

UNIVERSITÄT LEIPZIG

CH**BOW**
Children Born Of War



Psychotraumacentrum
Zuid Nederland

Mother-child attachment patterns in traumatised refugee mothers



Reuters/James Akena

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Outline

- Sexual violence in conflict
- Children born of sexual violence
- Mother-child interactions
- Some preliminary results
- Conclusions & recommendations

Sexual violence in conflict

- **Stigma:**

The stigma women face as survivors of sexual violence can be as traumatic as the attack itself. *(Research from Democratic Republic of Congo; Kelly et al. 2012)*

- **Community rejection:**

Feared link to the enemy – ‘wives’

Misconstrued as consenting participants

- **Mental well-being:**

Reactions of a survivor’s family and community related to her ability to recover.

- **Migration:**

Treacherous journeys to countries without conflict do not always ensure personal safety or prevent lack of certainty

Children born of sexual violence

- Own personal stigma:

Child of a militant, link to the enemy, embodying “worst characteristics” of their father

- Illegitimacy:

In societies with patrilineal understandings of ethnicity (*Hamel, 2016*)

- Secondary/indirect victim:

Not always a witness of conflict, but exposed to the impact conflict has had on their mother.

- Denied rights to education, services or care:

Discrimination is common for CBSV

Mother-child interactions

- Difficulties can begin in pregnancy
- Mother's behaviour is a source of distress to her child, while at the same time the child serves as a reminder of the rape and is therefore a source of distress to the mother
- Ambivalence towards the child
- How to measure interactions?

Mentalisation: The ability for a parent to step back from their own experience and seek to understand that of their child (*Fonagy et al., 2002*).

- Parental Development Interview of Reflective Functioning

Parents' representations of their children, themselves as parents, and their relationship with their children (*Slade et al., 2005*)

Measuring interactions

- What is the level of reflective functioning within a sample of refugee mothers now living in the Netherlands?

- Overall score

4.5 >> 'Ordinary' RF

- Mothers with CBSV

3 >> 'Questionable' RF

- What does this mean?

Scores of around 5 viewed widely as the average

- Statements that are not cliché or superficial
- Explicit reflections

Scores lower than 5

- Hinting towards reflections of mental states
- Language rarely goes beyond 'happy', 'sad', 'good'



AFP

Qualitative analysis

Parenting challenges

"In the past I used to have this kind of guilty feeling in the sense that I should not have been pregnant. I should have avoided being pregnant considering the situation in which I lived, considering all that I have seen, so I would be bringing a child in life and this child might go through the same things, have the same worries and the same pain I had. But this is a feeling of the past, I don't have it anymore." – *Refugee, Iraq, 36*

"She is my best happiness. You cannot describe such things; it is not that easy. When I look at her I feel a kind of pain, because even when I was carrying her I have been to prison, it was a very difficult situation, I was suffering myself. I feel she was suffering with me. So, when I look at her now, I feel a kind of pain." – *Refugee, Iraq, 32*

"I'm raising her. It's something really, really, really difficult. But I'm doing it. I don't regret it anymore. I won't lie I used to, but I don't anymore." – *Refugee, Uganda, 25*

Mental well-being

"If I'm feeling not so good, then I don't want to have any contact with the kids, and they know that. This is as much as I can do. And above it, it's not possible for me because of the health issues. I have spent some periods in hospital, and I think [my child] was the person in the family who has most stress because of my not being with him." – *Asylum seeker, Armenia, 38*

"The whole period of pregnancy was a difficult period, I was suffering very much, there was a lot of pain during this period, also psychological pain. Sometimes I ask myself am I doing well? The medicine I am using for example, does it affect my character, does it affect my relationship with my children?" – *Refugee, Iraq, 31*

"The last time I was angry I was shouting. I was crying, very, very angry. What can help is when I shout. When I shout a lot, it helps me. I don't get aggressive to my children – I don't beat nobody. But I can like, the TV is going off, no tablet, no phone and I keep shouting. If I shout more, I can be released, and I can go on." – *Refugee, Sierra Leone, 31*

Asylum status

"I realise that there are so many borders for us, there are so many issues that I cannot take care of like a parent should. We cannot take the decisions that we need." – *Undocumented, Eritrea, 18*

"It is very difficult to stay in one room with the family. If it was a house, then maybe [my child] has her own room, I can say 'go there, don't come down until you are good enough' or I will go maybe myself away. But here it is absolutely impossible. We are already 5 years in this room" – *Asylum seeker, Armenia, 33*

"It's long procedure, so if they give you negative they throw you out so you have to either go back to your country or to...find another solution to help you" – *Undocumented, Uganda, 30*

Conclusion & recommendations

- Focus on aspects of strength and growth
- Promotion of 'social recovery'
- To address individual and dyadic needs
- Anti-stigma work must be at the heart of work around sexual violence
- The asylum process can create a ceiling to recovery

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