

# **A Safe Space Created By and For Women**

**Sexual and Gender-Based Violence Program**

**Phase II Report**

**Sydia Nduna & Darlene Rude**

**International Rescue Committee  
Kibondo, Tanzania**

**March 1998**

**IRC Sexual and Gender Violence Program**

## **TABLE OF CONTENTS**

### [EXECUTIVE SUMMARY](#)

IRC Program Description

Highlights from Phase II (June 1997 - February 1998)

*Drop-In Centers Established*

*Managing Staff Stress*

*Engaging Male Leaders*

*Punishing Perpetrators*

*Serving the Needs of Children*

Plans for Phase III (March 1998 - December 1998)

History of Conflict in Burundi

Tanzanian Context: Update

## IRC SEXUAL AND GENDER-BASED VIOLENCE PROGRAM

Summary of Phase I: Methods and Results

*Definitions*

*Assessment Methodology*

*Assessment Results*

## Phase Two: Community Mobilization

*Data/Information*

*Participatory Methodology*

Step One: Disseminating Survey Results

*Women As Refugees*

*Men As Refugees*

*Burundian Responses to Sexual and Gender Based Violence*

Step Two: Establishing Drop-In Centers

*Services to Survivors*

*Follow-Up*

Step Three: Capacity Building with Women Leaders

Step Four: Involving Block Leaders and Security Leaders (Sungu Sungus)

## Emergent Topics

Managing Staff Stress

*Psychological effects*

*Physical effects*

*Family Life*

*Community Life*

*Stress Management*

### *Proposed Solutions*

Children Under 18 Years

Violence Against Men

Inter-agency Networks

### [Conclusion](#)

### [Appreciations](#)

---

## **EXECUTIVE SUMMARY**

### **IRC Program Description**

The International Rescue Committee (IRC) has assisted Burundian refugees in Tanzania since 1993. Currently, IRC provides medical and community services to approximately 78,000 Burundian refugees in the Kibondo district of southwestern Tanzania. The comprehensive primary health care services include a broad range of reproductive health services: family planning counseling and contraceptive distribution, sexually transmitted disease education and treatment, provision of antenatal care and deliveries by trained health workers.

In October 1996, IRC decided to implement a Sexual and Gender-Based Violence (SGBV) Program. The needs assessment resulted in the report *Pain Too Deep for Tears* (IRC, 1997) and a program designed to meet the immediate needs of survivors identified by the assessment. Until IRC's needs assessment, no one knew how many Burundian refugee women in Tanzania camps were affected by SGBV. The IRC survey showed that 27% of refugee women between the ages of 12 and 49 in the Kanembwa camp had experienced sexual violence since becoming refugees.

### **Highlights from Phase II (June 1997 - February 1998)**

This follow-up report on the second phase of the program describes the process of applying the survey findings to engage the refugee community to reduce the incidence of SGBV in the camps. *Creating a Safe Place* provides an overview of how IRC staff work with women refugee leaders to design specific intervention strategies, such as providing appropriate responses to survivors of sexual and gender violence, educating men, and strengthening leadership skills.

### **Drop-In Centers Established**

At present, the program works to provide for the individual needs of violence survivors and to cultivate a participatory process to address the problem of SGBV as a community. The program established four Drop-In Centers, one in each camp, where women seek assistance. These Centers are located near the maternal and child health clinics where women gather regularly, so that women do not identify themselves to the community as violence survivors simply by coming to the Center. The program has created a forum and space where women's voices can be heard on issues that have long been unacknowledged and unaddressed.

Refugee women counselors at the Centers provide women with counseling and refer them for medical care, legal guidance, and social services. Twenty-four hour medical service is now available to all women and rape survivors can obtain emergency contraception. Every woman who has reported an experience of SGBV has also been visited individually at least two times.

Since late 1996, more than 500 women have asked program staff to help them cope physically, mentally, and emotionally with rape, domestic violence, forced marriage/abduction, sexually transmitted diseases, gynecological problems, and sexual harassment. Through February 1998, 316 women have reported incidents of rape. The program has also documented 55 cases of early marriage (below 18 years, the culturally acceptable age of marriage for Burundian girls), and 238 cases of domestic violence. To date, 37 women have taken legal action, either in community local courts or with the Tanzanian police.

### **Managing Staff Stress**

The risk of burnout is quite high among overworked staff members in the SGBV program, and as a result, counseling services and security measures for the staff are being improved in the four camps. Staff are effectively on call 24 hours a day and have all received threats related to their SGBV work. The report provides a synopsis of the physical and psychological stress experienced by staff and an overview of their proposed solutions for managing stress.

### **Engaging Male Leaders**

At the insistence of the women leaders, the program began working with the male refugee population, starting with the refugee leaders and *sungu sungu* (community based security providers). The leaders are key in ensuring that SGBV issues are addressed appropriately at local court hearings. As peer educators, male leaders disseminate information on SGBV to the male population and give credibility to the work. The participatory process continues to foster the community's sense of responsibility and accountability in providing security to women.

### **Punishing Perpetrators**

Women and men refugee leaders felt strongly that the level of violence against women was exacerbated by the lack of serious consequences for perpetrators. The report outlines a process for working with women and men leaders to create guidelines for community sentencing. The State and community-based structures are being mobilized to apprehend and prosecute offenders.

-

## Serving the Needs of Children

Initially the program focused on the needs of refugee women. Over time, more children under age 18 came forward. To date, children have reported 94 cases of rape, 55 of early marriage, 1 of sexual harassment and 9 of domestic violence in the 4 camps. The staff developed special approaches to interview children and support their unique needs. It is key to gain a child's trust.

## **Plans for Phase III (March 1998 - December 1998)**

As the Phase II report indicates, IRC continues to make significant progress in addressing the sensitive issue of sexual and gender-based violence and creating a safer environment for women and children refugees and for our staff. Nevertheless, the IRC SGBV program is but one of the many steps needed to mitigate sexual violence in the camps. It will require a collaborative effort between the refugee community, NGOs, UNHCR and the Tanzanian government to eliminate sexual and gender-based violence. In 1998, IRC is conducting interagency training and handing over two of the four camps to a local NGO. An evaluation of the IRC SGBV program is planned for the second half of 1998 which will measure the impact of the counseling, community education, and interagency action on making the camps safer for refugee women and children.

