and Year of Data Collection:** Whether the study is empirical, theoretical, or methodological, and the year in which data were collected.
- **Population Description:** Information on the number of participants, recruitment strategies, and population characteristics.

c) Content Analysis:

- **Outcomes/Findings and Substantive Content:** This includes both qualitative and quantitative results, focusing on key themes such as immediate and long-term risks, harms, and challenges related to CBoCRSV.
- **Interventions, Rights, and Well-Being:** Details of interventions studied, recommendations, and impacts on rights and well-being.
- **Development/Evolution of the Field:** Insights into the evolution of research on CBoCRSV, including conceptual and definitional changes, origins, trends, scale, and geographical insights.

d) Assessment of Studies:

- **Likelihood of Bias/Selective Reporting:** Reviewers rate the likelihood of bias or selective reporting from 'very likely' to 'unsure' on a five-point Likert scale following [JBI's critical appraisal guidance](#).

- **Quality and Relevance Rating:** Reviewers rate the quality and relevance for the research from 'very high' to 'very low' on a five-point Likert scale following the UK Government Department for International Development's "How to Note" on [Assessing the Strength of Evidence](#).

The data extraction process was first piloted on a subset of studies to refine the templates and ensure precision, consistency, and efficiency. During this pilot phase, data were extracted from a small sample of studies and reviewed collectively by the team to enhance the coding framework. This iterative process of refinement ensured that the extraction method was robust and uniformly applied across all included studies, fostering a comprehensive understanding of the complex issues surrounding CBoCRSV.

Coding and Categorisation

The data extraction process began with a provisional set of categories based on initial expectations from the literature, but was primarily driven by an inductive, data-centric approach. This allowed emerging themes to guide the analysis, acknowledging the influence of existing knowledge while carefully managing potential biases. The categorisation evolved through iterative examination, refining the coding scheme to ensure it accurately reflected the range of information on the risks, harms, and challenges of CBoCRSV.

This dynamic coding methodology allowed for the thorough mapping of the evidence landscape, facilitating the identification of key patterns, trends, and gaps within the collected data. This approach highlights the adaptability of our analysis methods in response to the data.

Synthesis

The synthesis of findings involved integrating various thematic elements, organised coherently using the JBI Manual for Evidence Synthesis to highlight key insights and evidence gaps. This structured approach facilitated the systematic combination of both qualitative and quantitative data from a wide array of sources, enabling:

- **Structured Integration:** The synthesis process employed a narrative format that created hierarchical levels within the data, allowing for interactions between themes.
- **Iterative Thematic Development:** Findings were revisited and refined iteratively as new data emerged.
- **Contextual Relevance and Impact Assessment:** The process included a thorough examination of how identified themes played out across different contexts, assessing the relevance and impact of findings in various conflict settings. This involved revisiting articles to extract more nuanced information about the presence or absence of each theme. Frequency checks were conducted to gauge the overall prevalence and scope of themes across the dataset.

Non-English Literature and Media Analysis

Sharli AI⁹ software was deployed to translate and extract data from foreign-language materials to identify critical details, including:

1. **Population of the Study:** Identifying the demographic focus of each study.
2. **Research Question, Problem, or Focus Area:** Pinpointing the main inquiry or subject of the research.
3. **Methods Used:** Detailing the research methodologies employed in each study.

⁹ Sharli AI software is an advanced data analysis tool used for translating and extracting information from various textual sources. The software employs machine learning algorithms to identify, categorise, and summarise key data points relevant to specific research questions, thereby facilitating comprehensive and efficient literature reviews and data synthesis.

The software then extracted findings specifically pertaining to the research questions and organised these findings into the manually defined themes. Moreover, the software was directed to uncover any additional findings about the study populations that did not fit the established categories and to provide a summary of each paper's recommendations. To increase data accuracy and reliability, this extraction process was repeated twice for each document.

A content analysis approach was employed to critically examine the narratives and information presented in the media articles. This involved identifying the details above and any prevailing themes, as well as the presence of any biases, the quality of the report and its relevance for the REA.

Findings from the non-English literature and media article analysis were cross-referenced with academic and grey literature to validate the data and integrate diverse perspectives. This step ensured that media representations were not only assessed in isolation but also in the context of broader scholarly research and policy discussions. The insights gathered from the media articles were synthesised to highlight the role of media in shaping public and policy understanding of CBoCRSV. This synthesis discussed the contribution of media to highlighting critical issues, mobilising support, and influencing policy changes.

3.4 Quality Assurance

Critical Appraisal

Each study included in the REA was critically appraised using [JBI's critical appraisal tools](#) and the UK Government Department for International Development's "How to Note" on [Assessing the Strength of Evidence](#) (JBI, n.d.; UK Government Department for International Development, 2014). Studies were evaluated for trustworthiness, methodological soundness, and potential bias, and categorised as 'high-quality', 'rather high quality', 'medium-quality', 'rather low quality', and 'low-quality.' Studies deemed to be of medium or high quality were included in the final synthesis, ensuring the reliability of the evidence base. Low-quality studies were collectively reviewed and decisions regarding their exclusion were made collaboratively, considering the potential value added and the relevance of the findings, which helped to balance the evaluation and reduce individual biases.

Quality Indicators

- **Ethical Considerations:** The adherence to ethical standards such as informed consent, confidentiality, and participants' rights protection.
- **Methodological Rigor and Analytical Depth:** The robustness of study design, including sample size adequacy, data collection methods, and the depth of data analysis were critically examined to validate study conclusions.

Studies identified as low-quality, those that raised ethical concerns or questions around researcher bias/reliability or representativeness of evidence, among others, were collectively reviewed. Decisions regarding their exclusion were then made collaboratively, which helped to balance the evaluation and reduce individual biases.

Stakeholder Engagement and Iterative Refinement

The quality assurance process was dynamic and iterative, engaging stakeholders including experts, policymakers, and CBoCRSV throughout to ensure the research stayed relevant and responsive. A series of stakeholder meetings facilitated valuable feedback that shaped the REA's direction and focus and enhanced the robustness of the evidence.

This rigorous process provided a strong foundation for the final report's assessment of the literature, as well as any conclusions drawn, interpreting the immediate, medium, and long-term risks, harms, and challenges faced by CBoCRSV in LMICs.

4. Findings and Analysis

This section presents an overview of the findings of the thematic content analysis and an assessment of the strength of the evidence. The identified themes emerged through a methodical and iterative analysis of the extracted data, focusing on recurrent issues noted across multiple sources. Each theme was critically evaluated to determine its relevance and frequency within the corpus. Insights from seminal works in the field are integrated to frame our findings within established research paradigms and contribute to ongoing scholarly discussions.

4.1 Overview of Findings and Themes

Our analysis revealed eight key themes regarding the immediate and long-term risks, harms, and challenges faced by CBoCRSV in LMICs. These themes highlight both the immediate needs of these children and the long-term impact of being conceived in CRSV on their well-being and integration into post-conflict society, underscoring the need for targeted interventions.

Stigmatisation and Social Exclusion (87%, n = 250): Stigmatisation, often resulting in social exclusion, emerges as a key risk and challenge for CBoCRSV. Such stigma is deeply rooted in cultural perceptions that often depict them as symbols of conflict and aggression, reinforcing their status as ‘other’/outsiders and contributing to significant social and emotional challenges. Global evidence shows the severity of integration challenges, highlighting stigmatisation as a universal issue complicating social acceptance and mental health.

Maternal Neglect and Family Dynamics (80%, n = 231): The family dynamics and interpersonal relationships surrounding CBoCRSV are marked by complexity and ambivalence, often strained by the presence of these children as reminders of their mothers’ trauma. Research indicates that these dynamics can lead to inconsistent parenting and negatively influence the emotional and social development of CBoCRSV. This can further disrupt familial bonds and adversely affect the social fabric of communities.

Challenges with Paternal Absence (42%, n = 120): Many CBoCRSV encounter significant challenges stemming from the absence or anonymity of their fathers. The resulting lack of paternal identity can lead to profound personal and social conflicts as these children struggle with their origins and seek societal acceptance. The complexities of establishing paternity are highlighted by legal and societal hurdles, which can impede their access to rights and recognition.

Legal and Institutional Barriers (48%, n = 140): CBoCRSV frequently face obstacles within legal and institutional frameworks that fail to support them adequately, including challenges in obtaining citizenship, legal recognition, and access to services. The bureaucracy and institutional discrimination prevalent in post-conflict settings can exacerbate these challenges, leaving CBoCRSV vulnerable and marginalised.

Impaired Mental Health and Trauma (39%, n = 113): The psychological impact of being born from CRSV is considerable, exposing CBoCRSV to identity-related issues and other psychological challenges. Combined with social stigmatisation and challenging family dynamics, these issues can lead to severe somatisation, depression and other disorders. The intergenerational transmission of trauma adds another layer of complexity to their mental health needs, necessitating robust support systems.

Educational Barriers (54%, n = 156): CBoCRSV often face barriers to education due to economic, social, and bureaucratic obstacles. Stigma related to their circumstances of conception can result in discrimination within educational settings, hampering their academic and social development. These educational barriers affect immediate learning outcomes and long-term opportunities.

Economic Hardship (54%, n = 156): Economic challenges are prevalent among the families of CBoCRSV, often exacerbated by social exclusion and limited access to employment opportunities. These economic

hardships restrict CBoCRSV's ability to access basic services and opportunities, perpetuating cycles of poverty and social marginalisation.

Challenges with Race, Religion, and Culture (61%, n = 175): CBoCRSV frequently encounter significant challenges related to cultural integration, as well as religious and racial discrimination. The absence of the biological father and pervasive societal stigma can severely undermine their sense of self and belonging. Furthermore, cultural norms that prioritise lineage and purity often exacerbate their exclusion, making it even more difficult for them to integrate into their communities.

Despite these challenges, several interventions have shown promise in positively impacting CBoCRSV. **Psychological support programs**, including trauma-informed care and counselling (27%, n = 77), are reported to be effective in helping CBoCRSV cope with their trauma and improve their emotional well-being. **Legal advocacy** efforts to secure legal recognition and citizenship (31%, n = 90) have been described as improving access to essential services. **Community-based support interventions**, such as peer support groups and local civil society organisations (28%, n = 82), play a critical role in fostering social acceptance and integration. **Educational and economic empowerment initiatives**, including scholarships, vocational training, and microfinance programs (26%, n = 75), help alleviate some of the economic burdens and facilitate access to education and employment. However, **empirical evaluation of interventions** remains scarce (1%, n = 3).

The following sections will provide an analysis of the strengths of the evidence supporting these findings and specific analyses of the risks, harms, and challenges identified.

4.2 Assessing the Strengths of the Evidence

Assessing the strengths of the evidence is essential for validating our findings and ensuring the reliability of the conclusions drawn. Our review covered 289 English-language documents that met our quality criteria. This includes 209 peer-reviewed academic studies and 80 items of grey literature, such as policy documents, unpublished theses, and autobiographies. This comprehensive corpus provides a unique opportunity to assess the depth and breadth of the evidence on CBoCRSV, ensuring a robust analysis of the challenges they face and identifying gaps in the current research landscape.

Diverse Sources of Data

The evidence base on the risks, harms, and challenges faced by CBoCRSV in LMICs has grown significantly in recent years. It includes contributions from various geographical regions and uses both disciplinary and interdisciplinary approaches. Sources range from empirical studies, like personal narratives and large-scale data collections, to theoretical discussions and policy analyses. This diversity ensures a comprehensive understanding of the issues, integrating multiple perspectives and contexts.

In the following sections, we will detail the research methodologies employed in the core repository of literature, highlighting how they provide a nuanced understanding of CBoCRSV experiences and support the development of informed interventions.

Qualitative Methods

Approximately 62% (n = 150) of the reviewed documents employed qualitative methods, including semi-structured interviews (e.g., Carpenter, 2010a; Denov and Saad, 2024; Ericsson and Simonsen, 2006; Stewart, 2015, 2021; Strupinskiene, 2012), narrative-based approaches (e.g., Anderson and Van Ee, 2020; Bass, 1996; Lee and Bartels, 2019; Takseva, 2017b; Valverde, 1992), ethnographic studies (e.g., Baines and Rosenoff Gauvin, 2014; Soydaş, 2017), focus group discussions (e.g., Baines and Oliveira, 2022; Carpenter, 2007c; Denov et al., 2017; Kiconco, 2021), case studies (e.g. Simić & O'Brien, 2014; Woo, 2010), and phenomenological research (e.g., Vahedi et al., 2020). These methods provide in-depth explorations and thus, a multi-layered understanding of the lived experiences of CBoCRSV. Semi-structured interviews, for example, provide detailed insights into participants' recollections and

narratives, capturing rich qualitative data on their experiences. Narrative-based approaches document life histories, while ethnographic studies place personal experiences within broader cultural and social contexts. Focus groups uncover common themes and collective experiences, offering rich insights into the risks, harms, and challenges faced by the children.

Quantitative Methods

Quantitative methods were employed in 12% (n = 29) of the studies, contributing valuable statistical analyses to the overall corpus (e.g., Anderson and Van Ee, 2020; Freundlich and Lieberthal, 2000; Glaesmer et al., 2017; McKelvey et al., 1993; Parker et al., 2021). These methods have been instrumental in highlighting the scale and scope of various issues by identifying patterns and frequencies experienced by CBoCRSV and control groups. Although relatively few studies use survey-based research with large sample sizes or standardised questionnaires and scales (Kaiser et al., 2018; Glaesmer et al., 2017), statistical analyses have occasionally contributed to identifying predictors and correlations. Authors emphasise the importance of applying quantitative methods in research on CBoCRSV, as they provide essential data on the prevalence of challenges, and socio-ecological conditions. They could further measure variables like anxiety, depression, and post-traumatic stress disorder (PTSD), and offer an empirical basis to evaluate interventions (Scott et al., 2015)

Mixed Methods

Mixed methods, which combine both qualitative and quantitative approaches, were employed in 8% (n = 18) of the studies (e.g., Apio, 2022; Atim et al., 2018; Anumol et al., 2023; Lee et al., 2022b; Tasker et al., 2023). These methods have been used to provide a more comprehensive understanding of the experiences of CBoCRSV by integrating quantitative data with detailed personal narratives, thereby enriching the evidence base (Lee and Bartels, 2019). Mixed methods research typically involves the integration of qualitative data from interviews or focus groups with quantitative data from surveys, allowing researchers to validate and triangulate results. By combining different data sources and methodologies, mixed methods frequently offer a more holistic and nuanced understanding of the complex issues surrounding CBoCRSV.

Arts-Based Methods

Arts-based methods, such as drawing, performance, mask-making, and storytelling, were employed in 3% (n = 8) of the studies (e.g., Denov et al., 2021b; Green & Denov, 2019). These approaches have proven particularly effective in building trust and allowing participants, especially children, to express their experiences creatively (Wagner et al., 2022c). In contexts where verbal expression might be challenging due to trauma or cultural norms, arts-based methods reveal emotional and psychological states, internal conflicts, and personal narratives that might not emerge through conventional research methods. Additionally, these methods can be therapeutic, providing an outlet for emotional release and self-reflection.

Theoretical Insights, Historical Overviews, and Policy Analyses

Approximately 13% (n = 31) of the reviewed documents did not use original empirical methods but provided theoretical insights (e.g., Seto, 2013; Weitsman, 2007, 2008), historical contextualisation (e.g., Firpo, 2010; Mochmann and Lee, 2010; Stelzl-Marx, 2015; Stotz, 2023), and policy analyses (e.g., Besson, 2007; Blau, 2018; CEDAW-CRC, 2021; Goodhart, 2007; Ladisch, 2015; Neenan, 2017; TRIAL International, 2022). Additionally, some studies offered other non-empirical insights such as synthesis and reflections (e.g., Knutson, 2023; Lee, 2017; Lee and Glaesmer, 2022a; Saada, 2012; Salzman, 1998; Mochmann, 2017; Foussiakda, 2023). These studies have contributed to the field by offering an understanding of the broader context of CRSV and the structural challenges faced by CBoCRSV. Theoretical papers explore conceptual frameworks such as trauma, resilience, and identity, while policy analyses examine the effectiveness of existing legal frameworks, identify gaps in protection, and propose recommendations for improving support systems and policy interventions. Historical analyses or contextualisation provide critical perspectives on the underpinnings of conflict and long-term impacts of CRSV. These studies offer

essential insights into the legal, social, and political frameworks affecting CBoCRSV, helping to situate empirical findings and formulate recommendations for advocacy and intervention.

Additional Literature

Articles in Spanish provided additional insights into the social and legal challenges faced by CBoCRSV in Latin American contexts, where issues of legality and social acceptance differ from the Western narrative. French articles contributed information on the colonial and post-colonial impacts on CBoCRSV, particularly in regions in central and east Africa. Contributions from German sources enriched the historical analysis of CBoCRSV from World War II, providing a historical framework that informs contemporary understandings of stigma and integration strategies. Insights from Arabic literature, although limited, were valuable for understanding current conflicts in the Middle East, offering perspectives on the immediate needs of CBoCRSV in conflict zones such as Syria and Iraq, where issues of displacement and identity are predominant.

Media outlets such as *The Guardian*, *The Times*, and *The Conversation* have covered various aspects related to research on CBoCRSV, summarising academic studies for the wider public and adding nuances of on-the-ground realities by focusing on individual life stories. For example, *The Guardian* reported on the struggles of Haitian mothers seeking support from UN peacekeepers (McVeigh, 2017; Ratcliffe, 2017), the severe consequences for Kosovan rape victims and their children (Smith, 2000), and the testimonies of Rwandan children born of genocide-related rape (Hilsum, 2014). *The Conversation* included articles on the legacy of peacekeeper children in Haiti and the DRC, stressing the need for improved support systems and recognition (Lee and Bartels, 2019; Wagner, 2022). These articles provide empirical depth to the academic work, illustrating the human impact behind the research and fostering a deeper empathy and understanding among audiences. In the context of non-English literature, these media sources serve not just as supplemental insights but contribute novel data on localised experiences and global discourses. They enrich the core corpus of literature by providing examples of needs and resilience in different regions, highlighting the impact of potential interventions and support mechanisms globally.

Similarly, documentaries offer powerful visual and narrative explorations of CBoCRSV, providing in-depth case studies and personal testimonies that capture the emotional and psychological dimensions of their experiences. For example, "Bosnia's Invisible Children: Living in Dignity" (2019) focuses on the stigma and discrimination faced by 4,000 children born to rape victims in Bosnia, highlighting advocacy efforts by the Forgotten Children of War Association. "Bringing Up Our Enemies' Child" (2021) explores the Banyamulenge community in Uganda, revealing domestic conflicts and social stigmatisation, and the supportive role of local churches. Other documentaries like "Out Of The Shadows: Born From Rape" (2023) and "A Boy from a War" (2004) document the psychological trauma and social rejection faced by children born from rape in Rwanda and Bosnia, respectively, emphasising the importance of psychological counselling and community support. "Grbavica: The Land of My Dreams" (2006) and "I Am Not Who They Think I Am" (2017) depict financial struggles and societal stigma in Bosnia and Uganda, while showcasing initiatives providing financial allowances and advocacy for reparations. "The Wound is Where the Light Enters" (2022) illustrates severe psychological impacts and uncertainties around identity for CBoCRSV in Uganda, highlighting the therapeutic benefits of storytelling and performance workshops. "Born of Conflict: Children of the Pacific War" (2014) recounts the racial discrimination and abusive upbringings of children left behind by American servicemen in the Pacific, highlighting the role of family reunification programmes in fostering a sense of belonging.

These media sources serve as a crucial bridge between academic research and public discourse, translating complex issues into accessible narratives that can mobilise public opinion and policy change. They bring out the personal stories behind broader geopolitical issues, making the case for enhanced policy interventions and the need for comprehensive support systems. The integration of these additional literature sources into our REA helps to paint a fuller picture of the lived experiences of CBoCRSV, especially with regards to the depth of qualitative narratives.

Consistency and Diversity Across Studies

Over time, the trends in the literature show an increasing emphasis on diverse research methodologies and a broader geographic focus. This evolution reflects a growing recognition of the complex and multifaceted nature of the challenges faced by CBoCRSV and the need for comprehensive research approaches to address these issues effectively.

The geographic and cultural diversity of the studies is a significant strength of the evidence base. Research has been conducted in various regions affected by CRSV, including Africa, Asia, and the Middle East, ensuring a comprehensive understanding of the global impact on CBoCRSV. This wide geographic spread enhances the generalisability of the findings and helps identify both universal and context-specific challenges faced by CBoCRSV. However, there is a great variation in the number of studies in different geographies with clustering in some geographical areas and significant research gaps in others (see below section 8.2).

Themes such as stigmatisation, psychological trauma, and legal challenges are recurrently identified in research conducted in these diverse regions. For instance, approximately 87% of the reviewed studies highlight stigmatisation as a significant challenge, while 80% reported difficulties with the mother-child relationship and other family dynamics. The high degree of consistency across studies reinforces the validity of the conclusions, emphasising the pervasive and near-universal nature of these adversities. This consistent identification of key challenges across different contexts validates the recommendations for comprehensive interventions to address these issues effectively.

Studies from different cultural contexts highlight how local customs, beliefs, and social structures influence the experiences and coping strategies of CBoCRSV. This comparative perspective is crucial for developing culturally sensitive interventions and policies that are tailored to specific groups or adaptable across different settings. The diversity of these studies provides a broad understanding of the global and local impacts of being born of CRSV, informing policies and practices that can effectively address the needs of those children.

Limitations and Gaps in the Current Literature

Despite the extensive and diverse body of research on the risks, harms, and challenges faced by CBoCRSV, several limitations and gaps remain in the current literature. Identifying these gaps is crucial for guiding future research and ensuring that interventions are effectively tailored to address the needs of CBoCRSV.

Underrepresentation of Certain Regions and Populations

A significant limitation is the absence of research on China, India, Pakistan, Bangladesh, Russia or the former Soviet Union, and the underrepresentation of research from certain regions, particularly the Middle East and South America. Only about 3% (n = 6) of the studies focus on these areas, highlighting a need for more inclusive research efforts. Approximately 25% (n = 48) of the reviewed studies focus on Africa, with Rwanda, Northern Uganda and the DRC being the most frequently studied areas. This geographic imbalance limits the global applicability of the findings and emphasise the need for more research in underrepresented regions. The high concentration of studies in specific areas or focused on the same population of CBoCRSV, particularly in non-LMICs, may skew the understanding of global patterns and ignore unique regional challenges faced by CBoCRSV in underrepresented regions.

Need for Longitudinal Studies

Many existing studies focus on the immediate and short-term impacts of being a CBoCRSV, with less attention given to the long-term effects. Currently, less than 2% (n = 4) of the studies employ a longitudinal approach. Longitudinal research is crucial for understanding how the challenges faced by CBoCRSV evolve over time and for assessing the sustained impact of interventions. Such studies can provide valuable insights into the enduring effects of stigma, psychological trauma, and socio-economic

challenges. Without long-term data, it is difficult to develop strategies that address not only immediate but also future needs of CBoCRSV.

