

From Primary to Secondary Victimization of a So-Called "Serpent" Child Living with Sickle Cell Disease

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Abstract: *This study aims to examine the forms of victimization experienced by so-called "serpent children" living with sickle cell disease in the Democratic Republic of Congo (DR Congo), to analyze the social and familial impacts of their double stigmatization, and to propose culturally and community-based intervention strategies to promote inclusion, resilience, and well-being. Sickle cell disease, still poorly understood in DR Congo, is particularly stigmatized when affecting children born of rape, leading to compounded marginalization (Goffman, 1963). Perceived as a curse, the disease reinforces social exclusion, worsened by poverty and lack of healthcare. Based on a phenomenological approach, this study conducted in Lubumbashi explores the distress of a 4-year-old boy, O.G.E., born from rape and living with sickle cell disease. His psychological care combined emotional expression, pain management, and family support to foster resilience (Masten, 2014).*

Keywords: Primary victimization, secondary victimization, sickle cell disease, serpent child, family resilience

1. Introduction

Sickle cell disease, a common genetic condition in sub-Saharan Africa, remains poorly understood in the Democratic Republic of Congo (DR Congo), where it intersects with cultural beliefs and social contexts shaped by poverty, sexual violence, and migration. Children born of rape, stigmatized as "serpent children," endure a form of double victimization: both their violent origins and chronic health condition make them particularly vulnerable. According to Lebigot (2011), such trauma causes ruptures in family balance, while Ferenczi (2006) emphasizes the collective psyche's difficulty in integrating these experiences. In this context, sickle cell disease is often perceived as a curse or linked to witchcraft (Lainé, 2009), reinforcing social exclusion and psychological distress within affected families.

Based on our field observations, a central research question was developed to better understand the issue at hand: What are the main psychosocial consequences of sickle cell disease on "serpent children" and their families in DR Congo? This central question is further explored through three sub-questions:

- 1) How does double victimization, first, primary, linked to violent origins, and second, secondary, related to social stigma, affect the family and social dynamics of these children?
- 2) What culturally appropriate psychotherapeutic interventions can be implemented to effectively support these families within the socio-cultural context of the DR Congo?

- 3) How can the resilience of victimized children and their families be strengthened in the face of the stigma and trauma associated with sickle cell disease?

This study is based on the following hypothesis: regarding the main research concern, it appears that sickle cell disease, combined with both primary and secondary victimization, leads to major psychosocial consequences for so-called "serpent children" and their families, including stigmatization, social exclusion, and disorganization of family structures.

Regarding the secondary concerns, first, primary victimization linked to the disease, intensified by sociocultural stigma, would likely exacerbate tensions and imbalances within the family dynamics of these children. Second, the implementation of psychotherapeutic interventions tailored to the sociocultural context of the DRC could help reduce the psychosocial effects of this dual victimization and more effectively address the specific needs of affected children and their families. Finally, strengthening resilience capacities within these families and among the so-called "serpent children" would contribute to mitigating the impacts of trauma and stigma associated with sickle cell disease.

The objectives pursued are: to deepen the understanding of psychosocial challenges, to identify relevant therapeutic approaches, and to propose context-sensitive solutions adapted to the realities on the ground in the Congolese context.

2. Theoretical Foundations

Sickle cell disease, a hereditary and chronic genetic disorder, remains heavily stigmatized in many cultural contexts, particularly in sub-Saharan Africa, where it is often interpreted through mystical or superstitious beliefs. In some communities, affected children are referred to using dehumanizing labels such as "serpent," symbolizing misfortune, witchcraft, or a curse. This stigmatizing label significantly intensifies their social marginalization. As noted by Reis et al. (2004), children living with chronic illnesses often experience diminished self-esteem due to the physical and social limitations imposed by their condition. When such limitations are compounded by negative social representations, they can lead to profound emotional isolation and a gradual exclusion from community life.

In order to establish a rigorous and nuanced framework for understanding the issues addressed in this study, defining the key concepts is of critical importance. This conceptual clarification not only specifies the meaning assigned to each term, but also helps to better understand the social, cultural, and psychological dynamics at play, particularly in the context of sickle cell disease and its stigmatizing implications.