## INTRODUCTION

### **History of Conflict in Burundi**

Since colonial times, Burundi has experienced repeated conflicts between the minority Tutsi and majority Hutu tribes, respectively 14% and 85% of the population. Prospects for peace following elections were jeopardized in October of 1993 when the first democratically-elected president in Burundi's history, Melchior Ndadaye, was killed in a coup d'état. The murder set off a frenzy of revenge massacres by members of his Hutu ethnic group that had long been excluded from power. His successor, Cyprien Ntaryamira, was killed in a 1994 plane crash along with the Rwandan President, Juvénal Habyarimana.

In June of 1996, following a bloodless coup that ousted the third civilian president, Sylvestre Ntibantungany, Major Pierre Buyoya came to power as the interim president of a military government. In response to this overthrow, the Organization of African Unity Countries imposed comprehensive economic sanctions on Burundi. Reports of mass killings by government forces have fueled an increased exodus to the neighboring countries of Tanzania, Rwanda, and the Democratic Republic of Congo. It has been estimated that more than 1 million Burundians have been displaced and at least 150,000 people have been killed in the fighting since 1993. Civilians have been displaced and killed on both sides of the conflict.

### **Tanzanian Context: Update**

Approximately 78,000 refugees presently live in camps in the Kibondo district of Tanzania. The Tanzanian border remains officially closed and asylum seekers continue to evade both Burundian and Tanzanian soldiers to reach the refugee camps. In late 1996, the Tanzanian government forcibly removed hundreds of thousands of Rwandan refugees but did not take the same action against Burundian refugees except on a limited basis. In the last half of 1997, the Burundian government accused Tanzania of allowing the refugee camps to be used as military training bases for Hutu rebel movements. Following this accusation, the Burundian government threatened to attack the Kigoma/Kibondo refugee camps. As a result, Tanzania strengthened its military capacity along the border and declared it a military zone. UNHCR and international NGOs are currently not allowed to enter this restricted border area.

The Tanzanian government proceeded with a military-style cleanup of all foreigners living in Tanzanian towns and villages, starting in the Kigoma and Ngara regions. Thousands of people, some of whom have lived in Tanzania for decades, were gathered and taken to refugee camps. Due to this forced round-up, families continued to be separated and sent to different camps. During this tumultuous period, refugee women faced higher risks of sexual violation. IRC received reports that some women were guaranteed protection from round-up by Tanzanian soldiers in exchange for sexual favors. Not surprisingly, these promises were often broken, and women found themselves thrown into the camps.

The government of Tanzania continues to be represented in Kibondo by the Ministry of Home Affairs, which ensures camp security and enforces respect of host country laws by refugees and relief agencies operating in the camps. The UNHCR has a sub-office in Kibondo which provides protection for refugees, including protection against sexual and gender-based violence. The UNHCR has a woman Protection Officer in Kigoma and a Protection Assistant stationed in Kibondo. They have recently recruited a consultant whose role is to support the sexual and gender-based violence work being done in the Kigoma region.

# IRC SEXUAL AND GENDER-BASED VIOLENCE PROGRAM

## Summary of Phase I: Methods and Results

In October 1996, IRC began the implementation of the Sexual and Gender-Based Violence Program. The first phase of the program involved assessing the prevalence of sexual and gender-based violence in the Tanzanian refugee camps. Assessment results were produced in the report *Pain Too Deep for Tears*, and a program was designed to meet the needs of the survivors.

The needs assessment was implemented between October 1996 and June 1997. The survey found that 27% of the 339 respondents aged 12-49, in the established camp of Kanembwa, have experienced sexual violence since becoming refugees. Refugees have been subject to such violence at every stage of their quest for safety: in the conflict situation in Burundi, along the Tanzanian border, between the border and the camps, and within and around the camps. Perpetrators have included soldiers, policemen, Burundian and Tanzanian nationals, fellow refugees, relatives, husbands and agency staff. The vast majority of survivors are women and girls, a few are men and boys.

The Sexual and Gender-Based Violence Program originally aimed to focus on rape. However, during the early months of the program, it became apparent that refugee women face many types of sexual and gender-based violence. As a result, the program established support services to address four types of violence: domestic violence, sexual harassment, rape, and the abduction and early marriage of girls under the age of 18.

## Definitions

Domestic violence includes many different acts of violence against a woman which may occur simultaneously. Such acts might include: emotional and psychological abuse, such as forbidding a woman to talk to other people, denying her access to her children or threatening to kill her; physical abuse, such as beating, slapping, kicking, pushing or hitting (with fists or weapons such as sticks and machetes); sexual abuse, including rape, and sexual harassment, like stripping a woman naked in front of others; denial of access to the resources necessary for life, such as using violence and threats to keep women from accessing ration food, plastic sheeting, and cultivated fields, taking food that the woman has grown or money that she has earned; and selling rationed food and non-food items without her consent. Although this abuse is referred to as domestic violence, attacks can occur in yards or public places like markets.

Domestic violence is perpetrated by men in the family against women, but most commonly occurs in intimate relationships, i.e. husband against his wife. It is one issue which is not clearly defined as a violent act by the community, except in the most

extreme cases. Women are often blamed for the violence inflicted upon them. The lack of secure alternatives for the survivor within the camp makes it more difficult for the woman to see the need to report the assailant. Program staff are aware that the term "domestic violence" does not fully convey the extent of the violence, at times bordering on torture and sometimes leading to death, that is inflicted on women in the family context.

Sexual harassment in the refugee context also occurs outside the context of domestic violence, and is often perpetrated by a person in authority. Sexual harassment includes body searches, touching parts of the body, stripping someone naked (often in front of family members), and using sexually abusive language or threatening to rape.

In the program, rape is defined as the act of forcing another individual to engage in sexual behavior against her or his will through violence, threats, deception or cultural expectations. In circumstances of sexual violence, a person does not have the choice to refuse or pursue other options without severe social, physical, or psychological consequences. A form of rape that is particularly prevalent for women refugees is when a person in authority uses his position of power to deny women basic services or protection unless they submit to unwanted sex. Statutory rape is sexual intercourse with someone under a specific age, which is deemed to be unlawful. The survivor is presumed by law to be unable to give consent by reason of his or her young age. In Tanzanian law, this is a girl of 15 years and younger.

