



REVIEW ARTICLE

SEXUAL VIOLENCE AGAINST WOMEN AND GIRLS IN BURUNDI

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ABSTRACT

The World Health Organization indicate that 35% of women worldwide have experienced partner or non-partner violence in some part of their lives, but in war-torn zones in some sub-Saharan African countries like Burundi, sexual violence was a part of the everyday lives of most women and girls during the periods of series of conflicts the country experienced. Sexual violence was used as a weapon of war by combatants during the conflict periods. However, even in the post-conflict era, the rate of various forms of sexual violence is still on a rise. This paper reviews the situation of sexual violence during and after the Burundi conflicts, influencing factors and the way forward.

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INTRODUCTION

According to Krantz and Garcia-Moreno (2005), violence against women refers to any act of violence that results in, or is likely to result in physical, sexual or mental harm or suffering to people, including threats of such acts or arbitrary deprivation of liberty, whether occurring in public or in the private life of women. These include but are not limited to rape, domestic violence, sexual harassment, trafficking, sexual exploitation, honor killing, gendercide and forced marriage.

According to the World Health Organization WHO fact sheet (2016), 35% of women worldwide have reported that in some part of their lives, they have experienced partner or non-partner violence, 30% have experienced physical or sexual violence and 38% out of those who experienced violence have been murdered by their intimate partners. These women who have been physically or sexually abused are more than twice as likely to experience depression and acquire HIV, compared to those who have not (United Nations, 2008). In the global setting, as indicated by Vlachová and BIASON (2005), women between 15 and 44 years are more likely to die out of male violence than cancer, malaria, traffic accidents and war combined. In sub-Saharan Africa alone, over 14.1 million girls are forced into early marriages and this escalate the probability of these girls experiencing rape and/or beaten by their husbands, while others face sexual harassments in schools or workplaces. It is imperative to note that it is not only women who experience sexual violence, but however, the rate of women are more than men (Anderson, 1999).

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Historical context

Unfortunately, in times of conflict and national violence, violence against women become very alarming. Combatants use sexual violence as part of their plans in view of ethnic cleansing and therefore rape many women. This weapon of war is strategically deployed in most cases as a form of benefit for victorious commanders and their troops or a means of social bonding between the combatants (Diken and Laustsen, 2005). It is also seen as a form of punishment for opposing groups and a way of humiliating the male opponents as they are reminded of their inability to protect their women. According to Ngaruko and Nkurunziza (2000), Burundi is a small landlocked country bordered by Congo, Rwanda and Tanzania with a population of about 6 million. The country has the highest population density in Africa and has no known natural independence, the country has been through series of conflicts which has claimed more than 500,000 lives. USAID Burundi sexual violence assessment report (2011) shows that in 2007, the civil war in Burundi resulted in massive displacement of about 204,000. Sexual violence against women and girls were very high in regions where there were boarders and rebels. Rape became frequent in some places for girls and women who go out to gather firewood and food, to the point that most women had to leave their homes to seek shelter at night in public buildings. The assessment report continues that girls and women who found themselves in refugee camps were highly vulnerable to sexual violence. Most women were forced into prostitution, children were sexually exploited and trafficked by rebels and army personnel during the conflict. It was reported that about 26 percent of refugee women between 12 and 49 years were raped by 1996 either in

Burundi or refugee camps in Tanzania and other places, the perpetrators of this sexual violence included soldiers, police, fellow refugees and local men.