2.1 Primary Victimization

Primary victimization refers to the direct and immediate experience of a traumatic event by an individual, whether the event is criminal, violent, or related to chronic illness. It includes physical pain, emotional trauma, and psychological disruptions resulting from the incident. In the case of children with sickle cell disease, this form of victimization manifests through recurring painful crises, chronic fatigue, and frequent hospitalizations. Janoff-Bulman (1992) emphasizes that such experiences often serve as a foundation for psychological disorders, including post-traumatic stress disorder (PTSD), due to the overwhelming feelings of helplessness and vulnerability they provoke. These emotions are not always verbalized, which is why Malchiodi (2020) highlights the therapeutic potential of art in helping traumatized individuals bypass verbal barriers.

In this study, primary victimization is specifically associated with the suffering caused by sickle cell disease. Its symptoms lead to a loss of autonomy in physical activities, which disrupts the child's educational and social development. This distress is often silent yet deeply rooted. Research by Tusan and Nyagah (2021) reveals that children living with chronic illness are frequently marginalized, viewed as "cursed" or as harbingers of misfortune, and subjected to psychological violence such as mockery, rejection, and systemic discrimination in access to healthcare and education. These forms of mistreatment constitute secondary victimization, not caused by the illness itself, but by the social and institutional reactions it elicits.

2.2 Secondary Victimization

Secondary victimization arises not from the illness itself but from the social, institutional, or familial reactions that follow. It manifests through rejection, blame, minimization of

suffering, or intrusive procedures that extend the initial distress. This secondary trauma is often more subtle but equally damaging, as it undermines the victim's ability to build resilience. Montada (1994) refers to this as an indirect yet profound injury that hinders the healing process and violates the dignity of the affected individual.

This form of victimization becomes more severe when the illness is interpreted through mystical cultural beliefs. The label "serpent," for instance, imposes a symbolically negative identity on the child, intensifying their exclusion. Goffman's (1963) work on stigma provides a theoretical framework to understand how a perceived deviant attribute becomes a reason for social rejection, turning the individual into a bearer of a "stigma." Furthermore, Devries et al. (2013) emphasize that cultural trauma linked to such representations can result in intergenerational trauma, affecting not only the sick child but the entire family, which may also experience social stigma, isolation, and impoverishment.

2.3 Sickle Cell Disease

Sickle cell disease, or sickle cell anemia, is a chronic genetic condition marked by an abnormality in hemoglobin, leading to the deformation of red blood cells into a sickle shape. These altered cells impair blood circulation, causing acute pain episodes (vaso-occlusive crises), severe anemia, and various organ complications. The disease is particularly prevalent in sub-Saharan Africa. In some cultural contexts, such as in the Democratic Republic of Congo, it is often interpreted through mystical beliefs. Within this framework, the notion of the "snake child" emerges, a pejorative label that links children with sickle cell disease to occult or malevolent forces. As noted by Aziato & Dedey (2015), such representations intensify social stigma and further marginalize affected families.

In response to these compounded challenges, family resilience emerges as a crucial protective factor. It refers to a family's collective ability to face adversity by mobilizing internal resources (communication, solidarity, emotional support) and external ones (mutual aid networks, specialized care) to maintain functional stability. This resilience dynamic not only helps mitigate the psychological impact of trauma on family members but also promotes a constructive recovery process after crises. In the context of sickle cell disease, resilience is essential to support the child's health journey and to help preserve a positive self-image despite the disease's stigma. Among psychological therapies, cognitive-behavioral therapy has proven effective in reducing pain intensity and enhancing coping skills in children and adolescents with chronic pain (Palermo, Eccleston, Lewandowski, Williams, & Morley, 2008).

The effects of this double victimization are often severe and long-lasting. Children affected frequently develop anxiety disorders, low self-esteem, and even major depression. Williams and Collins (2020) highlight that the accumulation of psychosocial pressures leads to a lasting distortion of self-image, further intensifying emotional vulnerability. Beyond psychological consequences, there are also significant economic and social repercussions for families, who often struggle to access adequate support systems. Hill et al. (2022)

emphasize the urgent need for integrated psychosocial care structures that can effectively address these complex needs. Additionally, Winnicott (1971) stresses the central role of play in the development of mental health, viewing it as a fundamental mechanism through which children process their experiences and regain emotional stability.

