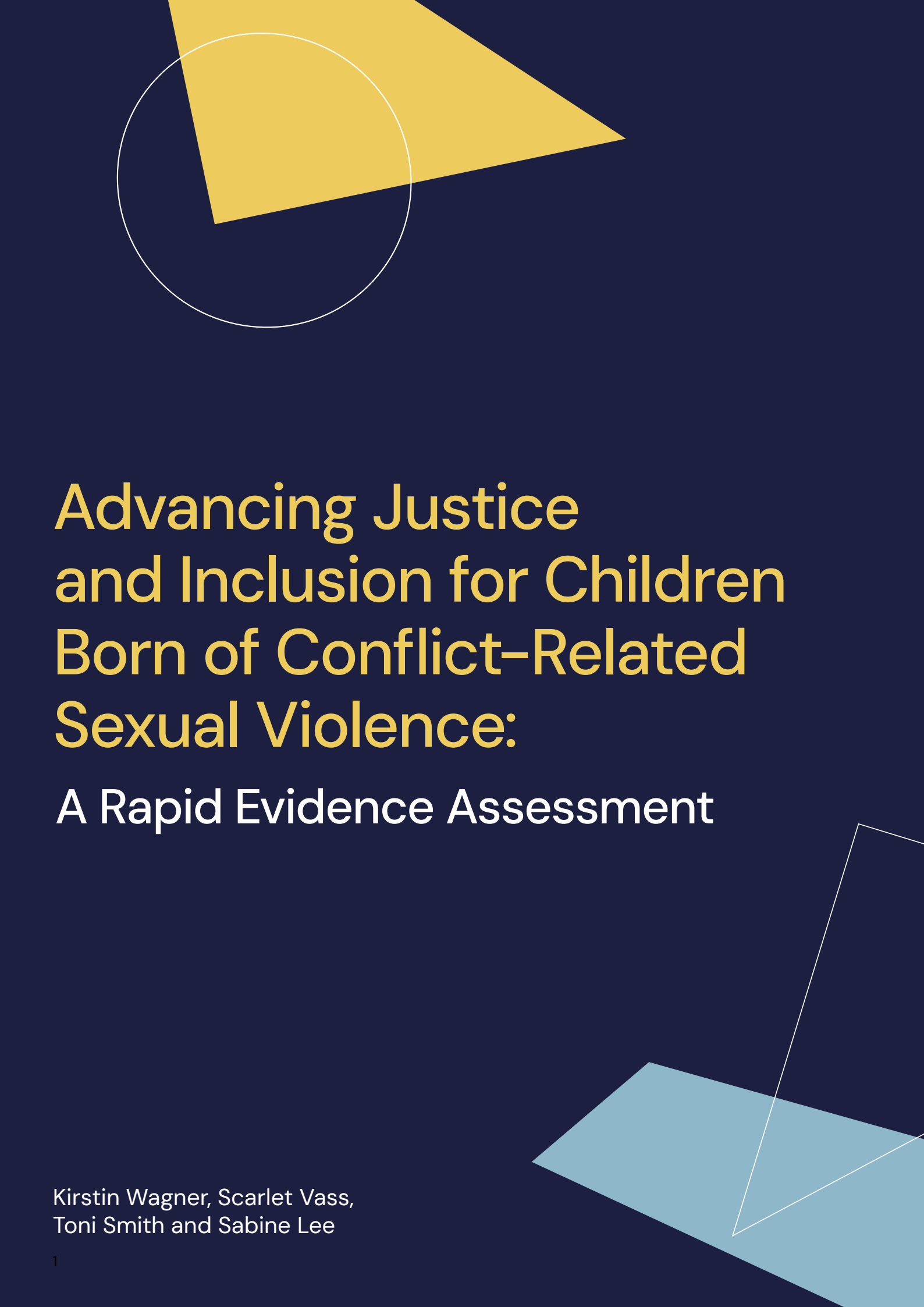




Advancing Justice and Inclusion for Children Born of Conflict–Related Sexual Violence:

A Rapid Evidence Assessment

Kirstin Wagner, Scarlet Vass,
Toni Smith and Sabine Lee

Abstract

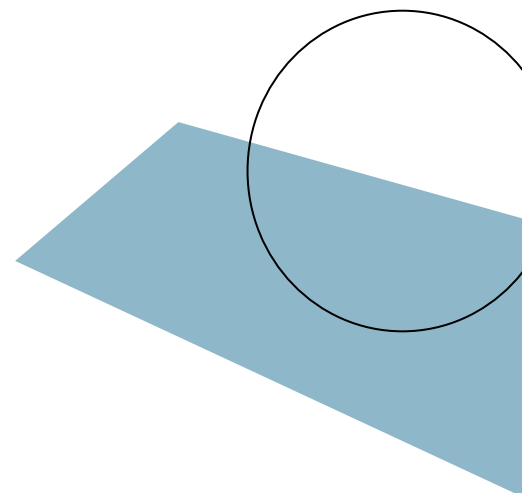
This Rapid Evidence Assessment (REA) evaluates the immediate and long-term risks, harms, and challenges faced by Children Born of Conflict-Related Sexual Violence (CBoCRSV) in Low- and Middle-Income Countries (LMICs). Conducted under the UK's Preventing Sexual Violence in Conflict Initiative (PSVI), the assessment addresses three key research questions:

- › What are the primary risks, harms, and challenges faced by CBoCRSV?
- › What interventions may effectively promote their well-being?
- › How has research in this field evolved?

Through the analysis of 289 documents, the findings of this REA reveal that CBoCRSV commonly face severe social stigma and exclusion, affecting their integration within families and communities. Their family dynamics are frequently strained, with limited stable support. They are at higher risk of somatic symptoms, depression, and identity-related challenges, that can lead to long-term psycho-social and developmental harm. Additionally, barriers such as lack of legal documentation, financial constraints, and societal discrimination often restrict their access to education, healthcare, and basic services. Cultural and religious beliefs were also found to exacerbate their marginalisation.

Promising interventions include psychological support programmes, legal advocacy, community-based support, and educational and economic inclusion initiatives. However, these remain largely under-evaluated due to a lack of empirical research. Significant gaps in the literature include limited representation of certain regions, a dearth of comparative studies across conflict settings, and insufficient data to capture the intersectional and long-term challenges CBoCRSV face.

To address these gaps, the literature calls for targeted action to strengthen participatory approaches that engage survivors and affected communities in policymaking, foster international collaboration to standardise and scale effective interventions, and invest in systematic, ethical research to identify what works. Recommended measures include strengthened legal frameworks, enhanced social support systems, economic inclusion, and improved access to education and healthcare. Together, these efforts aim to create protective environments that reduce risks, foster integration, and promote the rights and well-being of CBoCRSV.



Executive Summary

This Rapid Evidence Assessment (REA) evaluates 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 REA is a systematic, structured review of available evidence, designed to provide a timely synthesis of knowledge to inform policy and practice. This report analyses 289 sources, offering the most comprehensive state of the evidence to date on the lived experiences of CBoCRSV, gaps in the research landscape, and interventions aimed at improving their well-being.

Key Challenges

This REA identifies eight primary challenges that shape the lived experiences of CBoCRSV, each exacerbating vulnerability and limiting opportunities for well-being:

1. Stigmatisation and Social Exclusion:

- Widespread stigma isolates CBoCRSV from families and communities (87% of studies).

2. Maternal Neglect and Family Dynamics:

- Strained familial relationships often lead to inconsistent parenting, negatively affecting emotional and social development (80% of studies).

3. Paternal Absence and Anonymity:

- Challenges in establishing paternal identity contribute to legal and social conflicts (42% of studies).

4. Legal and Institutional Barriers:

- Bureaucratic obstacles and lack of legal documentation hinder access to education, healthcare, and citizenship (48% of studies).