Current context

Even in post conflict Burundi, Zicherman (2007) indicates that women and girls continue to suffer high levels of sexual violence. This is as a result of the return of displaced persons and ex-combatants, high prevalence of female headed households, lack of economic opportunities and break down of social norms. He further states that the perpetrators of sexual attacks on women have shifted from rebels and military personnel to extended family members, household domestic staff and teachers. Zicherman (2007) added that women household heads with no older sons tend to be prone to sexual attacks, while officials demand sex as payment for assistance and food. Poor families push their young daughters into marriages in fear of them being raped, but this however increases the chances of being vulnerable and sexually violated by their husbands. The USAID Burundi sexual violence assessment report (2011) states that in schools, “girls are likely to be forced by teachers to have sexual relations with them to pass the grade” (p. 23) and few poor parents who do have their children in this kind of situation end up giving their daughters to the teachers for marriage. Dijkman *et al.* (2014) indicated that in Burundi, sexual violence is seen as a taboo and private issue and therefore reporting it may intensify the stigmatization of victims. Between 2006 and 2011, some NGOs reported an average of 120 victims of sexual violence every month while others recorded as high as 311 victims in a month with daily reports from victims Dijkman *et al.* (2014). Alarmingly, in 2011, about 50 percent of all the victims were below the age of 13. There has also been a focus on girls of younger age as victims of sexual violence as compared to women during the time of war. Dijkman *et al.* (2014) reveals that girls who have been employed as house helps especially from poorer families have become more vulnerable to sexual violence in the post conflict era.

Problem Statement

Hynes and Cardozo (2000) reveals the physical, mental and psychological health consequences of sexual violence on girls and women including but not limited to homicide, serious injuries, HIV infection, suicide and mental health problems. There can either be direct or indirect, short and long term detrimental and negative health consequences on rape victims and their families. For example, HIV infection from rape can affect the health status of the woman and her baby in case of pregnancy. According to USAID Burundi sexual violence assessment report (2011), there have been various national policies and laws that have been enacted to address sexual and gender based violence in Burundi. These include Burundian CSLP which particularly focus on survivors of sexual violence, the National Reproductive Health Strategy (2010-2014) which provided educational programs on sexual violence prevention as well as care for survivors. The report, however stated that other policies set up by the government make no mention of sexual violence. I would like to review the risk factors of sexual violence, particularly rape of women and girls, ways the problem has been tackled by the government and other international agencies and the various ways that can be employed to tackle this trivial issue.

Influencing Factors

There are various factors that influence sexual violence against women and girls. Wood and Jewkes (1997) indicate that the causes of violence against women in African societies stem from patriarchal control which either preserves or extends gender inequality. Again, the economic and financial dependence of most women on their husbands make them vulnerable to sexual violence. However, due to the conflict and pre-existing gender norms in Burundi, risk factors became very high during the period of conflict and very much so, even after peace was declared. These pre-existing norms deepen the marginalization of women and create a prolonged culture of sexual violence (World Bank, 2011). Murangira (n.d.) adds that when it comes to sex, men have higher power than women and there exist certain cultural proverbs and practices in the community that contribute to sexual violence. Examples include, “No one can set limit to the bull”, “if a wife is ill-treated and she returns home, the family just sends her back to her husband, saying “that is how households are maintained””, “practices that oblige young girls to share the room with a male quest” (p. 7).

There are some influencing factors that led to increasing rate of sexual violence prevalence during the war, and even after the war. These factors pertaining to the aforementioned periods are discussed below.

During the conflict

As indicated earlier by Diken and Laustsen (2005), during the conflict, combatants use rape as a weapon of war and means of ethnic cleansing where this inhumane act was strategically deployed as a form of benefit for victorious troops and a means of social bonding. Sexual violence was also used as a form of punishment for the opposing group to humiliate them by reminding the men of their inability to protect their women. World Bank (2011) also indicate that during the war, most of the women were left alone with the family, particularly, the children and aged relatives, since most of the men went to participate in warfare or were killed, thereby leaving the women alone to fend for the rest of the family. This increased the probability of sexual violence, which went on even after the period of conflict ended.

Post conflict

Zicherman (2007) shows that the declining socio-economic status of women make them more vulnerable to the risk of sexual violence. During the conflict, many of these women lose their husbands and older sons and therefore tend to head the household. They are seen as unprotected and more likely to be a target for sexual violence. World Bank (2011) adds that due to the change in power relation because of the war, the women act as breadwinners and take more responsibilities for the survival of the family. They however indicate that when the combatants and men in family return from warfare, they suffer the loss of self-worth due to their inability to perform their gender roles. This leads to an increase in sexual violence, especially when they try to gain control over the woman’s independence and economic freedom. Lack of economic opportunities and poverty are some of the ways in which women become vulnerable to sexual violence. World Bank (2011) states that women and girls living in refugee camps especially, are forced to engage in risky sexual relationships in

exchange for water, food and shelter while some are also sexually exploited, abused, raped and trafficked in the hope of working to make ends meet. Early marriage has also become an issue in Burundi and this stems from the fact that most families are headed by women who fear that their daughters will go through the tragic cycle of sexual violence (Zicherman, 2007). World Bank (2011) states that due to the breakdown of social norms, judicial and law enforcement systems, the perpetrators of sexual violence go unpunished and this has created conditions where sexual violence become "socially normalized" (p. 2).