2.4 Theoretical Frameworks

Goffman's (1963) Stigma Theory and Masten's (2014) Resilience Theory

The double victimization of children born from sexual violence and living with chronic genetic diseases such as sickle cell anemia can be analyzed through two complementary theoretical lenses: Goffman's (1963) stigma theory and Masten's (2014) resilience theory. These frameworks help to understand, on the one hand, the social mechanisms behind marginalization and, on the other, the adaptive processes that enable individuals to cope with adversity. Together, they offer an integrated perspective on the lived experiences of these children, particularly in sociocultural settings where traditional beliefs intensify stigmatization.

In his seminal work *Stigma: Notes on the Management of Spoiled Identity*, Goffman (1963) explains that certain characteristics perceived as deviant in a given social context become "social marks" that discredit individuals. These stigmas may be physical (such as visible illness) or social (such as origins viewed as shameful). In the case of so-called "serpent children," two forms of stigma intersect: one related to their conception through sexual violence, often associated with impurity or curse in local traditions, and another linked to their sickle cell condition, frequently seen as a sign of sorcery or ancestral fault. This dual stigmatization intensifies social exclusion, affecting not only the child but also the family, often labeled as "tainted" and subjected to widespread marginalization (Aziato & Dedey, 2015).

In response to these exclusionary processes, Masten's (2014) resilience theory offers an optimistic counterpoint by emphasizing individuals' adaptive and recovery capacities in the face of trauma. Masten defines resilience as an interactive process involving both internal resources (such as self-esteem and emotional regulation) and external supports (such as family, community, or institutional assistance). In the context of so-called "serpent children," this framework helps explain how some manage to build a stable sense of identity and maintain positive social relationships, despite stigma and the physical suffering caused by their illness, particularly when supported by a caring and responsive environment (Hill et al., 2022).

The articulation between these two theories allows for a nuanced analysis of double victimization. While stigma theory highlights the social and cultural mechanisms of exclusion, resilience theory identifies potential pathways to cope and thrive. This theoretical complementarity is especially relevant in contexts such as the Democratic Republic of Congo, where traditional beliefs, sexual taboos, and limited education about genetic diseases contribute to deep-rooted marginalization. By combining insights into stigmatization dynamics with strategies to foster individual

and collective resilience, it becomes possible to design appropriate interventions aimed at reducing the psychosocial impact of double victimization and promoting the social inclusion of these children within their communities.

3. Methodological Framework

This research adopts a qualitative approach grounded in the lived realities of participants experiencing distress related to their experiences.

3.1 Context

The study focuses on families who have endured home invasions involving sexual violence, a phenomenon that carries a particularly strong stigma within the socio-cultural context of Lubumbashi. In this society, where female virginity is highly valued, rape is often seen as an irreversible blow to family honor. Women, regarded as symbols of community stability, become targets of psychological warfare, while children born from these assaults, sometimes referred to as "serpents", face double marginalization. In addition to being marked by their origins, these children are sometimes affected by chronic conditions such as sickle cell disease, further deepening their exclusion. This specific context justifies the targeted selection of participants to analyze the transition mechanisms between primary victimization (related to the violent act) and secondary victimization (related to prolonged social consequences).

3.2 Qualitative Measures

Two main methods were employed: clinical phenomenology, to gain an in-depth understanding of the lived experiences of the victims and their families, and case study analysis, which allowed for a detailed and contextual exploration. Motivational interviews focused on the specific needs of participants (Miller & Rollnick, 2023) facilitated the emergence of authentic narratives by emphasizing participant autonomy. Field observations were conducted to capture relational and social dynamics within their natural settings. Thematic analysis served as the primary tool for organizing and interpreting the collected data around three key themes: the discovery of the illness, psychosocial consequences, and the adaptive strategies implemented.