5. Psychological Challenges and Trauma:

- High prevalence of impaired mental health, including depression, PTSD, and identity crises linked to intergenerational trauma and societal stigma (39% of studies).

6. Educational Barriers:

- Discrimination, financial constraints, and lack of resources restrict access to education, perpetuating cycles of exclusion (54% of studies).

7. Economic Hardship:

- Poverty and limited employment opportunities exacerbate vulnerability and restrict access to basic needs (54% of studies).

8. Cultural, Religious, and Racial Challenges:

- Cultural norms and systemic discrimination further marginalise CBoCRSV, complicating community reintegration (61% of studies).

Promising Interventions

The reviewed documents identify several interventions with the potential to address the challenges faced by CBoCRSV, though empirical validation remains limited:

- **Trauma-Informed Psychological Support:** Community-based mental health services tailored to the unique needs of CBoCRSV can help address identity struggles, stigma, and intergenerational trauma.
- **Legal Advocacy:** Simplified processes for birth registration and citizenship are critical for enabling access to essential services like education and healthcare.
- **Economic Inclusion:** Vocational training, microfinance, and scholarships offer pathways to stability and address economic vulnerabilities faced by CBoCRSV and their families.
- **Integrated Approaches:** Combining legal, psychological, and community-based interventions has shown promise in tackling exclusion and marginalisation.

Policy Recommendations

Addressing the challenges faced by CBoCRSV requires coordinated, survivor-centred action across legal, social, and international domains:

- **Strengthen Legal Frameworks:** Ensure citizenship and legal documentation to reduce statelessness and marginalisation and prioritise CBoCRSV in national child protection policies.
- **Promote Economic and Educational Inclusion:** Address structural barriers like exclusion from inheritance and lack of documentation, while providing vocational training, financial assistance, and equitable access to education.

- **Embed CBoCRSV in Policy Frameworks:** Integrate CBoCRSV into local, national, and global policies, aligning with agendas like Women, Peace, and Security (WPS), with mechanisms to ensure accountability and implementation.
- **Combat Stigma:** Implement awareness campaigns, engage community leaders, and create safe spaces for reintegration and dialogue.
- **Expand Evidence-Based Interventions:** Invest in systematic, ethical research to evaluate and scale effective programmes while addressing gaps in underexplored regions.
- **Enhance Collaboration:** Strengthen global partnerships to align resources, standardise frameworks, and drive systemic change.

This analysis lays a critical foundation for the development of policies and programmes that prioritise the rights, dignity, and well-being of CBoCRSV on a global scale. While this REA highlights significant progress in understanding the challenges faced by CBoCRSV, it also reveals persistent gaps in the evidence base, particularly in relation to effective interventions and the experiences of CBoCRSV in underrepresented regions. Addressing these gaps, strengthening protections, and monitoring programs designed to foster socio-economic inclusion are essential steps in ensuring meaningful and sustainable support for CBoCRSV.

Introduction

Background and Rationale

This REA forms part of the UK's commitment under the FCDO's Platform for Action: Promoting the Rights and Wellbeing of CBoCRSV, (FCDO, 2022; hereinafter the Platform) launched at the Preventing Sexual Violence in Conflict Initiative (PSVI) International Conference in November 2022. The Platform highlights critical areas of concern for CBoCRSV and emphasises the importance of a comprehensive evidence base to guide future actions.

“There is still a significant knowledge gap around children born of conflict-related sexual violence—and a lack of public policy to address their needs. This is why initiatives like the Platform for Action and this Rapid Evidence Assessment are not only timely, but urgently necessary.”

Lejla Damon,
Bosnian CBoCRSV and Activist

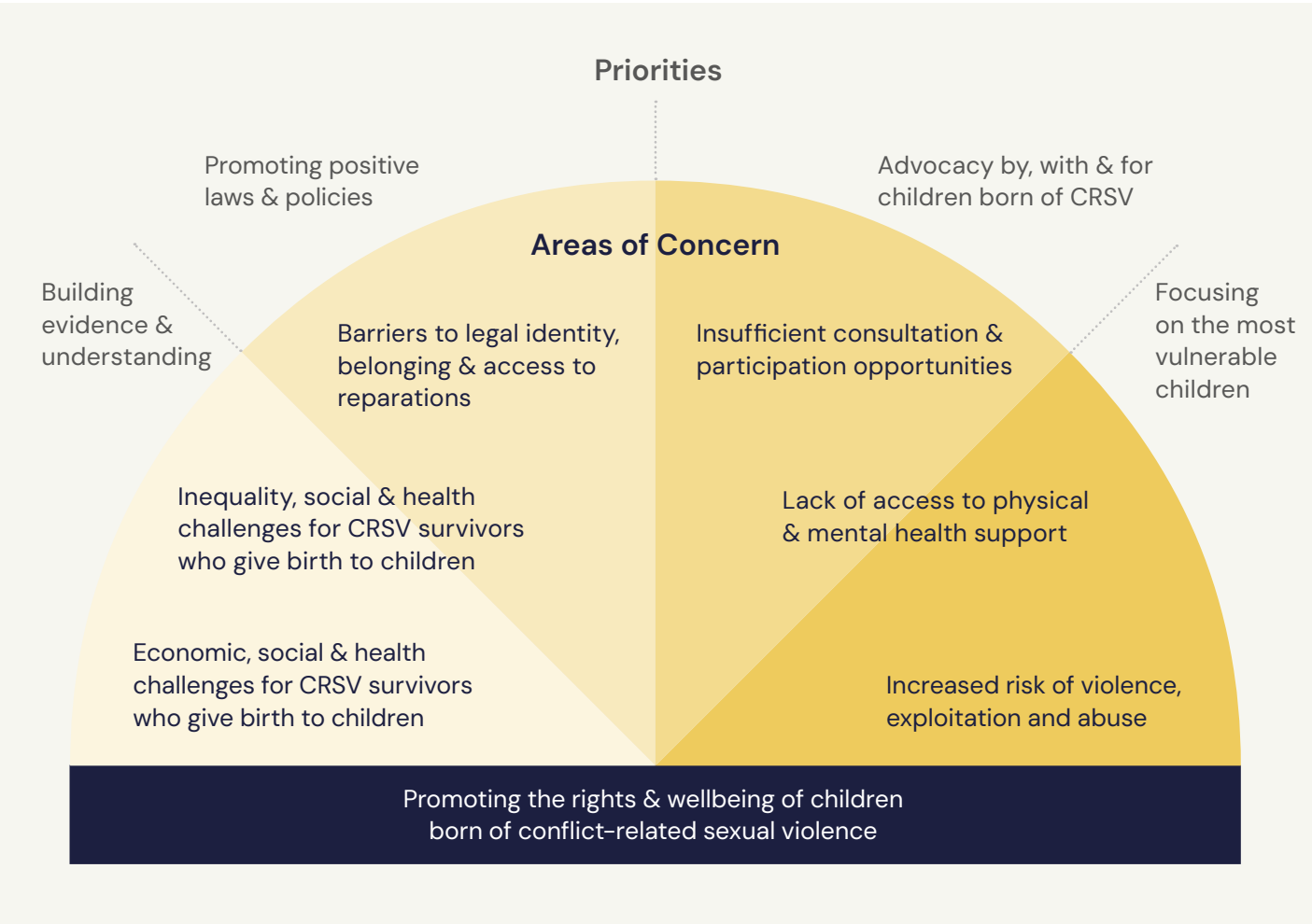


Figure 1. Illustration of the PSVI's concerns and priorities for research, policy, and practice on CBoCRSV. [Extracted from the Platform document, p.12, Section 4: Strategic Priorities]

The Platform's development highlighted significant gaps in understanding the lived experiences and long-term impacts of conflict-related sexual violence (CRSV) on those born as a result. This evidence assessments serves as a foundation for addressing these gaps and building a global evidence base. For a detailed discussion of the Platform and its priorities, see the full report.