Reliance on Qualitative Methods

The reviewed studies heavily rely on qualitative methods, such as semi-structured interviews and narrative-based approaches, which account for approximately 62% of the research. While these methods are valuable for exploring personal experiences in depth, there is a clear need for more quantitative research to provide statistically significant data that can further inform policy and practice. Quantitative studies, like survey-based research, offer robust statistical analyses that can help generalise findings to broader populations. The lack of quantitative data limits the ability to quantify the prevalence of specific harms, risks and challenges and hinders the development of scalable solutions.

Small, Purposive Samples

Many studies use small, convenience or ad-hoc samples, which, while providing rich qualitative data, may not be representative of the broader population of CBoCRSV. Approximately 14% (n = 41) of the studies have sample sizes below 50 participants. Larger, more representative sample sizes are necessary to enhance the generalisability of the findings and to ensure that the conclusions drawn are reflective of the wider CBoCRSV population. Small sample sizes can introduce bias and limit the ability to detect broader trends and patterns. A core challenge is the fact that researchers do not have information about the population itself and that the research sample is usually self-selected.

Limited Focus on Intervention Effectiveness

Very few studies (1%, n = 3) document the effectiveness of interventions, there is a need for more rigorous evaluation of intervention strategies and long-term benefits of their implementations. Many existing evaluations lack control groups, randomisation or sufficient follow-up, making it difficult to ascertain the long-term impact of these programs. More robust, evidence-based longitudinal assessments are needed to determine which interventions are most effective in different contexts.

Lack of Comparative Studies

There is a scarcity of comparative studies that examine differences and similarities across various conflict settings. Comparative research, which is present in less than 4% (n = 7) of the studies, could provide deeper insights into how cultural, social, and political contexts influence the experiences of CBoCRSV. Such studies would be instrumental in identifying context-specific factors that affect the well-being of CBoCRSV and in developing tailored interventions. Without comparative data, it is challenging to understand the impact of different environments and interventions on CBoCRSV.

Biased Reporting in Autobiographies

Autobiographical accounts, while providing valuable first-person perspectives, can be influenced by emotions and potentially skewed memories due to subjective experiences, leading to biased reporting. Approximately 7% (n = 21) of the documents include autobiographies or personal narratives. These sources, while rich in detail, must be carefully interpreted to account for potential biases and inaccuracies. Biased reporting can distort the understanding of experiences and lead to interventions that are not fully informed by objective data.

Inconsistent Definitions and Terminology

The lack of standardised definitions and consistent use of terminology across studies complicates the comparison and synthesis of findings (see section 8.1.3 below). Different studies may define key terms, such as "CBOW" or "CBoCRSV," in varying ways, leading to inconsistencies in the reported data. Establishing standardised definitions and methodological approaches would enhance comparability and reliability across studies. Inconsistent terminology makes it difficult to aggregate data and draw coherent conclusions.

Insufficient Integration of Local Perspectives

Despite the growing inclusion of local partners in studies, their involvement typically does not extend to leading projects, designing research, or lead-authoring publications. Our analysis of academic literature shows a stark imbalance: 92% (n = 205) of lead authors are from the Global North or affiliated with institutions based in the Global North, while only 8% (n = 17) of lead authors are from the Global South or are affiliated with institutions there. In grey literature, the presence of Global South leads is marginally higher suggesting that monographs and policy documents are more frequently authored by individuals from conflict-affected regions. Predominantly, lead authors are based in countries like the USA, the UK, Canada, Norway, Germany, and the Netherlands. This distribution shows that there is a need for greater integration of local perspectives and knowledge in research and intervention design. Studies often impose external frameworks that may not fully capture the local context and cultural nuances. Engaging local communities and stakeholders in the research process can enhance the relevance and effectiveness of findings and interventions. Local insights are crucial for developing interventions that are culturally appropriate and more likely to be effective.

Ethical and Practical Challenges

Conducting research with CBoCRSV involves significant ethical and practical challenges, primarily focused on ensuring the safety and confidentiality of participants. These challenges can limit the scope and depth of research. For instance, most available studies capture childhood adversities from the perspectives of adult CBoCRSV, with studies involving children under 18 as participants being relatively rare (9%; n = 26). Notable exceptions include studies by Ojok (2022), Denov (2017, 2019), Wagner et al. (2020), Apio (2016), and Stewart (2008), which either focus directly on child perspectives or incorporate them into broader analyses.

Despite their importance, only 2% of documents (n = 4) focus on ethical challenges (Akullo and Ojok, 2022; Ødegaard and Kleinau, 2023; Kaiser et al., 2021; Schretter et al., 2022b). Addressing these ethical considerations is crucial to balance the need for comprehensive data with the imperative to protect vulnerable participants from harm. This is particularly relevant when involving children in research, where capturing their perspectives must be carefully weighed against potential risks. These ethical challenges can hinder data collection and limit the ability to fully understand the issues, especially from the viewpoint of children currently experiencing these adversities. This indicates a significant gap in the literature, underscoring the need for more studies that prioritise ethical considerations while ensuring robust data collection (Akullo and Ojok, 2022).

In conclusion, the existing body of evidence on CBoCRSV is robust and methodologically diverse, offering valuable insights into their experiences and challenges. However, addressing the identified gaps and limitations will be crucial in developing a more comprehensive generalisable understanding as well as seeking to learn more about effective interventions. By integrating diverse methodologies and expanding research to underrepresented regions and populations, future studies can enhance the effectiveness of interventions and policies aimed at supporting CBoCRSV.

5. Risks, Harms, and Challenges

This section presents the findings in response to the primary research question: What are the immediate and long-term risks, harms, and challenges faced by CBoCRSV in LMICs? Understanding these risks is essential for developing targeted interventions and informing policy frameworks aimed at mitigating the adverse impacts on CBoCRSV. The presentation of findings is structured to address the sub-questions of our primary research question, providing insights into the prevalence, significance, and population-based variations, supported by empirical evidence and contextual analysis.

The terms "risks," "harms," and "challenges" are used deliberately to capture the different dimensions of CBoCRSV's adverse experiences:

- **Risks** refer to the potential threats and vulnerabilities that CBoCRSV are exposed to as a result of the circumstances on their conception. These include factors that increase the likelihood of negative outcomes, such as exposure to violence, lack of access to healthcare, and social exclusion.
- **Harms** encompass the direct and often immediate negative impacts on CBoCRSV. These include physical injuries, psychological trauma, and other forms of damage that arise from the aforementioned risks and the environment in which they live.
- **Challenges** describe the ongoing difficulties and obstacles that CBoCRSV face in their daily lives. These include barriers to education, legal hurdles, and socio-economic disadvantages that hinder their ability to achieve a stable and fulfilling life.

It is important to note that while all CBoCRSV are believed to be at increased risk, not all will necessarily experience harms and challenges. This differentiation is crucial for developing nuanced and effective interventions. By addressing the risks, we may mitigate the harms, and prevent challenges, thereby creating a more supportive environment for CBoCRSV. Ultimately, this approach can aid their integration into society and improve their overall well-being.

In the following sections, we will explore each theme in detail, examining the nuances and implications of the findings. This structured approach ensures a comprehensive understanding of the issues, supported by evidence from multiple sources, illustrating the widespread and consistent nature of these challenges.

5.1 Immediate and Long-term Risks, Harms, and Challenges

Immediate Risks and Harms

CBoCRSV face a multitude of immediate risks due to the complex and often violent contexts of their conception. At birth, these children face heightened risks of infanticide, neglect, and abandonment due to profound societal and familial stigmatisation associated with being conceived through sexual violence, outside of wedlock, or other culturally unsanctioned settings. Such stigmatisation can lead to severe rejection by mothers and maternal families, causing some CBoCRSV to be aborted, grow up in orphanages or live on the streets (Carpenter, 2010a and b; Seto, 2015).

Another significant immediate risk is the lack of access to adequate health care. These children are often born in conflict zones or displacement settings where health care infrastructure is severely compromised or non-existent. Immediate health risks include complications during birth, low birth weight, lack of access to immunisation, and a higher susceptibility to infectious diseases (Apio 2007; Lee, 2017). The scarcity of prenatal and postnatal care can lead to critical health issues, including infections, malnutrition, and untreated birth injuries, compounding the vulnerability of CBoCRSV as newborns (Neenan, 2017). Discrimination in health care settings further exacerbates these physical risks, with

CBoCRSV and their mothers often experiencing substandard care or being denied medical services, endangering their health (Baines and Oliveira, 2021; Carpenter, 2012).

The psychological impact of being a CBoCRSV is profound and immediate. The circumstances of conception and birth often result in early exposure to neglect, instability, and trauma. These children frequently exhibit signs of acute stress reactions, anxiety, and attachment disorders from a very young age. The trauma endured by their mothers, coupled with societal rejection, further contributes to their psychological distress. These conditions can lead to long-term developmental risks, affecting their cognitive and emotional growth and hindering their future integration into society (van Ee and Kleber, 2013; Sanchez Parra and Lo Iacono, 2020).

Long-term Risks and Harms

As CBoCRSV move from childhood to adolescence the immediate threats they face evolve into complex long-term challenges that continuously impact their physical, psychological, and socio-economic well-being. The initial lack of health care can lead to chronic conditions such as untreated infections, developmental delays, and ongoing malnutrition, which persist into adulthood and significantly impact their quality of life and life expectancy (Dowds, 2019; Carpenter, 2010a).

The omnipresent risk of violence in conflict zones poses further threats to CBoCRSV. These children live in environments marred by military actions, insurgencies, and communal violence, creating unstable and potentially dangerous conditions. They are particularly vulnerable to violence not only from the ongoing conflict but also within their families and communities, where they are often viewed as illegitimate (CEDAW, 2021). This stigma can lead to maltreatment as outcasts, exposing them to heightened risks of exploitation and abuse due to perceived lesser rights.

Pervasive stigma and social marginalisation remain significant issues throughout their lives. This ostracism often leads to deep-seated identity struggles, as these children grapple with the dual burden of their traumatic origins and persistent societal rejection (Baines and Rosenoff Gauvin, 2014; Mitreuter et al., 2022a and b). This ongoing marginalisation not only affects their mental health but also impedes their ability to participate fully in community and societal functions.

Repeated chronic exposure to trauma or child maltreatment can lead to long-lasting mental health issues such as depression, PTSD, and other anxiety disorders. These psychological challenges are often compounded by constant stigma and rejection, making it difficult for them to access mental health services and support (Apio, 2022; Mitreuter et al., 2022b). The scarcity of mental health services in both conflict and post-conflict environments severely impairs their ability to form trustful interpersonal relationships and integrate effectively into society, perpetuating cycles of isolation and mental health struggles (Sanchez Parra and Lo Iacono, 2020; Vahedi et al., 2022).

Educational attainment for CBoCRSV is significantly hampered by both immediate and long-term challenges. These children often lack access to schooling due to displacement, lack of documentation, and financial constraints. In the long term, stigma and discrimination can lead to high dropout rates, limited educational opportunities, and lower academic achievement. This lack of education further entrenches their socio-economic disadvantages, limiting their prospects and opportunities for personal and economic growth and undermining their potential contributions to societal development and progress (Seto, 2015; Mukamana & Brysiewicz, 2008).

Ongoing Challenges

CBoCRSV continually face significant legal and citizenship challenges that impact their access to essential services. Many children are born without proper documentation, a factor that impedes their ability to access education, health care, and social protection. The absence of legal recognition not only complicates their day-to-day living but can also lead to statelessness (CEDAW 2021; Neenan, 2017). This legal invisibility stigmatises them further, embedding them deeper into the margins of society.

Economic deprivation remains a pervasive challenge for CBoCRSV across LMICs. The intertwined impact of health complications, educational barriers, and societal stigma severely restricts their quality of life. Those growing up in extreme poverty often find themselves with limited access to stable employment or financial resources, perpetuating a cycle of socio-economic disadvantage that spans generations and hinders societal development and progress (Scott et al., 2015; Wagner et al., 2020).

The psychological impact of their early experiences continues to affect CBoCRSV into adulthood. The negative impact of societal rejection and familial instability contributes to long-term mental health issues, which are often compounded by insufficient mental health services in both conflict and post-conflict settings. As a result, many struggle with unaddressed psychological needs, which can lead to further alienation and distress (Sanchez Parra and Lo Iacono, 2020; Vahedi et al., 2020).

Furthermore, the inherent vulnerabilities of CBoCRSV heighten their risk of exploitation and abuse, including trafficking and forced recruitment by armed groups. In the chaos of conflict zones, where law and order are often sidelined, these children are particularly susceptible to being coerced into exploitative situations, continuing the cycle of violence and deprivation characteristic of conflict settings (Global Survivors Fund, 2023).

5.2 Prevalence and Significance

Understanding the prevalence and significance of the risks, harms, and challenges faced by CBoCRSV is crucial for developing effective interventions and policy frameworks. This section explores the most prevalent and impactful issues, drawing on a comprehensive analysis of the available literature in our core corpus of academic and grey literature.

Prevalence of Risks, Harms, and Challenges

The most prevalent risks and challenges identified in the literature include social stigma, strained family dynamics, identity challenges and educational and health barriers. These challenges are experienced across various contexts, with consistent patterns emerging in terms of their impact and prevalence.

Stigmatisation and Social Exclusion emerge as the most frequently discussed issues, identified in approximately 87% of the reviewed studies (n = 250). This pervasive problem significantly impacts social integration and mental health, as CBoCRSV are often depicted as symbols of conflict, leading to severe social exclusion and marginalisation (Hermus, 2020; Seto, 2015). **Maternal Neglect and Family Dynamics**, addressed in 80% of the studies (n = 231), highlight the complexity and ambivalence in family relationships, often resulting in inconsistent parenting and psychological health issues for these children (Bournival, 2010; Van Ee and Kleber, 2012, 2013).

Identity and Cultural Challenges, present in 61% of the studies (n = 175), reveal the significant impact of societal stigma and cultural norms on the sense of self and belonging for CBoCRSV. They struggle with identity issues exacerbated by the absence of paternal figures and societal rejection (Madhani & Baines, 2020; Oliveira & Baines, 2020). **Educational and Health Barriers**, discussed in 54% of the literature (n = 156), stem from displacement, lack of documentation, and financial constraints, leading to persistent poverty and social exclusion (Seto, 2015; Lee et al., 2022).

Economic Hardship, also covered in 54% of the studies (n = 156), highlights the severe economic deprivation faced by these children and their families. The combined effects of health issues, lack of education, and social stigmatisation severely limit their economic opportunities (Scott et al., 2015; Wagner et al., 2020). **Legal and Institutional Barriers**, identified in 48% of the studies (n = 140), emphasise the challenges in obtaining citizenship, legal recognition, and access to essential services, further exacerbating their vulnerability (Global Survivors Fund, 2023; Carpenter, 2007a, b).

Psychological Trauma, prevalent in 39% of the studies (n = 113), is a significant concern, with CBoCRSV experiencing severe mental health disorders due to their origins and societal rejection (Kaiser et al.,

2018; Zamperini et al., 2017). Lastly, **Challenges with Paternal Absence**, highlighted in 42% of the studies (n = 120), reveal the profound personal and social conflicts arising from the absence or anonymity of fathers, complicating their quest for identity and societal acceptance (Madhani & Baines, 2020; Oliveira & Baines, 2020).

These findings highlight the widespread nature of the risks, harms, and challenges faced by CBoCRSV, illustrating their profound impact on the well-being and prospects of these children. The literature reveals that these issues are both immediate and long-term, necessitating comprehensive and sustained interventions.

Significance of Risks, Harms, and Challenges

The significance of these challenges lies in their profound and far-reaching impacts on both individual lives and broader society.

Impact on Individual Well-being: The individual or combined effects of health complications, psychological trauma, and social stigmatisation can severely undermine the well-being of CBoCRSV. These challenges diminish their quality of life and limit opportunities for personal development and growth. Persistent psychological and emotional distress can lead to long-term mental health issues, affecting their ability to form healthy relationships and integrate into society (Apio, 2022; Theidon, 2015).

Social and Economic Implications: The social marginalisation and economic hardships faced by CBoCRSV have broader societal implications. The exclusion of CBoCRSV from educational and economic opportunities not only hinders their personal development but also limits their potential contributions to their communities. This exclusion perpetuates cycles of poverty and social inequality, undermining efforts towards social cohesion and economic development in conflict-affected regions (Rohwerder, 2019; Mukamana & Brysiewicz, 2008).

Legal and Human Rights Concerns: The lack of legal recognition and citizenship rights for many CBoCRSV raises significant human rights concerns. Statelessness and lack of access to basic services violate the fundamental rights of these children, further entrenching their vulnerability and marginalisation. Addressing these legal issues is crucial for ensuring that CBoCRSV can access the protections and opportunities they need to thrive (Goodhart, 2007; Daniel-Wrabetz, 2007; Neenan 2017).

Generational Impact: The adverse experiences of CBoCRSV can have intergenerational effects. The trauma and socio-economic disadvantages faced by these children can be passed down to future generations, accumulating disadvantage and hindering efforts towards recovery and development in post-conflict societies (Sanchez Parra, 2022; Vahedi et al., 2021).

In the following sections, we will delve into each of these challenges in more detail.

5.2.1 Stigmatisation and Social Exclusion

CBoCRSV consistently endure severe stigmatisation and 'othering' due to the circumstances of their birth (DeBonis, 2017; Korhel, 2023; Mukamana & Brysiewicz, 2008; Stelzl-Marx, 2015). This pervasive issue renders them susceptible to social exclusion, discrimination, and further marginalisation as they grow up (FCDO, 2021; Hermus, 2020). Frequently perceived as symbols of conflict or as reminders of their community's suffering, these children face substantial social challenges that lead to decreased opportunities and exposure to various forms of abuse (Theidon, 2015; Silbert, 2017). Commonly labelled with derogatory terms such as "children of the enemy," "little killers," or "children of hate," they bear the psychological burden of embodying the trauma endured by their mothers and communities (Amony and Baines, 2015; Theidon, 2015).

Societal Perception of CBoCRSV

Approximately 85% of the reviewed studies identify stigmatisation as a critical issue that severely impacts the ability of CBoCRSV to relate to others and integrate into their communities (Carpenter, 2007a; Neenan, 2017). Community and family stigma are pervasive, with CBoCRSV often facing stereotyping and ostracism by peers, neighbours, and community members (Global Survivors Fund, 2023; McClain Opiyo, 2015). This pervasive stigma can lead to a sense of isolation, shame, and general emotional distress, complicating their self-image, concepts of belonging, and social identity within the different layers of their surroundings (Amony and Baines, 2015; Carpenter, 2012).

The relationship between these children and their mothers is often strained as mothers who were victims of rape may struggle to bond with their children, who serve as reminders of the trauma. This dynamic is exacerbated by societal expectations around family norms and the repercussions associated with the children's origins, negatively affecting mothers (Amony and Baines, 2015; British High Commission Kampala, 2017). In Bangladesh, children born from the 1971 liberation war face profound societal rejection, treated as 'pariahs' and excluded from social and economic opportunities (Mookherjee, 2007). In northern Uganda, children born in LRA captivity often face rejection from both maternal and paternal clans and struggle to form peer relationships due to the stigma associated with their conception and the fear of bringing "bad spirits" or "bush behaviours" into the community (Apio, 2007). Similarly, in Rwanda, children born of genocidal rape are derogatorily called "bastards" or "Interahamwe," and face severe social exclusion as "rebel children", exacerbated by their ambiguous paternal identity (Anumol, 2023; Awa, 2012; Klipfel, 2023). In post-war Germany and Austria, children born of wartime rape by Soviet soldiers faced severe social exclusion and were often labelled as "Russian children" or "Russenbankert" (Stelzl-Marx, 2015; Satjukow and Gries, 2015).

The stigma of "illegitimate conception" is exacerbated by factors such as fatherlessness, economic hardship due to paternal absence, and racial prejudice for those fathered by foreign soldiers who are easily recognisable as CBoCRSV (Wagner et al., 2022). Adolescents born of wartime rape report feeling hostility even after the conflict has ended (Carpenter, 2010a; Seto, 2015; Mukangendo, 2007). Their low social standing manifests in various forms of physical and verbal exploitation, abuse, and discrimination in education, employment, and social services, further marginalising these children (Cherepanov, 2022; Scott et al., 2015; Ikuomola, 2012; Ho et al., 2019; Global Survivors Fund, 2023).

The societal rejection also severely affects their mental health, leading to a higher prevalence of mental disorders such as anxiety and depression. These mental health issues highlight the urgent need for comprehensive support systems that address both the psychological and social challenges faced by CBoCRSV (Anderson & van Ee, 2020; Seto, 2015).

Effects on Mental Health and Interpersonal Relationships

Stigmatisation and social exclusion significantly impact the identity and mental health of CBoCRSV, embedding deep-seated challenges or insecurities around their identity. These children, often caught between their biological heritage and societal rejection, struggle with a fractured sense of identity, complicating their integration within communities (Mitreuter et al, 2022a; Weitsman, 2008). They frequently experience mental disorders and somatisation due to ongoing rejection and marginalisation, with insufficient psychosocial support exacerbating these issues. This stigma not only fosters intergenerational trauma, affecting both mothers and children but also severely impairs their social interactions and mental health. In patriarchal societies, cultural norms around lineage further deepen their exclusion and challenges.

Internalised stigma has critical adverse effects on CBoCRSV. Some children internalise societal perceptions, leading to low self-esteem and identity issues, perceiving themselves as burdens on their mothers and households (Wagner et al., 2020). Economic hardship worsens these social challenges, as mothers of these children often face severe socioeconomic stigmatisation and financial insecurity (Silbert, 2017; Global Survivors Fund, 2023). This rejection extends to differential treatment within families and communities,

impacting the children's self-esteem and sense of belonging. The pervasive challenges make it difficult for CBoCRSV to form stable social bonds and achieve a sense of belonging. Some children report nostalgia for their lives during captivity, as the post-war period often brings deeper marginalisation and insecurity, highlighting the complex interplay of their traumatic pasts and present societal attitudes (Denov et al., 2023a). Educational barriers are significant, with many children struggling with missed opportunities due to stigma and economic barriers, facing ridicule and discrimination at school (Stewart, 2015; McClain Opiyo, 2015).

The literature suggests that addressing the challenges faced by CBoCRSV encompasses cultural understanding, societal education to reduce stigma, and targeted support to help these children cope with their experiences and build resilience. By improving community dynamics and enhancing support structures around CBoCRSV, it is possible to significantly alter their life trajectories for the better, enabling them to integrate more fully into their communities and lead healthier, more fulfilling lives.

In summary, the stigmatisation and social exclusion faced by CBoCRSV profoundly affect their mental health, social integration, and overall well-being. These issues are deeply entrenched in societal attitudes and structural inequalities, requiring comprehensive interventions to address these challenges effectively.