Sexual violence also includes more controversial forms of violence such as cultural expectations that force young women (as young as 12 years old) to marry and sexually service men against the women's will. These young women are often forced by their families to marry their abductor/assailant and to drop out of school. In Burundian culture, the parents of an abducted girl almost never accept her back, seeing her as spoiled goods. She is forced into marriage with the aggressor, or the first one who comes along with an offer of dowry.

## Assessment Methodology

Details on the participatory assessment methodology used in Phase I of the program is provided in the *Pain Too Deep for Tears* report. To summarize, Phase I involved two distinct methods for assessing the prevalence of violence against women: in-depth interviews and a survey. A comparison of the results revealed commonalities and differences which suggest what types of information can best be collected using one approach or the other. A key to the success of the assessment was the active participation of the elected women's representatives in the design and implementation of the assessment.

Out of a total population of 3,803 women between the ages of 12-49, 400 (over 10% of the target population) were randomly sampled and asked to participate in the survey. Using the registry of females between the ages of 12-49, every 10<sup>th</sup> woman listed was selected and assigned to one of the four interviewers. Three women left the camp and

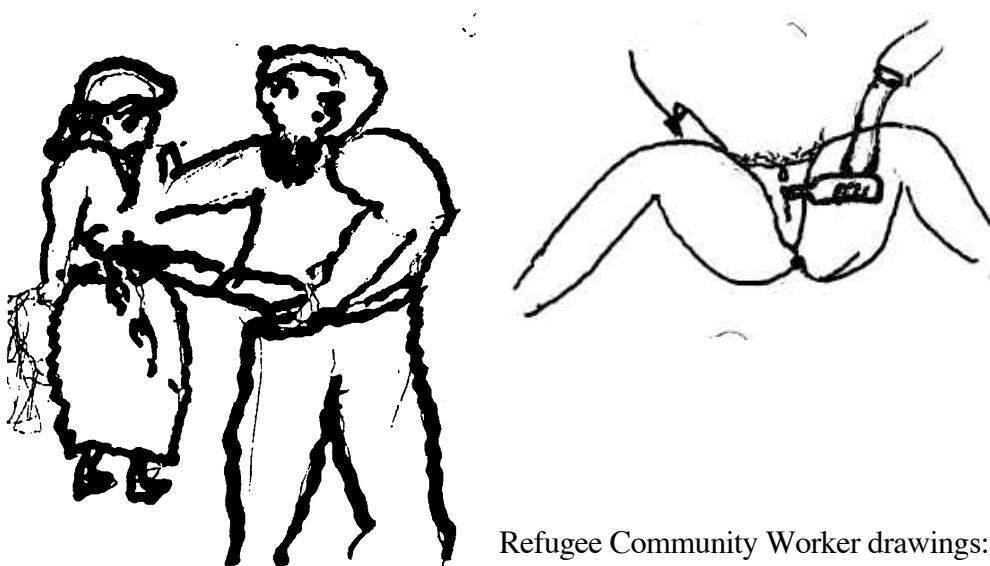


could not be contacted. Of the remaining 397 women, 58 (15%) women declined to participate. Common reasons given for not participating included statements such as "it did not happen to me," or the respondent said she was too young or simply did not wish to speak. A total of 339 (85%) consented to participate in the survey.

The survey results were translated from the Burundian language, Kirundi, into English. Frequencies were conducted using Epi-info software, and analyzed by the program staff. A meeting was held with the Women's Representatives to discuss the results. The Women's Representatives were excited and proud of their ability to implement the survey. They organized meetings with the women in the community to report on the preliminary results.

### Assessment Results

The basic finding that sexual violence affects a significant portion of the population in the camp is supported by both data sources. In the first 3 months of the project, 55 women between the ages of 12-49, 12 girls under age 12, and 10 boys voluntarily reported during in-depth interviews having experienced sexual and gender-based violence episodes since the conflict erupted in Burundi. A random sample survey of 10% of the female population between the ages of 12-49 found that 27% had experienced sexual violence since becoming refugees. In addition to sexual violence involving vaginal penetration, the in-depth interviews also revealed cases of other forms of gender violence including domestic abuse, sexual harassment, withholding of ration cards from estranged wives, and a wide variety of gynecological concerns.



Refugee Community Worker drawings: woman raped with bottle then killed by rapist.

### Phase Two: Community Mobilization

During Phase I, the immediate needs of survivors were addressed. The needs of the survivors included medical care, both physical and emotional support, legal guidance and social services. Phase II of the program focused on further addressing the needs that were identified in Phase I. On a community level, the results of the assessment motivated the women in the camps to organize with the male leadership to develop prevention strategies. The design of the program was tailored to the survivors' needs and the situation of the refugee populations in each of the four camps.

Because leadership is a critical component of a program's success, the less-developed, newer camps needed to cultivate a leadership structure while implementing the program. As a result, progress varies from camp to camp. In Mtendeli, one of the newer camps, the lack of women leaders did not prevent the program from serving the survivors through another venue, e.g., via the already-established Traditional Birth Attendant (TBA) program. This innovative approach enabled the program staff to assist the women in need while establishing a leadership structure.

Keeping the different levels of progress in mind, all four camps managed a significant number of accomplishments. As described below, a Drop-in Center was established in each camp, the capabilities of the women leaders were strengthened, male leaders were involved, existing community-based leadership structures were fortified, and the inter-agency collaboration among various humanitarian NGOs and the UN was developed.

The Sexual and Gender-Based Violence Program is currently staffed by 11 refugee staff and two managers. The 11 field staff are based in the four camps and work in the Drop-In Centers to provide counseling and referrals to survivors. They also work extensively in their communities and conduct follow-up visits. The expatriate managers are based in Kibondo, travel to all the camps, liaise with and train other agency staff, and write reports. The women representatives, who are themselves refugees and are elected by community women to provide leadership, also play an instrumental role in supporting refugee women in this vital program.

Since this is a new type of intervention in refugee settings, a main program activity entailed documentation of the process, methodology and activities implemented in each camp.

## Data/Information

There is little readily available information about how refugee women are affected by sexual and gender-based violence worldwide. A lack of hard statistics keeps the problem of sexual and gender-based violence sidelined in refugee work. This lack of information makes it difficult to justify a program or tackle the issue of sexual violence without being accused of exaggeration. In Tanzania, IRC staff have to continually prove the extent of the problem to people who are hostile, deny the problem exists, or simply don't want to deal with it.