Objectives

This REA is structured around three key objectives:

1. Assess Risks, Harms, and Challenges:

Evaluate the immediate and long-term adversities faced by CBoCRSV, with attention to prevalence, intersections of harm, and contextual factors such as cultural norms and conflict dynamics.

2. Identify Effective Interventions:

Explore interventions and policies that promote the rights and well-being of CBoCRSV, including integration into post-conflict reconstruction efforts and recognition of their human and civil rights.

3. Review the Evidence Landscape:

Map the research landscape, tracing the evolution of key themes, methodologies, and gaps in the literature to inform future research and policy.



Methodology

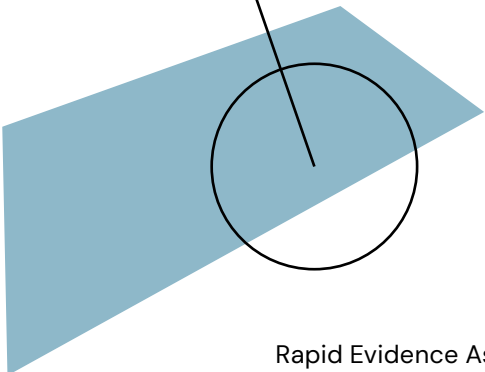
This REA employed a systematic approach to synthesise existing literature on the experiences of CBoCRSV in LMICs. The methodology followed principles outlined in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Moher et al., 2015) and the Population/Concept/Context (PCC) framework developed by the Joanna Briggs Institute (Peters et al., 2015), ensuring rigour and transparency.

Search Strategy

The search strategy incorporated academic databases such as PsycINFO, Web of Science, Scopus, and JSTOR, along with grey literature from NGOs, policy reports, and media sources. Search terms included variations of "Children Born of Conflict-Related Sexual Violence" and "Children Born of War," translated into French, Spanish, German, and Arabic to capture global perspectives. This multilingual approach helped mitigate biases inherent in predominantly English-language research, ensuring a more inclusive and comprehensive evidence base (Smith et al., 2021).

289

STUDIES ANALYSED



Screening and Selection

A multi-stage screening process was implemented using the Covidence platform. This began with title and abstract reviews of 570 studies, followed by full-text evaluations of 430 studies. A final dataset of 289 studies was included for analysis. These were selected based on their relevance, quality, and ethical integrity. The interrater reliability score (Cohen's Kappa: 0.77) demonstrated consistency among reviewers. Studies that lacked focus on CBoCRSV or failed to meet methodological standards were excluded.

Data Extraction and Synthesis

Data extraction was guided by a structured coding framework, categorising studies based on geographical scope, methodological quality, and thematic content. The analysis applied the Joanna Briggs Institute Manual for Evidence Synthesis and the UK Government's How to Note: Assessing the Strength of Evidence (JBI, n.d.; UK Government, 2014), appraising studies for ethical considerations and analytical depth. The synthesis combined qualitative and quantitative findings to identify key risks, harms, challenges and interventions.

Stakeholder engagement played a critical role in refining the study's approach and ensuring its relevance. Policymakers, academics, and CBoCRSV contributed insights throughout the research process, aligning the findings with real-world priorities and strengthening the applicability of recommendations. This ongoing dialogue enhanced the study's methodological rigor, and helped identify gaps in the evidence base.

Findings

The findings of this REA are structured around key themes that align with its three objectives: assessing risks, harms, and challenges, identifying effective interventions, and reviewing the evidence landscape. This section begins with an exploration of immediate and long-term risks, harms, and challenges, followed by an examination of potentially effective interventions, and concludes with a review of the development of the field.

I. Risks, Harms, and Challenges

CBoCRSV face a continuum of interconnected risks, harms, and challenges that manifest at individual, familial, societal, and systemic levels (Wagner and Lee, 2025). While these adversities vary across contexts, they often follow common patterns. The percentage of studies addressing each challenge is provided to reflect the proportion of reviewed papers discussing it. However, the absence of a challenge in some studies does not imply its absence in reality; rather, it may reflect the specific focus or limitations of the research.

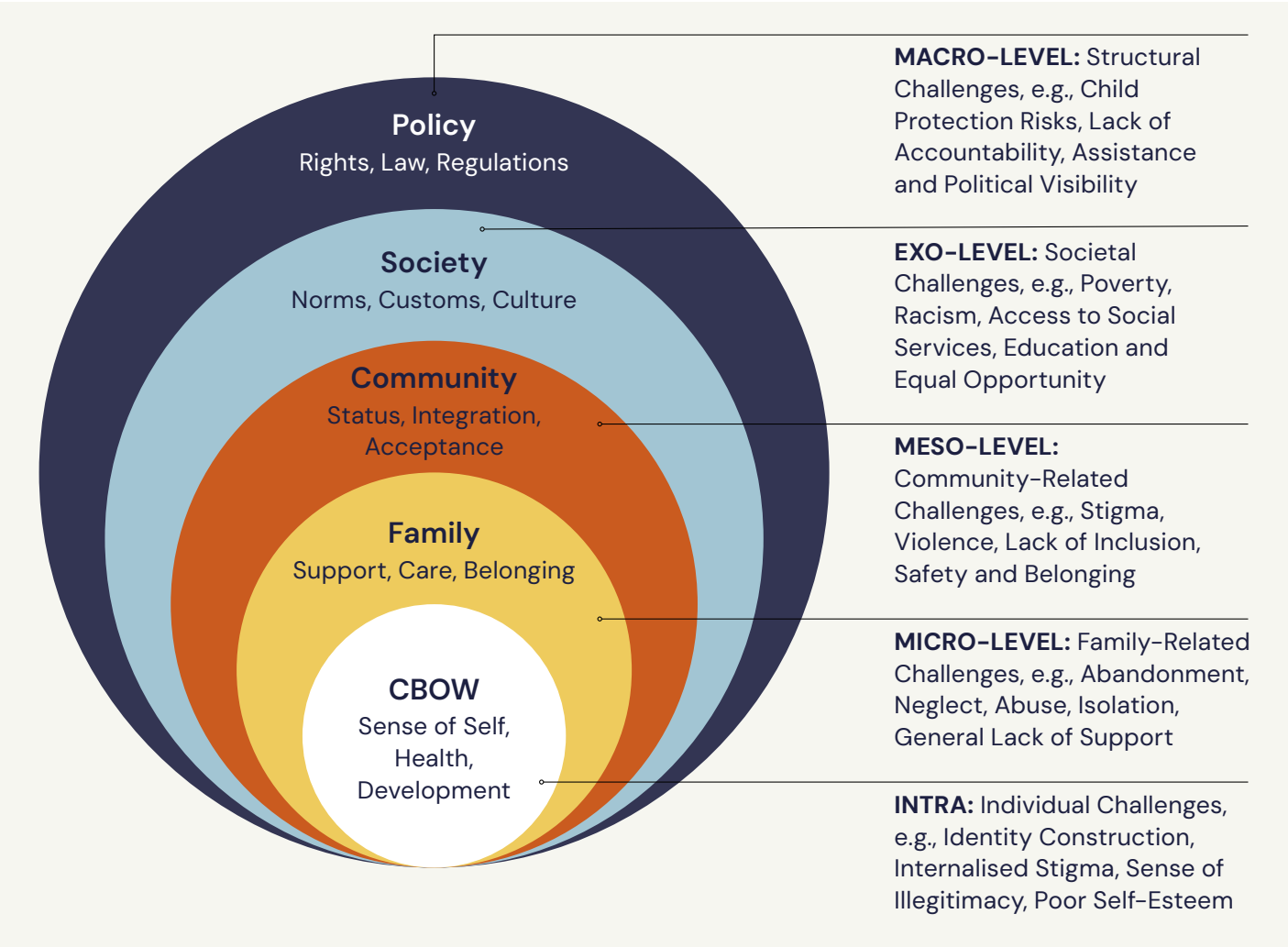


Figure 2. Wagner, K., & Lee, S. (2025). Sozioökologisches Rahmenmodell für die Erfahrungen von Kindern des Krieges [Socio-Ecological Framework for the Experiences of Children of War]. Trauma und Gewalt [Trauma and Violence], 19(1), 44–56. <https://doi.org/10.21706/tg-19-1-44>