5.2.2 Maternal Neglect and Family Dynamics

Due to the profound stigma described in Section 5.2.1, CBoCRSV face significant challenges within their familial relationships. These relationships are frequently characterised by tension and ambivalence, particularly between CBoCRSV and their mothers. The presence of the child can serve as a constant reminder of the trauma endured by the mother, leading to complex emotions and insecure attachment styles. This ambivalence can result in inconsistent parenting, where mothers may oscillate between affection and rejection, impacting the child's sense of security and emotional well-being. Additionally, the trauma experienced by the mother can have a transgenerational impact, passing on to the children. The intergenerational transmission of trauma can further complicate the mother-child relationship, as children may inherit the emotional and psychological burdens carried by their mothers. Moreover, mothers often face stigma and rejection themselves, which affects their ability to provide emotional responsiveness and support to their children (Bournival, 2010). The psychological impact of such parenting dynamics is substantial, as it can impair a mother's reflective functioning and her ability to provide consistent emotional support, potentially leading to attachment disorders and broader psychological issues in children (Van Ee and Kleber; 2012, 2013).

The negative outcomes of societal rejection and the challenges of single parenthood influenced the family environment. Moreover, extended family members, especially from the paternal side, may exhibit rejection towards CBoCRSV due to the stigma associated with their birth. In societies where family honour and “purity” are valued, these children often face ostracism, which can exacerbate their sense of isolation and identity confusion. For instance, in post-conflict Northern Uganda, children associated with the LRA often encounter rejection not only from their communities but also from their paternal clans, further complicating their social integration and mental well-being (Madhani & Baines, 2020).

The effects of societal stigma can pressure maternal families to treat CBoCRSV differently, influencing family dynamics and social interactions. In many cultural contexts, these children are seen as lesser members of the family, facing discrimination that extends beyond the household into broader societal interactions (Soydas, 2017). For example, the emotional and psychological well-being of CBoCRSV is heavily impacted by the lack of stable and supportive environments, where inconsistent or outright hostile dynamics contribute to feelings of worthlessness and emotional instability (Benotman and Malik, 2016; Ellis, 2023).

Impact of Familial Relationships on CBoCRSV

The impact of these strained familial relationships extends deep into the psychological and social fabric of CBoCRSV's lives. Learning about their origins in insensitive ways or by chance often leads to long-term emotional distress and complicates their relationships with both adoptive and biological families. In settings such as Denmark and Germany, the delayed and sometimes shocking revelations about a child's parentage have led to significant emotional turmoil and feelings of betrayal, intensifying the child's mental health struggles and identity crises (Koegeler-Abdi, 2021; Mitreuter et al., 2019).

Additionally, the upbringing environment, whether in a traditional family setting, in foster care, or under the care of extended family members like grandparents, critically shapes the developmental trajectory of CBoCRSV. For example, in some cases, grandparents or other relatives who provide care can offer a buffer against the instability typically experienced in parental care. However, these arrangements also introduce unique challenges and may not fully compensate for the lack of parental support, as evidenced by studies highlighting the varied outcomes of grandparental care on children's development (Amony and Baines, 2015; MacKenzie, 2015). In LMICs, extended family may lack the resources to take in the CBoCRSV, or children may feel like they are putting resource constraints on their caretakers.

(Half-)siblings and other household members also play crucial roles in shaping the experiences of CBoCRSV. While siblings can be sources of support and solidarity, their interactions can also reflect societal prejudices, potentially mirroring the discrimination and stigma experienced outside the home. This dynamic can influence the self-perception and social identity of CBoCRSV, further impacting their mental health and societal integration (Mahli, 2023).

Coping and Resilience

Despite these adversities, some children display significant resilience, often supported by specific family members or external mentors who provide the necessary emotional and psychological support. These supportive relationships are crucial for helping CBoCRSV navigate their challenging circumstances and can mitigate the negative impacts of broader familial and societal dynamics (Lee et al, 2022b).

Interventions must consider the unique psychological needs of both the children and their mothers, providing comprehensive mental health services and support networks. Community-based initiatives that promote social integration and reduce stigma are crucial in creating inclusive environments for these children (Green & Denov, 2019). Enhancing the capacity of families to care for these children, alongside community sensitisation efforts, can foster better integration and healthier interpersonal relationships for CBoCRSV.

The interpersonal relationships and family dynamics of CBoCRSV are marked by challenges stemming largely from societal and familial reactions to their birth circumstances. Effective interventions that support both the children and their families, and address the stigmatisation in their communities, are essential for improving their social integration and overall well-being.

5.2.3 Paternal Absence and Anonymity

CBoCRSV often face significant identity issues related to paternal anonymity and the psychological impacts of lacking a known father. These challenges are compounded by legal and societal obstacles in establishing paternity and gaining familial acceptance.

Issues of Paternal Identity

The absence of a known father can lead to profound identity crises for CBoCRSV. The circumstances of their conception often mean these children are deprived of information about their paternal heritage, which is crucial for developing a coherent sense of self. Studies have shown that children who lack knowledge of their

fathers or feel a sense of secrecy around their origin often struggle with feelings of incompleteness and confusion about who they are and how they related to their environment (Mitreuter et al., 2019). For example, children born to local women and occupying soldiers during World War II were often raised without knowledge of their fathers' names or even nationalities, leading to long-term psychological distress (Koegeler-Abdi, 2021; Stelzl-Marx and Satjukow, 2015; Dowds, 2019).

The psychological and social impact of the absence of paternal recognition and support is profound. CBoCRSV have been found to face societal pressure not to inquire about their origins, which further complicates their understanding of their identity and negatively impact family dynamics (Virgili, 2016; Godard and Ukeye, 2012). Despite these challenges, some children actively seek to understand their roots and to connect with their biological fathers, showing a deep-seated need for paternal identity despite the obstacles (Denéchère, 2010; Dupuis, 2015).

Legal and Social Implications

Legal and cultural barriers significantly complicate the paternal identity for these children. In patrilineal societies, the lack of paternal recognition deprives children of social identity markers and legal rights, complicating their social acceptance and status formation (Awa, 2012). Legal frameworks frequently fail to protect CBoCRSV and support these children's rights to know their identities, pushing them further to the margins of society (International Alert, 2005).

The legal and societal challenges in establishing paternity for CBoCRSV, prevent these children from accessing basic rights and services, thus further entrenching their marginalisation. Legal barriers often prevent the formal recognition of paternity for children born of rape or CRSV, denying them access to inheritance rights, social benefits, and a sense of belonging within their paternal families (Madhani & Baines, 2020). In patriarchal societies, the absence of a father often results in these children being denied rights to land and property, which are crucial for their economic stability and social integration (Oliveira & Baines, 2020). For instance, in northern Uganda, the importance of patrilineal inheritance leaves many CBoCRSV without access to family resources, exacerbating their marginalisation (Apio, 2016).

Societal stigma surrounding the circumstances of their birth can prevent children from being accepted by their paternal families, even when paternity is established. Paternal families often view CBoCRSV as symbols of shame or reminders of violence, leading to their rejection (Koegeler-Abdi, 2021). In Germany and Austria, CBoCRSV often struggled to find their fathers due to bureaucratic obstacles and societal resistance. Even when they managed to trace their paternal lineage, the social and emotional challenges of being accepted by their paternal families remained significant (Mitreuter et al., 2019).

The case of children fathered by peacekeepers in conflict zones, such as Haiti and the DRC, illustrates similar challenges. These children often grow up without legal recognition or support from their fathers, leading to significant social and economic hardships. The secrecy and denial surrounding their conception often result in profound struggles with identity and acceptance, especially for children who are mixed race and perceived as 'foreigners' (Wagner et al., 2022).

Psychological and Emotional Impact

The psychological and emotional impact of not knowing their paternal identity is significant for CBoCRSV. The search for their fathers can become a lifelong endeavour, driven by a need to understand their origins and to find a sense of belonging. This search is often fraught with emotional turmoil, particularly when discoveries about their fathers' identities are linked to adverse events (Mitreuter et al., 2019).

Revelations about paternal identity, especially when linked to perpetrators of violence, can lead to significant emotional distress and identity crises. In Bosnia, children born of wartime rape frequently discovered their paternal identities in hurtful ways, such as during schoolyard fights or accidental disclosures, leading to

feelings of betrayal and distress (Ellis, 2023). Similarly, in Bangladesh, children born from the 1971 liberation war experienced systemic efforts to erase their paternal heritage, severely impacting their psychological well-being (Mookherjee, 2007). Research in post-conflict Uganda highlights that the longing for paternal identity is a significant issue for children born in captivity, who often express a desire to connect with their paternal families to gain a sense of belonging (Denov et al., 2023b).

Efforts to Address Paternal Identity Challenges

Despite these profound challenges, some children showed remarkable resilience. Integration into their societies through traditional and religious rites aimed at providing a pathway to social acceptance (Mahano et al., 2019). The literature suggests that support systems and advocacy for their rights are necessary steps to help these children overcome the identity and social integration challenges they face due to paternal absence and anonymity (Foussiakda et al., 2023).

Efforts to address these challenges include initiatives aimed at tracing and reconnecting CBoCRSV with their paternal families. In northern Uganda, for instance, community-based organisations like the Women's Advocacy Network facilitate 'child tracing' to help CBoCRSV establish connections with their paternal relatives. These efforts aim to mediate conflicts and transform relationships to secure a better future for the children (Mutsonziwa et al., 2020). However, these initiatives face significant obstacles, including the potential for further stigmatisation and the complexities of navigating familial and community dynamics. The process of child tracing must be carefully managed to ensure it does not exacerbate the children's trauma or lead to additional rejection and marginalisation (Denov et al., 2023b).

In conclusion, the lack of paternal identity and recognition profoundly impacts children born in complex wartime and post-war contexts, affecting their psychological well-being, their sense of identity and belonging, social integration, and family dynamics.

5.2.4 Legal and Institutional Barriers

Legal and institutional barriers significantly exacerbate the challenges faced by CBoCRSV. These barriers manifest in various forms, ranging from lack of legal recognition and citizenship to inadequate institutional support, severely impacting their access to essential services and their overall integration into society.

Legal Recognition and Citizenship Issues

One of the most pervasive legal barriers is the lack of legal recognition and citizenship for CBoCRSV. In many conflict and post-conflict settings, mothers of CBoCRSV face difficulties with the child's birth registration thus their children can lack formal documentation, making it difficult for them to access education, healthcare, and social services. This lack of documentation can also be due to the stigma associated with their birth, leading to bureaucratic hurdles and discrimination when attempting to register births or obtain identification documents (Carpenter, 2007a and b; Watson, 2007; Neenan, 2017).

In many countries, legal systems operate on paternal *jus sanguinis* (right of blood) principles, requiring proof of paternity for citizenship. For CBoCRSV, establishing paternity is often impossible, leaving them stateless and without legal recognition. This lack of citizenship can prevent them from accessing essential services, education, and legal protections, particularly in chaotic conflict and post-conflict settings where bureaucratic efficiency is often deprioritised (Madhani & Baines, 2020; CEDAW, 2021).

Access to Justice, Reparation, and Legal Support

CBoCRSV and their mothers often face significant challenges in accessing justice and legal support. Legal systems in conflict-affected areas are frequently under-resourced and overwhelmed, with little capacity to address the specific needs of these children. The stigma and shame associated with sexual violence also

discourage families from pursuing legal avenues, further denying CBoCRSV the legal protections they are entitled to. Advocacy groups and NGOs have made efforts to provide legal support, but these initiatives are often limited in scope and resources (Mukamana & Brysiewicz, 2008).

Legal proceedings can be retraumatising for CBoCRSV and their mothers, with judicial systems often lacking sensitivity and understanding of their complex challenges (Oliveira & Baines, 2020). The lack of specific legislation recognising the rights of CBoCRSV often leads to violations of the Convention on the Rights of the Child (1989), which guarantees children the right to an identity, protection, and a family (Daniel-Wrabetz, 2007; Hamel, 2016). Tentative initial steps to legal recognition have been made in Colombia and Bosnia, where CBoCRSV were recently legally categorised as victims of war, highlighting the slow progress in legal recognition (Sanchez Parra, 2024; Trial International, 2022; Medica Mondiale, 2022).

Institutional Discrimination and Inadequate Support

Healthcare, education, and social welfare systems have often reflected societal prejudices, leading to substandard care or outright denial of services. For example, in some healthcare settings, mothers and their children have been stigmatised and refused care due to the circumstances of the child's conception (Baines and Oliveira, 2021; Carpenter, 2012). This institutional bias compounds the difficulties faced by CBoCRSV, further marginalising them and limiting their opportunities for a stable and healthy life.

Social services, healthcare, and educational systems are typically not designed to address the unique challenges of CBoCRSV, resulting in these children falling through the cracks of already stretched social security nets. This has been described for numerous conflict-affected areas including but not limited to African and Latin American contexts (Denov & Shevell, 2021b; Egan & Hawthorne, 2020).

A further significant barrier within institutional frameworks is the lack of coordination between different agencies and sectors responsible for the welfare of CBoCRSV. This disconnect leads to fragmented and ineffective support, preventing these children from receiving the comprehensive care they need.

Where CBoCRSV are in forced displacement situations, they often face substantial barriers when applying for refugee status, including lengthy and arduous asylum processes and the risk of abuse in refugee camps (Hamel, 2016). The absence of robust legal and institutional frameworks results in a lack of legal recognition and support for CBoCRSV. This invisibility in policy and practice leaves them vulnerable to rights violations and limits their access to essential services (Ho et al., 2019).

The legal and institutional barriers faced by CBoCRSV are profound and multifaceted. Addressing these challenges requires comprehensive legal reforms to ensure citizenship rights and access to justice. Enhanced legal frameworks, as advocated by international bodies and human rights organisations, are crucial for ensuring that CBoCRSV receive the protection and support they need to overcome these significant challenges (CEDAW, 2021; Hamel, 2016).

5.2.5 Psychological Challenges and Trauma

CBoCRSV endure significant psychological impacts, shaped by both their unique origins and the broader societal context in which they are raised. The trauma they experience is often deeply rooted in both the violence associated with their conception and the societal responses they encounter.

Intergenerational Trauma

The trauma of CBoCRSV is complex and multifaceted, largely influenced by the psychological state of their mothers, who may have been survivors of sexual violence, forced marriages, or captivity during conflicts. These traumatic experiences can profoundly affect mothers' mental health and, by extension, their parenting abilities. Children of such developmental conditions are more likely to develop insecure attachment patterns,

which can lead to significant emotional and psychological distress as they grow. This scenario is particularly challenging in post-conflict settings where mental health resources are scarce and where mothers might not receive the support they need to manage their own trauma-related mental disorders effectively (de Nutte et al., 2022; Roupetz et al, 2021). Consequently, the emotional environment in which these children are raised can be unstable and fraught with psychological challenges.

As discussed in Section 5.2.2, the transfer of trauma from mother to child can manifest in various behavioural and emotional issues, such as heightened anxiety, depression, and difficulty forming trustful relationships. For instance, studies have shown that the children of women abducted and abused during conflicts exhibit increased levels of psychological distress, often mirroring the symptoms of their mothers, such as PTSD and severe levels of anxiety (UNSC, 2022).

As discussed in Section 5.2.3, the absence of fathers and the societal silence around their conception—often referred to as the "wall of silence"—exacerbate these identity issues. Many children know little to nothing about their fathers, which creates a significant void in their personal histories and contributes to ongoing identity confusion. This lack of paternal identity can cause intense emotional turmoil and make it difficult for these children to construct a stable sense of self.

Barriers to Accessing Services

Despite the evident need, access to mental health services for CBoCRSV is severely limited, particularly in regions where mental health infrastructure is underdeveloped or has been destroyed by conflict. Mental health services, when available, often prioritise the mothers, whose experiences of direct violence are deemed more immediate and severe. This leaves a significant gap in care for the children, whose own unique needs may go unaddressed (Denov, 2019a; Woldetsadik et al., 2022).

The psychotherapeutic care available is often not equipped to address the complex needs of CBoCRSV, focusing instead on acute needs and overlooking the nuanced, long-term psychological support these children require. Additionally, the stigma surrounding mental health issues can deter families from seeking help, compounded by a lack of awareness about available services and the high cost of treatment.

Enhancing mental health support for CBoCRSV requires a comprehensive approach that acknowledges their unique experiences and provides tailored interventions. This involves not only establishing and maintaining specialised mental health services but also integrating these services into broader child protection frameworks to ensure that both children and their mothers receive the holistic support needed to address their complex traumas.

5.2.6 Educational and Health Barriers

CBoCRSV face significant barriers to accessing education and healthcare, impacting their immediate outcomes and long-term prospects.

Educational Challenges

A primary barrier to education, health and other essential services for CBoCRSV is financial instability. Many CBoCRSV in LMICs come from impoverished maternal backgrounds where families struggle to afford basic necessities, let alone educational expenses. This financial hardship often means that families cannot provide essential school supplies such as uniforms, textbooks, and writing materials, which are necessary for participation in the school system (WorldVision, 2018). In northern Uganda, for example, children born in captivity to LRA commanders often struggle to continue their education due to financial constraints and lack of community support. This economic deprivation forces many children to prioritise work over school to support their families, thereby limiting their educational opportunities and perpetuating a cycle of poverty (Ojok, 2022).

Social stigma significantly impacts the educational experiences of CBoCRSV. These children are often ostracised by peers and teachers who may harbour biases against them due to their origins. This stigma can lead to bullying, isolation, and a hostile school environment, making it difficult for these children to thrive academically. For instance, research at Alur Primary School in Uganda revealed that CBoCRSV felt insecure and out of place due to perceived or actual discrimination from peers and teachers (Ojok, 2022). This social exclusion can cause significant psychological distress, affecting their motivation and ability to engage in their studies.

Administrative Barriers and Disrupted Schooling Experiences

Administrative barriers, such as the lack of proper documentation, further complicate access to education for CBoCRSV. Many of these children lack birth certificates or other identification documents, which are often required for school enrolment. This issue is particularly prevalent in regions where conflict has disrupted civil registration systems, leaving many CBoCRSV without the necessary paperwork to access educational services (Global Survivors Fund, 2023). The bureaucratic hurdles associated with obtaining documentation can be overwhelming, preventing many children from even attempting to enrol in school.

Conflict and post-conflict settings are characterised by instability, which disrupts the education of CBoCRSV. Schools may be damaged or destroyed, teachers may be unavailable, and the overall educational infrastructure can be severely compromised. These disruptions often result in significant gaps in education for these children, who may enter school at an older age and struggle to keep up with their younger peers. This situation can cause embarrassment and a lack of motivation to continue schooling, further exacerbating their educational disadvantages (Ojok, 2022).

The educational support systems in many post-conflict regions are under-resourced, making it difficult to provide the necessary support for CBoCRSV. Schools often lack the infrastructure, materials, and personnel needed to support children who have experienced trauma. This lack of resources can impede the ability of CBoCRSV to receive a quality education and integrate successfully into the school environment (Ojok, 2022; Apio, 2016).

Health Barriers

Access to healthcare is another significant challenge for CBoCRSV. Financial constraints and social stigma prevent many families from seeking medical care, leading to untreated illnesses and chronic health issues. In northern Uganda, the economic strain makes it difficult for families to access healthcare, resulting in poor overall well-being for both mothers and children.

In regions like the DRC, families of CBoCRSV lack sufficient food, leading to chronic malnutrition among children. Malnutrition impacts not only physical health but also cognitive development and educational outcomes. Families reveal that CBoCRSV often go to bed hungry and lack access to essential nutrients, exacerbating their vulnerability and limiting their potential (Wagner et al., 2020; 2022b).

Long-term Impacts

The educational and health barriers faced by CBoCRSV have long-term implications for their life opportunities. Limited access to education restricts their ability to acquire the skills and knowledge needed for future employment and economic stability, perpetuating the cycle of poverty and marginalisation that many of these children are born into (Hudecek, 2017). The lack of educational attainment also has broader social implications. Education is a key factor in promoting social integration and reducing stigma. Without access to education, CBoCRSV are less likely to challenge the negative stereotypes associated with their birth and are more likely to remain marginalised within their communities (Ho et al., 2019).

In addition to economic and social impacts, educational barriers affect the mental and emotional well-being of CBoCRSV. The frustration and hopelessness associated with being denied educational opportunities can lead to feelings of worthlessness and despair. This emotional strain can exacerbate existing trauma and hinder the overall development and well-being of these children (Denov et al., 2023a).

In summary, the educational and health barriers faced by CBoCRSV are significant and multifaceted, involving economic, social, and administrative challenges. These barriers not only affect their immediate educational and health outcomes but also have profound long-term impacts on their life opportunities and overall well-being.

5.2.7 Economic Hardship

CBoCRSV and their families face severe economic hardships, which intersect with various other challenges, compounding their difficulties in daily life and long-term prospects.

Examination of Economic Hardships

In LMICs, CBoCRSV often experience extreme poverty due to multiple factors, including the absence of paternal support, social stigma, and the economic instability of post-conflict regions. In many patriarchal societies, economic responsibilities and access to livelihood resources such as land, accommodation, and financial means of economic activities are organised patrilineally (Kinconco, 2022). Without the presence of a father, mothers and their children often lack access to these critical resources, exacerbating their poverty and economic vulnerability.

In many cases, mothers engage in informal or low-paying work to support their families. The stigma associated with having a child born of sexual violence often leads to social ostracism, further limiting their employment opportunities. For instance, in northern Uganda, mothers of CBoCRSV are frequently excluded from community support networks and face significant barriers in finding stable, well-paying jobs (Oliveira & Baines, 2020).

Economic deprivation is more commonly reported in LMICs than in literature focusing on Europe during and after the Second World War. In contexts like Sub-Saharan Africa, Southeast Asia, and Latin America, the economic impact of having a CBoCRSV is profound due to the lack of social safety nets and the high levels of poverty that prevail in these regions. For instance, families in the DRC frequently report food insecurity, lack of healthcare, and inadequate housing as direct results of their economic hardships (Wagner et al., 2020). In these regions, the further marginalisation or abuse of women and their children is often directly linked to financial desperation forcing mothers to resort to "survival sex" or other forms of exploitation to provide for their children, perpetuating a cycle of poverty and vulnerability (Notar, 2006; Lee & Bartels, 2019).

Intersection with Other Risks

The economic hardships faced by CBoCRSV intersect with other risks and challenges, creating a complex web of difficulties. Economic deprivation limits access to education, healthcare, and other essential services, perpetuating a cycle of marginalisation and disadvantage. This intersectionality is particularly evident in post-conflict settings where social and economic systems have been disrupted, and support services are often inadequate or non-existent (UNSG, 2023).

The long-term socio-economic impact of these hardships extends beyond the immediate families and affects communities and regions. Reduced household income, higher rates of child labour, and limited access to higher education contribute to a broader socio-economic divide. In post-conflict regions, the presence of economically disadvantaged families strains local economies, slows recovery processes, and increases demands on social services. The exclusion from traditional social safety networks further prevents access to

economic opportunities like small business loans and agricultural inputs, perpetuating broader cycles of poverty and economic stagnation (Rohwerder, 2019; Neenan, 2017).