In addition to the baseline assessment, IRC staff has kept a confidential database of all the cases identified since the inception of the program. It documents the causes, nature, seriousness and consequences of sexual and gender-based violence in refugee settings. The data in Table 1 was collected in all four Tanzanian refugee camps. The data illustrates the various types of sexual and gender-based violence and what legal action has been taken since November 1996.

Using this data, staff workers created specific intervention strategies to identify new cases, design and implement appropriate responses to survivors of sexual and gender-based violence, and develop refugee leadership skills. In addition to raising awareness about sexual and gender-based violence both in and out of the camps, the statistical information influences attitudes and policies among refugees.

**Table 1**

<b>SGBV Cases</b>					
November 96 - February 98					
Camp	Kanembwa	Mtendeli	Nduta	Mkugwa	
Total Population	16,100	29,300	30,040	1,300	
Total Female Population	8,097	16,000	17,480	534	
Women +15	3,945	7,999	3,945	252	
Rape	183	61	60	12	
Emergency Contraceptive	3	3	12	1	
STDs	47	9	25		
Legal Action	12	3	4		
Domestic Violence	117	62	55	4	
Legal Action	8	6	3	0	
Early Marriage	23	30		2	
Emergency Contraceptive		5		0	
STDs		2		0	
Legal Action	2	2		0	
Sexual Harassment	9	30	3	1	

STDs	14	5	39	1
Gynecological	26	31	46	7

The actual case histories collected are documented using a modified version of the sexual violence report form developed by UNHCR. These histories are kept in strict confidence and sent to UNHCR, where only three people have access to them. By documenting the details of sexual and gender-based violence incidents, survivors' experiences take on a personal quality which humanizes the statistics.

There are two specific studies that the Sexual and Gender-Based Violence Program would like to undertake in the next year. The first study will document and analyze incidents of domestic violence in all the camps. This will provide statistics and more concrete information on the issues which lead to battering and patterns of violence. The study will also enable staff to assist domestic violence survivors in accessing the various support networks existing within the camps. The second study, to be conducted at the end of 1998, will examine incidents of sexual assault committed in two selected refugee-impacted areas. It will also examine the sexual violence experienced by Tanzanian women married to Burundian refugees living in the camps.

In addition, funding is being sought for an external consultant to conduct a participatory evaluation of the intervention. Program staff plan to repeat the baseline survey and will conduct interviews with women in order to measure the impact of the intervention. The program has met its reporting obligations to UNHCR, IRC, other NGOs and donors by providing monthly updates of its work.

The program is presently developing educational resource materials on rape, domestic violence and early marriage. The materials are translated into Kirundi and distributed to the community leaders and agencies for use in community awareness campaigns. The materials also serve as a resource to other IRC field programs and to other NGOs conducting workshops.

The celebration of the 16 Days of Activism Against Gender Violence presented an ideal situation for collecting visual (video and photographs) documentation. This documentation will enable the program to share its experiences with other agencies and interested parties. The photo collection brings powerful visual images of the suffering of women, particularly survivors of domestic violence, to life. The program plans to continue developing this important visual base whenever the opportunity is made available without breaking confidentiality or putting the survivor at risk.

### Participatory Methodology

The program, since its inception, has focused on a range of participatory methods. This approach promotes a maximum level of community involvement and encourages refugees to analyze their own situation in relation to sexual and gender-based violence.

Because each community's experience may differ from the others, programmatic decisions and activities are tailored accordingly. IRC and program staff simply act as facilitators in this process. The sensitivity of the issue, the cultural stigma attached and the personal risks involved, all make it imperative that participants take ownership of the program design. In a group setting, sexual and gender-based violence is defined as a community problem, rather than an individual survivor's issue. The effective use of participatory methods leads to a program that becomes community-owned and sustained.

### **Step One: Disseminating Survey Results**

In Phase I, the women representatives conducted the needs assessment study in the community. Once the survey results were compiled, a special meeting was held to share the findings with the women leaders. The dissemination of this information created a "ripple effect." The women leaders went back out into their communities, including camps that did not participate in the survey, and held block meetings with refugee women. By sharing the survey results, the women leaders and program staff provided concrete numbers concerning the number of incidents, where they occur, how women are affected, who the assailants are, etc. These results demonstrated that sexual violence was widespread in the refugee population and encouraged survivors to come forward.

### **Women As Refugees**

Once the meetings were conducted, the women representatives focused on developing their own understanding of sexual and gender-based violence. The women leaders reflected on their lives in Burundi, before and during the war, and in the camps. Refugee women face many unforeseen difficulties: lack of sanitary materials, suddenly becoming the head of the household, having to deliver babies while fleeing conflict, rape, murder. Women typically die more painful deaths than men, who were usually shot, because Burundian soldiers tend to cut a woman's throat. During the war, women remained responsible for children, the elderly and the sick. When life-threatening circumstances forced them to flee and abandon those in their care, many refugee women carried a strong sense of guilt for "abandoning" their loved ones. One woman described how her throat was cut and her baby was stabbed while on her back. She survived and ran for help, leaving the baby behind, but remained tormented by guilt because she was never sure whether or not her child had actually died from the stab wound.

The process of conducting the needs assessment provided the women representatives with an opportunity to examine the overall situation of refugee women. The women leaders identified the informal and formal support networks the women had before they became refugees and analyzed what happened to these networks during their flight and within the camp. Survivors usually experience more obstacles in the camps due to the loss of vital family and supportive community members. Before the war, a woman who suffered sexual violence in Burundi relied on the support of her immediate family to provide a safe environment and confidentiality. Marriage abduction was virtually

unknown because the Burundian law was very severe and the community would not allow it. In the camps, the disruption to the community and the tearing apart of families means these fundamental support systems no longer exist or are too weak to be of help to a survivor. This breakdown of community and family structures puts a woman at greater risk of sexual and gender-based violence, so she is even more dependent on a man to protect her at a time when men are the least able to help.

## Men As Refugees

The women then reflected on the refugee experience of men. The Burundian army views refugee men as violent and dangerous opposition that must be killed before they attack, whether in Burundi or in exile. Once the refugee men cross the border they are met with violence and suspicion. Even in the camps, they are suspected of having committed crimes in their home country, or of being involved in rebel movements. According to the women, men suffer from the loss of property, jobs, and status. Their capacity to exert the power and control that they enjoyed in their homeland is greatly diminished. Within the camp they lose one of the defining aspects of being a man in African society: providing for the family. In a camp, a man cannot be considered the primary provider because the entire family, including himself, is dependent on aid.

