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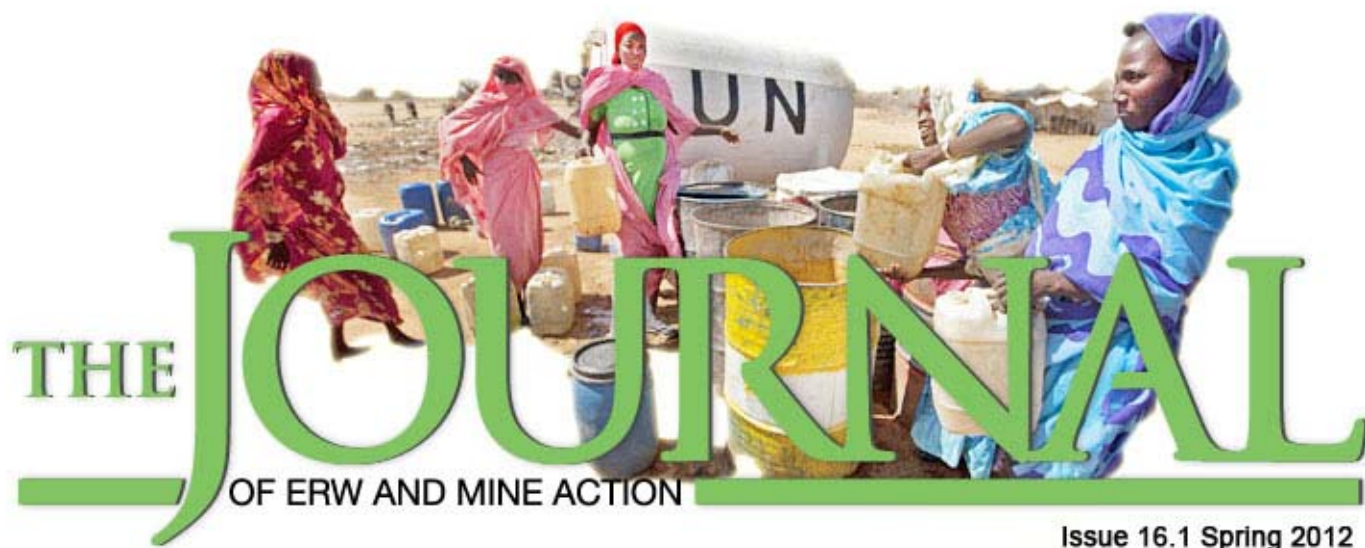
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Peer-support Training for Nonliterate and Semiliterate Female Ex-combatants: Experience in Burundi

by Cameron Macauley [CISR], Monica Onyango [Boston University School of Public Health] and Eric Niragira [CEDAC]

In September 2011, 25 female veterans of Burundi's civil war were trained to become peer-support workers. The five-day training, funded under a grant from the Stavros Niarchos Foundation and conducted by James Madison University's Center for International Stabilization and Recovery, was the first of its kind to offer peer-counseling skills to nonliterate¹ and semiliterate women.

Between 1961—when Burundi declared its independence from Belgium—and early 2005, violence in Burundi killed an estimated 500,000 people and left the country in a chronic state of political instability. Following the assassination of President Melchior Ndadaye in 1993, ethnic conflict between Hutus and Tutsis and attempts to overthrow the government resulted in brutal military reprisals that forced many Burundians to take up arms in self-defense. Paramilitary organizations conscripted men, women and children at gunpoint to provide slave labor and fight on the front lines.²

By 2005, war had left Burundi without infrastructure or industry and had reduced already low indices of health and education. At the height of Burundi's civil conflict, literacy among women ages 15 and above fell from 52.2 percent in 2000 to 44 percent in 2002. Although literacy among women had increased to 60.9 percent by 2009 (with an encouraging leap to 76 percent among girls ages 15 to 24), the United Nations Development Programme's 2009 Human Development Report ranked Burundi 174 out of 177 nations.³ As in much of traditional Africa, Burundian women are already on an unequal footing with men, enrolling less frequently in school and receiving fewer years of education.

Year	Adult Women	15-24 years only
2000	52.2% ⁵	
2001	NO DATA	
2002	44% ⁶	
2003 - 2007	NO DATA	
2008	59.9% ⁷	75% ⁸
2009	60.9% ⁹	76% ⁶

(Click image to enlarge)
Table 1. Female literacy⁴ rate in Burundi.
All graphics courtesy of Cameron Macauley.