5.2.8 Challenges with Race, Religion and Culture

CBoCRSV face profound identity crises and cultural challenges stemming from their unique origins and the social stigmatisation they encounter due to their atypical presentation and origin. These children often struggle with issues related to their foreign looks and assumed cultural deviance, which are exacerbated by their non-adherence with local norms which can be perceived as societal provocation of traditional customs. This societal perception deeply impacts their self-esteem and sense of identity, as they struggle to reconcile their personal identities with the negative labels imposed on them by their communities (Madhani & Baines, 2020).

Cultural Challenges

As discussed in 5.2.3, CBoCRSV often face barriers to cultural integration, rooted in societal norms and beliefs as well as customary law about lineage and purity. In patriarchal societies, where lineage and bloodlines are highly valued, children without recognised paternal lineage face substantial barriers to acceptance and participation in cultural practices (Oliveira & Baines, 2020). In some cultures, the stigma of being born of sexual violence is so strong that mothers and children must navigate complex social dynamics to avoid rejection and discrimination. Being conceived in relationships that are not culturally sanctioned raise issues of belonging, which impact both on educational and economic opportunities but also cultural affiliation within rigid kinship structures (Apio 2016). For instance, in northern Uganda, children born in LRA captivity are often excluded from cultural practices and community celebrations due to their perceived impurity and the stigma attached to their origins (De Nutte et al., 2022).

Religious and Racial Considerations

Religion plays a crucial role in shaping the identity and cultural challenges faced by CBoCRSV. In Bosnia, for instance, a fatwa was issued that identified victims of rape as martyrs of Islam (shahida) and requested all Muslims to support women and their children during the healing process (Mahmood, 2017; Lee, 2017). This played a significant role in the post-conflict recovery. Encouraging the view of mothers as ‘war heroines’ helped counter cultural stereotypes associated with rape and children conceived through rape. In contrast, there is a lack of advocacy for the rights of CBoCRSV on religious grounds in the case of children born from wartime rape in Iraq, where a similar fatwa issued to protect Muslim women who had been raped by Daesh members does not extend protection to their children (Mahmood, 2017).

The situation of Yazidi children born of ISIS-perpetrated sexual violence highlights the intersection of religious and cultural challenges more starkly still (Al-Jaddah, w.d.). These children and their mothers face profound stigmatisation within the Yazidi community, which places a strong emphasis on religious purity. Efforts to reintegrate these women and children into their communities have been met with mixed success, as for a child to be considered Yazidi, both mother and father have to be Yazidi – yet, under Iraqi law, a child born from a Muslim father will be considered Muslim, with no exception for rape (Ibrahim, 2019). Such complexities at the intersection of religion, culture and law underline the need for sensitive and culturally informed interventions in support of CBoCRSV and their mothers.

Another layer of complexity to the identity challenges faced by CBoCRSV is race. The profound impact of being of biracial provenance, particularly in less diverse societies, has been shown for many CBoCRSV: In regions such as Germany, the children of African American GIs and German women after World War II faced racial discrimination alongside the stigma of their birth circumstances (1995, 2003). Similarly, Amerasians in Korea and Vietnam faced significant racial discrimination which intersected with being born out-of-wedlock. (Lee et al., 2022; Kapoor, 2018; Kim, 2010)

In post-colonial contexts, the biracial background of CBoCRSV with fathers from non-LMICs can be linked to oppression, particularly if their fathers' involvement in the conflict is seen as part of a neo-colonial project. For example, peacekeeper-fathered children in Haiti and the DRC often face racial stigmatisation due to their lighter skin and are mocked for what is perceived as a mismatch of their physical presentation as westerners yet extreme economic hardship (Wagner et al., 2022a). Community members may project prejudices against peacekeepers onto these children, further complicating their social integration (Wagner et al., 2020).

In summary, the challenges or insecurities around their identity faced by CBoCRSV are deeply influenced by societal norms, cultural beliefs, religious contexts, and racial dynamics. Addressing these issues requires nuanced, context-specific interventions that acknowledge and work within the cultural and social frameworks of affected communities.

5.3 Intersecting Risks, Harms, and Challenges

Our multidimensional evaluation framework incorporates insights from various disciplines including history (41%), psychology (21%), sociology (18%), anthropology (10%), international relations (6%) and law / human rights (5%) and integrates a socio-ecological model to deeply understand the complexities of the lives of CBoCRSV. The literature echoes the foundational assumptions of our evaluation framework, recognising that CBoCRSV encounter a convergence of vulnerabilities that are interconnected, amplifying each other's impact and necessitating an integrated understanding and approach (Wagner and Lee, 2025).

Intersecting Risks

The children's experiences are deeply intertwined with psychological burdens often transferred from their mothers, who themselves are survivors of sexual violence. This burden is compounded by direct trauma from societal exclusion and maltreatment. Socially, CBoCRSV face stigmatisation and marginalisation, often perceived as 'children of the enemy', which severely restricts their ability to form stable, supportive community connections and fosters profound isolation. Legally, their challenges include the lack of formal recognition, which denies them basic rights and access to state services like healthcare and education, leaving them invisible to protective systems. This lack of documentation not only reinforces their marginalisation but also strips them of their fundamental rights and protections under the law, rendering them invisible to the systems designed to protect them.

Intersecting Harms

The convergence of psychological and social risks leads to severe, compounded harms. Stigmatisation due to their parentage or birth circumstances often results in acute mental health challenges, including depression and anxiety. These issues are intensified by gaps in healthcare provision, especially mental health services, which are critical for such vulnerable populations. Moreover, the legal invisibility of CBoCRSV, characterised by a lack of formal identity, exposes them to further abuses and exploitation, potentially including human trafficking or child labour. This susceptibility is heightened by their social isolation and the absence of protective oversight typically afforded by community and legal structures. Therefore, the harms they endure are not only multidimensional but also mutually reinforcing, creating a cycle of vulnerability and adversity that is challenging to break.

Intersecting Challenges

Addressing the plethora of risks and harms necessitates tackling the multifaceted challenges stemming from them. The lack of legal recognition and the resultant challenges in accessing necessary services suggest an urgent need for legal reforms. These reforms should aim to ensure that CBoCRSV are recognised by the state from birth, provided with necessary documentation, and afforded the full range of services and protections.

Such measures are essential to break the cycle of marginalisation and enable these children to access opportunities for a better future.

The trauma experienced by mothers of CBoCRSV significantly impacts their children. Mothers often face severe psychological distress, social exclusion, and economic hardship, all of which can directly affect their capacity to provide stable care. The stigmatisation and rejection faced by the mothers can extend to their children, creating a hostile environment that adversely affects the development and integration of CBoCRSV. Additionally, fathers, often absent, leave a void that adds to the social and identity struggles of these children. Intergenerational trauma, thus, becomes a critical aspect of the challenges faced, requiring comprehensive community and individual therapeutic interventions.

In regions with long histories of conflict, community trauma can exacerbate the stigmatisation of CBoCRSV, reinforcing cycles of prejudice and exclusion. Addressing these issues requires community-wide educational programs and initiatives that promote healing and integration, acknowledging the historical and social contexts that shape the lives of all community members.

By integrating a socio-ecological model as outlined in the attached paper, we recognise that the adversities faced by CBoCRSV manifest across multiple dimensions, each influencing and exacerbating the others. This holistic approach not only informs better research but also supports comprehensive policy measures aimed at improving their lives across all levels of experience. Such a framework accentuates the need for intersectional and integrative support systems that address both individual and collective vulnerabilities, ensuring a coordinated response to the multifaceted challenges faced by CBoCRSV (Wagner and Lee, 2025).

5.4 Similarities and Differences across Groups and Settings

CBoCRSV face numerous challenges that are shaped by the geopolitical and cultural contexts in which they live. This section provides a comparative analysis of their experiences across different settings, highlighting that while many challenges are universal, specific contexts can exacerbate or mitigate these issues, for instance:

Cultural responses and community integration play pivotal roles in shaping the lives of CBoCRSV. In certain cultures, traditional reconciliation practices help to reduce stigma and facilitate the integration of these children and their mothers into their communities. This can significantly mitigate long-term adverse effects. Conversely, in other regions lacking such communal mechanisms, CBoCRSV and their mothers remain ostracised, facing continual marginalisation (Porter, 2017).

The effectiveness of legal protections and state support also varies widely. Some nations have established robust legal frameworks specifically designed to protect and support CBoCRSV, recognising them as a distinct group requiring targeted interventions (Sanchez Parra, 2024). These frameworks can include legal recognition, access to healthcare, and educational support, contributing to a more supportive environment for these children. However, most countries have yet to acknowledge the unique needs of CBoCRSV, leaving them without the necessary legal and social protections, which exacerbates their challenges (CEDAW, 2021).

Specificities of Various Regions and Contexts

Europe: Much of the research relating to European CBoCRSV, and CBoCRSV more generally, focussed on children conceived in the context of the Second World War (1939-1945) (Lee, 2017). Evidence from a diverse range of geographical settings across Europe, examining the experiences of both CBOW, Lebensborn children in Germany and across Northern Europe, but also children born of the post-war occupations of Germany and Austria, evidence a consistent picture of stigmatisation, discrimination, social and educational disadvantage and significant resultant physical and mental ill health (e.g. Kaiser et al., 2015; Kleinau and Schmid, 2019; Koegeler Abdi, 2021; Virgili, 2005; Stelzl-Marx, 2015; Schretter, 2022a; Drolshagen, 2005; Lee, 2011; Korhel,

2023; Westerlund, 2011; Winfield, 1992, 2000; Hügel-Marschall, 1998; Baur-Timmerbrink, 2015; Behlau, 2015).

For several groups of CBOW in the European context, many of whom were born of consensual war-related sexual relations, those adversities were amplified due to their biracial provenance. In Germany, following National Socialism with its racial ideology, the racial challenges of identity and belonging were particularly pronounced for children born to non-Caucasian soldiers (Kleinau and Schmid, 2019; de Faria, 2003; Hügel-Marschall, 1998). The Lebensborn program, initially aimed at a 'Nordification of the German population' (Lee, 2023b), after the end of the war led to long-term and profound social implications for those who had been conceived and born into the Lebensborn, influencing not only public perceptions but also the integration of these children into post-war German society (Lilienthal, 2003; Schmitz-Köster, 2005).

The complexities of post-war integration into Scandinavian countries, has been explored in some detail, and here, too, the adversities, stigma and ostracism were significant and persistent (Ericsson and Ellingsen, 2005; Øland et al., 2011; Mochmann and Larsen, 2005), as were they in the Netherlands (Diederichs, 2005).

The overwhelming majority of CBOW in Former Yugoslavia (1991-2001) in the late 1990s were conceived in CRSV. Research has been most detailed in Bosnia and Herzegovina, and it is well understood that CBoCRSV, in their integration into post-conflict society were faced with challenges of complex relationships with their mothers many of whom had been deeply traumatised by the intensity of the violence and abuse they had suffered. Lack of protective measures left them vulnerable to continued discrimination and marginalisation, which complicated their efforts to integrate into their local communities (Daniel-Wrabetz, 2007). However, Bosnian CBoCRSV have become trailblazers in their fight for legal recognition, access to health and social services and education and destigmatisation of themselves and their mothers (Ellis, 2023).

Latin America: In Latin America, the situation of CBoCRSV reflects unique regional challenges, deeply rooted in the socio-political dynamics and cultural context of the area (Theidon, 2022). The region's complex history with internal conflicts and civil wars, such as those in Colombia and El Salvador, provides a backdrop for understanding the integration and representation of CBoCRSV within these societies.

In Colombia, for instance, children born from the widespread sexual violence during the armed conflict face a double stigma—both as children of violence and often as illegitimate. This stigma is compounded by a societal structure that frequently fails to acknowledge or address the issues these children face, leading to significant barriers in their social integration and legal recognition. The visibility of these children in public discourse is minimal, making their struggles largely invisible and seldom addressed by mainstream media or policy initiatives. Thus, despite the fact that the Victim's Law of 2011 gave CBoCRSV the legal status of a victim in their own right, the absence of formal and informal support systems still led and continues to lead to marginalisation of CBoCRSV and their mothers. This exclusion is perpetuated also by inadequate state policies and social services that fail to recognize and address the specific needs of these children.

Moreover, the cultural context of Latin America, which emphasises family lineage and purity, further complicates the acceptance of CBoCRSV. The societal rejection they face can lead to profound implications for their identity and mental health, hindering their ability to find a sense of belonging and acceptance within their communities. This scenario underlines the critical need for targeted legal and social support mechanisms that are culturally appropriate and capable of addressing the unique challenges faced by CBoCRSV in Latin American settings (Sanchez Parra & Lo Iacono, 2020).

South-East Asia: In South-East Asia, there are CBoCRSV from the Korean War (1950-1953) and the Vietnam War (known as the American War in Vietnam) (1955-1975) (Harris Rimmer, 2006; Faludi et al., 2017). These regions have seen significant American military presence during the Vietnam and Korean Wars, resulting in the birth of numerous Amerasian children who continue to grapple with severe social stigmatisation, extreme educational disadvantage and significant mental health challenges.

In Vietnam, Amerasian children—offspring of Vietnamese women and American soldiers—have historically faced profound challenges. Their mixed heritage often made them targets of discrimination, manifesting in their exclusion from both Vietnamese society and, for many years, from recognition by the United States. These children commonly experienced identity struggles, compounded by the societal view of them as physical reminders of conflict and foreign intervention (McKelvey, 1999; Yarborough, 2006; Warren, 2004).

Similarly, in Korea, children born from liaisons between Korean women and American soldiers have encountered intense social scrutiny. These children often navigated a cultural landscape that was less accepting of mixed heritage, impacting their social integration and access to opportunities. The societal response in Korea has typically lacked the mechanisms to facilitate acceptance and support for these children, unlike in some cultures where community-based reconciliation processes aid in mitigating stigma and fostering integration (Hurh, 1972; Kapoor, 2018; Doolan, 2024).

Both Vietnamese and Korean societies have historically provided limited support to Amerasian children, affecting not only their individual well-being but also their ability to integrate into society fully. Moreover, children visibly associated with the former enemy who remained the ideological enemy even after the hot war had concluded, remained the target of political ostracism resulting in complete absence of targeted interventions to support integration (Nguyen, 2008).

Africa: In Africa, the experiences of CBoCRSV are deeply influenced by the historical and cultural contexts of regions like Rwanda, DRC and Northern Uganda, each presenting distinct challenges.

In Rwanda, children born from the genocidal rape during the 1994 genocide face significant societal challenges. The Rwandan community often views these children with suspicion and resentment, associating them with the ethnic and familial lineage of their fathers, which complicates their integration and acceptance. The national support systems and legal frameworks offer little in the way of specific aids for these children, making it difficult for them to access justice or social services (Torgovnik, 2009; Van Ee and Kleber, 2012).

Northern Uganda presents another complex scenario. The region's prolonged conflict led to the birth of many children under violent circumstances. These children, like their counterparts in other regions, suffer from societal stigma and are frequently ostracised. Cultural perceptions and community responses in Northern Uganda further complicate their social integration. The community often views them as connected to the rebel groups that perpetrated the violence, especially when they inherit physical or behavioural traits that remind the community of the rebels (Apio, 2016).

Across these regions in Africa, while the specifics may vary, the overarching issue remains the profound impact of stigmatisation and marginalisation. These children's challenges underline the urgent need for targeted legal protections and social support mechanisms that consider the unique cultural and historical contexts of each region, aiming to facilitate better integration and improve their quality of life (Denov et al., 2020; Wagner et al., 2020).

Middle East: In conflict areas like Syria and Iraq, CBoCRSV confront unique challenges and risks due to the socio-religious context of the region, as illustrated by the experiences of children in places like Iraq; specifically, the Yazidi community where children born of ISIS-perpetrated sexual violence struggle with significant societal rejection (Aoláin, 2023).

The religious and cultural stigmas attached to sexual violence and children born in such contexts are profound, making community integration for these children exceptionally difficult. Even where they are allowed to return to their communities with their mothers, they often remain socially excluded and without adequate support, underscoring the dire need for protective measures and acknowledgment of their specific circumstances (SEED Foundation, 2020; United Nations Assistance Mission for Iraq, 2020).

The societal and religious dynamics in Syria, combined with the devastation caused by prolonged warfare, create a particularly harsh environment for these children. Children born to Syrian women who have been

victims of sexual violence by various fighting forces often remain invisible within their communities. The pervasive cultural and religious norms in Syria emphasise family honour and purity, which can lead to severe consequences for women who have been raped and their children. These norms often result in rejection or discreet exclusion by their families and communities, who may view them as embodying the enemy's violence or as reminders of the trauma experienced during the conflict (UNSG, 2023).

Legally, these children face significant barriers. They often lack official recognition and citizenship, depriving them of essential rights and access to services such as healthcare and education. This lack of documentation further marginalizes them, hindering their ability to move freely or seek refuge in safer areas or even abroad.

Unlike other regions where there may be systems or traditions that facilitate reconciliation and integration, many parts of the Middle East lack these mechanisms. Instead, these children often find themselves on the fringes of their communities, struggling with issues of identity, belonging, and acceptance (Seed Foundation, 2020).

Gender-Specific Differences

Gender-specific differences in the challenges faced by CBoCRSV are evident in the literature. Girls often experience compounded stigma and are more likely to face sexual violence and exploitation. Boys, on the other hand, may be viewed with suspicion and hostility, particularly in contexts where they are seen as potential threats or future combatants (Van Ee and Blokland, 2019; Apio, 2023; Swaine, 2020; Atim et al, 2018, 2023). Also, in societies where resources are allocated according to patrilineal provenance, male CBoCRSV can be seen as an additional drain on scarce resources and competition for land, while girls, through acquisition of bridewealth, may be valued as a potential source of income generation through marriage. These gendered experiences shape the types and intensities of risks and harms that CBoCRSV face, necessitating targeted interventions to address their specific needs.

Across various settings, the stigma attached to girls born from sexual violence is deeply rooted in cultural perceptions of purity and honour. This stigma not only undermines their social acceptance but also their self-esteem and mental health, leading to profound challenges in their personal development and integration into society (Denov, 2021a; Anderson and Roupetz, 2018). The societal backlash can be severe, affecting not only the girls but also their mothers, perpetuating a cycle of marginalisation and exclusion.

The struggle with identity and belonging is particularly poignant for these girls, as they often grapple with the knowledge of their origins and the associated societal stigma. The dual identity as survivors' children and as individuals in their own right is a complex terrain to navigate, with boys in particular often being associated with the armed groups of their fathers. In settings where community ties are strong and cohesive, these children might find more acceptance, whereas in fragmented post-conflict societies, they face greater isolation (Carpenter, 2007a; Baines & Rosenoff Gauvin, 2014).

The intergenerational transmission of trauma and stigma complicates the social integration of these girls. Studies have shown that the daughters of wartime rape survivors may inherit not only the psychological scars of their mothers but also their social status, marked by stigma and exclusion (Lee, 2017). This shared stigma fosters both a bond and a barrier, affecting their ability to form their own identities separate from the conflict (Denov & Saad, 2024).

Girls born of CRSV are at a higher risk of experiencing further violence and economic hardship. Stigmatisation often limits their opportunities for education and employment, pushing them towards marginalisation within their societies (Anumol and Munderere, 2023). The lack of economic opportunities further exacerbates their vulnerability to exploitation and abuse, creating a vicious cycle of poverty and marginalisation (Apio, 2022).

Community engagement programs that challenge existing prejudices and aim to educate communities about the realities of these children can foster greater acceptance and integration. Such initiatives should involve

local leaders and use culturally relevant approaches to change perceptions (Baines and Rosenoff Gauvin, 2014).

Impact of the Continuum of Violence

The continuum of violence from pre-conflict, conflict, to post-conflict stages significantly impacts CBoCRSV. During conflicts, these children are often born into environments of extreme violence and instability, leading to immediate risks such as abandonment and infanticide (Lee, et al., 2022c). Post-conflict, they continue to face long-term challenges related to their birth circumstances, including social exclusion and economic hardship. The enduring nature of these challenges point towards the need for sustained support and interventions across all stages of the conflict continuum (Neenan, 2017) .

In conclusion, the experiences of CBoCRSV vary significantly across different geopolitical and cultural settings. While many challenges are universal, region-specific factors can exacerbate or mitigate these issues. Effective interventions must be culturally sensitive and tailored to address the unique needs of CBoCRSV within their specific contexts. By adopting a multidimensional and inclusive approach, it is possible to create supportive environments that enable these children to overcome their challenges and achieve their full potential.

6. Interventions, Rights and Well-Being

Transitioning from an examination of the risks, harms, and challenges faced by CBoCRSV in LMICs, it is crucial to acknowledge that the substantial body of literature detailing these adversities is not equally matched by a comprehensive set of systematic evaluations of the effectiveness of proposed interventions. This section addresses the secondary research question: What effective interventions are available that mitigate the identified risks, harms, and challenges, and how can policy and advocacy further promote the rights and well-being of CBoCRSV? Building upon previous findings, this part of the report explores potential solutions and supportive mechanisms, focusing on interventions that have shown effectiveness or hold promise based on both empirical studies and anecdotal evidence. Our examination includes a variety of strategies, such as psychological support, legal advocacy, and community integration efforts, aimed at improving the lives of CBoCRSV.

6.1 Effective or Promising Interventions Identified

The corpus of literature reviewed in this assessment reveals a limited number of interventions that show potential in effectively supporting CBoCRSV. This section details the select interventions that are empirically supported and have demonstrated value in addressing the immediate needs of CBoCRSV or fostering long-term resilience and societal integration, even if their efficacy has not been assessed systematically. The discussions below provide a critical examination of each intervention's methodologies, outcomes, and context, offering insights into their significance within the current research landscape.

Psychological support programs, including trauma-informed care and counselling, have shown promise in helping CBoCRSV cope with their mental health challenges and improve their emotional well-being (discussed in 27% of the literature, (n = 77)). Legal advocacy efforts to secure legal recognition and citizenship have been highlighted in 31% of the literature (n = 90), indicating significant improvements in access to essential services. Community-based support interventions, such as peer support groups and local civil society organisations, play a critical role in fostering social acceptance and integration (mentioned in 28% of the literature, n = 82). Educational and economic empowerment initiatives, including scholarships, vocational training, and microfinance programs, were discussed in 26% (n = 75), as alleviating economic burdens and facilitating access to education and employment. However, empirical evaluations of these interventions remain limited (1%, n = 3), underscoring the need for further research to fully establish their effectiveness.

6.1.1 Psychosocial Support Programs

CBoCRSV often face severe mental health challenges due to the nature of their conception and subsequent stigma and discrimination. Trauma-focused psychological support programs tailored to their experiences during, and post conflict have been identified as effective. These interventions aim to aid in psychological recovery and resilience building by addressing both immediate and long-term effects of trauma. For example, Anumol and Munderere (2023) detail support groups and educational camps as part of the [Survivor's Fund initiatives](#), which offer CBoCRSV psychological support alongside educational and vocational opportunities, fostering resilience and community integration. Art-based methods have also been identified as effective therapeutic tools for CBoCRSV. For instance, the "river of life" mapping tool used in Rwanda with youth born of genocidal rape allowed participants to express their experiences and process their histories through metaphors and symbolism (Shevell and Denov, 2021). This method facilitated emotional expression and provided avenues towards closure, enhancing the psychological well-being of the participants.