3.3 Participants

The study was conducted in Lubumbashi, within the family environment of the participant identified by the initials O.G.E. This choice of setting aimed to preserve the authenticity of interactions while respecting the sensitivity of the context. Psychosocial support sessions not only documented experiences of victimization but also fostered emotional support dynamics. The domestic environment proved essential for observing the effects of stigma on intra-family relationships, social representations of the illness, and the daily management of symptoms associated with sickle cell disease.

The choice of a single case, although limited in number, follows a logic of analytical depth rather than statistical representativeness. The aim is to capture the complexity of

the lived experience within a family system affected by a composite traumatic event. The qualitative approach adopted seeks to formulate a rigorous diagnostic hypothesis while opening avenues for tailored psychological care. This carefully selected case exemplifies the dynamics of compounded victimization and provides a foundation for considering broader psychosocial interventions in similar contexts. The detailed analysis of the family system studied enabled a better understanding of the interplay between individual suffering and sociocultural determinants.

4. Results

The study's results include a description and identity of the primary participant, the reasons for various encounters, the history of victims of sexual violence, medical history and diagnoses, the proposed therapeutic approach, and the different psychological support sessions conducted.

4.1 Identity and Description of the Primary Participant

The primary participant in this study is a four-year-old child, identified by the initials O.G.E., an acronym derived from the Latin phrase *Omnia Gratia Est*, meaning "all by grace." This symbolic name, embodying hope and resilience, stands in stark contrast to the painful circumstances of his birth and the complex realities he faces daily. Through his unique experience, the study aims to shed light on the dynamics of double victimization affecting children born of sexual violence and living with chronic illnesses such as sickle cell disease.

O.G.E., a child born as a result of rape and diagnosed with sickle cell disease, represents an extreme case of double vulnerability. Subjected to persistent secondary victimization, he endures multiple forms of abuse, psychological, social, emotional, and at times physical. These abuses, often fueled by the stigma associated with both his origin and illness, manifest as familial neglect, rejection, humiliation, and even exclusion from social spaces. This toxic dynamic profoundly disrupts his overall development. Emotionally, it generates a sense of affective insecurity; socially, it fosters isolation and hinders community integration; physically, it exacerbates the already severe symptoms of sickle cell disease. Thus, O.G.E.'s experience poignantly illustrates the psychosocial consequences of double victimization in a context where the child, far from being protected, becomes the repository for unresolved social and cultural tensions.

4.2 Purpose of the Meetings

The present study originates from the complaints expressed by Emmanuela, a direct victim of sexual violence that occurred during a home burglary perpetrated by armed assailants. This criminal act profoundly affected the family unit, as it also resulted in the rape of her mother, Sophie, thereby intensifying the intergenerational dimension of the trauma experienced. The severity of these events led to a breakdown of the family's equilibrium, marking the beginning of psychosocial support and initiating the first contact with the family.

4.3 Background of the Victims of Sexual Violence

The Luna family was formed approximately twenty-one years ago with the birth of Emmanuela, the eldest of five siblings. She has two younger sisters, aged 18 and 8, and two brothers aged 14 and 11. Within this relatively young but close-knit family, Emmanuela held a central position, being the eldest daughter entrusted with emotional and social responsibilities.

It was in this context that a tragic event occurred: Emmanuela and her mother, Sophie, were victims of a violent burglary at their home during the night, during which both were subjected to gang rape. This dual physical and sexual assault profoundly shook the psychological and emotional foundations of the family, triggering a long process marked by pain, silence, and forced resilience.

Two months after the assault, Emmanuela discovered that she was pregnant by one of her attackers. Although this revelation caused profound distress and a nearly unanimous desire within the family for a therapeutic abortion, her cultural and religious reference points particularly her belonging to the Muluba ethnic group of Central Kasai, which places high value on purity and motherhood, as well as her involvement in the Christian faith known as the "End Time Message" led her to carry the pregnancy to term. The child, regarded as a "gift nonetheless," was born and is now four years old, named O.G.E.