Stigmatisation and Social Exclusion

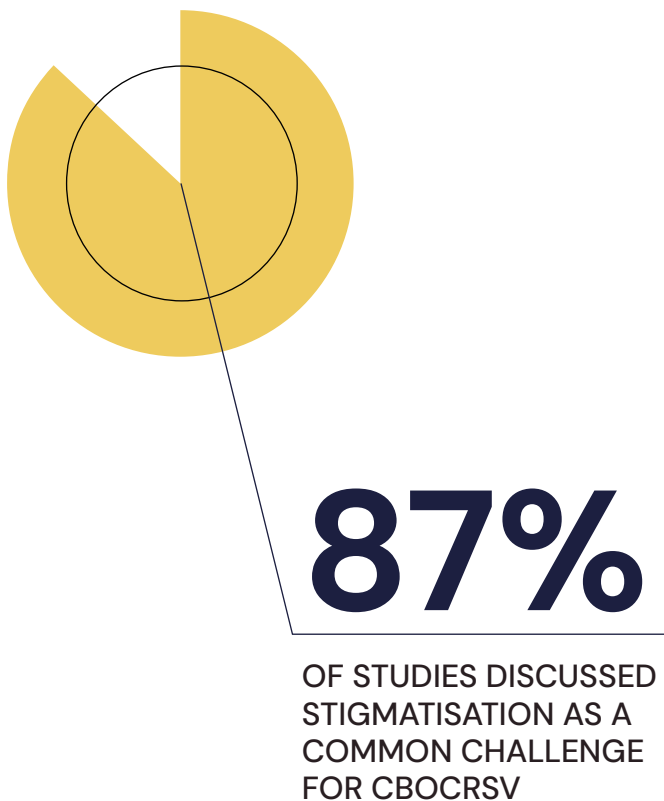
Stigmatisation is the most commonly reported challenge for CBoCRSV, identified in 87% of the studies reviewed. CBoCRSV are often addressed in derogatory terms such as "children of the enemy", "bastards," "rebel children," or "children of hate," which reflect societal perceptions that view them as reminders of violence and trauma (Hermus, 2020; Neenan, 2017; Anumol and Munderere, 2023).

Examples of such stigma vary across contexts. In Rwanda, children born of genocidal rape are labelled "Interahamwe," a term referring to the perpetrators of the 1994 genocide (Carpenter, 2007). In northern Uganda, children of the Lord's Resistance Army (LRA) are described as carriers of "bush behaviours" or "bad spirits," stigmatising them as remnants of the rebel forces (Apio, 2007). In Germany, children born of Soviet soldiers were labelled "Russenbankert", a term

meaning "Russian bastard" (Stelzl-Marx, 2015), while in Vietnam, Amerasian children were derogatorily referred to as "children of dust" (McKelvey, 1999).

Stigma often leads to social exclusion, depriving CBoCRSV of essential services like education and healthcare while isolating them from their families and communities. This exclusion perpetuates cycles of poverty, marginalisation, and fractured identity, resulting in long-term psychological impacts, including anxiety, depression, and trauma. Systemic and community-level rejection compounds these effects, underscoring the urgent need for targeted interventions to mitigate these harms.

Summary Point: The stigma faced by CBoCRSV undermines their well-being, social integration, and opportunities for personal and economic growth, creating cycles of exclusion and marginalisation.



Maternal Neglect and Complex Family Dynamics

CBoCRSV often face significant challenges within their familial relationships, which are commonly marked by tension and ambivalence. Mothers, who are survivors of rape, captivity, or sexual exploitation, may struggle to bond with their children due to the trauma associated with their conception (Van Ee & Kleber, 2013). Discussed in 80% of studies, these dynamics often result in inconsistent caregiving, insecure attachments, and emotional instability for CBoCRSV. In post-conflict Bosnia, for instance, societal shame was found to exacerbate mothers' inability to provide stable emotional support for CBoCRSV, further fracturing familial bonds (Ellis, 2023).

Additionally, cultural pressures surrounding lineage and 'purity' can compel maternal families to reject CBoCRSV, leading to abandonment, institutionalisation, or life on the streets (Madhani & Baines, 2020). In patriarchal societies, where paternal lineage defines social inclusion, children without paternal recognition may be ostracised. Extended family members, who might otherwise act as support systems, might reinforce this stigma (Oliveira & Baines, 2020).

Strained familial relationships may impair CBoCRSV's psychological well-being and sense of belonging (Koegeler-Abdi, 2021; Mitreuter et al., 2019). This is sometimes compounded by how CBoCRSV learn about their origins—often through insensitive or accidental revelations by family members—causing profound emotional distress and exacerbating identity crises. Transgenerational trauma can intensify these challenges, with children inheriting emotional burdens from their mothers and the societies in which they are raised. These conditions of instability and insecurity can affect children's cognitive and emotional development.

Summary Point: Maternal trauma and societal stigma disrupt familial bonds, resulting in emotional instability and intergenerational challenges for CBoCRSV.

80%

OF STUDIES DISCUSS MATERNAL
NEGLECT AND COMPLEX FAMILY
DYNAMICS AS A MAIN CHALLENGE
FOR CBoCRSV



Paternal Absence and Anonymity

The absence of a recognised paternal identity, highlighted in 42% of the studies reviewed, is a significant challenge for CBoCRSV. This absence often leads to profound identity crises, as children grapple with the lack of information about their fathers, further exacerbated by societal silence and secrecy surrounding their origins (Mitreuter et al., 2019; Koegeler-Abdi, 2021).

In post-war Germany and Austria, for example, children born to Soviet soldiers struggled to trace their paternal identities due to bureaucratic hurdles and societal stigma (Stelzl-Marx, 2015). Where CBoCRSV are aware of their paternal families, they are sometimes seen by them as reminders of shame or violence and rejected. For example, in northern Uganda, children born in captivity to Lord's Resistance Army (LRA) commanders face exclusion from paternal clans, isolating them within their communities (Apio, 2007).

In patriarchal societies, where social inclusion and inheritance are tied to paternal lineage, the inability to establish paternity can leave CBoCRSV marginalised and stateless. Legal systems operating on *jus sanguinis* principles—requiring proof of paternity for citizenship—further compound this exclusion, preventing access to education, healthcare, and social services (CEDAW-CRC, 2021; Madhani & Baines, 2020).

The psychological impact of paternal anonymity is profound. Many CBoCRSV experience a lifelong quest to understand their origins, fraught with emotional turmoil (Wagner et al., 2022c). Discovering the truth about their fathers—particularly in cases where paternity is linked to perpetrators of violence—can exacerbate trauma and identity struggles (Ellis, 2023; Denéchère, 2010).

Summary Point: The absence of paternal identity intensifies legal, social, and psychological challenges for CBoCRSV, perpetuating marginalisation, identity crises, and hindering their access to essential rights and services.



42%

OF STUDIES HIGHLIGHT THE ABSENCE OF A RECOGNISED PATERNAL IDENTITY AS A SIGNIFICANT CHALLENGE FOR CBOCRSV.

Legal and Institutional Barriers

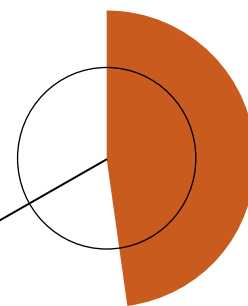
Legal invisibility is highlighted in 48% of studies as a critical issue. Many CBoCRSV lack documentation such as birth certificates, leaving them stateless and without access to essential services (Carpenter, 2007; Global Survivors Fund, 2023). Statelessness not only denies them services such as healthcare and education but also perpetuates a lack of social and economic inclusion.