## Burundian Responses to Sexual and Gender Based Violence

In Burundi, the women leaders said, the local court systems played an effective role in cases of sexual and gender-based violence. If a family could not support a woman, she could be helped by this structure. For example, a battered woman had several options, including going to the husband's family, leaving her husband and returning home to her mother, or going to local courts to ask for a divorce. In the camps, taking a husband to the courts is seen as a betrayal because Tanzanians run the legal system. Because of this, most women prefer to take their cases to a system of local courts that are run by refugee leaders in all the camps. However, these courts have limited power to enforce their rulings and tend to deal only with disputes and family issues. Criminal offenses are a matter for Tanzanian police and courts.

In some cases, the experience of conflict and becoming a refugee makes men turn to crime. Some men separated from their wives use violence to satisfy their sexual needs. Others feel they can break the law or neglect their families as there is room to escape legal penalty or community discipline. Women who lose their husbands or get separated from them are at greater risk of rape because they do not benefit from the protection traditionally afforded by the husband.

While women describe similar experiences in all the camps, a difference among women exists in the perception of rape. Survivors often explain how men (government officials, agency workers and other refugees) demand sex in exchange for food or other provisions, but they do not always identify such incidents as sexual violence, even though the men had clearly exploited their vulnerable position. Women who succumbed to the pressure

were called prostitutes by other women, and in some cases, women were forced by husbands or male family members to concede to the demands.

## **Step Two: Establishing Drop-In Centers**

It became apparent from the needs assessment that a 24-hr support service for survivors needed to be established. As a result, a "Drop-In" Center was created in each of the four refugee camps, all of them located in the maternity wing of the medical complexes. Staff for the Centers were identified from the group of women leaders in all the camps. The Centers are located in a safe and friendly environment within close reach of medical facilities and where women gather regularly. This helps survivors avoid being identified or stigmatized for seeking assistance. Most importantly, the Centers allow for confidentiality and safety for the women. Women are able to visit the Center without much explanation to their families. Because the Drop In Centers offer with a wide range of gynecological and health issues, as well as addressing gender sexual violence, people cannot assume that every woman who comes there has been raped. The services at the Center include counseling, medical attention, emergency contraception, legal advice and protection.

Once the Drop-In Centers were established, the women leaders and staff informed the women in the community of the Centers and services. Another integral component to raising community awareness is "block meetings." These block meetings are held by women leaders, male block leaders, security leaders and program staff during appropriate times throughout the awareness raising campaign. In announcing the opening of the drop in Centers, the women leaders invited refugee women of the community to a block meeting to provide information about the Centers and to answer any questions that the refugee women had. The staff members trained the women leaders in how to disseminate information about the Center and the health services provided. Local community health workers were also informed of the Center. Because some refugee women are illiterate, the staff discovered that verbal communication was the most effective tool in disseminating information in the camp.

## **Services to Survivors**

The Drop-In Centers have become safe havens for refugee women. Services at the Center include counseling and referral for emergency contraception and medical services. Additional social support is given via follow-up visits in the survivor's homes. The Centers also offer a place of safety and rest for a woman who is being beaten by her husband. As previously mentioned, meetings are regularly held in the Centers with community leaders, along with dancing, role plays and discussions. The Centers have become a space made by and for women.

The program staff also offers access to legal and protection services for survivors. UNHCR Protection Officers work with the Centers to assist with these procedures.

Because the Centers provide prompt legal guidance, women are able to prosecute their aggressors with proper documentation, such as police assault forms.

Additional needs of the survivor, such as home repairs or a new plot, are provided by various humanitarian agencies. In cases of sexual assault, women are sometimes given clothing. Because many rape survivors prefer to change their clothing after being assaulted, the Center supplies clothing as a form of supportive therapy.

No adoption facilities for children born of rape exist in the camps. When women give birth to a child conceived from sexual assault, the program provides food, basic clothing and emotional support to the mother and child. This is a difficult issue in the program and raises questions concerning the best way to support these children without stigmatizing them.

### Follow-Up

Staff conduct at least two individual follow-up meetings with each survivor to ensure that they receive medical care and emotional support. In addition, the follow-up enables the staff to recount survey participants to ensure that overlap does not occur when compiling the database combining survey respondents and in-depths interview respondents. The results of the follow-up visits are used to create a database of survivors and to document information for future reports.

### **Step Three: Capacity Building with Women Leaders**

Meetings with Women Leaders in the Drop-In Center typically begin with singing, dancing and casual discussions. This creates a positive atmosphere and clears the minds of participants to allow them to focus on the work. It also helps make the space in the Drop-In Centers a positive and happy one, in contrast to the pain that is experienced by survivors. It reduces the stigma that might be attached to the place otherwise.

During the meetings, women divide into groups for role-plays. The role plays bring to life real issues without referring to any one specific experience. The process of creating and watching the role plays helps deepen the women's understanding of issues such as social networks or individual rights in Burundi and the camps. Records are kept during the meetings to share with other women in the camp.

One example of a meeting will illustrate the specific concerns and issues that refugee women face on a daily basis. Discussing their lives in Burundi brought tears to the eyes of the women. Their shared experiences frequently brought tears to staff members' eyes.



They said they were people who had dreams, plans to send their children to school, to build better homes, to improve their lives and to begin businesses. Overnight, all their future plans disappeared. They talked of money they left buried in the ground because of the conflict and their mistrust of the banks. Some women could not find the words to express the loss they felt. At times there was laughter in the room, but it was laughter that expressed pain and not joy. Sometimes there was just silence, silence that gave comfort and assurance that everyone else in the room understood these feelings of despair.

One of the women representatives vividly shared how she had to prove that she was menstruating by taking off her clothes because the soldier who wanted to rape her did not believe her. She pleaded for mercy, then she told him she was sick, which he refused to accept. He pointed his gun at her, forced her to undress to show him and then told her to run. Her face was full of pain and tears rolled down her face. She said "When he told me to run, I ran so fast, I forgot about the other women and children (her own family)." The entire room was silent.

This interactive process raises questions related to community responsibilities and camp awareness. The women work in teams to determine how they will take what they have learned out into the community. After their plans are finalized, they practice their strategies on each other, giving each other encouragement and feedback. After several meetings, the women go out into the community for awareness raising, through block meetings or other types of community interactions. When the women have finished their work with the community, they meet to analyze and discuss what happened and what they heard from the blocks. Because of their experiences in the community and the difficulties they faced, the women suggested that men needed to be included in the awareness campaign. It became clear that without the understanding and support from the male population, the women's work would not progress much further.