4.4 Personal, Familial, Medical, Social, and Community Background

Identifying personal background factors is essential for understanding the origins of the child's situation and the elements that have influenced their development. On a personal level, the child may have been conceived as a result of sexual violence, which constitutes a form of primary victimization. This traumatic origin is often accompanied by experiences of rejection, ridicule, and discrimination, stemming from stigmatization related to the child's medical condition or prevailing sociocultural beliefs.

From a medical standpoint, the child has been diagnosed with sickle cell disease since early childhood, marked by recurrent vaso-occlusive crises, severe anemia, and associated complications, all of which may have contributed to developmental delays. Psychologically, the child may exhibit symptoms of post-traumatic stress, anxiety, depression, or low self-esteem issues that are often exacerbated by the dual stigmatization linked to both the disease and the circumstances of their birth. These factors may also lead to social isolation and difficulties in peer relationships.

Familial background also plays a critical role in understanding the child's lived experience. Traumatic events may have affected the mother or other family members, especially in cases where sexual violence led to the child's conception. Such experiences can generate ambivalent feelings, including shame or rejection toward the child, and can fuel intrafamilial conflict, wherein the child is perceived as a reminder of the trauma endured. The hereditary transmission of sickle cell disease, whether homozygous or heterozygous, typically results from genetic combinations

inherited from the parents. In addition, a family history of medical conditions, such as chronic illnesses or disabilities, may increase the child's vulnerability. These factors are often compounded by cultural representations that associate the child with negative symbolic figures or even malevolent entities further reinforcing stigma within the family circle.

Finally, the social and community background contributes to a context of ongoing marginalization. Sickle cell disease is frequently interpreted through the lens of erroneous beliefs, such as divine punishment or acts of witchcraft. These perceptions, deeply rooted in certain local traditions, intensify stigma and hinder access to appropriate care especially in rural areas where healthcare services are limited. The lack of medical literacy within communities perpetuates myths and fosters the social exclusion of both the child and their family. This marginalization manifests in barriers to education, healthcare, and social integration. Therefore, a holistic approach that integrates medical, psychological, and social dimensions is essential. It must be accompanied by community awareness efforts aimed at deconstructing stereotypes and breaking the cycle of victimization and exclusion.

4.5 Diagnosing Double Victimization

The secondary victimization of the child O.G.E., nicknamed "serpent" due to both his conception through rape and his chronic illness (sickle cell disease), is expressed through multiple forms of maltreatment: rejection, neglect, stigmatization, and constant criticism. The familial and social environment reinforces this marginalization through negative labeling and discriminatory attitudes, while the mother herself a trauma survivor struggles to form a secure emotional bond with her child. These conditions have a profound impact on the child's development, leading to social isolation, cognitive delays, and emotional disturbances.

From a psychopathological perspective, several diagnoses are considered. Post-traumatic stress disorder (PTSD) is evident, stemming both from the violent circumstances of his conception and from repeated experiences of rejection. In addition, generalized anxiety is present, fueled by fears of exclusion and the stigmatization associated with his illness. Depressive symptoms are also observed, characterized by persistent sadness, apathy, and disinterest exacerbated by physical pain and a lack of emotional support. The child's low self-esteem is rooted in the demeaning labels he has internalized and the perception of being a burden.

Finally, the child displays signs of social isolation and attachment disorders. Rejection by both the family and the broader community undermines his ability to form stable emotional and social bonds. This relational disengagement hinders his integration and overall development. These clinical manifestations highlight the urgent need for a context-sensitive psychotherapeutic intervention focused on emotional support, the restoration of family bonds, and the fight against stigmatization.

4.6 Therapeutic Proposal

To break the cycle of victimization, an integrative psychotherapeutic approach was implemented, combining

several techniques tailored to the child and his familial context. Person-centered therapy, as developed by Carl Rogers (1961), provided a secure space of empathic listening and unconditional acceptance, encouraging emotional expression without fear of judgment. Play therapy enabled the child to symbolize and transform painful experiences through imaginative means, while narrative therapy supported the reconstruction of a positive identity as a survivor rather than a victim.