Major Interventions, Programs, and Policies

Murangira (n.d.) indicate that the conflict in Burundi did not only lead to physical and psychological humiliation of those women and girls who were raped in the process, but these survivors also suffer social exclusion in the form of loss of self-esteem, abandonment in home and school and stigma. Murangira (n.d.) partnered with the Anglican Church of Burundi Evangelical Fraternity of Christian Africa in Burundi (FECABU) to look at the various roles the church can play in sexual violence intervention. Zicherman (2007) indicate that some local and international organizations have provided support to survivors of sexual violence in Burundi which includes MSF Belgium and CARE which offer psychological and medical services in Bujumbura special clinics. CARE received funding from ECHO and was able to implement a program for 18 months to prevent sexual violence. Other agencies include Gruppo Volontariato Civile (GVC) and the International Rescue Committee (IRC). The presence of National Protocol on the Treatment of Sexual Violence in Burundi, supported by UNICEF and UNFPA, provided a framework for medical response to sexual violence. CARE helped in establishing more than 110 networks of community leaders who educated local people about the risk of sexual violence, consequences as well as social reintegration of survivors in Bujumbura Mairie, Bujumbura Rurale and Bubanza provinces. Nduna and Goodyear (1997) shows how the Burundian refugees have been assisted by the International Rescue Committee (IRC) since 1993. The services of IRC focused on comprehensive primary health care and implemented an assessment project of Countering Sexual and Gender Violence in refugee camps in northern Tanzania and Zaire. World Bank (2011) adds that IRC supported a community led microfinance intervention when the conflict in Burundi ended. The micro-finance gave economic empowerment and independence to the women by providing loans and savings. It also gave opportunity for the community to discuss the beliefs and attitudes that give rise to gender inequality and violence against women.

Challenges

Zicherman (2007) indicate that although there is a protocol on the treatment of sexual violence, there has not been any comprehensive training of government health staff. Sexual violence kit which should have been distributed to ensure all necessary medication at health centers has not yet been approved. There is also a significant shortage of multi-sectoral programs which combine medical, legal, counselling and livelihoods support for victims and at-risk groups.

According to Murangira (n.d.), although some of the survivors are accepted and supported by their families due to training

from governmental and non-governmental organizations, most of the survivors are however stigmatized, discriminated and rejected by their husbands who get rid of them for new wives arguing that the women agreed to the deed. Despite the high prevalence, sexual violence remains a taboo in Burundi and stigma against the survivors is extremely high (Zicherman, 2007). Murangira (n.d.) again indicate that there is no proper punishment for the perpetrators since they receive less prison terms due to the corrupt judicial system. Most of the survivors are not able to attend all court hearings due to financial difficulty and therefore the case is "thrown away". Zicherman (2007) points out that there has been a withering of community sanction mechanisms, the traditional conflict resolution and absence of functioning state law enforcement and judicial institutions. The pre-existing gender norms in Burundi, which deepens the marginalization of women, exacerbated sexual violence during and after the period of conflicts. Declining socio-economic issues, poor economic conditions and early marriages increases the risk of sexual violence. Interventions such as Gruppo Volontariato Civile (GVC) and the International Rescue Committee (IRC), UNICEF and UNFPA, CARE have provided medical responses to sexual violence, promoted social integration of survivors, microfinance intervention and the training of community leaders who in turn educate local people on the risk and consequences of sexual violence. However, lack of adequate training of health personnel, financial difficulty, stigma and discrimination of survivors and the absence of functioning state law enforcement and judicial institutions, make it difficult to address and curb this issue.

