Addressing sexual violence in post-conflict Burundi

by Nona Zicherman

Conflict and massive population movements in Burundi have resulted in dramatic increases in rape and other forms of sexual violence.

Alarm about the high incidence of sexual violence against Burundian women was first sounded during the 1993-2003 civil war when large numbers of rebels and Burundian armed forces occupied villages and towns. Peace accords were finally signed in 2003, and general elections held in 2005, but Burundian women and girls continue to suffer high levels of sexual violence. In post-conflict Burundi, the influx of returning refugees and displaced persons, the presence of large numbers of demobilised ex-combatants, the high prevalence of female-headed households, widespread lack of economic opportunity and general breakdown in social norms all contribute to increased levels of sexual violence.

Refugee woman from DRC sitting in front of her shelter in Gasorwe refugee camp, Burundi.

Reliable statistics on sexual violence in Burundi do not exist. Médecins Sans Frontières' clinic in the capital city, Bujumbura, sees an average of 124 new cases a month and a CARE-supported clinic 40 cases. In 2004 Ligue Iteka, a local human rights organisation,[1] recorded 1,664 cases of survivors of sexual violence seeking judicial assistance. Anecdotal evidence suggests that sexual violence is continuing to grow. Over 90% of women interviewed by CARE in Bujumbura Rurale province affirmed either having experienced sexual violence themselves or knowing someone who had.[2]

Rebels and military personnel are no longer the primary perpetrators. In communities where CARE works, survivors of sexual violence report that the majority of attacks are committed by members of their extended family, teachers and household domestic staff. This reflects a general breakdown in social norms, withering of traditional conflict resolution and community sanction mechanisms and absence of functioning state law enforcement and judicial institutions. While the war might have been the trigger for an increase in sexual violence, only when there is genuine peace and increased livelihood security – not just absence of armed conflict – will the level of sexual violence fall significantly.

Their declining socio-economic status also puts women at risk, particularly for female-headed households. Poor women without a husband or older son in the household are perceived as unprotected – and therefore likely targets for sexual violence with little fear of retribution. Local officials have demanded sexual favours in return for food aid and other assistance.[3] Poor families are often driven by circumstance to push daughters into early marriages where they are at a high risk of conjugal sexual violence. The case of one mother and daughter interviewed by CARE illustrates this tragic cycle of vulnerability and violence. As the mother explained:

"Because of our poverty I married my daughter of 14 years of to a boy who had a little bit of money… I did this for two reasons: firstly because once married she and her husband could help me find something to put between my teeth and secondly because I didn't want her to be raped the way I was three years ago."

The daughter tells a different story:

"I was married when I was still a child, against my will, because of my mother's pressure; I had wanted to continue my studies… My husband rapes me every night. He makes me have [sexual] relations against my will. On top of that he harasses me every day by saying that I am sterile because it has been two years and we haven't had any children but

that is because it is only three months ago that I started menstruating."

Addressing sexual violence

Local and international organisations are providing some support to survivors of sexual violence. MSF-Belgium and CARE have been offering medical and psychosocial services for survivors at special clinics in Bujumbura. Other agencies – such as Gruppo Volontariato Civile (GVC)[4] and the International Rescue Committee (IRC)[5] – are undertaking violence prevention work in schools and helping build capacity of public health centres.

Burundi is fortunate to have a National Protocol on the Treatment of Sexual Violence,[6] developed in 2005 with the support of UNICEF and UNFPA, which provides a framework for coordination of the medical response to sexual violence. However, comprehensive training of government health staff on the protocol has not been done and the health ministry has not yet approved a sexual violence 'kit' to be distributed to health centres to ensure all necessary medication is available in a single location. In addition, there is a significant shortage of multi-sectoral programmes combining medical, legal, counselling and livelihoods support for victims and at-risk groups.

With funding from ECHO, CARE Burundi implemented an 18-month programme to help prevent sexual violence and improve the medical and psychological health of survivors. The project included awareness-raising activities via radio and cultural and sporting events. It also piloted the use of interactive community theatre, which proved highly effective in promoting discussion on this sensitive topic.[7] CARE also helped establish over 110 networks of community leaders in Bujumbura Mairie, Bujumbura Rurale and Bubanza provinces. These community leaders educated local people on the risks and consequences of sexual violence and helped identify cases within their communities. Survivors were then referred to a clinic in Bujumbura which treated over 500 victims, 99% of them female – of whom approximately 70% were under eighteen.

Community leaders played an active role in the social reintegration of survivors. Despite its prevalence, sexual violence remains a taboo subject in Burundi and stigma against survivors is extremely high. Community leaders negotiated with husbands and fathers to allow wives and daughters back into the household. They also worked with local administrators and community councils to ensure perpetrators be arrested, rather than having the case resolved by traditional methods – which usually involve restitution paid to the victim's father or husband and, in some cases, forced marriage of the survivor to her attacker.

Lessons learned

The programme proved that a community-based approach was feasible even in zones still experiencing significant rebel activity. With training and support, informal leaders and local administrators – both men and women – can design and implement their own initiatives to fight impunity and support survivors. Conducting baseline studies and evaluations, even in short-term emergency programmes, is also clearly valuable.

However, the services provided by CARE and others are largely confined to Bujumbura. Survivors in rural areas lack even the most basic package of medical care unless they can travel significant distances. The quality of psychosocial services is also of concern: local organisations and counsellors need to be trained in special techniques for child survivors and for survivors in acute psychological distress.

While the project helped improve the physical and psychological health of survivors, its impact in preventing sexual violence was limited by the fact that it was unable to address the fundamental causes of the violence, including gender inequality and bad governance. CARE Burundi's future SGBV programming will aim to:

- ensure interventions are shaped by the needs and rights of participants as defined by survivors and at-risk women themselves
- develop a decentralised approach to service provision in order to build the capacity of local health centres
- improve the quality of psychosocial programming
- develop training modules which target different groups (such as young men, ex-combatants and at-risk groups of women and girls) and examine questions of gender equity
- integrate economic and legal assistance
- integrate sexual violence prevention as a cross-cutting theme in other CARE Burundi programmes that work with women
- integrate local leaders, administrators and service providers into networks dedicated to preventing violence and assisting women.

CARE encourages all agencies to recognise the links between post-war sexual violence and the challenges of reintegration and reconciliation and to move towards longer-term financing and programming which encompass prevention and capacity-building approaches.

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1. www.ligue-iteka.africa-web.org
2. CARE study, December 2005 'Analyse de l'état des lieux des violences sexuelles'. Available to interested practitioners: please email nzicherman@care.org.bi
3. 'Using innovative approaches to better understand sexual harassment and exploitation within the food distribution program', CARE International in Burundi, June 2005.
4. www.gvc-italia.org
5. www.theirc.org/burundi
6. The Protocol meets international standards for prophylactic treatment within 72 hours, including post-exposure prophylaxis (PEP) for HIV, the treatment or prevention of other sexually transmitted diseases, the prevention of tetanus and unwanted pregnancy and the suture of wounds.
7. CARE's partner for interactive theatre is a local troupe called Tubiyage ('Let's talk about it').