Complementary tools for managing stress and pain were also incorporated: Jacobson's progressive muscle relaxation helped reduce physical tension associated with anxiety, and mindfulness practices allowed the child to refocus on the present moment, thus limiting intrusive thoughts and rumination. Cognitive-behavioral therapy (CBT) was employed to assist the child in identifying and restructuring negative thought patterns, thereby strengthening coping mechanisms in the face of stigmatization and the chronic pain associated with sickle cell disease.

Finally, the systemic dimension was addressed through family therapy, which aimed to restore emotional bonds, improve communication, and reduce intrafamilial conflict. Attachment-based therapy, grounded in the work of Bowlby (1988), focused on repairing emotional ruptures and reinforcing the sense of emotional security between the child and his mother. Educational interventions with the parents were essential in fostering nurturing parenting practices and providing an emotionally safe environment. Together, these approaches aim to support the child's holistic development by reducing stigmatization, enhancing self-esteem, and rebuilding a secure affective foundation.

4.7 Outcomes of Psychosocial Support Sessions

The psychological care provided to O.G.E., a four-year-old child living with sickle cell disease and subjected to secondary victimization, was based on an integrative approach designed to address his emotional, affective, and social needs, while taking into account a family and sociocultural context marked by stigmatization. The therapeutic support was structured into five thematic sessions, with the objectives of mitigating the effects of both primary victimization (linked to his conception through sexual violence) and secondary victimization (stemming from subsequent abuse and rejection), while fostering self-expression, the development of coping strategies, and the strengthening of familial bonds.

The first session focused on establishing a safe therapeutic environment through symbolic play, facilitating the development of trust and the indirect expression of emotions. The second session used art therapy as a non-verbal expressive medium, allowing the child to externalize emotional distress related to chronic pain and stigmatization. The third session was centered on the introduction of relaxation techniques (particularly Jacobson's progressive muscle relaxation) and breathing exercises, aimed at helping the child manage physical pain and anxiety associated with his medical condition and social isolation.

The fourth session once again mobilized symbolic play to explore and externalize familial conflicts and trauma related to rejection and blame within his immediate environment. Finally, the fifth session focused on strengthening family attachment and involving parental figures in order to restore the protective and supportive functions of the family system. Positive communication exercises and active listening techniques were used to promote recognition of the child's emotional needs and encourage more empathetic and nurturing parental responses.

In conclusion, this individualized therapeutic protocol enabled the child to gradually shift away from a victim identity, improve emotional regulation, and enhance his integration within the family system. It represents a tailored response to the complex dual vulnerability of O.G.E., integrating psychotraumatological, relational, and psychosomatic dimensions within a perspective of resilience and identity reconstruction.

5. Discussion of Findings

Following the psychosocial support sessions conducted with O.G.E., a four-year-old child living with sickle cell disease and subjected to both primary victimization (linked to the circumstances of his conception) and secondary victimization (arising from social and familial attitudes), several key observations emerge regarding the effectiveness of the adopted therapeutic approach. The results underscore the relevance of the tools used, both on an individual and systemic level, through a cross-analysis of theoretical frameworks on attachment (Bowlby, 1988), stigmatization (Goffman, 1963), and resilience (Masten, 2014).

1) Establishing a Climate of Emotional Security

The first three sessions laid the groundwork for a strong therapeutic alliance by creating a safe and supportive environment. This establishment of trust, rooted in attachment theory, proved essential in reducing avoidant behaviors and encouraging the child's emotional expression. By offering a stable, non-judgmental space, the intervention addressed the fundamental need for security, a prerequisite for any emotional or identity work.

2) Emotional Expression Through Play and Art as a Tool Against Stigmatization

The use of symbolic play, puppets, and artistic mediums such as drawing and painting provided a privileged channel for the expression of emotions, particularly those that could not be verbalized. This non-directive approach, supported by the work of Winnicott (1971) and Malchiodi (2012), allowed the child to externalize internal conflicts and explore social and familial representations related to his illness. The stigmatizing nickname "serpent," carrying a negative symbolic load, was progressively deconstructed throughout the sessions. This process of distancing helped reduce feelings of shame and fostered the development of a more positive self-image.

