Shelters for «Witches»: Safe Spaces and Producers of Protective Knowledge

The Social Reintegration of People Accused of Witchcraft in Burkina Faso

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Abstract

Based on long-term field research, this article seeks to assess the implementation of a community-based intervention designed to support women accused of witchcraft and housed in reception centers. An innovative approach has been implemented in one of these centers. These spaces, beyond providing shelter, serve as survival environments and mobilize protective forms of knowledge. Residents not only benefit from holistic care but are also integrated into the ecosystem of a social and solidarity-based economy. However, the social reintegration of women into their families of origin, one of the components of the center's project, has had mixed results: returning home remains difficult, and the women continue to experience social isolation and stigma. The main lesson to be drawn is that such innovative interventions can constitute a form of protective knowledge, provided that a committed network of actors is built around them.

Keywords

Implementation, witchcraft, vulnerability, reintegration, innovation, knowledge, Burkina Faso

Introduction

This article aims to shed light on the process of implementing an associative action supported by the State and a donor agency: the holistic care of women accused of witchcraft and hosted in collective shelters found exclusively in Ghana and Burkina Faso. Using the example of the intervention model developed by the Delwendé Center in Burkina Faso, how do these centers produce "protective knowledge"? What are the successes

and limitations of this social innovation? This reflection moves beyond narratives centered on the social construction of witchcraft, by interrogating the roles of various actors (State, families, and social workers) in the process of providing holistic care for victims.

Anthropological literature has paid limited attention to the care of victims accused of witchcraft, focusing instead on the in-depth analysis of the link between aging and witchcraft accusations against women (Fancello, 2015; Tonda, 2005; Paulme, 1994). Witchcraft accusations often emerge from family tensions and operate as a quasi-totalitarian tool to maintain social order, with anyone in rural areas potentially becoming a target (Lallemand, 1988). In contrast, Marc Augé (1975) highlights the inextricable link between witchcraft and individuals' economic status. Thus the wealthy and powerful are suspected, while the weak and marginalized are accused. Far from being confined to rural settings, witchcraft also manifests in urban areas. It is perceived as a local response to international imperialism and modernization (Geschiere, 2000; Comaroff & Comaroff, 2000). It can be found in political parties as well as in associations (Geschiere, 2000). In urban contexts, witchcraft "does not require [traditional] reasons to be activated" (Martinelli & Bouju, 2010, p. 94).

The social treatment of witchcraft is often accompanied by various forms of violence against the accused. Witchcraft accusations represent one of the most insidious forms of gender-based violence or abuse against individuals (Lallemand, 1988; Muluneh et al., 2020; De Rosny, 2006; Rouamba, 2015; Roxburgh, 2016). Witcraft-related violence is deeply rooted in social norms, to the point of being accepted and tolerated in many societies (Krug et al., 2002). Over 20,000 individuals have been victims of witchcraft accusations and ritual assaults across 60 countries in the past decade (United Nations, 2020). While these practices were expected to decline in the context of modernity, belief in witchcraft remains widespread.

In some African countries, this belief is even prevalent. A 2009 systematic review reports that 77% of people in Ghana, 95% in Côte d'Ivoire, 80% in Senegal, 45% in Nigeria, 46% in South Africa, and 26% in Kenya believe in the existence of witchcraft (Jenkins & Agbenyadzi, 2022; The Witchcraft and Human Rights Information Network, 2014). This reality invites us to move away from a culturalist interpretations of witchcraft as mere products of tradition or cultural heritage, and to rethink it as a result of social and economic inequalities in a contemporary Africa still unable to establish social protection systems for all.

Witchcraft accusations constitute a violation of human rights, and the resulting violence requires a special care. In Burkina Faso, reception centers serve as the institutional response. By the end of December 2016, there were 926 victims housed in 13 centers across the country (Badolo, 2021; Kaboré, 2017; Rouamba et al., 2023). Although the phenomenon affects both men and women, women are disproportionately represented (Barbier, 2020). The excluded people are housed in collective shelters (Azongo et al., 2020; Musah, 2013; Rouamba et al., 2023). These victims often suffer from multiple psychological disorders (Alexandra, 2013; Badolo, 2021; Jenkins & Agbenyadzi, 2022; Lamnatu et al., 2023; Mabefam, 2023), polymorphic syndromes, and live with survivor syndrome (Fassin & Rechtman, 2007).

In response to this violence against women, a project entitled "Support for the Care of Residents of the Delwendé Center in Sakoula" was implemented by the Catholic Church's Justice and Peace Commission (CJP), with funding from the NGO Diakonia. Interventions were twofold: the first focused on health, nutrition, and economic support within the Delwendé Center (targeting only its female residents); the second addressed social reintegration of all victims, regardless of the shelter they were housed in, at the community level. This article focuses on the latter aspect.

The objective of this article is to analyze the implementation and effectiveness of the intervention related to the social reintegration of victims, in order to assess its sustainability and replicability. The article is structured in three parts. The first addresses theoretical aspects, redefining witchcraft as a form of systemic abuse against older people. The second section presents the study methodology, which is based on several multi-site ethnographic surveys. The third and final part presents the empirical findings and discussion, examining the conditions for success, failure, and long-term sustainability of the intervention model.

Witchcraft as Systemic Elder Abuse

Witchcraft remains a complex subject that continues to divide scholars. Some studies view it as a product of the imagination (Tonda, 2005), lacking any real and tangible existence outside of the social practices associated with it: witchcraft is a belief. In this regard, it has remained confined within a structural-functionalist perspective, oscillating between an anthropology of illness and a political anthropology (Augé, 2020; Lallemand, 1988). On the other hand, some works describe it as a real phenomenon, one that is learned during initiation ceremonies and subject to legal proceedings (De Rosny, 2006, 2014).