#### **Step Four: Involving Block Leaders and Security Leaders (Sungu Sungus)**

At the insistence of the women leaders, the program began working with the male refugee population, starting with the refugee leaders and security leaders (sungu sungus). The security leaders are men who are identified by the community. The sungu sungus serve as volunteers and deal with cases of theft, community disputes, and security issues. Refugees sometimes turn to them in incidents of sexual and gender-based violence, particularly domestic violence. The sungu sungus are critical in providing evidence because of their role in apprehending assailants.

The process of consultation strengthens and builds existing community structures and systems that address issues of sexual and gender-based violence. The refugee leaders are key in ensuring that sexual and gender-based violence issues are addressed appropriately at local court hearings. As peer educators, male leaders disseminate information on sexual and gender-based violence to the male population and give credibility to the work. The process continues to reinforce and foster the community's sense of responsibility and

accountability in providing security to its women members. They realize that their work already addresses sexual and gender-based violence and that they have a significant and sometimes negative influence on cases. For example, a woman who was raped and became pregnant went with her husband to the block leader. The assailant was charged Tanzanian Shilling 1,500 (US\$2.50), half of which the block leader kept for himself. Unfortunately, the fine was too low to be a deterrent and actually trivialized the assault. In a few cases, the block leader has even warned the assailant to run away to another camp to avoid arrest.

As described in Step Four, the same process of building understanding is followed with the men. A critical analysis process helps the men understand the persecution they faced in Burundi as Hutu men, simply because of their gender and their ethnic identity. The men view the war in Burundi as one where ethnicity is used to justify continuing violence and unequal power relations. The political dimension of the war, they say, is obscured by the emphasis on ethnic groups. An analysis based on their own experiences helps them to see how gender is used to hide the same power imbalance. They state that the international community, just like neighbors in cases of a man beating his wife, are reluctant to intervene because they see such violence as a private, "domestic" affair.

Similar to the women's group meetings, the male leaders and *sungu sungu* organize men-only meetings for the staff to address in the blocks. The program is introduced, with an emphasis that men have responsibilities in providing security for family members, which includes their wives, daughters, sisters and mothers.

Following block meetings, the leaders reconvene to discuss and analyze the work in the community. They are given resource materials to use in raising community awareness and collecting recommendations on how to address sexual and gender-based violence, particularly regarding sentences and punishments. They meet four or five times with the community to reach a consensus on how assailants will be punished within the means of the authority vested in camp leadership and consistent with the laws of the host government.

During the group discussions, the women leaders actively participate and influence the camp discussions without feeling intimidated. The joint meeting increases their confidence, negotiating, and leadership skills.

The community-led process establishes rape, domestic violence and early marriage as serious criminal offenses and community problems, rather than merely "women's issues" or private domestic affairs. The involvement of leaders creates a sense of accountability within the community. Following the group meeting, the leaders disseminate these rules throughout the community and discuss the implementation process.

The culmination of this work coincided with the International 16 Days of Activism Against Gender Violence. The theme, "Sexual and Gender-Based Violence: A Community Issue," was the focal point of this celebration which was held in one of the refugee camps. This day of celebration commemorated both survivors and women who

have died from sexual and gender-based violence. Candles were lit and participants observed a minute's of silence. The event was a critical opportunity for the community to address this issue publicly. Women leaders organized the event with the support of the male leaders. Program staff received necessary permission from the Department of Home Affairs and invited international NGOs and the UN. These agencies were asked to prepare a public statement of their organization's commitment to combating sexual and gender-based violence.

Several hundred women started the event with a march, banners and placards which condemned sexual and gender-based violence and appealed for communities to work together. The women read out loud the set of community laws regarding sexual and gender violence. Following the march, 2,500 men, women and children gathered for six hours of dancing, drumming and role plays. The male drummers delivered strong messages against the abduction of young girls for sex. This was followed by dancing and role plays by the women with compelling statements that sexual and gender-based violence affects everyone. The women presented old women, girls and boys to the crowd, pointing out that all are potential survivors. The refugee women chanted:

**"Those who are stalking us are being watched.**

**Go and tell others that we, the women of Kanembwa,  
have signed a commitment to say no to sexual violence.**

**You have been warned."**

Young children danced and sang:

**"We have the education, let's work together to fight this problem."**

One song spoke out against domestic violence, saying that since the refugees had run from war,

**"we have to work to give our children peace by stopping fighting in the home."**

Between each dance, the UN and other agencies made their public statements which condemned acts of sexual violence. UNHCR pledged to **protect survivors**. UNICEF promised to **ensure that children's rights** would not be violated. TCRS made a commitment to support the program by providing **resources for the physical needs of survivors**. The community leaders pledged to continue their work. They read out loud the set of camp rules regarding sexual and gender-based violence.

The event was videotaped to preserve the spirit of the day and to document the commitments. This public celebration demonstrated the level of the community's commitment, the confidence of the refugee women and the results of our work. The events can be reviewed by the community and shared with others who were not there.

Photographs taken will be put in a series of albums to be used in reports and shown to participants and interested parties.

## **Emergent Topics**

### **Managing Staff Stress**

Over the past year the level of staff stress has increased greatly as more cases are reported. Because the risk of staff burnout is quite high, counseling for overworked staff members, some of whom are survivors themselves, has become an essential component of the program. The psychological stress of the staff is due not only to the heavy workload, but from working specifically in sexual and gender violence. Counselors have experienced extreme emotions of anger, depression and feeling afraid and unsafe. Staff members who live in the camps have a difficult time separating their professional lives and personal lives because survivors often seek support from them in their homes. The establishment of the Centers strengthened the program's capacity to meet the needs of the survivors.

In order to prevent staff burnout, all-staff meetings are organized several times a year. These meetings, which are held for 1-2 days, provide the opportunity for staff to review their progress, to talk about their concerns, and to share solutions in managing stress. The following description of the most recent all-staff meeting illustrates some of the psychological and physical effects of counseling. In addition to staff members' issues, examples of stress management solutions are also provided.