3) Learning Emotional Regulation Techniques

The third session, focused on pain and anxiety management, introduced playful relaxation strategies such as bubble breathing and progressive muscle relaxation. These techniques, validated by the work of Palermo et al. (2008),

demonstrated their effectiveness in temporarily reducing pain intensity and promoting psychological relief. By enabling the child to regain a sense of control over his body and emotions, these tools contributed to enhancing his self-efficacy and resilience in the face of chronic suffering.

4) Restructuring Family Dynamics and Reducing Secondary Victimization

The gradual involvement of the family, particularly through collaborative play and guided interactions with the mother, played a critical role in reducing secondary victimization. Attitudes of rejection or overprotection, often rooted in stigmatizing beliefs, were explored and reframed in light of the child's experiences. Drawing on the principles of Bowlby's (1988) attachment theory and Goffman's (1963) stigma theory, this systemic work helped to strengthen familial attachment and establish a more empathetic and supportive environment.

5) Building Resilience and Shaping a New Identity

Ultimately, the overall therapeutic framework contributed to strengthening the child's internal resources by fostering the construction of a resilient identity, one less defined by pain and stigma. Masten's (2014) theory of resilience proved particularly relevant in understanding this transformative dynamic, highlighting the development of socio-emotional skills and the activation of affective supports. By giving new meaning to his lived experiences, the child was able to shift from a position of passive victimhood to that of an agent capable of influencing his environment.

In summary, this multidimensional intervention, combining art therapy, play therapy, relaxation techniques, and family work, proved effective in addressing the specific needs of a child with sickle cell disease facing stigmatization. The observed outcomes suggest that an integrative approach, grounded in a nuanced understanding of victimization and resilience mechanisms, can foster meaningful progress both emotionally and relationally. These findings underscore the importance of holistic care, attuned to psychosocial and cultural factors, in supporting children living with stigmatized chronic illnesses.

6. Conclusion

This study has highlighted the profound and multidimensional impact of sexual violence and stigma on a so-called "serpent child" living with sickle cell disease, as well as on his family. Through the analysis of the child's psychological and relational experience, it becomes evident that the interplay between trauma, secondary victimization, and dysfunctional sociocultural representations reinforces mechanisms of exclusion and suffering. The therapeutic approach implemented, although limited by the specific context and uniqueness of the case, showed positive effects in terms of restoring self-esteem, improving family dynamics, and reducing stigma.

The findings may be transferable to similar cases facing comparable realities and vulnerabilities. They emphasize the relevance of a holistic approach, integrating psychological, familial, social, and cultural dimensions, in supporting child victims. Moreover, they underscore the urgency of a more coherent and coordinated institutional response, grounded in

the recognition of the specificities of chronic illnesses such as sickle cell disease, especially when coupled with experiences of violence and harmful beliefs.

In this regard, the research calls for the strengthening of public policies in the Democratic Republic of the Congo, including the implementation of tailored psychosocial support systems, the training of field practitioners, and intensified efforts to combat cultural stigma. It also advocates for further research in diverse contexts to consolidate evidence-based clinical practices.

Ultimately, this work opens new avenues for psychosocial intervention in African settings by demonstrating that structured and contextualized therapeutic support can foster individual and collective resilience, restore damaged family bonds, and promote social reintegration. It contributes to ongoing reflection on how to support survivors of sexual violence in situations of chronic vulnerability, while also highlighting the need for a collective and interdisciplinary commitment to addressing the complex issues raised by such cases.

The contribution of this study lies in its focus on the impact of sexual violence on a child who neither chose nor deserved to be brought into the world under such circumstances. It sheds light on the dual victimization (primary and secondary) and the weight of cultural interpretations in understanding sickle cell disease. The significance of this research stems from the in-depth understanding enabled by the case study method and the use of double hermeneutics, an interpretation by the researcher based on the actors' testimonies, combined with the actors' own interpretations of their lived experiences.

The main limitation of the study is its case specificity, which prevents broad generalization of the findings. However, the results may be applied to analogous or comparable cases.

Finally, the study opens the door to further questions:

- Between men, childbirth is biologically impossible, so what are the consequences of sexual violence perpetrated by men against other men?
- What are the implications if the perpetrators are women who sexually assault men?

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