While most initiatives to date support mothers and only indirectly benefit children through improved parental care, there is a recognised need for interventions directly targeting CBoCRSV. For instance, Anderson and van Ee (2020) emphasise programs that improve reflective functioning in mothers, which help them better understand and meet their children's emotional needs. However, they also highlight the importance

of direct psychological interventions for the children themselves, designed to address their unique circumstances and reduce stigma. A notable recommendation of an intervention that balances support for both mothers and children is described by Anderson (2022), where programs are suggested to be designed to facilitate joint psychosocial support sessions for mothers and children. These sessions would aim to strengthen their relationship and provide mutual support, enhancing the overall family dynamics which are crucial for the long-term emotional health of CBoCRSV.

While the goals of existing programs are clear, studies detailing psychological support - with very few exceptions (Nyirandamutsa et al., 2023) - lack specific effectiveness measures or detailed outcomes, such as improvements in psychological well-being, enhanced social integration, or strengthened parent-child interactions. To fully assess the effectiveness of these programs, further research or methodically sound evaluations are needed to provide an evidence base measuring the outcomes achieved. Nonetheless, the literature is clear about the desirability of a dual approach in mental health support, integrating direct interventions for CBoCRSV with those aiding their mothers to support the entire family unit, which is crucial for sustainable psychological well-being and societal integration.

Effective interventions should include access to counselling and mental health services for both children and their caregivers to address the intergenerational transmission of trauma. For instance, in northern Uganda, culturally sensitive resilience programs have demonstrated the significance of community-based support systems. Apio (2022) employed the revised 17-item Children and Youth Resilience Measure (CYRM-R) to assess resilience among children born to former forced wives of the LRA, indicating that strong family connections and good mother-child relationships are powerful protective factors. Despite the evident psychological needs of CBoCRSV, access to mental health services is critically insufficient, especially in post-conflict settings where mental health infrastructure may be underdeveloped or altogether absent (Woldetsadik et al., 2022). Barriers such as stigma, lack of awareness, and prohibitive costs of care affect provision, as does the prioritisation of mothers whose trauma is often perceived as more profound and thus requiring attention that is more urgent. This prioritisation can leave the children's specific psychological needs unaddressed, exacerbating their long-term emotional and mental health challenges.

Group therapy and peer support programs offer significant benefits by providing a sense of community and collective healing. For instance, De Nutte et al. (2022) discuss group therapy sessions in northern Uganda, where mothers and children born in forced captivity with the LRA share experiences and support one another, emphasising the therapeutic benefits of such shared spaces. Integrated community mental health services that involve local health workers, traditional healers, and community leaders can enhance the accessibility and effectiveness of psychological interventions. These services integrate culturally appropriate practices, making mental health support more accessible to all community members, including CBoCRSV. Long-term psychosocial support is crucial for the sustained well-being of CBoCRSV. Many researchers stress the need for long-term mental health services that extend beyond immediate post-conflict periods to address the lasting impacts of trauma and stigma. In summary, effective psychological support programs for CBoCRSV should address both the children's and their caregivers' needs. Evidence indicates that family and kinship are among the strongest protective factors, suggesting that family-focused and community-based interventions are particularly promising.

6.1.2 Legal Advocacy

The literature identifies legal advocacy as crucial for CBoCRSV to ensure that their rights are recognised, and justice is achieved. This involves implementing targeted legal support measures designed to establish paternity, secure child support, and enhance legal frameworks that protect these children from discrimination and support their full integration into society. Legal assistance for CBoCRSV encompasses specific services aimed at affirming their rights and facilitating justice (Ladisch & Mutere, 2023). For example, initiatives in northern Uganda involve community-based organisations that help mothers identify and trace the paternal relatives of their children. This process, known as "child tracing," aims to mediate conflicts and

secure a future for the children by ensuring they are recognised and supported by their paternal families (Oliveira & Baines, 2020; Madhani & Baines, 2020).

In Bosnia, legal advocacy efforts have included initiatives to address the legal recognition of CBoCRSV, assisting them in accessing their rights and resources. Similar initiatives across various contexts typically aim at providing legal assistance to mothers and their children to navigate complex legal systems and secure their entitlements (Ellis, 2023). However, it is important to note that legal advocacy must differentiate between services offered to mothers of CBoCRSV and those offered directly to the children. For instance, the Survivors Network in Rwanda provides legal support specifically to women who were raped during the genocide, assisting them in navigating the legal landscape to secure rights primarily for themselves. This support aims to enhance the mothers' well-being as stipulated by the Human Rights Convention. However, this form of legal support does not necessarily align with the children's rights, particularly the right to know and be cared for by their parents as outlined in the Convention on the Rights of the Child (Lee, 2017). Such scenarios can present conflicts between the mother's right to well-being and the child's rights, necessitating a differentiated approach to ensure that both sets of rights are appropriately addressed (Mukamana & Brysiewicz, 2008).

Enhancing legal frameworks is critical to protect CBoCRSV from discrimination and integrate them fully into society. The inclusion of CBoCRSV in transitional and other justice mechanisms is a vital step. Dowds (2019) persuasively argues that the International Criminal Court (ICC), by viewing CBoCRSV experiences through an ecological model, can influence their immediate and broader social environments, including through reparations. The United Nations plays a crucial role in enhancing legal frameworks and the delivery of justice for CBoCRSV, particularly through the Office of the Special Representative on Sexual Violence in Conflict. This office actively advocates on behalf of CBoCRSV, emphasising the need for comprehensive legal and social protections. The annual report of the United Nations Secretary-General (UNSG), based on the work of the United Nations Special Representative of the Secretary-General (UNSRSRG) on Sexual Violence in Conflict, includes data about the challenges of CBoCRSV. With United Nations Security Council (UNSC) resolution 2467, the Security Council acknowledged CBoCRSV as rights holders enduring distinct harms from their mothers for the first time (e.g. UNSC, 2019). The UN's advocacy is instrumental in setting a gold standard for the rights of CBoCRSV, shaping global best practices, and influencing the development of supportive legal frameworks essential for ensuring a stable future for these children.

Efforts in post-genocide Rwanda aimed to include CBoCRSV in national reconciliation and justice processes, working towards recognising these children as victims and integrating them into social and legal frameworks, although challenges remain (Denov & Kahn, 2019). In Colombia, the legal recognition of CBoCRSV as rights holders through their inclusion in the Victims' Law of 2011 has created a mechanism through which they could be supported in their own right. However, shortcomings in the implementation of the law have demonstrated that CBoCRSV require significant support to enact such rights. Media coverage and legal advocacy have brought attention to their challenges, advocating for their inclusion in transitional justice frameworks and ensuring that they receive the necessary legal protections (Sanchez Parra, 2020).

Ensuring comprehensive legal and social protections for CBoCRSV involves a context-specific and frequently multi-layered approach. This complexity is particularly evident in regions with legal pluralism where customary land, kinship, and inheritance laws can counteract transitional justice processes or national laws regarding equality and non-discrimination rights under the Convention of the Rights of the Child (CRC), as shown in Uganda (Kirabira & Choukroune, 2023). Legal advocacy must also address the long-term implications of not having legal recognition or support from their fathers. In cases where fathers are unknown or absent, legal frameworks need to be strengthened to provide CBoCRSV with the necessary support and resources independently of paternal identification (Mitreuter et al., 2022).

In summary, legal advocacy plays a crucial role in safeguarding the rights and addressing the needs of CBoCRSV. By facilitating legal support, establishing paternity, and securing child support, such initiatives promote discrimination-free integration of CBoCRSV into society. Moreover, collaboration among local and

international organisations, governments, and communities is vital to facilitate the building of bridges between customary, national, and international laws to enable CBoCRSV's rights to be delivered in full.

6.1.3 Economic Empowerment Initiatives

Building on the enforcement of the right of CBoCRSV to non-discrimination as a critical step towards equality, this section explores the role of economic empowerment in fostering financial independence and stability for these individuals. CBoCRSV often face substantial economic challenges due to societal stigmatisation and exclusion. Economic empowerment programs are vital for overcoming these barriers and ensuring their integration into society.

In post-conflict northern Uganda, various programs have been implemented to provide vocational training and job placement services tailored to the unique needs and backgrounds of CBoCRSV, many of whom have had limited access to education and economic opportunities. For instance, the Women's Advocacy Network (WAN) and other organisations (in Uganda and beyond) developed initiatives aimed at providing vocational skills and facilitating job placements, helping CBoCRSV acquire practical skills that are marketable in their local economies (Baines & Oliveira, 2020). Similarly, in Rwanda, programs have been established to support the economic reintegration of children born of genocidal rape by offering training in trades such as tailoring, carpentry, and farming, which are crucial for their economic survival and social integration (Denov & Saad, 2024).

Access to financial assistance and microfinance programs is another promising strategy to empower CBoCRSV economically. These programs can provide the necessary capital for starting small businesses, offering a sustainable source of income as these children transition into adulthood. Microfinance initiatives have been successful in some contexts, offering low-interest loans and financial literacy training to ensure that beneficiaries can manage their finances effectively (Denov et al., 2023). In northern Uganda, microfinance programs have targeted both mothers and their CBoCRSV, recognising the interlinked nature of their economic stability (Baines & Oliveira, 2021). By empowering mothers financially, these programs indirectly benefit their children, creating a more stable and supportive home environment. This dual approach addresses the immediate financial needs of the family while also investing in the long-term economic prospects of CBoCRSV (Denov & Shevell, 2021).

Financial assistance programs have also been tailored to address the specific barriers faced by CBoCRSV in accessing traditional banking services. For instance, in Bosnia, programs provide financial aid and grants to CBoCRSV who face discrimination in the job market and educational institutions. These grants help cover educational expenses and support vocational training, thereby enhancing their employability. In Haiti and the DRC, the involvement of the UN trust fund and community organisations have been crucial in the implementation of microfinance initiatives for some children fathered by UN peacekeepers. These programs have not only provided financial support but also created a network of social support, enhancing their overall well-being (Vahedi et al., 2020; Wagner et al., 2022).

Overall, the economic empowerment of CBoCRSV through vocational training, job placement services, and access to financial assistance in the few cases where it has been implemented has had a positive impact on their integration and long-term economic well-being. These interventions not only provide immediate economic relief but also foster resilience, self-reliance, and social inclusion, thereby contributing to the broader goals of post-conflict recovery and development. The success of these programs depends on their ability to address the unique needs of CBoCRSV and to provide holistic support that integrates economic, psychosocial, and educational components.

6.1.4 Educational and Health Interventions

Ensuring access to education and healthcare for CBoCRSV is crucial to their overall well-being and prospects. The literature highlights the importance of addressing the specific needs of CBoCRSV in accessing essential

services to foster resilience and societal integration. Educational interventions (54%, n = 156) and health interventions (54%, n = 156) have been noted for their potential impact.

Educational Interventions: CBoCRSV often face significant obstacles in accessing education, including stigma, poverty, and lack of documentation. Effective interventions include developing inclusive educational policies that ensure CBoCRSV can enrol in schools without discrimination or stigma. This includes simplifying documentation requirements and ensuring schools are safe and welcoming environments (Seto, 2015; Oliveira & Baines, 2020). Financial assistance programs, such as scholarships, grants, and other forms of financial support, are crucial in contexts where families lack the resources to support their children's schooling, given that CBoCRSV in situation of strained family resources, tend to be the ones missing out on schooling (Denov & Lakor, 2017; Wagner et al., 2022). Schools should also integrate psycho-social support services to address the trauma and emotional needs of CBoCRSV. This includes training teachers to recognise and respond to the unique challenges they face (De Nutte et al., 2022). Developing educational programs that cater to their needs, such as vocational training and life skills education, can help them gain self-sufficiency and improve socio-economic status (Ojok, 2022; Lee et al., 2023a).

Health Interventions: Health empowerment for CBoCRSV involves ensuring access to comprehensive healthcare services that address both physical and mental health needs. CBoCRSV often face higher risks of health issues due to the circumstances of their birth and early life. However, the literature does not provide sufficient evidence on specific physical health interventions tailored for CBoCRSV. Ensuring access to regular health check-ups, vaccinations, and treatment for chronic conditions remains essential, but there is a notable gap in documented interventions specifically addressing these needs. Given the psychological trauma associated with their conception and upbringing, CBoCRSV require access to mental health services, including counselling and therapy. These services should be trauma-informed and culturally sensitive to be effective (Anderson & van Ee, 2020b; Dowds, 2019). Establishing support groups and networks within communities can provide CBoCRSV with a sense of belonging and reduce feelings of isolation. These networks may also be able to facilitate access to education and health services. Community health workers play a vital role in providing health education that reduces stigma and increasing accessibility for healthcare services. Programs focusing on sexual and reproductive health education, especially for adolescents, can empower CBoCRSV to make informed decisions about their health and well-being (Woldetsadik et al., 2023; Apio, 2022). These initiatives are particularly important in regions where access to such education is limited.

Overall, while the literature highlights the critical need for comprehensive, context-specific strategies to support the educational and health empowerment of CBoCRSV, there is a significant gap in evidence regarding specific physical health interventions. Filling these gaps can lead to improved outcomes for CBoCRSV.

6.2 Promoting Rights and Well-Being

Aligned with the subthemes that were coded most frequently under the "Rights and Well-Being theme," this section focuses on additional suggestions or recommended strategies that, while being promising, have yet to be implemented or tested. These strategies include interventions designed to recognise cultural norms, combat stigmatisation, enhance community integration, offer integrative support for mothers and CBoCRSV, and strengthen legal and social protections. The recommendations highlighted are derived from the literature and expert suggestions on interventions believed to foster positive outcomes for CBoCRSV. Each aspect discussed may play an essential role in constructing a nurturing environment that addresses the multifaceted challenges these children face in various cultural and social contexts.

By emphasising the potential of these strategies and the need for further research and evidence to validate their impact, this section aims to guide stakeholders—including policymakers, community leaders, and

practitioners—towards developing informed, sensitive, and sustainable approaches that enhance the support structures for CBoCRSV globally.

6.2.1 Recognition of Cultural Norms and Practices

The literature emphasises that interventions must recognise and integrate local customs and cultural practices to enhance their effectiveness and acceptance within the community. Addressing these cultural norms and practices is emphasised to be crucial in ensuring that interventions are sustainable and respectful of the communities they aim to serve.

Cultural Sensitivity and Community-Based Interventions

Community-based approaches for support and integration of CBoCRSV are considered to have the potential to be highly effective (Akello, 2013). These approaches may include community sensitisation and public awareness campaigns, as well as participatory planning processes that ensure the voices and needs of CBoCRSV are heard and addressed. In Bosnia, for example, community-based initiatives have started raising awareness and reducing stigma against CBoCRSV, leading to greater social acceptance and support (Carpenter, 2012).

Incorporating cultural sensitivity into interventions involves understanding the unique cultural contexts in which CBoCRSV live and tailoring support programs accordingly. This approach can help reduce resistance to interventions and increase community engagement and acceptance. For example, in northern Uganda, community-based organisations have developed culturally sensitive approaches to reintegration that respect local customs and practices (Madhani & Baines, 2020). These approaches often involve community dialogues and traditional rituals that acknowledge and integrate CBoCRSV into their communities, thereby fostering a sense of belonging and acceptance (Atim et al., 2018).

Understanding and respecting local beliefs about land, inheritance, and family structures is essential for the success of interventions aimed at socio-economic empowerment. In many patriarchal societies, land and property rights are closely tied to family lineage and traditional inheritance practices. Interventions that aim to secure land rights for CBoCRSV must navigate these complex cultural landscapes carefully. For example, in post-conflict northern Uganda, programs that help CBoCRSV secure land require negotiations with clan leaders and adherence to traditional land allocation practices (Kirabira & Choukroune, 2023).

Engagement with Traditional Leaders and Healing Practices

Traditional leaders and elders play a critical role in many communities and can significantly influence the acceptance and success of interventions. Engaging these leaders in the planning and implementation of programs can help bridge the gap between modern interventions and traditional practices and enhance the effectiveness of these interventions, securing community acceptance and support (Madhani & Baines, 2020; Apio, 2022). Traditional healers often hold significant authority and trust within their communities, and their involvement can help address the mental health needs of CBoCRSV in a culturally appropriate manner.

While in many post-conflict areas faith-based organisations play a significant role, no research has explored the role of local and regional faith leaders in the programming to support CBoCRSV and their mothers. Given the significance of local faith leaders in shaping local and regional life, their inclusion in supportive interventions for CBoCRSV would appear desirable and potentially powerful, but there is a notable gap in the literature regarding their involvement, which may or may not be a reflection of their current non-engagement. This highlights the need for future research to explore the role of religious leaders in supporting the mental health and integration of CBoCRSV.

Promotion of Inclusive Support Systems

The literature consistently recommends that interventions for CBoCRSV incorporate context-appropriate, gender-sensitive, and child-sensitive approaches to effectively address the challenges they face. These strategies aim to create an inclusive environment by recognising and responding to the diverse needs of all CBoCRSV, ensuring their rights are upheld regardless of gender, sexual orientation, race, ability, and age.

For instance, in post-genocide Rwanda, education and advocacy campaigns have aimed at changing discriminatory societal attitudes towards women and children affected by CRSV, highlighting the importance of creating supportive environments that acknowledge the unique experiences of all survivors and mitigate the impact of gendered discrimination and harmful gender norms (Mookherjee, 2007).

Incorporating child-sensitive and rights-based approaches ensures that interventions are tailored to the specific needs of children, promoting their well-being and development. This involves recognising the unique vulnerabilities of CBoCRSV under the age of 18 and ensuring their rights to protection, education, and healthcare are prioritised. Child-sensitive approaches emphasise listening to children's voices and involving them in decisions that affect their lives.

Linking these gender-sensitive and child-sensitive approaches to the broader Women, Peace, and Security (WPS) agenda can further strengthen interventions. By aligning with existing efforts to support women affected by CRSV, such as those led by international organisations and local advocacy groups, interventions can ensure maximum inclusivity and effectiveness in supporting CBoCRSV and their families.

In summary, promoting the rights and well-being of CBoCRSV requires a nuanced and culturally sensitive approach that integrates local customs and practices. Engaging with traditional leaders, respecting local beliefs, and adopting community-based approaches make interventions more effective and sustainable. Holistic support systems and the promotion of gender equality are essential components of a comprehensive strategy to support CBoCRSV and ensure their full integration and acceptance within their communities.

6.2.2 Community and Social Integration

Addressing the stigmatisation faced by CBoCRSV is crucial for their integration and well-being. The pervasive stigma and discrimination they face can have long-lasting effects on their mental health, social interactions, and overall quality of life. Community awareness programs play a significant role in altering perceptions and reducing stigma.

Community Awareness Programs

Community awareness programs aim to educate and shift societal perceptions towards CBoCRSV, fostering an environment of acceptance and understanding to reduce stigma and discrimination. Several studies highlight the importance and effectiveness of such interventions:

- **Education and Sensitisation Campaigns:** These campaigns inform communities about the circumstances of CBoCRSV and the importance of supporting them.
- **Engaging Local Leaders and Influencers:** Involving local leaders, including religious and community leaders, can significantly impact the success of awareness programs by advocating for the acceptance and integration of CBoCRSV within their communities.
- **Use of Media and Arts:** Utilising various media platforms and arts-based approaches can effectively communicate messages and alter societal perceptions. Media campaigns and documentaries have played a crucial role in highlighting the challenges faced by CBoCRSV, fostering broader understanding and acceptance within society. Sanchez Parra (2020) discusses how these efforts have been impactful in raising awareness and promoting empathy in South America.

A notable example is Darrel Toulon's documentary dance theatre production, "In the Name of the Father." This innovative performance combines dance, theatre, and storytelling to vividly portray the experiences of CBoCRSV, helping to engage audiences on an emotional level, and underscoring the power of artistic expression in addressing complex social issues and advocating for the rights and well-being of CBoCRSV (<https://www.the-alpha-group.org/current-production/>).

- **School-Based Programs:** Integrating awareness programs within school curricula helps educate young people and reduce bullying and discrimination against CBoCRSV, promoting inclusivity and peer support (Ojok, 2022).

Strategies to Reduce Stigma

- **Counselling and Support Groups:** Providing counselling and creating support groups for CBoCRSV and their families can mitigate the psychological impact of stigma. These groups offer a safe space for sharing experiences and building resilience (Anderson & van Ee, 2020b).
- **Policy Advocacy:** Advocating for policies that protect the rights of CBoCRSV and promote their integration into society is critical. Legal frameworks that prohibit discrimination and ensure equal access to education, healthcare, and social services are essential in reducing stigma (UNSG, 2023).
- **Community Engagement:** Engaging the community through participatory activities can foster a sense of belonging and acceptance for CBoCRSV. Programs that involve community members in discussions and decision-making processes related to the support and integration of these children are desirable. National campaigns using traditional and social media should be developed to counter hate speech, misogyny, and incitement to violence, thereby shifting harmful social norms (Woldetsadik et al., 2022).
- **Highlighting Success Stories:** Sharing success stories of CBoCRSV who have overcome adversity can inspire and motivate others to support and accept them. Positive narratives have the potential to change perceptions and reduce stigma over time. For instance, initiatives like ZDR's "Breaking Free" exhibition, which includes educational materials, have had a positive effect in showcasing the resilience and achievements of CBoCRSV in Bosnia (Ellis, 2023). Similarly, the educational program around the "Wars Don't End" project in Norway, which was incorporated into the school curriculum, significantly altered public perceptions relating to CBOW and fostered greater societal acceptance. These examples illustrate the powerful impact that well-crafted success stories and educational initiatives can have in transforming societal attitudes and promoting inclusivity.

Community Engagement

CBoCRSV often face significant barriers to integration within their communities. Community engagement and integration programs are essential to fostering acceptance and inclusivity for these children. Effective community engagement involves creating inclusive activities and programs that bring together CBoCRSV and other community members, promoting understanding, empathy, and support.

Programs that facilitate the inclusion of CBoCRSV within their communities play a crucial role in breaking down barriers and reducing stigma. For instance, in northern Uganda, community-based initiatives have been successful in promoting reconciliation and integration by involving children in shared activities and dialogues (Denov & Lakor, 2019b). These initiatives often include cultural events, sports, and educational workshops that encourage interaction and mutual understanding between CBoCRSV and their peers (Atim et al., 2018).

In Rwanda, community integration programs have been implemented to support children born of genocidal rape and their mothers. These programs focus on creating safe spaces where children can interact with their peers without fear of discrimination or stigma. Activities such as group counselling, community service

projects, and peer support groups have been effective in fostering a sense of belonging and community support (Mukamana & Brysiewicz, 2008).