Although French is an official language in Burundi, few Burundians are proficient in French, and the literacy statistics above refer mainly to literacy in Kirundi, a language in which few publications are available. In addition, literacy among women is significantly higher in urban communities, whereas the percentage of literate women is close to zero in some rural communities. Furthermore, opportunities for adult women in Burundi to learn how to read and write are sparse, and motivation to seek educational opportunities is low for women who devote long days to farming, working and raising children. Alternatively, male literacy in Burundi is typically about 10 to 15 percent higher than that of women.¹⁰

Female Veterans in Burundi

For 13 years, during the darkest period of the war, unscrupulous warlords on both sides forced adolescents and children into military service in order to swell their fighting forces with obedient and resilient youths.¹¹ In addition, many thousands of teens willingly joined paramilitary units devoted to defending Tutsi communities from wholesale genocidal slaughter.¹² Many teachers fled, and 29 percent of Burundi's schools were destroyed, leaving education in Burundi severely affected for nearly a decade.¹³

Burundian women involved in military service were often little more than slaves.¹⁴ Conditions were abysmal for those assigned to cook, wash clothes and act as "bush wives" for male soldiers. Life was only marginally better for women who received combat training and went into battle. Women suffered from hunger and sexual abuse at the whim of their male comrades, and even those who had distinguished themselves in battle garnered little respect and few privileges.¹⁵



A participant gives a presentation on what it means to be a veteran and a mother.

Demobilization created a dilemma for the Burundian Government, as the status of female veterans remained doubtful.¹⁶ Many observers questioned whether women were ever combatants, and female claims for the same rights as male ex-combatants were routinely denied by the *Programme National de Démobilisation, Réinsertion et Réintégration* (National Demobilization, Reinsertion and Reintegration Program).¹⁷ Initially, women were only eligible for assistance if they were married to male soldiers, and only then if their husbands had fought on the government's side.¹⁸ Opportunities for land, housing, vocational training and health care slowly opened up to women when the numbers of female ex-combatants became apparent. Regardless, assistance was difficult to obtain for these female veterans' children.¹⁹ Consequently, as many as 85 percent of women "self-demobilized,"¹⁵ meaning they did not bother trying to register as ex-combatants. Of the estimated 55,000 ex-combatants believed to live in Burundi, 30,916 were officially demobilized as of April 2010, and of these only 795 were female.²⁰

Many female ex-combatants tried to return to their communities after demobilization, only to confront a variety of obstacles. Whereas male counterparts received praise and respect, female veterans were frequently stigmatized as "killers," and single mothers with children were accused of promiscuity.¹⁷ When wanting to remarry, these women found that men believed they would be difficult to control.²¹

In some cases, there was a grain of truth to this: As a result of years of abuse, Burundian women in military service had acquired survival skills to avoid exploitation. Some had advanced in rank by challenging stereotypes and excelling in traditionally male-oriented activities, such as handling weapons, leading troops into battle, nighttime reconnaissance and interrogating prisoners.²² These women were outspoken, fearless and protective of their more vulnerable colleagues.²² However, they contradicted traditional norms of the subservient and docile wife that Burundian men find attractive.

War-related Trauma

Research suggests that women exposed to combat are more likely to suffer from post-traumatic stress disorder than men.^{23, 24} For women, the social transformation into soldiers is more profound and potentially more disturbing. Men feel more comfortable in the role of warrior and defender in which they are required to kill or maim an enemy. For women, the traditional role of protector and caregiver is brutally violated during military service.²⁵ For female ex-combatants who were raped, the trust and self-confidence necessary to interact normally with men in their community is particularly difficult to regain.

Because of their similar experience, female ex-combatants wanted to stay together after demobilization. Having spent years surviving in the bush and witnessing the same violent atrocities, these women found that their military friends were often closer to them than family. No one can understand the anguish and hardship of such a life better than those who have also experienced it.²⁶ Rejected by their parents, husbands and communities, many of these women established communal families in order to survive.



Participants learn about trust in an exercise in which blindfolded participants are guided by partners.