#### **Psychological effects**

At the meeting, staff members talk about the psychological side-effects of their work, including: exhaustion, insomnia, stress related to how to help women and the problems that women face, fear for their own safety, fear that they can be raped or beaten themselves, and fear that negative consequences will occur to survivors or themselves. Staff members feel overworked and torn between supporting other staff members and meeting the needs of the women. An additional burden on the staff occurs when governmental and non-governmental agencies make many demands on the staff but offer limited support for their work.

#### **Physical effects**

Staff members face death threats and threats that their property will be damaged. Children of workers have been physically threatened by individuals who believe that the children witness cases of sexual violence and report them to their mothers. Staff are also apprehensive of being attacked if they visit a survivor's house. In one case, boys with

knives abducted a girl and threatened anyone who attempted to help her. The girl was kept overnight. The police arrived the following day and arrested one of the boys. The other boys approached a staff member and threatened her with "Bring the boy back or you will find your grave." The boys also threatened to kill her child with a knife.

## Family Life

Work also places stress on the family life of staff members. Women come to staff members' homes at any time seeking assistance. The needs of women frequently interrupt family meals, weekends or holidays. At times, a woman and her children will spend the night at staff member's homes. Staff members describe how their own children are left at home alone and that the children begin to forget their mothers. Staff also worry about their own children, particularly daughters, that they might be abducted or abused. Husbands sometimes feel neglected and miss their wives. It is common for a worker to go for a walk with her husband, only to be approached by a woman who wants to discuss a case. Lack of privacy among couples is a major issue.

## Community Life

The community's reaction to the program has been mixed and variable. Some community members criticize the program and accuse staff of interfering with people's marriages. However, at the same time, the community expects assistance from the staff when necessary. Some community members attack a staff member's personal character and personal integrity by insisting that she is cheating on her husband. The aim is to discredit the woman and the work of the program. Community leaders, at times, can be unsupportive and undermine the importance of the women's work by imposing very low fines on an abusive husband. Another issue is that the community sometimes view staff as counselors and ask for help with issues totally unrelated to sexual and gender violence.

## Stress Management

Staff members examined the causes of their constant stress. Sexual and gender violence is a violent event that has already occurred. Unlike other medical fields, SGV workers assist women who have already been violated which cannot be undone. While doctors and nurses deal with death and other traumatic and negative events, they are also exposed to the joyous events in life, such as the birth of a child. In contrast, the SGV workers are helping women who have already experienced violence and will always live with that pain. In addition, due to the confidentiality of sexual violence, SGV workers feel isolated and unable to unburden themselves by talking to others. The workers have described how it is difficult to detach themselves from sexual violence due to the fact that they are also women who live with the threat of violence. Advocacy work is difficult. Raising a voice for someone else usually sparks a negative reaction from somewhere else.

Forced to look at the ugly reality of sexual and gender violence, their own role in it and their ideas about gender, many people react with hostility and denial. Many outsiders think that the issue of sexual violence is exaggerated. Consequently, staff members are

constantly compelled to justify the program or defend the findings of the needs assessment. Community members and others have difficulty understanding or dealing with the issue and launch attacks at the credibility of the survivor ("she's lying or exaggerating"); the character of the staff ("she's running around with other men"); the needs assessment ("The methodology is flawed. The 27% is too high"); and the approach of the program ("Well in Ngara, they did it this way..."). These reactions sharply contrast with the daily realities that the staff face. For the staff, the difference between the severity of the problems and vehemence of denial is draining.

## Proposed Solutions

Staff members have discussed some of the following solutions. In the case of domestic violence or abduction, staff members should not enter the house of the aggressor. If staff members feel in danger, they should run away or call for help. Because alternative solutions do not exist in the camps for abused women, staff member should shelter women in their own homes. Staff should ask others for support, i.e. sungu sungus, other women, neighbors. The names of staff members should not appear on the forms introduced by UNHCR. Staff should ask for sungu sungus to accompany them anywhere with a survivor and the night staff should use the flashlight the program has provided to them. In addition to the one day already granted, staff members will take one day off per month. Staff should not be introduced to the general community as IRC SGBV workers. The workers benefit from this because outsiders perceive the staff as women leaders and not exclusively SGBV workers.

## Children Under 18 Years

The sexual and gender-based violence program focused initially on refugee women. However, the community eventually demanded that children also receive assistance, and consequently, a full-time staff person was hired. Unlike the formal survey in Phase I, the following information was compiled from staff discussions and interviews with children who experienced sexual violence.

Interviews with children unveiled the additional difficulties that child survivors face. The majority of survivors are girls, most of whom do not receive medical care. Because the assailant often lives nearby, sometimes even in the same house, the issue of protection is more complicated. Most of the incidents reported were committed by a person who is known and trusted by the family, including the child survivor. Children often do not want their parents to know or stand as witnesses, making it impossible to press charges. Hence, the assailants live freely in the community. Children are particularly vulnerable, especially those living in single adult or child-headed households.

Child survivors express feelings of fear, betrayal and extreme physical and emotional pain. A child has a difficult time accepting the idea that a friend can cause so much pain. Some children may not even realize until later in life that they were being abused. For a refugee child, the feeling of safety in the home and surrounding space has already been destroyed because of the war. When they arrive in a camp, their hope of being safe is

restored. It is doubly traumatic when this hope is destroyed a second time by sexual abuse.

Because many parents of child survivors refuse to believe the accusations, the parents often physically punish the child. This reaction extends the painful physical and emotional experience for the child. Ironically, a girl's severe physical injuries work to her advantage because she cannot easily hide that she has been raped. A boy, however, has a more difficult time proving the abuse because of the lack of visible physical injuries. Boys instead exhibit reactions closely connected to traumatic experiences, such as anger, humiliation, denial, and losing control over their bowel movements.

Homosexuality is a taboo subject in the Burundian refugee community. An abused boy forces the community to confront the difficult reality that a father, brother or uncle could sexually violate a young boy, possibly his own son. The society lacks support systems and structures to address such accusations or assist boy survivors. The veracity of the reports is supported by the fact that sex is rarely discussed and children are unlikely to know the specifics about sexual acts unless they have been abused. Children who experience sexual and gender-based violence will usually know about other children being abused by the same assailant. The assailant sometimes threatens the child and family with violent intimidation.

It is important that staff members make every effort to explore the possibility that the child is being traumatized by the current situation of being a refugee. Before talking about sexual abuse with the child, a staff member needs to determine if the child has access to basic necessities (food, shelter, and a stable care giver). By assessing whether or not the child has access to basic needs, the staff member is establishing a sense of trust with the child and is determining to what degree the child might be traumatized due to factors other than sexual abuse.