Building Support Networks

Creating support networks for CBoCRSV is essential for their social and emotional well-being. These networks provide a sense of community and belonging, as well as practical support in terms of education, healthcare, and economic opportunities. For instance, the expansive network of organisations of CBOW (e.g. ZDR, Distelblüten, Amerasian Without Borders) have been instrumental in building support networks for CBoCRSV and their mothers, helping them navigate the challenges they face and advocating for their rights.

Support groups that bring together CBoCRSV and their families can also play a vital role in addressing the psychological and emotional impacts of their experiences. These groups offer a platform for sharing experiences, providing mutual support, and developing coping strategies. Additionally, the positive impact of CBoCRSV organisations is evident in initiatives such as the Dahrendorf project, which combines support networking with arts-based approaches. The Leipzig workshop film from this project showcases how these networks can foster resilience and empowerment through creative expression and community engagement (Link: [Dahrendorf project film](#)).

These examples highlight the importance of building robust support networks that address the multifaceted needs of CBoCRSV, enhancing their overall well-being and integration into society.

Community-and Survivor-Led Initiatives

Empowering communities to take the lead in developing and implementing integration programs can enhance their effectiveness and sustainability. Community-led initiatives that involve local leaders, educators, and social workers ensure that programs are culturally appropriate and meet the specific needs of CBoCRSV. In northern Uganda, community-led child tracing programs have been successful in reuniting CBoCRSV with their paternal families, promoting social acceptance and providing access to essential resources (Madhani & Baines, 2020).

Collaborating with local organisations and leaders is crucial for the success of community engagement programs. Local organisations often have a deep understanding of the community's needs and dynamics, making them valuable partners in designing and implementing effective interventions. In Colombia, partnerships between international NGOs and local community groups have been instrumental in developing programs that support the integration of CBoCRSV into their communities (Sanchez Parra, 2020). These collaborations ensure that programs are grounded in local realities and have the support of key stakeholders.

Sustainability is a key consideration in community engagement programs. Efforts to integrate CBoCRSV should be designed with long-term impact in mind, ensuring that support continues beyond the initial phases of the program. This can be achieved by building local capacity and ensuring that community members have the skills and resources needed to sustain the initiatives.

Many CBoCRSV groups have consciously adopted the motto: Nothing About Us Without US. Thus, advocating for CBoCRSV-led initiatives is crucial. Empowering CBoCRSV to lead and participate in the design and implementation of programs ensures that their unique perspectives and needs are foregrounded. This approach not only enhances the relevance and impact of the initiatives but also promotes self-advocacy and self-empowerment among CBoCRSV. By supporting both community-led and survivor-led efforts, we can create comprehensive and sustainable support systems that effectively address the challenges faced by CBoCRSV and promote their full integration into society.

Community-Based Monitoring and Evaluation

Monitoring and evaluation are critical components of community engagement programs. By regularly assessing the impact of these programs, stakeholders can identify areas for improvement and ensure that the needs of CBoCRSV are being met. In Germany and Austria, community-based monitoring has been used to track the progress of integration programs, providing valuable insights into their effectiveness and areas for enhancement. This approach ensures that programs remain responsive to the evolving needs of the community.

In conclusion, community engagement and integration programs are crucial for addressing the social exclusion and stigma faced by CBoCRSV. By promoting inclusive activities, raising awareness, building support networks, and empowering communities, these programs can help to create a more supportive and accepting environment for CBoCRSV. Sustainable, culturally sensitive initiatives that bring CBoCRSV and community members together and include robust monitoring and evaluation mechanisms are crucial for the success of these efforts.

6.2.3 Integrated Support for Mothers and CBoCRSV

Support for the mothers of CBoCRSV is vital, not only for their own rehabilitation but also because their well-being directly influences the developmental outcomes of their children. These mothers and their children often share an intertwined victim status, making holistic support essential for both.

Integrated Support Systems: Trauma-informed counselling is foundational in addressing the psychological scars of conflict and sexual violence. This type of support helps mothers process their experiences and fosters a healthier relational environment for their children. Programs like those cited by Wagner et al. (2020) highlight the significance of targeted mental health interventions that cater to the specific needs of these survivors, facilitating better emotional availability and parenting practices.

Financial stability is key to enhancing the quality of life for both mothers and children. In northern Uganda, for instance, vocational training and microfinance opportunities have significantly contributed to mothers' financial independence, enabling them to provide more stable and supportive environments for their children (Madhani & Baines, 2020; Apio, 2022). Such economic empowerment initiatives are crucial in breaking the cycle of poverty and dependency that many survivors face.

Community and Legal Support: Establishing strong community networks through local NGOs can mitigate feelings of isolation and stigma. These networks provide emotional and practical support, facilitating shared experiences and collective healing. Successful examples from post-genocide Rwanda (Denov & Saad, 2024; Oliveira & Baines, 2020) illustrate how community support can empower mothers, enhancing their capacity to nurture and advocate for their children.

Securing legal rights is essential for ensuring that mothers and their children have access to necessary resources. Legal advocacy can help establish paternity, secure child support, and protect against discrimination. This legal support not only safeguards the mother's rights but also enhances the child's access to inheritance, national identity, and social services (Dowds, 2019; Global Survivors Fund, 2023).

Health and Education: Addressing health issues related to sexual violence and its aftermath is critical. Integrated health services that provide both physical and mental health care ensure that mothers can maintain their health, which is integral to their ability to care for their children. Programs that have shown positive outcomes, like those referenced by Vahedi et al. (2020) and Woldetsadik et al. (2022), underscore the importance of holistic health approaches.

Empowering mothers through education and literacy programs improves their socioeconomic status and advocacy skills, directly benefiting their children. For example, in northern Uganda, educational support for

mothers has led to improved educational outcomes for their children, illustrating the intergenerational benefits of such programs (Oliveira & Baines, 2020).

In summary, a holistic approach that includes psychological, economic, legal, and social support for the mothers of CBoCRSV significantly enhances their capacity to provide nurturing and stable environments for their children. Each intervention not only aids in the mother's recovery but also directly contributes to the health, safety, and development of their children, underscoring the intertwined nature of their recovery and well-being. Nonetheless, it is essential to recognize the need for specific interventions targeted directly at the children. While support through their mothers is crucial, children often have unique needs that cannot be fully addressed solely through parental assistance. Dedicated programs designed specifically for the children can ensure they receive appropriate care and support tailored to their particular experiences and challenges.

6.2.4 Legal and Social Protection Frameworks

To ensure the protection and rights of CBoCRSV, it is crucial to strengthen legal and policy measures that provide a robust protective environment. This includes safeguarding their access to essential services and legal rights. Establishing comprehensive legal frameworks that recognise and protect the rights of CBoCRSV is imperative. These frameworks should ensure that CBoCRSV are granted citizenship and access to social services, thus protecting them from statelessness and social exclusion (Global Survivors Fund, 2023). Legal reforms should address reproductive rights, access to justice, reparation, and the recognition of diverse forms of harm experienced by women and girls in conflict-affected settings (Theidon, 2022).

Policy and programming initiatives must prioritise the rights and well-being of CBoCRSV within broader peacebuilding and development agendas. This includes mainstreaming their needs into existing policies and programs related to child protection, gender equality, and humanitarian assistance (Thomas, 2019). Reparations programs should be established that acknowledge and address the specific harms experienced by CBoCRSV. These programs must go beyond monetary compensation to include measures such as access to healthcare, psychosocial support, educational opportunities, and livelihood assistance (Rohwerder, 2019).

Implementing these comprehensive measures will create a protective environment that upholds the rights and dignity of CBoCRSV and their mothers, ensuring they receive the support and recognition they deserve. Strengthening legal and policy measures to provide a robust protective environment for CBoCRSV is crucial to ensuring their rights and access to services are safeguarded.

Legal Recognition and Citizenship: Establishing legal frameworks that recognise and protect the rights of CBoCRSV, ensuring they are granted citizenship and access to social services, is essential. Protecting these children from statelessness and social exclusion is a critical step towards their social integration (Carpenter, 2010a; Global Survivors Fund, 2023). Facilitating access to birth registration for marginalised children, including those born of rape, is vital. In Sudan, national authorities with UN support are working towards this, enabling children to benefit from health and education services (Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict, 2021a and b).

Reparations and Assistance: Comprehensive legal frameworks aligned with international norms and standards should be adopted, ensuring survivors and their children receive full reparation as individual rights-holders. This includes co-creating the design and delivery of all transitional justice processes with CBoCRSV as active participants (Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict, 2023). Assistance must be sustained over the medium to long term, including building national capacity for effective survivor-centred service delivery. Too often, service provision is donor-dependent and ends with time-bound projects, which cannot meet the scale of the needs (Woldetsadik et al., 2022).

By implementing these recommendations, a protective legal and social environment can be created to ensure the rights and well-being of CBoCRSV, addressing the complexities of their situation and promoting their long-term integration and development.

6.3 Integration into Post-Conflict Reconstruction

Integrating CBoCRSV into post-conflict reconstruction efforts is essential for their well-being and the overall healing and development of affected communities. This integration requires comprehensive strategies that involve community participation, policy development, and robust monitoring and evaluation mechanisms.

Community Participation and Policy Development

Involving CBoCRSV and their families in the planning and execution of local development projects ensures that these initiatives meet the community's needs and priorities. Community participation fosters a sense of ownership and empowerment, which is crucial for sustainable development. Engaging CBoCRSV and their families in community development projects helps to address their specific needs and priorities. These projects can include the construction of schools, healthcare facilities, and community centres that provide essential services and support. By actively involving these children and their families in decision-making processes, communities can ensure that development initiatives are inclusive and responsive to their unique circumstances.

Programs that promote community participation also contribute to building resilience among CBoCRSV and their families. Empowering communities to take an active role in reconstruction efforts enhances social cohesion and reduces the stigma associated with being born of CRSV. Advocacy efforts should focus on influencing policymakers to incorporate the needs of CBoCRSV into national and international legal frameworks. This includes advocating for their recognition as a vulnerable group in need of special protection and support. Successful advocacy campaigns have led to the adoption of policies that address the specific needs of CBoCRSV, ensuring they receive the necessary resources and protection (CEDAW-CRC, 2021).

Developing inclusive policy frameworks that explicitly recognise and protect the rights of CBoCRSV is essential. These policies should ensure access to education, healthcare, psychosocial support, and legal assistance. National recovery strategies must prioritise the inclusion of CBoCRSV in all aspects of post-conflict reconstruction to promote their well-being and integration into society (Theidon, 2022).

Monitoring and Evaluation

Implementing robust monitoring and evaluation mechanisms is critical for assessing the effectiveness of interventions aimed at supporting CBoCRSV. These mechanisms ensure that programs achieve their intended outcomes and provide data to inform necessary adjustments, enhancing their impact and sustainability. Continuous monitoring of interventions provides real-time data on their impact and effectiveness, essential for identifying gaps and areas for improvement. Effective monitoring systems include regular assessments, feedback from beneficiaries, and community involvement in the evaluation process (Rohwerder, 2019). This ongoing evaluation helps ensure that programs remain responsive to the evolving needs of CBoCRSV.

Evaluating the outcomes of programs designed to support CBoCRSV helps measure their success and identify best practices. Evaluation should consider both quantitative and qualitative data to provide a comprehensive understanding of program impact. Lessons learned from these evaluations can guide the development of more effective strategies and interventions in the future (Denov et al., 2020).

Drawing on the "Theory of Change for Addressing CRSV" framework outlined by the FCDO, it is essential to align monitoring and evaluation efforts with established pathways to ensure comprehensive support for CBoCRSV (FCDO, 2022). This framework emphasises the need for increased data and evidence to inform efforts to address CRSV and strengthen standards and practices on prevention and response. The UN, particularly the Office of the Special Representative on Sexual Violence in Conflict, plays a crucial role in

advocating for the rights of CBoCRSV, setting global standards, and promoting best practices in monitoring and evaluation to ensure that interventions are effective and sustainable.

By focusing on community participation, policy development, and robust monitoring and evaluation, post-conflict reconstruction efforts can more effectively support the integration and well-being of CBoCRSV. These strategies ensure that their unique needs are addressed, promoting their inclusion and empowerment within their communities.

7. Development and Evolution of the Field

This section delves into the third research question: How has the field surrounding CBoCRSV developed and evolved? It begins by tracing the early research initiatives and historical contextualisation that laid the groundwork for this specialised area of study, highlighting key contributions and milestones that have shaped the field. The discussion then moves to the trends in the research landscape, examining the shift towards multi-disciplinary and interdisciplinary approaches that have enriched our understanding of CBoCRSV's experiences across different contexts.

Next, the section explores the evolution of terminology within the field, addressing the complexities and nuances of categorising and defining CBoCRSV. It also delves into the advancements in research methodologies, showcasing innovative approaches that have democratised research participation and enhanced the depth of data collected. Finally, the section outlines significant research clusters and projects that have contributed to the growing body of knowledge, emphasising the importance of international collaboration and the integration of survivor-centred and impactful research practices.

Overall, this section aims to provide a detailed narrative of how the field has evolved, the key academic and practical developments, and the future directions for research and advocacy efforts aimed at supporting and protecting CBoCRSV.

7.1 Development of the Research Field

7.1.1 Early Research Initiatives and Historical Contextualisation

While CBoCRSV have been the subject of academic, particularly historical but also psychological and psychiatric, discourses sporadically for decades (e.g. Harris, 1993; Roos, 2013; Richards, 2005; Felsman, 1989; Valverde, 1992; McKelvey, 1993,1999; Ekmekcioglu, 2013; Kirkels and Dickon, 2020), it was not until the early 2000s that this academic work developed into an identifiable research field. The term CBOW only emerged in international debates and discourses collaboratively during a series of interdisciplinary meetings and workshops, primarily in the US, around 2004/2005. It was not until 2007 Carpenter's groundbreaking collection *Born of War. Protecting Children of Sexual Violence Survivors in Conflict Zones* (Carpenter, 2007a), that the term became more widely used and started to be associated with a distinguishable area of scholarly engagement. Carpenter's collection and the subsequent more detailed study of CBoCRSV in Bosnia and Herzegovina (Carpenter, 2010a) were instrumental in mapping an initial research agenda, both in terms of exploring the lived experiences, risks, harms, and challenges of CBoCRSV, but also in raising the question of why this particular war-affected group had previously received so little scholarly and advocacy attention.

A few years earlier, the Norwegian scholar Larsen, who had been researching a group who were then referred to as Norwegian War Children born during and after the Second World War, had initiated the *War and Children Identity Project*, a mapping exercise of CBOW across the world which resulted in the first attempt at creating a dataset of CBOW. For the purpose of the project's final report, (Grieg, 2001) the term 'war children' was used to describe a child that had one parent that was part of an army or peace keeping force and the other parent a local citizen. The aims and conclusions of the project foreshadowed many of the objectives recently formulated in the Platform document, namely:

- to secure the rights of war children to know about their parents.
- to secure children their right to nationality and identity.
- to secure children freedom from infringement of their rights based on their biological background.
- to work equally for all war children born under war and warlike situations (Grieg, 2001)

On the basis of this early work, Mochmann and Larsen (2008) adopted the term CBOW that had previously emerged in the US and refined Grieg’s categorisation of CBOW as 1) children of enemy soldiers, 2) children of soldiers from occupational [sic] forces, 3) children of child soldiers and 4) children of peacekeeping forces. While Carpenter’s work had focussed primarily on children of survivors of CRSV, the work of the Bergen group explicitly included children born of consensual, exploitative, and abusive as well as violent relations, and encouraged comparative work on CBOW irrespective of the nature of the relationship of the biological parents.

Emerging from these first initiatives was the awareness that the big questions raised in this substantial research field would best be tackled by international and interdisciplinary networks of scholars who would engage in some of the conceptual groundwork. An AHRC-funded network on CBOW in the 20th century led by Lee (2011-2014) brought together scholars from Europe, North America, Asia and Africa for an initial exploration of similarities and differences in the life course experiences of CBOW across the 20th century.

Early research initiatives into CBoCRSV have primarily focused on understanding the unique challenges faced by these children and their mothers. Pioneering studies, such as those by Carpenter (2010a), Seto (2013), and Lee (2017), explored the sociocultural and psychological impacts on CBoCRSV. These studies highlighted the persistent risks, harms and challenges these children face, setting a foundational understanding for subsequent research and policy development. The interdisciplinary approach adopted by Lee integrates various disciplines and offers a historical contextualisation of the experiences of CBoCRSV across time and space, providing a comprehensive view of the multifaceted challenges these children encounter. Together with Seto’s work on the global politics around CBoCRSV and Carpenter’s insights into the setting of advocacy agendas, these detailed CBoCRSV studies offer a solid foundation for crafting informed policies and interventions.

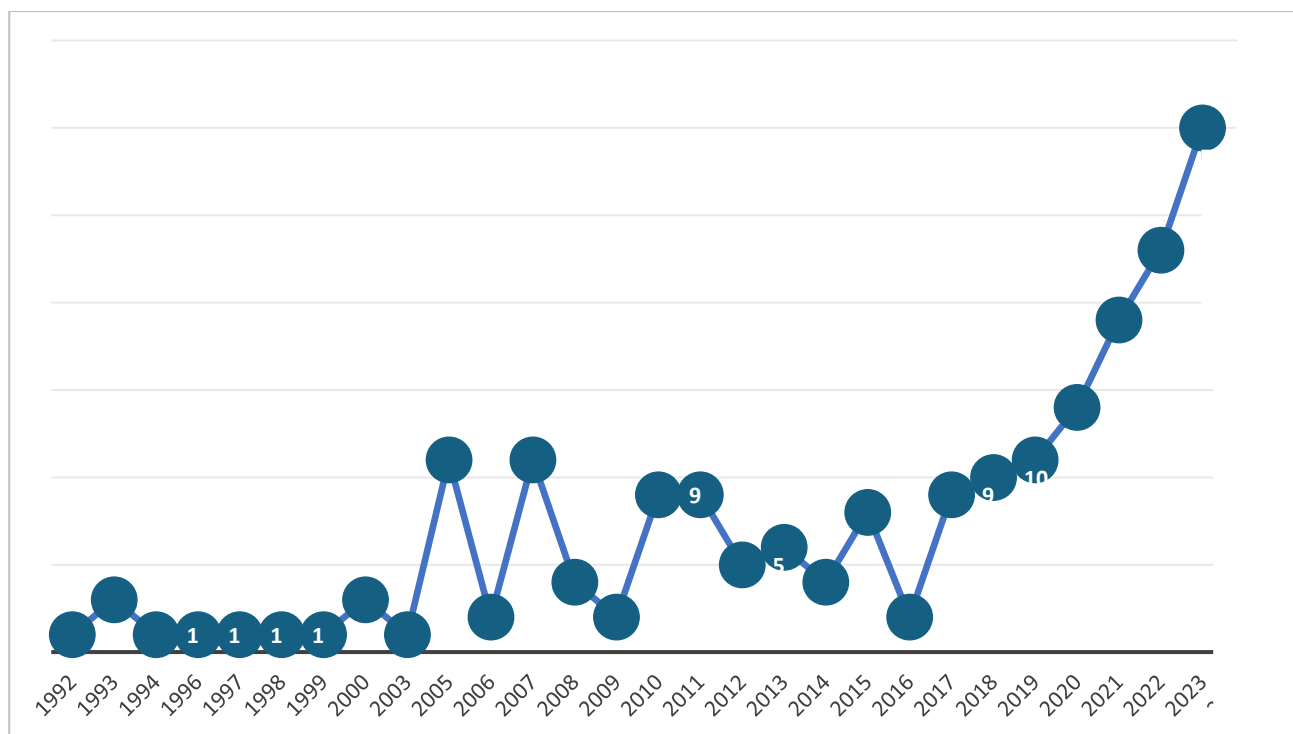


Figure 9. Number of Academic Articles Published Per Year

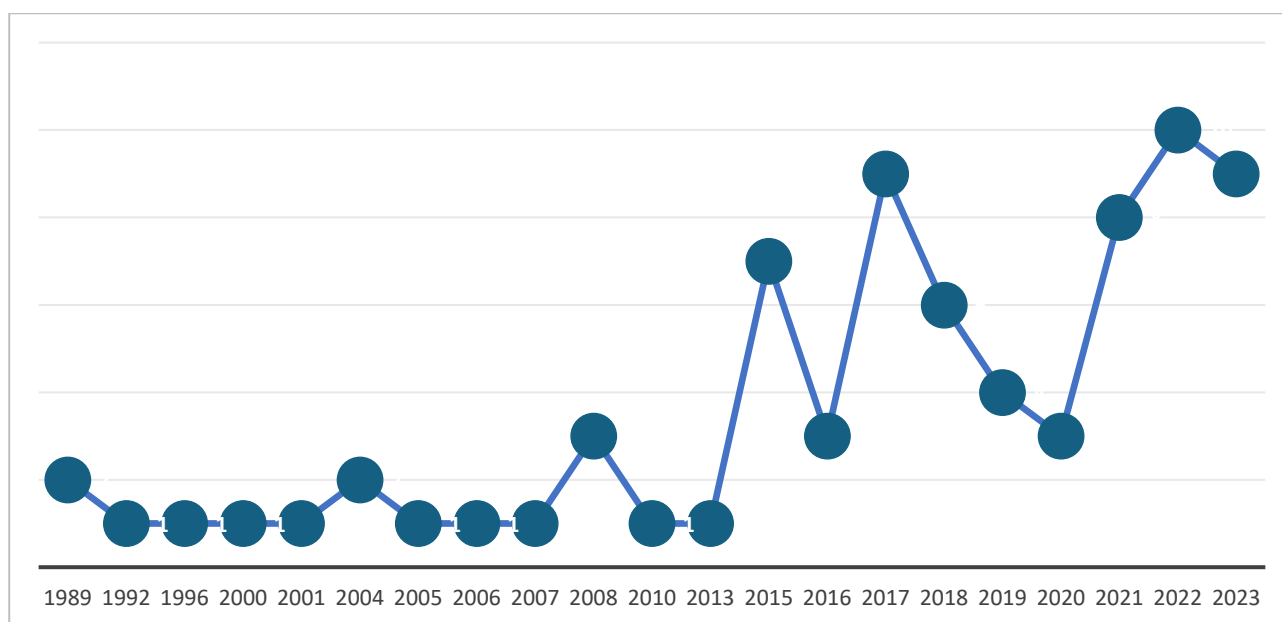


Figure 10. Number of Grey Literature Articles Published Per Year

These early studies collectively laid the groundwork for the field by identifying key issues such as psychological trauma, social stigmatisation, and legal recognition. They have been widely cited and have shaped the direction of both academic research and policy development. The foundational understanding provided by these pioneering studies, amplified by a large body of empirical and conceptual research, continues to inform current efforts to support and protect CBoCRSV, ensuring that their unique needs are addressed through targeted interventions and comprehensive legal frameworks.