The Center for the Training and Development of Former Combatants

Eric Niragira, an ex-combatant forced into combat at the age of 15, founded CEDAC (*Le Centre d'Encadrement et de Développement des Anciens Combattants*, or The Center for Management and Development of Veterans) in 2005 as an organization dedicated to helping demobilized veterans reintegrate into Burundian society.²⁷ Following CEDAC's establishment, many female ex-combatants banded together to form similar groups for advocacy and income generation, and now some 60 such associations exist in Burundi with more than 1,200 members.^{28,29}

Niragira realized that reintegration was especially difficult for women, and he obtained funding to establish a commune in which female ex-combatants could live, raise their children together and participate as a group in income-generating activities. However, many of the women continued to suffer from post-traumatic stress disorder, for which Burundi has limited treatment. CEDAC's work attracted the attention of Survivor Corps, which offered training on how to provide peer support.²⁷ In rural areas where counseling and psychotherapy are virtually nonexistent, the training proved to be highly successful, since it encouraged the women to help each other rather than rely on outsiders. Symptoms of PTSD diminished quickly among the commune population, and some of the recovered women chose to return to their home communities.

One difficulty Survivor Corps encountered was the very low literacy level among women living in the communes; this was a problem since all of Survivor Corps' training materials were developed for literate peer-support workers. In 2011, CISR proposed another training event for CEDAC, specifically designed for nonliterate or semiliterate women.

Day 1	<ul style="list-style-type: none"> Personal introductions Exercises on helping survivors achieve emotional control
Day 2	<ul style="list-style-type: none"> Exercises and discussions on counseling techniques Role plays
Day 3	<p>The Survivor Story:</p> <ul style="list-style-type: none"> Therapeutic value How to listen to it Questions to ask <ul style="list-style-type: none"> Exercises and discussions on helping a survivor develop goals and objectives Role plays
Day 4	<ul style="list-style-type: none"> Exercises and discussions on building trust Exercises and discussions on building self-esteem Role plays
Day 5	<ul style="list-style-type: none"> Exercises and discussions on protecting privacy and confidentiality Role plays Closing ceremony

Table 2: Workshop Curriculum

(Click image to enlarge)
Workshop curriculum.

The 2011 Peer-support Training Workshop

CEDAC selected 25 female participants from eight CEDAC communes in Burundi to take part in the workshop. The women, ranging in age from 28 to 54, served in the military or paramilitary forces during the Burundian civil conflict and showed interest and skill in counseling other women. Most of the participants were abducted into service, and approximately half of the participants experienced combat for the first time during the war. The majority of the women suffered gunshot wounds or had been injured by landmines. Most were sexual-abuse victims. Fifteen of the participants were semiliterate, in that they could read and write some Kirundi. The remaining women were functionally illiterate,¹ although most could write their own names. None of the participants could speak French or English.

Workshop Content and Methodology

The workshop focused on the human response to traumatic experiences, and how active listening, empathy and understanding can facilitate the natural recovery processes resulting from traumatic events. Teaching methodology was based on a series of interactive exercises, some of which were developed by Dr. Lennis Echterling and Dr. Anne Stewart of James Madison University.

Question-and-answer exchanges with the facilitator elicited responses indicating that most participants had a clear understanding of trauma's effects on survivors of war-related violence. The participants were willing—in some cases even eager—to tell personal stories of violence they had suffered, witnessed and participated in, describing how they overcame fear, depression and anger and went on to help others do the same.

Participants practiced a series of exercises designed to localize the strong emotions (both positive and negative) associated with traumatic events. This allowed survivors to isolate feelings of anger and grief, and instead summon strength and calmness. This mastery of internal forces is essential to the next step in the recovery process—the "Survivor Story," which is the survivor's contemplation and analysis of his or her traumatic memories.³⁰

Recalled with horror, sorrow and bitterness, the "Survival Story" represents how survivors understand the events and actions forming their traumatic experience. Decades of research support the theory that survivors who tell their story to a sympathetic listener or audience can better comprehend what happened.³¹ Not only is this process therapeutic, but survivors' understanding can increase with each retelling of their story.³² Within the workshop, exercises focused



Participants learn how to help others relinquish painful memories by exhaling them into balloons.

on teaching participants to ask questions designed to promote analysis of the survivor's own role in the survival story in order to emphasize self-efficacy and promote self-identification in a positive light. This was crucial for those recovering from feelings of humiliation and guilt, which can plague survivors for years. Questions included, "How did you find the strength to go on?" and "What have you learned about yourself from this experience?" Finally, participants were instructed to encourage the survivor to look toward the future: "What will you need to do to rebuild your life?"³³ Storytelling is an important part of Burundian oral tradition and proved a valuable part of the training.

recovery but some of the fundamental injustices of Burundian society toward female ex-combatants. The participants were skilled actors, depicting distrust, hatred, fear, grief and rage with great feeling, yet they also convincingly portrayed empathy, concern and understanding.