The inability to establish paternity compounds these issues, excluding CBoCRSV from inheritance, cultural acceptance, and economic support, such as paternity payments. These financial contributions, where legally mandated, are often inaccessible due to systemic barriers, weak enforcement of laws, and the stigma surrounding CRSV (Neenan, 2017). While these challenges are particularly acute in patrilineal societies, they are also prevalent in broader contexts as institutional frameworks often fail to adequately protect the rights of CBoCRSV.

Even in countries with established legal protections, institutional discrimination often

48%

OF STUDIES HIGHLIGHT
LEGAL INVISIBILITY AS
A CRITICAL ISSUE FOR
CBOCRSV



mirrors societal prejudices. For example, healthcare systems may deny treatment to CBoCRSV, and educational institutions may require documentation for enrolment that is unavailable to them. This systemic neglect compounds the immediate and long-term challenges they face (Baines & Oliveira, 2021).

Summary Point: Legal invisibility restricts access to essential services and exacerbates societal exclusion, while decreasing the probability of inheritance, paternity payments birth registration and nationality for CBoCRSV.





Mental Health and Trauma

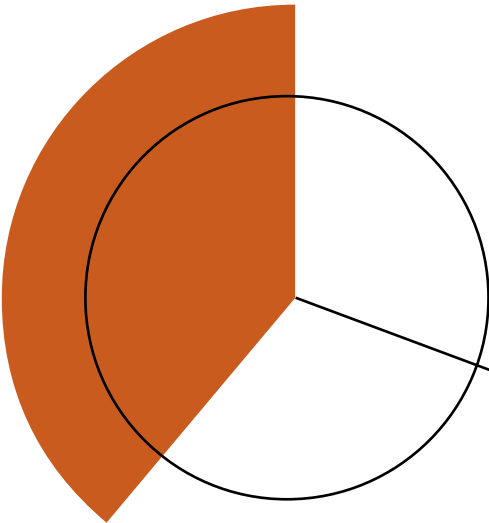
CBoCRSV frequently experience psychological challenges, with depression, PTSD, anxiety, or identity crises discussed in 39% of studies (Kaiser et al., 2018; Zamperini et al., 2017). The circumstances of their conception, compounded by societal stigma, familial rejection, and unstable support networks contribute to acute and long-term mental health issues.

CBoCRSV mothers' trauma often creates emotionally unstable environments and insecure attachment styles, with intergenerational trauma becoming

particularly pronounced in the absence of adequate mental health services (Van Ee & Kleber, 2013). Despite the critical need, mental health resources in conflict and post-conflict settings are typically focused on survivors of sexual violence, leaving CBoCRSV underserved.

This perpetuates psychological distress for CBoCRSV at critical stages of emotional development. As a result, they may struggle to develop healthy coping mechanisms, form healthy relationships, achieve stability, and integrate fully into society (Denov & Shevell, 2021).

Summary Point: The psychological impact of stigma, rejection, and intergenerational trauma results in significant mental health challenges for CBoCRSV.

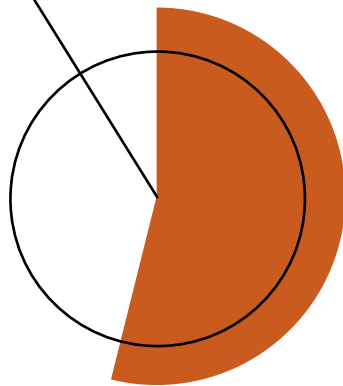


39%

OF STUDIES DISCUSS CBOCRSV
EXPERIENCING PSYCHOLOGICAL
CHALLENGES

54%

OF STUDIES
DISCUSS
EDUCATIONAL
EXCLUSIONS



Educational Barriers

Educational exclusion, discussed in 54% of studies, is a significant challenge for CBoCRSV (Seto, 2015; Ojok, 2022). Financial constraints, lack of documentation, and societal stigma often impede school enrolment and retention. Many families of CBoCRSV cannot afford basic educational necessities such as uniforms, books, and fees, leaving children unable to attend school. In some cases, children are forced to leave school to contribute financially or help support their families.

In displacement settings, damaged infrastructure, teacher shortages, and limited resources create additional systemic barriers to education. Stigma within schools further exacerbates these challenges. For example, in northern Uganda, CBoCRSV face bullying from peers, discrimination from teachers, and social isolation, leading to high dropout rates and low academic achievement (Ojok, 2022). Globally, children in conflict-affected regions are often excluded from education due to perceptions of illegitimacy or associations with past violence.

Administrative challenges, such as the lack of birth certificates or other legal documentation, further complicate access to education. These bureaucratic hurdles can prevent school enrolment or restrict participation in exams. For older children, schooling disrupted by conflict or displacement often results in falling behind peers, leading to feelings of embarrassment, stigma, and reluctance to rejoin educational settings.

Lack of access to education has long-term implications, curtailing the development of skills and knowledge necessary for economic independence and social mobility.

Summary Point: Financial, social, and administrative barriers significantly restrict educational access for CBoCRSV, limiting their opportunities for personal development, and economic independence.



54%

OF STUDIES DISCUSS THAT
ECONOMIC DEPRIVATION IS
A RECURRING CHALLENGE
FOR CBoCRSV



Economic Hardship

Economic deprivation, discussed in 54% of studies, is a recurring challenge for CBoCRSV and their families. The absence of paternal support, coupled with societal exclusion and barriers to education, often leaves families of CBoCRSV without the financial resources necessary to meet even basic needs. Mothers may face economic hardship and rely on informal labour to provide for their children.

For example, in the DRC, families of CBoCRSV have reported severe food insecurity and lack of access to healthcare, leading some mothers to engage in dangerous or exploitative work, such as survival sex, to sustain their households (Wagner et al., 2022b). Household financial struggles may also force children to leave school and contribute to household income, restricting their future opportunities and deepening economic instability (Ojok, 2022).

Structural barriers, including exclusion from inheritance and land ownership in patriarchal societies exacerbate the economic vulnerability of CBoCRSV. In many LMICs, access to critical resources like property and livelihood opportunities is tied to paternal lineage, leaving those without established paternity deprived of essential assets for financial security (Kiconco, 2022).

Economic hardship intersects with other challenges, such as poor health, malnutrition, and limited educational opportunities, creating layers of disadvantage that restrict stability and independence for CBoCRSV. Without meaningful interventions, these vulnerabilities risk persisting across generations, leaving families with few pathways to improvement.

Summary Point: Economic deprivation, coupled with social and structural barriers, restricts opportunities and reinforces disadvantages for CBoCRSV, affecting their health, education, and financial stability.

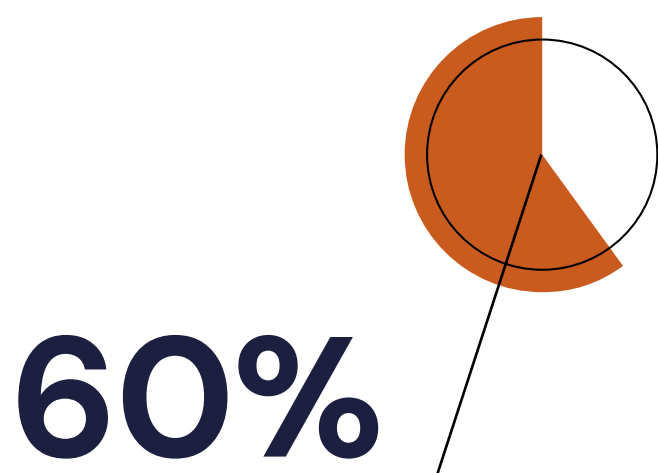


Cultural, Religious, and Racial Challenges

Notably, cultural, religious, and race-related challenges emerged in 61% of the reviewed literature, showing their widespread role in reinforcing stigma, complicating reintegration, and deepening the identity struggles experienced by CBoCRSV. For example, in the Yazidi community, strict purity laws label children born of ISIS-perpetrated violence as impure, preventing their acceptance and integration (Mahmood, 2017). In contrast, in

Bosnia, some religious leaders have framed survivors of rape and their children as martyrs, offering partial relief from stigma and promoting community acceptance (Lee, 2017).