7.1.2 Trends in the Research Landscape

Since the early work in the 21st century, the CBoCRSV research landscape has shown a growing trend towards multi-disciplinary and interdisciplinary approaches to promote a better understanding of the experiences of CBoCRSV. Initially some of the work, particularly in Europe, worked more broadly on CBOW; many, though not all, of the findings of this CBOW-focussed work are of relevance to the specific situation of CBoCRSV. Particular foci of these early engagements were historical studies, for instance at the Ludwig-Boltzmann Institute for the Consequences of War (<https://bik.lbg.ac.at/>) where Stelzl-Marx led an innovative work strand exploring children born of war and post-war occupation with focus on Austria and on children of Soviet occupation forces (Stelzl-Marx, 2009, 2015). Picking up methodologically and ethically exciting oral history practice, Satjukow (2008, 2015) and Gries (2015) expanded on this work, focussing on post-war German children of all occupation forces. At the same time psychological work was moved forward by Glaesmer's group in Leipzig (Glaesmer et al, 2012; Kaiser et al., 2015, 2018), and by van EE and Kleber in Utrecht (van Ee and Kleber, 2012, 2013). Developing further the work of Grieg and Larsen, and engaging in increasingly participatory approaches, Ericsson (2005, 2006, 2008), Simonson (2005, 2007, 2008), Mochmann and Øland (2009), Mochmann and Lee (2010), Kogler-Abdi (2023) among others, investigated in more detail the experiences of CBOW in Norway, Denmark, and the Netherlands. But the work also expanded into new geographies in Europe covering among others France including both World Wars (Virgili, 2009; Denéchère, 2010) and the colonial wars (Denéchère, 2019; Saada, 2007; Käuper, 2021), but also increasingly Eastern Europe (Roeger, 2017; Galeziowski, 2022; Korhel 2023). From the very beginning of research on CBoCRSV, Africa has been a focus of the analysis with Uganda (Apio, 2007) and Rwanda (Mukangendo, 2007) being included in Carpenter's directional first edited collection. The continent remained a significant research hub with regard to case studies and conceptual work with Uganda, Rwanda, DRC, Sierra Leone, Nigeria featuring prominently in the work reviewed here (Apio, 2016; Atim et al., 2018; Baines and Oliveira, 2021; Denov, 2015; De Nutte et al., 2022; Ikuomola, 2012; Kantengwa, 2014; Kiconco, 2022; Ojok, 2022; Torgovnik, 2009;

Zamperini et al, 2017). The geographical spread increased further with Japan (Hamilton, 2012; Kuramitsu, 2021), Bangladesh (Mookherjee, 2007) and Korea (Hwang, 2015; Kapoor, 2018; Kim 2010; Oh 2005; Okazawa-Rey, 1997; Park, 2010; Woo, 2010; Zitko 2023) complementing the initial Vietnam focus which continued to attract scholarly attention (Lipman, 2011; McKelvey 1999; Ranard and Gilzow, 1999, Seto, 2023). Furthermore, recently exciting conceptual work arose out of CBoCRSV research in Colombia and Peru (Sanchez Parra, 2018, 2020, 2024; Theidon 2015, 2022).

Encouraged by the successful interdisciplinary collaboration of the initial AHRC network, an EU Horizon 2020-funded doctoral training network led by Lee, Stelzl-Marx and Glaesmer brought together historical, social, anthropological, psychological, political, legal, public health and development research in 15 doctoral projects covering CBOW in Europe, Asia and Africa between 2015 and 2019 (www.chibow.org). Around the same time, several research networks and partnerships aimed at building the next generation of scholars as well as individual large projects emerged in North America. The SSHRC-funded Conjugal Slavery in War Partnership (<https://csiw-ectg.org>) contained a strand specifically focussing on children born of war-related conjugal slavery; a cluster of four projects funded by SSHRC-funded and the AHRC and co-led by Bartels and Lee (2016-2024) engaged in an investigation of peacekeeper-perpetrated SEA and CBoSEA (www.ppsea.org) beginning to fill the knowledge gap around peacekeeper-fathered children; and a Wellcome-Trust funded collaborative project on Amerasian experiences piloted a comparative study of Vietnamese Amerasians in Vietnam and in the US (2016-2024). At the same time, some large-scale individual research projects pushed forward the research boundaries. Denov's work on CBoCRSV in Uganda, Rwanda and Cambodia, funded among others by SSHRC extended our knowledge by expanding the much needed comparative research in addition to country-focussed approaches (Denov, 2019-2024); another comparative project, Skjelsbaek's ERC-funded project on CBOW in Europe (EUROWARCHILD, 2021-2026) exploring children fathered by enemy soldiers during World War II, children conceived through CRSV during the Bosnian war, and children born of European foreign fighters to ISIS/Daesh takes a cross-European and historically longitudinal approach; Apio's EU-funded fellowship supported interdisciplinary project that led to an enhanced understanding of the role of family and kinship in the experiences of CBoCRSV; and Kleinau's DFG-funded project on children of the German post-war occupation (2015-2018) adds another previously understudied aspect to the research landscape in its in-depth investigation of life-course biographical work intersecting with educational experiences.

Alongside these large projects and networks, scholars across the globe have engaged in myriads of individual projects that focussed on or included significant elements of research on CBOW and CBoCRSV. Often ground-breaking conceptual work (Theidon, 2015, 2022) later led to collaborative and networked research (Theidon et al., 2023).

This shift towards greater internationality and interdisciplinarity reflects a broader recognition of the multifaceted nature of the issues faced by CBoCRSV and the need for comprehensive strategies that address these complexities. Two other trends that have characterised research in recent years: firstly, a move towards increasingly participatory methods that not only include an emphasis on survivor-centred approaches that prioritises the voices and experiences of CBoCRSV, but that break the linear mould of research and include a process of sequential reflection and action conducted in collaboration with CBoCRSV. (Di Eugenio & Baines, 2021). Secondly, the ambition to engage in more impactful research that includes knowledge mobilisation as an integral part of the research design and implementation has led to increasingly intersectoral research, including policy-oriented research, research-based art as well as arts-based research. Denov's work won the 2020 SSHRC Insight Award, the CHIBOW-network won the 2021 Ralf-Dahrendorf Award for both its academic excellence and its outward-facing creative arts dissemination concept (<https://www.youtube.com/watch?v=kP8OEL2CP78>); and an AHRC-funded documentary dance project by Lee, Toulon and Akolkar was awarded both the 2021 AHRC Research in Film Award and the Audience Award of the Trauma Research Foundation (<https://vimeo.com/606439654>), and the Birmingham-based research on Ugandan CBoCRSV has been showcased by UK Collaborative and Development Research as best practice for impactful research (<https://ukcdr.org.uk/case-study/children-born-of-war/>).

7.1.3 Evolution of Terminology

As indicated above (8.1.1) research on CBoCRSV has developed within a broader research field on CBOW, but also CBoSEA; from its inception, terminology within this research area has been contested for three reasons.

Historically, a range of different terms have been used by researchers and affected populations in different languages and referring to CBOW or different subgroups (e.g. war child, born of war, Wehrmachtskind, liberation child, occupation child, peace babies, peacekeeper children), and an agreement over a term including one, several, or all of those subgroups to replace what were perceived as the more concise choices for individual groups was controversial.

The inclusion of the word 'child' in any of the terms that emerged raised concern, as 'child' is often associated with the most common use of the word to denote chronological age (in international law defined as a person under the age of 18 (CRC, art. 1). However, the lived experiences of CBoCRSV are not merely childhood experiences affecting populations of certain chronological ages – they often have life-long impact.

For CBoCRSV, CBOW or CBoSEA, the term childhood is today understood as a social and cultural construct, the complexities of which are only partially acknowledged by approaches that rely exclusively on chronological age; specifically, the term child is understood as a category that takes on particular meanings in a generational and kinship context. Thus, a child is a direct genetic descendant of their biological mother and father (Lee and Glaesmer, 2022a).

The initial above-described categorisation of CBOW (Mochmann and Larsen, 2008) of four distinct groups has been contested both with regard to who is included and who is excluded from these four groups. Specifically, if children of peacekeepers are included in the definition, why are children of non-uniformed UN personnel or of UN uniformed police excluded? Why are children fathered by NGO and other humanitarian workers excluded (Delic et al, 2017)? Similarly, if children of foreign soldiers are included, why are children born of foreign forces labourers excluded (Stelzl-Marx, 2017) or why are children of prisoners of war (POW), and children born to interracial and international couples in war excluded (Delic et al, 2017)? Might there be a 'strategic' advocacy advantage to broadening the definition and by implication expanding research (Takseva, 2017a)?

While all these concerns are valid, Grieg's (2001), Carpenter's (2005) and Mochmann and Larsen's (2008) definitions and categorisations of CBOW have largely stood the test of time. As Lee and Glaesmer (2022a) argue on the basis of a multi-level analysis of CBOW-specific experiences and characteristics, the categorisation should be retained despite its contested nature, but it is welcome to see greater nuance emerging through the introduction of more specific terms such as CBoCRSV, CBoSEA and PKFC allowing more specific as well as comparative research across the different subgroups.

7.1.4 Evolution of Research Methodologies

Research methodologies have evolved significantly over time. Early studies were dominated by qualitative work including interviews, focus group discussions as well as case studies designed to explore the personal narratives of CBoCRSV/CBOW and their families. Over time this was soon complemented, particularly for CBOW by some quantitative work (Glaesmer, 2010), before research incorporated mixed-method approaches, combining quantitative data collection tools like surveys with qualitative methods to provide a more nuanced understanding of the complexities of the experiences (Kaiser, 2017; Green & Denov, 2019; Lee 2019; Tasker et al, 2023; Wagner et al, 2022). In recent years, much thought has gone into the development of ethical research methodologies that allow the inclusion of children (under 18 years of age) as research participants to allow their voices to be heard in an age-appropriate way to ensure that their perspectives are included in our understanding of CBoCRSV experiences (Akullo and Ojok, 2021). Innovative methods such as arts-based approaches have been employed to facilitate expression and data collection among younger and more vulnerable populations (Shevell and Denov, 2021; Wagner et al., 2022). A similar

rationale motivated the piloting of another innovative mixed-methods approach, sensemaking, that combines narrative data capture of participants' experiences with self-interpretation of this data to allow a nuanced understanding of those experiences (Ho et al., 2019; Lee et al., 2022b; Tasker et al., 2023; Wagner et al., 2022a-d). These methodological advancements have both democratised the research by making it more inclusive, have enriched the data and therefore enhanced our understanding of the lived experiences of CBoCRSV.

7.1.5 Research Clusters

Although CBOW and CBoCRSV research only emerged as a policy, advocacy and research concern relatively recently, in the two decades of focussed activities, research clusters around specific geographical focus areas have developed that correspond closely to the development of the research landscape described above (see sections 8.1.1 and 8.1.2). Early CBOW that had emerged in Norway following Grieg's (2001) report led to Scandinavia and linked to this Germany, developing into a cluster of CBOW work with 14 % (n = 30) of the publications reviewed here covering research related to this geographical area. While much of this work concerns CBOW more generally rather than the specific challenges of CBoCRSV, and by construct research does not focus in LMICs, some of the conceptual insights have been influential and highly relevant for our understanding of the risks, harms and challenges of CBoCRSV, also in LMICs. To name but a few, Grieg (2001) and later Larsen and Mochmann (2008) started categorising CBOW into different groups reflecting the different contexts within which the parental relationships had occurred, and Glaesmer et al.'s (2012) initial model of CBOW experiences first conceptualised framework of the psychological consequences of growing up as CBOW. Both of those have stood the test of time and the latter is highly relevant also specifically to CBoCRSV in LMICs. Skjelsbæk's ongoing large EU-supported project is bridging some of those divides between the research on CBOW in HICs and CBoCRSV in LMICs by linking the historical cases of CBOW with those of CBoCRSV during the Bosnian war, and children born of European foreign fighters to ISIS/Daesh.

The early work on CBOW moved beyond the Scandinavian context, and the cluster around World War Two (8%, n = 17) has included a wealth of primarily historical studies of a range of regions, including France (Virgili, 2009), Netherlands (Diederichs, 2005), Eastern Europe (Roeger, 2011; Mühlhäuser, 2005; Galeziowski, 2023; Gruzinš, 2021, Haberkern et al., 2021) and an extensive body of work around children of the post-war occupations (e.g. Satjukow and Gries, 2015; Stelzl-Marx, 2015; Schretter, 2022a; De Faria, 2003)

Another early research focus that had emerged even prior to CBOW research developing as a distinct field was research on Amerasian and Eurasian CBOW. Valverde's (1992) and McKelvey et al.'s (1993) early work specifically on Vietnamese and subsequent work related to children born of the Korean War (Oh, 2005; Park, 2010; Woo, 2010) laid the foundations of a second cluster of work on CBOW focussing on children born in Southeast Asia. This included a significant body of autobiographical work (e.g. Bass, 1996; DeBonis, 2017; Sachs, 2010; Yarborough 2006) informing continuing academic research engagement (Firpo 2010; Ho et al, 2019; Saada, 2007; Lee et al, 2022b; Thomas, 2019; Thomas and Mrazek, 2021; Denéchère, 2014; Käuper, 2021) with 17% (n = 35) of the reviewed material exploring the children of the Indochina, Korean and Vietnam Wars.

By far the most extensive research cluster, however, has developed around relatively recent conflicts in Sub-Saharan Africa, namely around CBoCRSV during and after the LRA conflict in Uganda, the Rwandan genocide and the conflict in Eastern DRC. 30% (n = 62) of the total reviewed material deals with these geographical areas with several large-scale projects involving a range of scholars (e.g. Acan, Akello, Akullo, Anumol, Atim, Apio, Baines, Bunting, Denov, de Nutte, Derluyn, Kiconco, Mazurana, Munderere, Lee, Ojok, Oliveira, Wagner) working on related questions across disciplinary, sectoral and national boundaries.

Another European context which has received increasing attention in recent years are CBoCRSV in former Yugoslavia. Initiated in the very early collaborative work co-ordinated by Carpenter (2007a) by researchers such as Daniel-Wrabetz and Weitsman, and taken forward by Carpenter (2010a) herself, Clark (2014), Lee (2017), Strupinskiene (2012) Ellis (2023), among others, 9% (n = 18) of the reviewed works have explored the

complexities of life courses of CBoCRSV in former Yugoslavia from a range of disciplinary and interdisciplinary angles (law, history, psychology, political sciences, sociology) to advance our understanding of the risks, harms and challenges experienced by CBoCRSV.

7.2 Policy and Legal Developments

7.2.1 International Legal Frameworks

The evolution of international laws and policies aimed at protecting and supporting CBoCRSV has been crucial in addressing their unique needs and rights. Over the years, international legal frameworks have progressively recognised the necessity of safeguarding these children, integrating their protection into broader human rights and humanitarian law.

Much of the initial work was developed within the context of the United Nations Women, Peace, and Security (WPS) agenda, which began in 2000 with the adoption of United Nations Security Council Resolution 1325. This resolution acknowledged the gendered impacts of armed conflict and post-conflict situations on women and girls.

Subsequent resolutions, including 1820 (2008), 1888 (2009), 1889 (2009), 1960 (2010), 2106 (2013), 2122 (2013), and 2242 (2015), further reinforced commitments to combat sexual violence in conflict and to provide support to survivors and their children (United Nations, 2000, 2008, 2009, 2010, 2013, 2015). A significant milestone was achieved in 2019 with UNSCR 2467, which, for the first time, explicitly recognised children conceived in CRSV as rights-holders. This resolution acknowledged that these children endure both related and distinct harms from the women and girls impregnated through acts of sexual violence. It also called for the Secretary-General to report back to the Council on issues, including the life-threatening risks and harms to women and girls who become pregnant as a result of sexual violence, and to address the needs of these mothers and their children.

The WPS agenda has built upon significant developments in international legal frameworks that address the gendered harms of armed conflict. The Rome Statute of the ICC, established in 1998, marked a significant step in addressing war crimes, including sexual violence, and implicitly recognised the rights of children born of such acts by holding perpetrators accountable (ICC, 1998). This legal instrument has facilitated the development of mechanisms to ensure justice for survivors and their children, promoting the enforcement of their rights on an international scale.

The Convention on the Rights of the Child (1989) and its Optional Protocol on the involvement of children in armed conflict (Helle, 2000) further emphasised the importance of protecting all children affected by armed conflict, including those born of sexual violence. These frameworks provide a robust basis for advocating for the rights and well-being of CBoCRSV, ensuring that their specific needs are addressed in international policies and legal standards (UNICEF, 2016; 2019).

7.2.2 National Policy Responses

At the national level, countries are increasingly recognising the unique needs and rights of CBoCRSV through the development of tailored policies. These policies often reflect the unique sociopolitical contexts and challenges faced by these children and their families.

In Uganda, for example, national policies have been influenced by extensive research on the experiences of CBoCRSV, particularly those born during the LRA insurgency. Research by Apio (2007, 2016, 2022) and Denov (2015, 2017, 2019) has highlighted the need for comprehensive reintegration programs that address the stigmatisation and marginalisation faced by these children. Policies have been developed to support their

educational, psychosocial, and economic needs, aiming to facilitate their integration into society and improve their overall well-being.

In Colombia, the Victims' and Land Restitution Law of 2011 (extended in 2021) included a groundbreaking feature in its recognition of children conceived in CRSV as direct victims of the armed conflict, thus providing a blueprint to a post-conflict justice that acknowledges the harms experienced by CBoCRSV and acknowledges a right to redress that could form the basis of domestic reparations (Sanchez Parra, 2024).

The advancements suggest a shift towards more inclusive and supportive legislative environments for CBoCRSV, aiming to protect their rights comprehensively. These national efforts are crucial in framing the future directions for policy development and advocacy to ensure that the rights and needs of CBoCRSV are consistently recognised and effectively addressed across all levels of governance.

7.3 Contributions to Global Evidence Base

This section is dedicated to examining the practical impacts and advancements in the field. By articulating these contributions, Section 8.3 highlights the dynamic nature of this research field and its direct implications for enhancing the support structures and policies geared towards CBoCRSV. Through this examination, we aim to provide clarity on how theoretical advancements have been translated into actionable knowledge and practice, paving the way for continued progress in supporting and understanding CBoCRSV.

7.3.1 Interdisciplinary Research Contributions

Interdisciplinary approaches have significantly enriched the understanding and response to the needs of CBoCRSV. Researchers have integrated perspectives from history, psychology, sociology, anthropology, political and social sciences, social work, global public health and law to provide a comprehensive understanding of the challenges faced by these children and their mothers. Many of the larger research projects of the last two decades (see section 8.1) have successfully embraced multi- and interdisciplinary as well as intersectoral and international approaches to good effect.

7.3.2 Ethical Research Practices

Ethical research practices have evolved significantly, with projects like CHIBOW (Children Born of War) advancing standards in research concerning vulnerable populations. CHIBOW's methodological framework highlights the necessity of ethical integrity, ensuring that research participants, especially victim/survivors and their children, are treated with respect and care (Kaiser et al, 2022). Akullo and Ojok (2022) discuss the methodological reflections on including minors in CBOW research, emphasising the need for ethical considerations to protect their well-being during the research process; for instance, by choosing non-intrusive research methods like participant observations or writing assignments, or focus groups instead of interviews to not single individuals out. These ethical considerations ensure that the dignity and rights of CBOW are upheld throughout the research, promoting trust and reliability in the findings (Akullo and Ojok, 2022; Stewart, 2023).

7.3.3 Promotion of Agency and Participation

Emphasising the importance of providing safe and trusted spaces for CBoCRSV to participate in research activities and policy discussions is crucial. This involvement ensures that their unique perspectives and needs are directly addressed in the CBoCRSV agenda. It is essential to create environments where CBoCRSV feel secure and empowered to share their experiences and insights without fear of stigma or retribution. Stakeholders should actively amplify the voices of CBoCRSV, ensuring that their contributions are not only heard but also integrated into policy and program development. Supporting research and other initiatives

led by these children is vital to promoting their rights and well-being. By doing so, we acknowledge their agency and resilience, providing them with the opportunity to influence decisions that affect their lives and communities. This approach not only enriches policy frameworks but also fosters a sense of ownership and empowerment among CBoCRSV, contributing to more effective and sustainable outcomes.

7.3.4 Advocacy and Awareness

Academic and non-academic advocacy have played crucial roles in raising awareness and shaping public and policy perspectives on CBOW. Advocacy efforts have highlighted the unique challenges faced by these children and their mothers, pushing for their inclusion in national and international policy agendas. Anderson (2022) underscores the importance of addressing the needs of mothers and their CBoCRSV through comprehensive support frameworks in psychosocial settings. Such advocacy has not only informed public discourse but has also driven the development of more inclusive and supportive policies, enhancing the visibility and support for CBOW.

These contributions have collectively built a robust global evidence base, driving forward the understanding, support, and protection of CBOW in various post-conflict settings.

8. Comprehensive Review and Analysis

8.1 Thematic Synthesis and Interpretation

This section provides a synthesis of the overarching trends and thematic consistencies identified in the research concerning CBoCRSV. Rather than reiterating discrete findings, this synthesis aims to integrate and interpret broad conceptual insights across studies to propose more generalisable conclusions and theoretical advancements.

Interdisciplinary Research Approaches: One emerging trend is the increasing acknowledgment of the need for interdisciplinary research frameworks that blend psychological, sociological, legal, and health-related perspectives.

Shift towards Participatory Research Methods: There is a significant move towards involving CBoCRSV and their communities in the research process. Participatory approaches not only enrich the data but also empower participants, fostering a sense of agency and contributing to destigmatisation and community integration.

Trauma-Informed Care and Resilience Frameworks: An integrated framework that combines trauma-informed care with resilience-building strategies is becoming more central in recommendations for interventions. This underscores the necessity for interventions to operate not merely at the level of individual psychological support but also in creating enabling environments that support long-term resilience and social integration. This corresponds closely with the socio-ecological approaches which have been found valuable not only in capturing and understanding the experiences of CBoCRSV and their layered environments, but also in conceptualising responses to the challenges that are being experienced.

Evolution of Legal and Advocacy Efforts: Research points to an evolution in the legal and advocacy strategies employed by and on behalf of CBoCRSV, with a growing focus on securing not only immediate protective measures but also long-term rights such as citizenship, inheritance rights, and full legal recognition. There is a notable shift towards using international law and human rights frameworks more effectively within regional and national legal contexts.

Evolving Definitions and Terminologies: The field is witnessing a dynamic evolution in the terminologies and definitions used to describe CBoCRSV, reflecting deeper understandings of their experiences and the societal contexts they navigate. This evolution is crucial for the legal, social, and therapeutic interventions aimed at supporting these individuals, as language plays a significant role in shaping policies and public perceptions.

8.2 Identification of Research Frontiers and Innovative Directions

While synthesising existing literature provides valuable insights, there is also a critical need to identify areas that are currently underexplored or hold potential for new empirical research:

Integration of New Conflict Areas and Languages: It is important to acknowledge that our research excluded materials published in Asian, Slavic, and other non-Western languages. Although we are not currently aware of significant material published in these languages or research groups working in these contexts, this exclusion represents a potential limitation and omission in the comprehensiveness of our review.