A major component of the workshop was role-play exercises in which a "peer-support worker" conversed with a "survivor," giving participants an opportunity to practice peer-support skills and analyze each other's performances. Role-plays gave participants an opportunity to present stories about not only trauma and



Participants play the roles of a peer-support worker counseling a female veteran in order to practice counseling skills.

Conclusions: The Future of Peer Support in Burundi

This workshop was unique: It was designed to teach counseling skills to participants who have had little or no formal education. Traditionally, counseling is considered an activity only literate individuals may engage in; however, peer support takes place naturally in post-conflict communities, especially where professional psychotherapy is inaccessible. Support for nonliterate groups does not negate the importance of literacy; instead, it acknowledges that an individual need not be literate to learn new skills and contribute to the rebuilding of a war-affected community. Providing these women with counseling skills is particularly important because of the high prevalence of psychological trauma among female ex-combatants and the importance of their continued recovery as part of reintegration and reconciliation.

CEDAC is interested in establishing a nationwide peer-support program for trauma survivors of all types in Burundi; however, the organization currently lacks the funding and personnel to do this. The current project relies heavily on the volunteer efforts of CEDAC's staff and the workshop participants. Under the current Niarchos grant, CISR plans to return to Burundi in 2012 to offer peer-support training for other groups, including women with disabilities.

CEDAC views this workshop as a step toward gender equality in Burundi. CEDAC's communes gave female ex-combatants a safe environment to recover, but these women will need to return to

society soon. Hopefully, building their capacity through workshops of this kind will help them become leaders, caregivers and advocates for women's rights in Burundi and throughout Africa. ♦

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Biographies

Cameron Macauley, MPH, joined CISR in August 2010 as Peer Support and Trauma Rehabilitation Specialist. He holds degrees in anthropology and psychology, and became a Physician Assistant in 1983. He has worked in a refugee camp on the Thai-Cambodian border, at a district hospital in Sumatra, as a Peace Corps volunteer in Guinea-Bissau, in Mozambique where he taught trauma surgery for landmine injuries, in an immunization program in Angola and in a



malaria-control program in Brazil. Between 2005 and 2010, he taught mental-health courses for Survivor Corps in Bosnia and Herzegovina, Colombia, El Salvador, Ethiopia, Jordan and Vietnam.



Monica Onyango, Ph.D., MS, MPH, RN, is a Clinical Assistant Professor of International Health at Boston University School of Public Health, where she teaches courses in managing disasters and complex humanitarian emergencies, and sexual and reproductive health in disaster settings. Onyango served in the Kenya Ministry of Health for 10 years as a Nursing Officer, worked as a Health Team Leader with international NGOs in relief and development in Angola, South Sudan and in a refugee camp in Kenya. She also participated in training South Sudanese health workers on emergency

obstetrics and neonatal care. Onyango's research interests focus on reproductive health, maternal and child health, HIV/AIDS, health care among populations affected by war and natural disasters, and the role of nurses and midwives in improving maternal and child health. She holds a doctorate in nursing, a Master of Science (nursing), a Master in Public Health, a diploma in advanced nursing, and a diploma in general nursing and midwifery.



Eric Niragira, a former combatant in Burundi, founded CEDAC in 2005 to fight armed violence and assist ex-combatants. CEDAC has received support from CISR, UNDP and the United Nations Development Fund for Women to undertake its peace-building and development initiatives, such as campaigns for the voluntary handover of firearms and training in peer-to-peer support. Winner of the Niarchos Prize 2010, which honors individuals who promote resilience in conflict-affected areas, Niragira is involved in several projects to promote the rights of women, veterans and people with disabilities in Burundi.

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Endnotes

1. "Nonliterate" is used here to signify individuals who have not been educated to read or write, and feel no need to do so, because literacy is not required for survival and social productivity. "Nonliterate" is used in place of the term "illiterate" which has pejorative connotations of ignorance and lack of intelligence. "Functionally illiterate," on the other hand, means someone who can read letters and some words but is unable to derive the meaning of a sentence.
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