Special skills and techniques are needed to interview children. The importance of developing trust is crucial. Asking a young child whether he or she was raped is expecting too much. Because the child needs emotional and physical support, staff members initiate a dialogue by talking to the child about issues other than sexual abuse. A worker sits next to the child, holds his or her hand, and talks about life before being a refugee or about the child's play friends.

The staff member needs to be very patient with the child and be aware of the fact that a child cannot name a vagina, a penis or an anus in a culture where sex is a taboo subject between adults and children. More emphasis on the function and sizes of the different body parts helps children to better explain and show their experiences. It is important for an abused child, who has experienced severe rejection by adults, to feel trusted by the interviewer.

While addressing issues of sexual violence and children, confidentiality must be respected for the child. The parents' role and relationship to the child cannot be comprised. Only in incidents where the child's rights are violated by the parent could

action be taken that could remove the child from the parents. In refugee situations, this would be very difficult as alternative relations and services are not readily available.

Children between the ages of 11 and 18 years may be forced into reproductive roles and become child parents. According to Burundian law, a girl 18 years and younger cannot get married. However, refugee status decreases traditional legal practices and girls as young as 12 may be forced into marriage. In some circumstances, young girls fled the conflict on their own and married for protection. Parents marry off their daughters for dowry payment (between \$2-\$100) or to bear children to replace the family members lost in the war. For young men, life in most refugee camps does not offer any alternatives to marriage. Young men resort to abducting young girls for wives. Sometimes secondary school boys "marry" their female classmates, thereby forcing them to quit school. This occurs in a refugee environment where education for girls is strained by the pressures of camp life and discrimination against female children.

## **Violence Against Men**

Data was informally collected concerning violence against men. The methods used to collect information on violence against men were similar to the techniques applied in gathering data about child abuse. All reported incidents of violence against men in the camps involve either rape in prison or domestic violence. Refugees who have been detained in Tanzanian prisons report that new detainees are typically the survivors of rape. Veteran detainees perceive the new detainee as being at the bottom of the social "hierarchy," similar to women who are placed at the bottom rung of society. Because men have a difficult time discussing sexual abuse, program staff seek out released prisoners. Some men confide that they experience sexual problems and are unable to tell their wives. Some resort to domestic violence to cover the problem and exert their authority. However, other men have reported beatings by female partners.

## **Inter-agency Networks**

Another component of the program is to interact, inform and raise awareness among the surrounding non-governmental, United Nations, and government agencies. In the Kibondo area, for example, active participants include eight non-governmental organizations, two UN bodies and representatives of the Tanzanian government. After the release of the *Pain Too Deep for Tears* report, a group briefing was held to explain the goals of the program, the work done so far and future plans. After the briefing, the program staff held meetings with each agency working with refugees. The aim of the interagency meeting was to identify the awareness training needs of staff regarding sexual and gender-based violence and to define the role of each agency. In 1998, workshops will be offered that are tailored to the agencies' programmatic needs. The interagency relationships continue to develop. Several NGOs publicly committed



themselves to helping address SGBV at the 16 Days celebration in Kanembwa in December 1997.

The SGBV program coordinated its activities with other relief agencies, UNHCR, the Tanzanian Department of Home Affairs, and the police working in the camps. In 1998, the program will provide a series of training workshops with these agencies to make them more aware of sexual and gender-based violence affecting both refugees and Tanzanians, and how it can be prevented. The program works closely with the UNHCR Protection Officer, who provides a link to the Tanzanian legal system. The Protection Officer ensures that women have access to legal recourse and that efforts are made to arrest assailants while at the same time protecting the security of the survivors. To date, 37 women have taken legal action, either in community local courts or with the Tanzanian police.

## **Conclusion**

The needs of the survivor shape our crucial work at the Centers. Without the established trust between the survivors and staff, our program would not exist. Although the work in the early part of 1998 will focus on awareness-raising with other agencies and government officials, the work in the community will continue to progress. As previously mentioned, the work described in this report is at different levels in each of the camps, depending on where the groups are in the process. The lessons learned from the work with one community are always transferred to strengthen the work done in other camps.

A guiding principle is that the program is community-run and owned, and therefore sustainable. This approach will continue in 1998, with participatory methods being the foundation to ensure that self-sustainability of the programs occurs. In the long term, it is hoped that when the refugees repatriate, they can carry the lessons they have learned back to their own country.

A final guiding principle is that the work and learning involved will improve the overall position of Burundian women in their society. The women have gained invaluable experience in the last 16 months and sharpened their skills in analysis, leadership and understanding of issues. These skills will serve them in their future lives and hopefully increase the number of Burundian women in positions of authority. They can then positively influence decisions for the benefit of other women.

The program will continue to address sexual and gender-based violence as a community issue, with the community being defined as the refugees themselves, non-governmental agencies, the UN bodies and the government bodies.

## **Appreciations**

This work is made possible by the generous support of the Andrew W. Mellon Foundation, the David and Lucile Packard Foundation, Le Brun Foundation, UNHCR, and the State Department Bureau of Population, Refugees, and Migration. Each of these organizations is highly supportive of IRC's efforts to pilot new approaches to reproductive health services. The work on sexual and gender violence is clearly some IRC's most innovative work.

The major findings and conclusions of this report are drawn from the exceptional field work of Sydia Nduna and Darlene Rude. The report was developed under the direction of Lorelei Goodyear and Barbara Smith with extensive input from Lisa Utzschneider and Bill Yaggy. Sarah Sampson contributed substantively to the reflections on how to work with children. Mariana Zantop and Michelle Hynes provided much appreciated editing.

The success of the work is due to the refugee women staff who work on a painful issue in a difficult and dangerous setting but remain strong, committed and courageous. We are greatly encouraged in our efforts by the support and interest of the refugee men in the camps. The NGOs, UNHCR, and Tanzanian government have worked with us in partnership and together we are deepening our understanding of how we can collectively better protect refugee women and children.

As ever, our deepest appreciation goes out to the refugee women in Kibondo who have shared their pain, their strength, and their courage in telling us their stories and working with us to make the camps safer for refugee women and children. We especially acknowledge all the survivors whose courage to come forward has helped give the program credibility. We hope to be able to apply these lessons in other refugee settings around the world.