Many current active conflict zones such as Ukraine, Gaza, Yemen, the Western Sahara region, and Syria, among others experiencing long-term conflicts, are not yet represented in the current literature. Studying these contexts can provide insights into continuing and emerging challenges and adaptive strategies relevant to different geopolitical and cultural landscapes.

Role of Fathers: More research is required on the role fathers play in the lives of CBoCRSV, as existing literature predominantly focuses on mothers and the mother-child relationship. Fathers' involvement or absence can significantly impact the child's social and psychological development, influencing their sense of identity and belonging. Understanding the children's perspectives of fathers and their profile / involvement in the conflict (e.g., soldier, humanitarian, civilian) can offer insights into broader family dynamics and the categorisation of CBoCRSV. Examining the children's varied perceptions of their fathers — from perpetrators to protectors — can help refine support systems that address their search for connection and paternal identity.

Focus on Non-Normative Gender Identities: The experiences of LGBTQ+ CBoCRSV are absent in the literature. Using intersectional approaches, researching this population could uncover layers of stigma and discrimination not addressed by current models and offer a more inclusive understanding of post-conflict identity formation. This research could also identify unique protective factors and resilience strategies employed by LGBTQ+ CBoCRSV.

Technological Interventions: Exploring digital interventions, such as tele-psychology, e-learning, and social media-based support networks, can open up new avenues for reaching and supporting CBoCRSV in inaccessible or volatile areas, particularly in low-resource settings. These technological solutions can bridge gaps where traditional support systems are unavailable, providing critical psychological, educational, and social support.

Cultural and Religious Influences on Recovery: There is a substantial gap in understanding how different cultural and religious contexts impact the recovery and integration processes for CBoCRSV. Detailed studies could help tailor interventions that are sensitive to cultural and religious influences and thus more effective. Exploring these influences can enhance the cultural competence of intervention programs and improve their acceptance and efficacy in diverse settings.

Longitudinal and Life-Course Studies: There is a dearth of longitudinal research tracking the life courses of CBoCRSV. Such studies are essential to understand the long-term impacts of interventions and the evolving needs of this population over time. Longitudinal studies can provide insights into the sustained effects of early interventions, identifying key periods where additional support might be necessary and offering evidence for the long-term benefits of comprehensive care. Similarly, retrospective studies that compare CBoCRSV from World War II with those from more recent conflict settings could provide valuable insights into the long-term life courses of CBoCRSV.

By pushing the boundaries of current research frameworks and incorporating these underexplored areas, future studies can significantly enhance the theoretical and practical knowledge base, leading to more effective and contextually appropriate interventions for CBoCRSV.

9. Policy Implications and Recommendations

9.1 Strategic Insights for Policy Frameworks

This report highlights the similarities in the experiences of CBoCRSV across different contexts. Given the current state of research, it is assumed that the experiences of these children are sufficiently similar to justify their summarisation for policy-making purposes. It is expected that support measures developed for a specific context will also show positive effects in other contexts. This assumption implicitly focuses on the "most vulnerable and most marginalised" population groups, as articulated in the platform document of the UK FCDO, which represents the central document of international efforts to promote the rights and well-being of war-born children (FCDO, 2022). The effectiveness of support measures in different situations should also be supported by empirical studies and evaluations to ensure they indeed have positive impacts. These issues can be explored in future research projects and program evaluations to draw informed conclusions and make policy measures more effective.

The authors advocate that, instead of the common practice of designing interventions anew for each group, it should be assumed that CBoCRSV, who face similar challenges as described in the report, will benefit from interventions targeting these difficulties, largely independent of context. Participatory approaches could help specify and ensure that interventions are tailored to the individual needs and contexts of the affected children. Researchers can then determine through comparative and evaluative studies whether established interventions need to be adapted for new groups. This approach prioritises the well-being of the children, strengthens their identity, their community influence, and responds to the fact that women are increasingly victims of gender-specific war crimes and sexual violence, and the numbers of CBoCRSV continue to rise, while their rights remain stagnant (Neenan, 2017).

9.1.1 Enhancing Legal Protections

Strengthening legal frameworks to ensure the rights and protection of CBoCRSV is crucial. Current international legal frameworks, such as the United Nations Convention on the Rights of the Child, provide a broad foundation, but more specific measures are needed to address the unique vulnerabilities of CBoCRSV. On the basis of the REA and the recommendations contained herein, it is proposed that legal protections be enhanced through:

Clear Definitions and Inclusions: Legislation should explicitly recognise CBoCRSV as a distinct category requiring special protection, including provisions for their citizenship rights and legal recognition.

Anti-Discrimination Laws: Laws should be enacted to protect CBoCRSV from stigma and discrimination, ensuring they have equal access to education, healthcare, and social services.

Supportive Legal Processes: Establishing legal frameworks that facilitate the affiliation process, such as streamlined procedures for birth registration and citizenship applications for CBoCRSV, will help integrate these children into society legally and socially.

9.1.2 Integrating CBoCRSV in Social Policies

Integrating CBoCRSV into social policies requires a multi-faceted approach that encompasses healthcare, education, and social services. Recommendations include:

Comprehensive Healthcare Services: Ensure that healthcare policies include provisions for mental health support and trauma-informed care tailored to the needs of CBoCRSV and their mothers. This should include free access to psychological counselling, treatment for sexually transmitted infections, and maternal health services.

Educational Support Programs: Social policies should prioritise the educational needs of CBoCRSV by providing scholarships, vocational training, and psycho-social support systems within schools to address bullying and stigmatisation. Programs that facilitate school reintegration and peer support are crucial.

Social Services and Economic Support: Implement social policies that provide economic support to CBoCRSV and their families, including cash transfers, housing assistance, and job training for mothers and CBoCRSV to enhance economic stability.

9.1.3 Community Reintegration Strategies

Successful reintegration of CBoCRSV into their communities hinges on fostering acceptance and providing robust support networks. Effective strategies include:

Community Awareness Campaigns: Conduct community education programs to reduce stigma and increase awareness about the challenges faced by CBoCRSV. These programs should involve local leaders, schools, and health providers to promote inclusive attitudes.

Peer Support and Mentoring: Establish peer support groups and mentoring programs that connect CBoCRSV with positive role models and peers who have undergone similar experiences. This helps build resilience and a sense of belonging.

Inclusive Policy Development: Engage CBoCRSV and their families in the policy-making process to ensure their voices are heard and their specific needs are addressed in community development plans. Participation in local governance can empower these individuals and foster a sense of ownership and inclusion.

Application of Findings to New Contexts: Utilize the core findings from existing research to inform interventions in contemporary conflict zones, such as the Middle East and Ukraine. This proactive approach can mitigate risks and prevent harms to CBoCRSV who are being born in these ongoing conflicts.

In conclusion, a comprehensive approach to policy development, legal protection, and community reintegration is essential for addressing the complex needs of CBoCRSV. Implementing these recommendations can help ensure that these children receive the support and protection they need to thrive.

9.2 Recommendations for Future Research

Identifying and addressing knowledge gaps is essential for developing effective interventions and policies for CBoCRSV. While significant research has been conducted in some conflict-affected areas, other regions remain under-researched. For instance, there is limited data on CBoCRSV in Southeast Asia, the Middle East and South America. Expanding research to these regions can provide a more comprehensive global understanding of the issue.

A particularly glaring gap in the current research concerns the evaluation of the effectiveness of proposed and existing interventions, which is essential to improve support for CBoCRSV. This includes analysing the impact of psychological counselling, educational programs, and economic support on the well-being and integration of these children and their families.

Longitudinal studies are essential for understanding the long-term impact of being a CBoCRSV, as well as the outcomes and effectiveness of interventions for CBoCRSV. Long-term tracking of individuals who have received various forms of support (e.g., psychological counselling, educational assistance, economic aid) can help assess which interventions are most effective in promoting resilience and integration. Examining the life trajectories of CBoCRSV from childhood into adulthood can reveal the lasting effects of early trauma and the factors that contribute to positive outcomes. Moreover, longitudinal data can inform the development of

policies that are responsive to the evolving needs of CBoCRSV, ensuring that support mechanisms remain relevant and effective over time.

To address the specific vulnerabilities of CBoCRSV, research should adopt a comprehensive and comparative approach. By employing a socio-ecological model, research can reflect the experiences of CBoCRSV across various levels—micro, meso, exo, macro, and chrono, highlighting the value of an integrated research and intervention approach. This model highlights the importance of an integrated approach to research and intervention development, capturing the complex interplay of individual, community, societal, and temporal factors that influence the lives of these children. Using cross-disciplinary methods informed by an intersectional understanding not only enriches the analysis but also enhances the relevance of research by expanding the categories of study. This broader scope increases the sample size, thereby elevating the significance of the research findings on CBoCRSV and boosting public interest in the policy actions required. Ultimately, such an approach leads to more effective and comprehensive policy and intervention strategies that are well-suited to the multifaceted nature of the risks and harms faced by CBoCRSV. This methodological innovation is essential for developing interventions that are both informed and effective, ensuring that research translates into tangible improvements in the lives of these children.

In summary, by addressing these research gaps, adopting interdisciplinary approaches, and conducting longitudinal and comparative studies, future research can significantly advance the support and understanding of CBoCRSV, leading to more effective interventions and better outcomes for these vulnerable populations.

9.3 Implications for International Collaboration

9.3.1 Building Global Partnerships

Building global partnerships is considered critical for advancing research and developing effective interventions for CBoCRSV. Collaborative efforts between governments, NGOs, and academic institutions can provide a model that is most likely to pool the widest possible preexisting knowledge with policy-relevant research designs most likely to address effectively the complex challenges faced by these children. The Platform for Action highlights the necessity for global commitment and proactive engagement from all stakeholders to mobilise resources and expertise necessary for comprehensive support.

Resource Sharing: Collaborations facilitate the sharing of resources, including funding, data, and research tools, which can enhance the quality and scope of research. For instance, joint research projects and funding initiatives can provide the necessary financial support and infrastructure to conduct large-scale studies.

Policy Development: International partnerships can influence policy development by pooling insights and best practices from different contexts. This collaborative approach ensures that policies are informed by a diverse range of experiences and are more likely to be effective across various settings. The Platform advocates for multi-stakeholder collaborations that include governments, UN entities, and civil society organisations to ensure a comprehensive and effective approach.

Expertise Exchange: Enhancing collaboration by exchanging expertise ensures that specialised knowledge is shared across borders and institutions. This can lead to improved methodologies and innovation in handling the unique challenges of CBoCRSV. Multinational workshops, expert panels, and cross-border educational programs can facilitate a deeper understanding and refine the approaches used in different settings.

9.3.2 Standardising Data Collection and Sharing

Standardising data collection and sharing was noted to be essential for building a cohesive global understanding of the challenges faced by CBoCRSV. Consistent methodologies and shared frameworks can improve the reliability and comparability of research findings.

Unified Protocols: Developing unified protocols for data collection ensures that information gathered from different regions and studies is compatible and can be aggregated for comprehensive analysis. This includes standardised surveys, interview techniques, and data coding practices.

Data Repositories: Establishing international data repositories allows researchers to access a centralised database of information on CBoCRSV. Such repositories can facilitate meta-analyses and longitudinal studies, providing valuable insights into trends and long-term outcomes.

Collaborative Platforms: Creating collaborative platforms for data sharing and communication among researchers, policymakers, and practitioners can enhance transparency and encourage the dissemination of findings. These platforms can host forums, workshops, and conferences to foster ongoing dialogue and collaboration.

9.3.3 Coordinated Policy Efforts

Coordinated international policy efforts were discussed as crucial for ensuring that CBoCRSV receive consistent and effective support and protection, regardless of their location. These efforts involve aligning legal frameworks, support structures, and advocacy initiatives across countries.

Harmonised Legal Protections: Developing harmonised legal protections for CBoCRSV ensures that their rights are upheld universally. International agreements and conventions can set minimum standards for the treatment and support of these children, influencing national legislation.

Integrated Support Structures: Coordinated efforts can lead to the development of integrated support structures that address the diverse needs of CBoCRSV. This includes healthcare, education, and psychosocial support services, which should be accessible and equitable across different regions. The Platform highlights the importance of a holistic approach to support CBoCRSV that integrates health, education, and legal support.

Global Advocacy: International collaborations can amplify advocacy efforts, raising awareness about the plight of CBoCRSV and pushing for policy changes at both national and international levels. Joint campaigns and initiatives can leverage the strengths of various organisations and stakeholders to effect meaningful change. The Platform for Action underscores the importance of global advocacy efforts in raising awareness and advocating for policy changes that support CBoCRSV.

In conclusion, international collaboration is essential for advancing the research, policy development, and support mechanisms for CBoCRSV. By building global partnerships, standardising data collection and sharing, and coordinating policy efforts, the international community can more effectively address the complex challenges faced by CBoCRSV.

10. Conclusion

Drawing upon a large corpus of 209 academic studies, 80 grey literature sources, 60 media articles, 8 documentaries, and 57 papers or reports in other languages, this assessment thoroughly investigates the risks, harms, and challenges that undermine the well-being and societal integration of CBoCRSV across various geopolitical and cultural settings.

The pervasive stigma and discrimination experienced by CBoCRSV are highlighted as fundamental barriers to their social acceptance and integration. This stigma not only impacts their mental health and developmental outcomes but also isolates them within their communities, reinforcing their marginal status and complicating their identity formation and social relationships. The legal and institutional challenges that CBoCRSV encounter, particularly in terms of citizenship and access to justice, are identified as critical areas requiring urgent attention. CBoCRSV have been recognised as direct victims of CRSV by the ICC and therefore have a right to reparation, which is currently not being realised. Moreover, many CBoCRSV lack formal documentation, which severely limits their access to essential services such as education and healthcare, perpetuating their marginalisation.

The assessment also emphasises the importance of addressing identity-related and psychological issues such as the intergenerational transmission of trauma. It notes that the psychological impacts of conflict and violence not only affect the mothers of CBoCRSV but are passed down, affecting the psychological resilience and health of CBoCRSV and their future families.

To effectively support CBoCRSV, the REA advocates for integrated and culturally sensitive interventions that acknowledge and address these complex layers of adversity. It calls for the enhancement of legal frameworks to ensure the rights and protections of CBoCRSV are upheld, alongside comprehensive psychosocial support to address both immediate and long-term mental health needs.

Moving forward, it is recommended that future research continues to explore the efficacy of interventions across diverse settings, especially underrepresented regions, employing state-of-the-art research methods to better understand their impact on CBoCRSV. Such research aims to fill existing knowledge gaps and guide the development of interventions that are evidence-based, survivor-led, and contextually appropriate.

The conclusion of this REA serves as a call to action for policymakers, practitioners, and researchers to prioritise the needs of CBoCRSV, ensuring that interventions are holistic, sustained, and responsive to the evolving challenges these vulnerable populations face.

Appendices

Appendix 1: List of Search Terms Used

- “Children born of conflict(-)related sexual violence”
- “Children born of conflict(-)related SV”
- “Children born of conflict(-)related Sexual Exploitation and Abuse”
- “Children born of conflict(-)related SEA”
- “Children born of conflict(-)related rape”
- “Children born of conflict(-)related gender(-)based violence”
- “Children born of conflict(-)related GBV”
- “Children born of conflict(-)related sexual and gender(-)based violence”
- “Children born of conflict(-)related SGBV”
- “Children born of wartime sexual violence”
- “Children born of war”
- “Children born of war(-)time”
- “Children born of war(-)zones”
- “Children born of Sexual Exploitation and Abuse” AND “conflict”
- “Children born of Sexual Exploitation and Abuse” AND “war”
- “Children born of rape” AND “conflict”
- “Children born of rape” AND “war”
- “Children born of wartime rape”
- “Children born of sexual violence” AND “conflict”
- “Children born of sexual violence” AND “war”
- “Children born of SV” AND “conflict”
- “Children born of SV” AND “war”
- “Children born of SEA” AND “conflict”
- “Children born of SEA” AND “war”
- “Children born of gender(-)based violence” AND “conflict”
- “Children born of gender(-)based violence” AND “war”
- “Children born of GBV” AND “conflict”
- “Children born of GBV” AND “war”
- “Children born of sexual and gender(-)based violence” AND “conflict”
- “Children born of sexual and gender(-)based violence” AND “war”
- “Children born of SGBV” AND “conflict”
- “Children born of SGBV” AND “war”
- “Children of perpetrators” AND “conflict”

- “Children of perpetrators” AND “war”
- “Children fathered by perpetrators” AND “conflict”
- “Children fathered by perpetrators” AND “war”
- “Children of survivors” AND “conflict”
- “Children of survivors” AND “war”
- “Children conceived through conflict(-)related sexual violence”
- “Children conceived through CRSV”
- “Children conceived through wartime sexual violence”
- “Children conceived through sexual violence” AND “conflict”
- “Children conceived through sexual violence” AND “war”
- “Children conceived through SV” AND “conflict”
- “Children conceived through SV” AND “war”
- “Children conceived through Sexual Exploitation and Abuse” AND “conflict”
- “Children conceived through Sexual Exploitation and Abuse” AND “war”
- “Children conceived through SEA” AND “conflict”
- “Children conceived through SEA” AND “war”
- “Children conceived through rape” AND “conflict”
- “Children conceived through rape” AND “war”
- “Children conceived through gender(-)based violence” AND “conflict”
- “Children conceived through gender(-)based violence” AND “war”
- “Children conceived through GBV” AND “conflict”
- “Children conceived through GBV” AND “war”
- “Children conceived through sexual and gender(-)based violence” AND “conflict”
- “Children conceived through sexual and gender(-)based violence” AND “war”
- “Children conceived through SGBV” AND “conflict”
- “Children conceived through SGBV” AND “war”
- “Children conceived in war” AND “sexual violence”
- “Children conceived in war” AND “SV”
- “Children conceived in war” AND “Sexual Exploitation and Abuse”
- “Children conceived in war” AND “SEA”
- “Children conceived in war” AND “rape”
- “Children conceived in war” AND “gender(-)based violence”
- “Children conceived in war” AND “GBV”
- “Children conceived in war” AND “sexual and gender(-)based violence”
- “Children conceived in war” AND “SGBV”
- “Children conceived in conflict” AND “sexual violence”
- “Children conceived in conflict” AND “SV”

- “Children conceived in conflict” AND “Sexual Exploitation and Abuse”
- “Children conceived in conflict” AND “SEA”
- “Children conceived in conflict” AND “rape”
- “Children conceived in conflict” AND “gender(-)based violence”
- “Children conceived in conflict” AND “GBV”
- “Children conceived in conflict” AND “sexual and gender(-)based violence”
- “Children conceived in conflict” AND “SGBV”
- “Children born during war” AND “sexual violence”
- “Children born during war” AND “SV”
- “Children born during war” AND “Sexual Exploitation and Abuse”
- “Children born during war” AND “SEA”
- “Children born during war” AND “rape”
- “Children born during war” AND “gender(-)based violence”
- “Children born during war” AND “GBV”
- “Children born during war” AND “sexual and gender(-)based violence”
- “Children born during war” AND “SGBV”
- “Children born during conflict” AND “sexual violence”
- “Children born during conflict” AND “SV”
- “Children born during conflict” AND “Sexual Exploitation and Abuse”
- “Children born during conflict” AND “SEA”
- “Children born during conflict” AND “rape”
- “Children born during conflict” AND “gender(-)based violence”
- “Children born during conflict” AND “GBV”
- “Children born during conflict” AND “sexual and gender(-)based violence”
- “Children born during conflict” AND “SGBV”
- “War babies”
- “Children of the enemy”
- “Rape baby” AND “conflict”
- “Rape baby” AND “war”
- “Rape babies” AND “conflict”
- “Rape babies” AND “war”

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Glossary of Terms

Children Born of Conflict-Related Sexual Violence (CBoCRSV): Refers to children conceived as a result of sexual violence linked to conflict.

Children Born of War (CBOW): Refers to children conceived as a result of sexual relations between foreign soldiers and local civilians during military occupations, peacekeeping missions, or other foreign military presences.

Conflict-Related Sexual Violence (CRSV): Encompasses rape, sexual slavery, forced prostitution, forced pregnancy, and other forms of sexual violence, exploitation and abuse directly associated with conflict.

Cultural Sensitivity: An approach that respects and incorporates the cultural beliefs, practices, and needs of the community when designing and implementing interventions or conducting research.

Decolonisation of Literature: The process of recognising and removing colonial biases in literature and ensuring that diverse, non-Western perspectives are included and valued.

Gender-Based Violence (GBV): Violence directed at an individual based on their gender or violence that affects persons of a particular gender disproportionately.

Grey Literature: Information produced outside of traditional publishing channels, including reports, theses, conference proceedings, and other non-peer-reviewed documents.

Intersectional Approaches: Analytical frameworks that consider multiple intersecting social identities (e.g., race, gender, class) and how these intersections contribute to unique experiences of oppression or privilege.

Intergenerational Transmission of Trauma: The passing of the psychological effects of trauma from one generation to the next. This can occur through parenting styles, family dynamics, and social environments.

Life-Course Studies: Research that follows individuals over a significant period, examining how early life experiences impact later life outcomes.

Longitudinal Studies: Research studies that follow the same subjects over a period of time, often years, to observe long-term effects and changes.

Non-Governmental Organizations (NGOs): Organisations, groups or institutions that operate independently from a government and often have humanitarian or development objectives. They play a crucial role in providing services, conducting research, and advocating for policy changes on behalf of vulnerable populations.

Pilot Search: An initial search conducted to test the effectiveness of search terms and methods in a review, allowing researchers to refine their approach before conducting a full-scale search.

Rapid Evidence Assessment (REA): A systematic review methodology used to quickly gather and assess existing research evidence. REAs are often used to inform policy and practice in a timely manner.

Reflective Functioning (RF): A psychological concept referring to the capacity of an individual, particularly a parent, to understand and interpret their own and their child's behaviour and underlying mental states, thus enhancing emotional support and caregiving.

Scoping Protocol: A plan that outlines the objectives, methods, and procedures for conducting a scoping review. It helps ensure the review is conducted systematically and comprehensively.

Sexual Exploitation and Abuse (SEA): Refers to any actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another.

Socio-Ecological Framework: A model used to understand the multifaceted and interactive effects of personal and environmental factors that determine behaviours and experiences. It is used to analyse the various layers of influence on individuals, including micro (individual), meso (community), exo (institutional), and macro (societal) levels.

Stigmatisation: The act of treating someone negatively based on a distinguishing characteristic, such as the circumstances of their birth for CBoCRSV who often face social stigmatisation that can lead to discrimination and exclusion.

Tele-Psychology: The use of telecommunication technology to provide psychological services remotely, increasing access to mental health care, particularly in low-resource or conflict-affected areas.

Transitional Justice: A set of judicial and non-judicial measures implemented to redress legacies of human rights abuses. It includes criminal prosecutions, truth commissions, reparations programs, and various kinds of institutional reforms.