Racial dynamics further intensify exclusion for mixed-heritage CBoCRSV, particularly in post-colonial and post-conflict contexts. In Haiti and the DRC, for example, peacekeeper-fathered children with lighter skin are mocked as symbols of foreign oppression, leading to marginalisation within their communities (Wagner et al., 2022a). Similarly, Amerasian children in Vietnam faced rejection from both their maternal and paternal homelands, leaving them isolated and excluded (McKelvey, 1999). In post-war Germany, biracial children born to African American soldiers encountered severe racial prejudice and societal discrimination, which created significant obstacles to their integration (Lee et al., 2022).



OF THE REVIEWED LITERATURE
SHOWED CULTURAL, RELIGIOUS,
AND RACE-RELATED CHALLENGES

Summary Point: Cultural, religious, and racial prejudices compound exclusion, creating profound identity struggles and societal rejection for CBoCRSV.

Intersecting Risks, Harms, Challenges, and Complex Vulnerabilities

The risks, harms, and challenges faced by CBoCRSV overlap in context-specific ways, creating layered vulnerabilities. For example, a lack of legal documentation restricts access to education, healthcare, and social services, which not only perpetuates poverty but also reinforces societal stigma. Similarly, psychological trauma can be compounded by familial rejection, societal exclusion, and systemic neglect, creating a cycle of disadvantage that is difficult to disrupt (Wagner & Lee, 2025). These intersecting risks, harms, and challenges amplify one another, forming a cumulative web of disadvantage and systemic marginalisation.

The prevalence and impact of these risks, harms, and challenges differ based on cultural, social, and conflict-related factors:

- **Cultural Norms:** In societies with rigid patriarchal or lineage-based systems, exclusion is heightened for children without recognised paternal lineage. Cultural attitudes toward purity and honour often exacerbate rejection and marginalisation (Oliveira & Baines, 2020).
- **Conflict Dynamics:** In regions with protracted conflicts or weak post-conflict governance, legal and institutional barriers are magnified. The absence of effective systems to support CBoCRSV and their families deepens their vulnerabilities.
- **Gender:** Gender-specific risks, such as higher vulnerability to sexual violence for girls or intensified stigma for boys associated with rebel groups, further complicate the harms and challenges faced by CBoCRSV. Tailored interventions are required to address these gendered dimensions.

The cumulative impact of these intersecting risks, harms, and challenges necessitates multi-level interventions targeting individual, familial, community, and systemic barriers. Policies and programmes must account for the compounding nature of these risks, harms, and challenges to effectively disrupt cycles of exclusion and provide pathways for CBoCRSV to access opportunities and achieve well-being. Without comprehensive and coordinated actions, CBoCRSV remain at risk of entrenched marginalisation and deprivation.



II. Interventions, Rights, and Well-Being

Despite growing recognition of the risks, harms, and challenges faced by CBoCRSV, evidence on effective interventions remains limited and fragmented. Most existing programmes are small-scale, context-specific,

and lack monitoring and evaluation. However, through our review, we identified interventions that were discussed by prominent authors in the field as holding potential for addressing these risks, harms, and challenges. The following section examines these interventions and highlights key areas for further development and implementation.

Intervention Area	Strategies
Psychosocial Support	Trauma-informed care, such as counselling and mental health services, is essential for addressing the mental health challenges (e.g., anxiety, PTSD, depression, and identity crises) of CBoCRSV. Community-based psychosocial initiatives, such as group therapy and peer support networks, can play a significant role in reducing stigma and fostering resilience (Van Ee & Kleber, 2013; Denov & Shevell, 2021).
Legal Advocacy	Ensuring birth registration and citizenship through simplified legal processes can help CBoCRSV access education, healthcare, and social services. Additionally, policy reforms are needed to explicitly protect the rights of CBoCRSV, including reparations and transitional justice mechanisms (CEDAW-CRC, 2021; Sanchez Parra, 2024).
Economic Empowerment	Vocational training and employment support are essential to enable CBoCRSV and their families to achieve economic independence. Microfinance programmes and scholarships provide financial assistance for education and entrepreneurial activities, reducing economic burdens and fostering stability (Wagner et al., 2022b; Seto, 2015).
Educational Support	Inclusive policies aimed at removing barriers such as documentation requirements or discrimination are vital for ensuring equitable access to quality education. School-based services that integrate psychosocial support can address the emotional needs of CBoCRSV and create supportive learning environments (Neenan, 2017; Ojok, 2022).
Integrated Approaches	Comprehensive programmes that combine legal, psychological, and economic interventions show significant promise in addressing the overlapping risks, harms, and challenges faced by CBoCRSV. By offering multi-service support hubs, these initiatives could tackle the interconnected nature of risks, harms, and challenges (Wagner & Lee, 2025).

Table 1. Key Interventions for Addressing Risks, Harms, and Challenges

By addressing structural inequities and fostering resilience, these approaches offer pathways to dignity, rights, and well-being for CBoCRSV and their families, contributing to broader peacebuilding and social cohesion. While progress has been made, gaps in interventions highlight the need for innovative and scalable solutions, including:

- **Cultural Transformation**

Cultural norms often shape the experiences of CBoCRSV, reinforcing stigma and exclusion. Engaging traditional and religious leaders is a promising approach to challenge these norms: involving respected community figures can foster dialogue, reduce stigma, and promote inclusive attitudes (Mahmood, 2017). Awareness campaigns, leveraging both traditional and social media, further support this cultural transformation by amplifying positive narratives and combating stereotypes.

- **Family-Centred Support**

Addressing the needs of mothers and families is crucial to improving the lives of CBoCRSV. Holistic interventions that support both children and their mothers can strengthen familial bonds and mitigate trauma transmission. Initiatives such as parenting programmes, counselling for mothers, and family reintegration support are critical for creating stable and nurturing environments (Van Ee & Kleber, 2013).

- **Strengthening Legal and Social Protections**

Robust legal frameworks are necessary to ensure the rights and protections of CBoCRSV. Legal reforms addressing issues such as birth registration, citizenship, and access to reparations can reduce barriers to social inclusion and justice. Social protection systems must also be adapted to provide long-term support for both CBoCRSV and their families, addressing structural inequities and fostering social integration (CEDAW-CRC, 2021).

- **Integration into Post-Conflict Reconstruction**

Inclusion of CBoCRSV in post-conflict reconstruction processes is vital for sustainable peacebuilding. Strategies should prioritise community reintegration, fostering acceptance and belonging while also addressing systemic inequities such as legal invisibility and economic marginalisation (Sanchez Parra & Lo Iacono, 2020). These efforts not only support CBoCRSV but also contribute to broader social healing and reconciliation, ultimately promoting stability in post-conflict environments.

- **Limitations and Opportunities**

Current interventions face significant challenges due to limited empirical evidence, contextual variability, and a critical “protection gap.” At the national level, CBoCRSV are rarely prioritised in child protection policies, resulting in fragmented and inconsistent support. Provision is often patchy and relies heavily on community-based and NGO-led initiatives, which, while valuable, cannot address the systemic barriers that perpetuate CBoCRSV’s exclusion (Neenan, 2017).

Rigorous evaluation of existing interventions is essential to understanding their long-term impact and scalability (Wagner & Lee, 2025). Strengthening partnerships between governments, NGOs, and international agencies offers an opportunity to standardise best practices, enhance collaboration, and integrate CBoCRSV into national child protection frameworks. Expanding successful models to other contexts requires a coordinated approach to bridge the protection gap and ensure sustainable, systemic change (Global Survivors Fund, 2023).