Implications of sexual violence to the health of women and children

Sexual violence is a significant problem in public health and is negatively associated with the mental and physical health of women. It leaves survivors with emotional, psychological and physical reactions on children, community and the economy at large (McMahon *et al.*, 2000). Hynes and Cardozo (2000) adds that this act can have a detrimental direct or indirect, short and long term effects on rape victims and their families. The implications of sexual violence to the current and future lives of survivors and their children are enormous and therefore need to be tackled with all resources. The paper will look at the implication of sexual violence on the reproductive health on rape victims, mental and psychological health, human rights and child health. Recommendations on ways to prevent and tackle this issue will be given. The limitations of this study will be outlined. Sexual violence put girls and women at a high risk of HIV infections. In Burundi, sexual violence is one of the causes of the high HIV/AIDS prevalence, in that in 2007, the adult HIV prevalence rate was about 2.9 percent. Due to the stigma associated with rape, most women fail to report the incident and this leads to higher risk of HIV infections and other sexually transmitted diseases. Most of the women who were raped end up pregnant and give birth to HIV positive children (Burundi Sexual Violence Assessment, n.d.). Sherdard (n.d.) indicate that sexual violence has some serious consequences on sexual reproductive health which remains during and after the violence had occurred. These consequences include injuries, adverse pregnancy outcomes, gynecological disorders including vaginal infection and bleeding, unitary tract infections, chronic pelvic pain and sexually transmitted diseases. Due to the brutality of rape in Burundi during the conflict, some of the women experienced

serious physical injuries and even death, when they had objects such as beer bottles inserted in their genitals (Burundi rape, 2004). Women who experience sexual violence during pregnancy have the high tendency of experiencing miscarriages and fetal loss. In cases where these children survive, they are born prematurely and/or underweight. It also leads to maternal mortality and it has been documented that children who lose their mothers do not develop well. There are also serious mental health problems including depression, anxiety, suicidal thought, illicit drug use and post-traumatic stress disorders (Bryant-Davis *et al.*, 2010 and Sheppard, n.d.). Apart from the trauma of rape and gang rape, victims experience lifelong psychological damage which may result in eating disorders, sleep disorders as well long term anxiety. Feerick and Haugaard (1999) indicate that adults who witnessed marital violence in their childhood, report psychological distress, higher levels of aggression and partner violence than those who did not. Santaularia *et al.* (2014) adds that children who experience sexual violence are likely to engage in risky behavior such as alcohol, drug abuse and disorders in their adult lives and this leads to chronic diseases. These children are more likely to perpetrate or tolerate sexual violence as adult and this becomes a cycle of violence (Sheppard, n.d.).

Future recommendation

Due to the nature of this issue, it is recommended that there must be more public education and awareness of the effects of rape not only on the mother, but on the children, family and the entire society. The community leaders, religious leaders and teachers in the community must take this as a challenge and set examples for the community to follow by welcoming rape victims and showing them love and support. Husbands who had their wives raped during the war and after the war must also be counselled to understand and accept that it was no fault or the will of the women to go through such predicaments. I do believe these measures will reduce the level of discrimination and stigma, these women face in the hands of the family and the community. This can go a long way to change the social norms around sexual violence and even gender inequalities. The judicial system must be strengthened and state laws must be enforced. Perpetrators of sexual violence who are caught must be prosecuted and it must be ensured that they serve the full term of the offense to serve as a deterrent to others. Survivors must be encouraged to report all cases and seek support, which can only be efficient if health and security personnel are made to undergo intensive training to handle the incidence with higher level of expertise and professionalism.

Limitations

This paper used secondary literature which may have its own biases. Due to the sensitivity of the issue and how it is treated in Burundi, the statistics may reflect just a few of the victims who had the courage to report it.

Conclusion

In conclusion, sexual violence against women and girls in Burundi is a serious reproductive, psychological and physical health issue. The effect and the consequence of this act becomes a cycle that affects the children, the entire society and nations from one generation to the other and so must be handled with all seriousness. Although various actors have

come together to address the issue, more emphasis must be placed on education and awareness of the effects and ways to prevent it. Perpetrators must be properly prosecuted and survivors must be provided with all the needed resources for treatment and judicial processes.

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