III. Development and Evolution of the Field

The study of CBoCRSV emerged with a focus on children born of war (CBOW) in post-World War II Europe, particularly those fathered by occupying forces. Early research often framed these children within narratives of shame, stigma, and national identity, neglecting their lived experiences and broader socio-political contexts (Carpenter, 2007). Over time, the focus expanded to include children born in later conflicts, such as those in Rwanda, Bosnia, and Uganda, where sexual violence was systematically deployed as a weapon of war (Carpenter, 2007; Lee, 2017).

Trends in the Research Landscape

The research field has evolved significantly, broadening its scope and adopting more nuanced approaches:

- **Broadening Scope:** Initially centred on CBOW, the field now includes children born of sexual exploitation and abuse (SEA) and those conceived through forced marriage or sexual slavery (Lee and Glaesmer, 2022).
- **Intersectionality:** Contemporary research incorporates intersectional frameworks that address how gender, race, class, and cultural contexts shape the experiences of CBoCRSV (Mahmood, 2017; Oliveira & Baines, 2020).
- **Agency and Resilience:** Increasingly, studies recognise CBoCRSV as active agents in their own lives, examining their coping mechanisms and contributions to post-conflict societies (Denov et al., 2023).

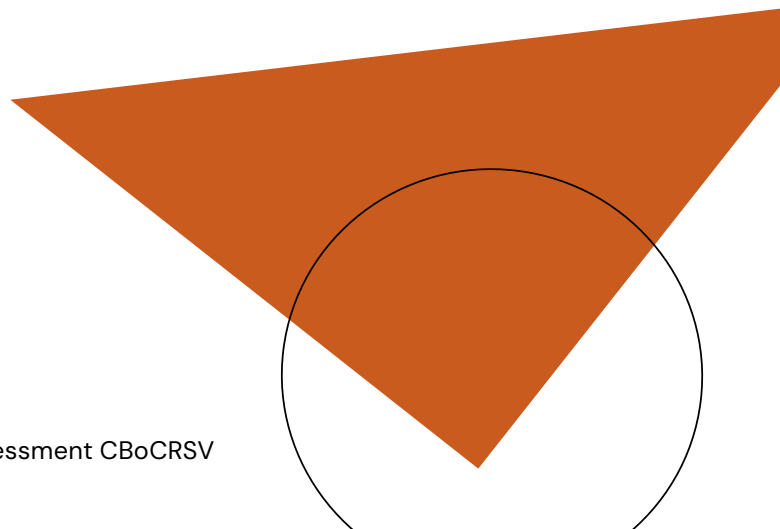
Evolution of Terminology

The terminology surrounding CBoCRSV has shifted toward greater sensitivity and inclusivity. Earlier terms, such as "war babies," are now critiqued for their reductive connotations. Terms like "children born of CRSV" and "children born of war" are widely used, acknowledging the diversity of contexts and experiences (Carpenter, 2005; Global Survivors Fund, 2023).

Methodological Advances

Notable advancements in research methodologies have contributed to a more comprehensive understanding of CBoCRSV:

- **Mixed-Methods Research:** Combining qualitative and quantitative approaches has provided nuanced insights into the complexity of lived experiences (Neenan, 2017).
- **Participatory Research:** Engaging CBoCRSV and their families directly in research design ensures accurate representation and empowers participants (Green & Denov, 2019).
- **Ethical Innovations:** Survivor-centred principles, such as trauma-informed approaches, are encouraged to minimise harm and uphold dignity in research processes (Van Ee & Kleber, 2013).



Contributions to the Evidence Base

The field of research on CBoCRSV has been significantly advanced by interdisciplinary approaches that integrate psychology, sociology, law, and anthropology. This integration has deepened understanding of the multifaceted risks, harms, and challenges faced by CBoCRSV and informed holistic interventions to address their unique vulnerabilities (Baines & Oliveira, 2021). Researchers and NGOs have played a crucial role in increasing visibility for CBoCRSV through advocacy efforts, which have influenced policy and public discourse (Global Survivors Fund, 2023). Global and national policies have also shaped responses to CBoCRSV, with international agendas such as Women, Peace, and Security (WPS) spotlighting the long-term impacts of CRSV and including CBoCRSV within transitional justice mechanisms like truth commissions and reparations programmes (CEDAW-CRC, 2021). At the national level, countries such as Rwanda and Bosnia have implemented

programmes to support CBoCRSV, although many of these initiatives remain underfunded and fragmented, highlighting the need for sustained commitment and resources to address the risks, harms, and challenges these children face (Ellis, 2023).

Gaps and Future Directions

Despite progress, substantial gaps persist:

- **Geographical Focus:** Research remains concentrated in specific regions, leaving others underexplored, particularly underrepresented conflict zones (Sanchez Parra & Lo Iacono, 2020).
- **Evaluation of Interventions:** Limited empirical evidence on the efficacy of interventions hinders scalability (Wagner & Lee, 2025).
- **Expanding Definitions:** Greater inclusivity is needed to address diverse contexts, including peacekeeper-fathered children and those born outside traditional conflict settings (Global Survivors Fund, 2023).

Advances in the Field	Remaining Challenges
Broadening Scope and Intersectionality	Underexplored Regions: Research largely remains concentrated in Europe, and part of Africa, with minimal focus on the Middle East or Southeast Asia, despite significant CBoCRSV populations.
Improved Methodologies	Limited Evaluation: While mixed methods and participatory approaches are increasingly used, interventions often lack evaluation, limiting their scalability.
More Nuanced Terminology	Diverse Contexts: Even with more nuanced terms, questions over inclusion and exclusion criteria persist.
Interdisciplinary Approaches	Fragmented Implementation: While some interdisciplinary approaches exist, coherent frameworks to ensure consistency and integration remain lacking.
Focus on Agency and Resilience	Neglected Agency: Research still underrepresents the agency of CBoCRSV, focusing disproportionately on mothers, and vulnerabilities over strengths.

Table 2: Progress and Challenges in the Field of CBoCRSV Research

Implications for the Field

Future efforts must prioritise:

- **Longitudinal Studies:** Tracking the life-course impacts of CRSV on children and their families to inform interventions.
- **Cross-Regional Collaborations:** Addressing gaps in underrepresented areas through global partnerships.
- **Rigorous Evaluation:** Testing the effectiveness and scalability of interventions through robust empirical studies.

- **Policy Integration:** Ensuring research findings translate into actionable policy frameworks that address structural inequities (Global Survivors Fund, 2023).

By embracing these priorities, the field can foster evidence-based approaches to improve the lives of CBoCRSV and their families while informing global policy and advocacy.



Policy Recommendations for Supporting CBoCRSV

Legal Protections as the Foundation for Inclusion

Legal recognition is fundamental to ensuring the inclusion of CBoCRSV. Simplifying and universalising birth registration processes will provide essential legal documentation, enabling access to education, healthcare, and social services. Legislation should explicitly recognise and protect the rights of CBoCRSV, including reparations, protections against discrimination, and mechanisms to address statelessness. This legal foundation is critical for securing justice and dignity for CBoCRSV, who are often excluded from formal systems and denied their fundamental rights.

Economic and Educational Inclusion

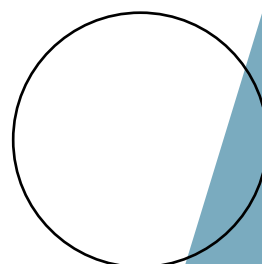
Economic and educational support are vital to addressing the risks, harms, and challenges faced by CBoCRSV and their families. Economic interventions should provide vocational training, livelihood opportunities, and financial assistance to promote stability. Addressing barriers such as exclusion from inheritance and property ownership is essential for reducing vulnerability. Equitable access to education must be ensured through scholarships, community-based initiatives, and removing barriers like lack of documentation, with particular focus on displacement settings where formal schooling is often inaccessible.

Integrating CBoCRSV in Comprehensive Policy Frameworks

CBoCRSV must be integrated into policy frameworks that operate across local, national, and global levels. Governments should align their efforts with international peacebuilding agendas, such as Women, Peace, and Security (WPS), to ensure CBoCRSV are not overlooked. Inclusive social policies should address barriers to education, healthcare, and psychosocial support, fostering opportunities for integration and long-term stability. Mental health services must be tailored to the unique needs of CBoCRSV, their mothers, and families, ensuring holistic and sustainable well-being.

Addressing Stigma through Community Engagement

Stigma remains one of the most pervasive challenges for CBoCRSV. Public awareness campaigns, leveraging traditional and social media, can challenge harmful narratives and foster empathy. Engaging traditional and religious leaders can help promote inclusive attitudes and facilitating community reintegration. Community-based support programmes can provide safe spaces for dialogue and peer support, building solidarity and resilience.



Bridging Knowledge Gaps through Research

Expanding the evidence base is critical to designing effective interventions. Research should prioritise longitudinal, large-scale and quantitative studies to explore the long-term impacts of interventions and identify protective factors. Efforts must also extend to underexplored regions and diverse contexts. Monitoring and evaluations of existing interventions are crucial to providing actionable insights into their effectiveness and scalability, ensuring resources are directed toward programs with demonstrable impact.

Strengthening Collaboration for Action

No single organisation or country can address the multifaceted risks, harms, and challenges faced by CBoCRSV. Strengthening partnerships between international organisations, governments, and NGOs is essential. Platforms like the FCDO's Platform for Action can drive advocacy, mobilise resources, and align global efforts. Developing standardised, ethical, and culturally sensitive data collection guidelines will facilitate cross-regional learning and improve accountability in addressing CBoCRSV's needs.

“Raising awareness and breaking down the social, societal, legal, administrative, financial and other barriers preventing children born of conflict-related sexual violence from accessing their rights to a legal identity and nationality are critical for facilitating their equal access to other rights, including their right to reparation.”

Global Survivors Fund, “Expert Roundtable on Children Born of Conflict-Related Sexual Violence”, 2023



A Call to Action: Advancing Justice and Inclusion

To achieve meaningful change, policymakers, practitioners, and researchers must prioritise:

1

Participatory Policymaking:

Actively involve survivors, families, and affected communities in the design, implementation, and evaluation of policies and interventions. Their lived experiences are crucial to shaping inclusive, relevant, and culturally appropriate solutions that address the specific needs of CBoCRSV.

2

Global Advocacy Campaigns:

Leverage international platforms to highlight the rights and needs of CBoCRSV within national child protection frameworks and broader peacebuilding, post-conflict recovery, and gender justice discussions. These campaigns should aim to reduce stigma, mobilise resources, and promote international accountability for addressing the risks, harms, and challenges faced by CBoCRSV's.

3

Intersectional Approaches:

Address the overlapping vulnerabilities faced by CBoCRSV, including those related to gender, ethnicity, displacement, and socioeconomic status. Policies should integrate legal, psychosocial, and economic interventions to create holistic support structures that promote resilience and long-term well-being for CBoCRSV and their families.

4

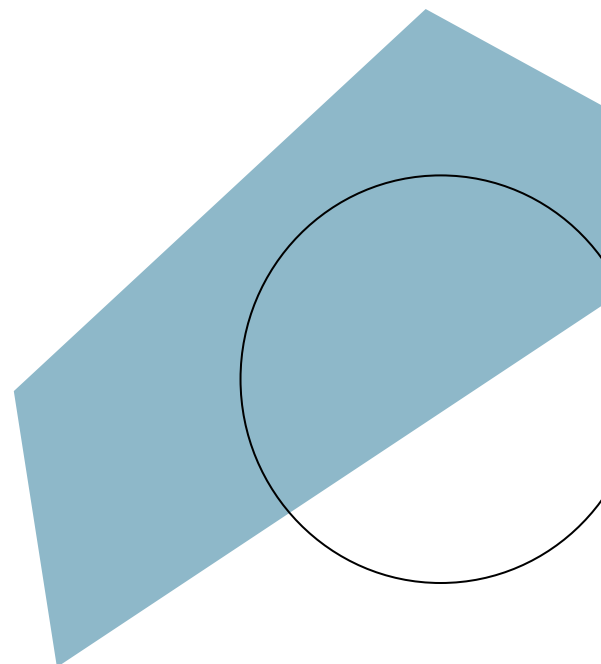
Evidence-Based Approaches:

Strengthen the global evidence base by expanding research to underexplored regions, conducting longitudinal studies, and rigorously evaluating existing interventions. This ensures that resources are allocated to solutions with proven effectiveness and scalability.

5

Ethical and Inclusive Data Practices:

Develop and implement ethical guidelines for collecting data on CBoCRSV to ensure their safety, dignity, and privacy are respected. This includes participatory research methods that empower affected individuals while generating actionable insights to inform policies.



6

Sustainability and Long-Term Commitment:

Ensure that interventions are not limited to short-term emergency responses but focus on long-term sustainability. Build systems that address the root causes of marginalisation and provide ongoing support for the integration and development of CBoCRSV.

7

Capacity Building for Local Actors:

Strengthen the capacity of local organisations, community leaders, and service providers to deliver effective and sustainable support for CBoCRSV. This includes training in trauma-informed approaches and building community resilience.

8

Resource Mobilisation:

Advocate for dedicated funding streams to support interventions for CBoCRSV, ensuring adequate resources for education, healthcare, legal assistance, and community reintegration efforts. Collaborative funding mechanisms can help align global efforts and sustain initiatives over time.

These recommendations offer a holistic approach to supporting CBoCRSV by addressing the systemic, social, and individual risks, harms, and challenges they face. By advancing justice and inclusion, we not only improve their outcomes but also strengthen global peacebuilding and reconciliation efforts.

“I want all children born in captivity to feel a sense of belonging... I need them to know they are valued in this world... we need to build an association for ourselves to save others. We need a place where our issues are addressed.”

Oting Godbe, Northern Uganda

Conclusion

CBoCRSV face multifaceted risks, harms, and challenges that intersect across legal, social, economic, and psychological dimensions. Despite growing recognition of their vulnerabilities, these children remain marginalised in policy discussions and underrepresented in research. This review highlights the urgent need for survivor-centred, evidence-based interventions that address the systemic barriers perpetuating their exclusion.

The inclusion of CBoCRSV in global peacebuilding and development agendas is not only a moral imperative but also essential for sustainable recovery in post-conflict societies. By prioritising their rights and well-being, stakeholders can enable CBoCRSV to overcome barriers and thrive as valued members of their communities. These efforts contribute to building equitable and peaceful societies where no child is left behind.

Researchers, policymakers, and practitioners must work collaboratively to champion the rights of CBoCRSV, dismantling systemic inequities and fostering environments where they can live with dignity, agency, and opportunity. Sustained commitment and coordinated action are critical to achieving justice and inclusion for CBoCRSV and advancing global peace and reconciliation efforts.

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Contributions Statement

Authorship of this report is attributed to Kirstin Wagner, Sabine Lee, Scarlet Vass, and Toni Smith. Sabine Lee and Kirstin Wagner conceived and designed the analysis. All authors contributed to data collection, the development of analytical tools, and data analysis. Kirstin Wagner and Sabine Lee led the drafting of the initial manuscript, with Scarlet Vass and Toni Smith providing critical review and revisions. All authors have read and approved the final summary version of the report.

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“I would like to tell my father to think about me wherever he is. He needs to know that he left me here. I am suffering. He should know that I don’t have a family. If my mother dies, who will raise me?”

CBoCRSV from Kisangani,
DRC (see Wagner et al., 2025)

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