Anthropological studies on witchcraft highlight three main aspects: its endemic nature, its gendered dimension, and its health consequences. Witchcraft is a form of gender-based violence, with a predominantly female face (Adinkrah, 2004; Barbier, 2020). The concept of elder abuse also provides a relevant framework to understand witchcraft. Indeed, the risk of being accused of being a "witch" increases after the age of 50, the age of menopause, which symbolises female old age in Africa. Such accusations can lead to severe psychological and psychiatric disorders. Elder abuse also encompasses all forms of gender-based violence against older women (Mba, 2007). The concept of abuse is a complex one. Regardless of the scientific, political, legal, or clinical standpoint, elder abuse may be framed as a social problem, a public health issue, a geriatric syndrome, or a human rights violation (Beaulieu & Borgne-Uguen, 2023).

The World Health Organization's definition (WHO, 2022) of elder abuse underscores a crucial point: it involves physical, sexual, psychological, financial, and material violence, as well as neglect, committed within a relationship of trust towards an older person, whether in community or institutional settings. The notion of a "relationship of trust" echoes the theory of the "center", which emphasizes that witchcraft affects the family while preserving the lineage in the context of co-residence. It brings to light the paradoxical injunction of the "duty of love and its subtle protocol, as well as its implicit corollary, the prohibition against hatred" within the domestic unit (Lallemand, 1988, p. 180). The victim is almost always a family member who should have received adequate care. This intra-familial or even community-based violence, through beatings, public humiliation, and the destruction of property, constitutes a form of elder abuse (Beaulieu & Crévier, 2010).

Ageism refers to stereotypes, prejudices, and discrimination directed at individuals based on their age. Among the factors likely to increase the risk of being a target of ageism are dependency and, more specifically, being a woman (WHO, 2021). Anthropological literature has extensively documented the stereotypes and prejudices surrounding the old woman perceived as a "witch" in Africa (Héritier, 1981; Paulme, 1994). The social isolation and solitude experienced by elderly women without social support significantly increase their risk of violence and abuse. This reflects the paradox of aging in Africa, where "nothing is more socially valued than old age, yet if an individual becomes useless, helpless, or senile, people are quick to get rid of them" (Louis-Vincent, 1994, p. 160). This represents a form of invisible ageism, embedded in everyday social relations, in a context where families are unable to provide proper care for their elders. The accusation of witchcraft merely reveals this underlying ageism. Ageism affects individuals' health, well-being, and human rights, and it calls for the recognition of the violence associated with witchcraft as a public health concern. Physical injuries, emotional and psychological distress lead to premature mortality. At the community level, social exclusion is the source of family breakdown. Witchcraft thus emerges as a form of systemic abuse.

The conditions under which older people may become victims of abuse are highly diverse, as are the individuals at risk. These risk factors are not separate from African contexts, which are commonly marked by poverty, low levels of education, poor vocational training, and high youth unemployment. Abuse can occur within families, in healthcare settings, and in many other places considered safe. Furthermore, the invisibility of older people, due to their small numbers within predominantly young communities, contributes to the construction of a more complex abusive environment.

However, the most specific societal risk factor in Africa is the belief in witchcraft, which leads to the violence associated with it. For this reason, an intervention strategy focused on prevention, trauma care, and the reintegration of excluded women into society appears as a form of social innovation.

Methodological Approach

The corpus used in this article is the result of a long-term investigation, the milestones of which should be recalled.

The first investigation dates back to 2013 and was conducted at the Paspanga shelter (Rouamba, 2015). During this ethnographic fieldwork, which lasted over six months, formal and informal interviews were conducted with social workers, residents, and visitors. These first hand data were complemented by the administrative archives from the two shelters in Ouagadougou. A database of more than 800 individuals provided access to information regarding their identity, village of origin, date of arrival at the center, contact details of relatives, and their future. Indeed, administrative archives are "mediators, conveyors connecting time periods, places, and people, despite the gaps and silences they may contain, functioning as traces that link the past and the present" (Zeitlyn, 2009, p. 12). As a result, they constitute new and appropriate materials for opening new avenues of research.

The analysis of three Burkinabè fiction films (*Wend-Kuni* by Gaston Kaboré, 1982, *Yaaba* by Idrissa Ouédraogo, 1989, and *Delwendé: Léve-toi et marche* by Saint-Pierre Yaméogo, 2004) enabled a deeper understanding of how witchcraft is staged and produced within communities. The film, as a "camera-pen", provides a way to overcome the dialectic between what is visible and what can be said, as well as between the visual and the textual (Laplantine, 2007). However, cinema's role is not to deliver truth, but to broaden the field of vision (Becker, 2007), contributing to the understanding of social change through its capacity to bring together time and space (Colleyn, 1988).

The second investigation was carried out in 2018 (Kibora et al., 2021). It focused on the two shelters in Ouagadougou (Paspanga, Delwendé) and one center in Yako. During this phase, interviews were conducted with religious and customary leaders, magistrates, and criminal investigation officers. The research team also participated in a mediation process for the social reintegration of a young man, a municipal councilor, accused of witchcraft. Observations also covered women's income-generating activities within the shelters, as well as the houses built in their home villages to accommodate them after their return.

The material from these two investigations constitutes the research archive used in this article. The growing interest in researchers' personal archives highlights the importance of reusing qualitative data (Chabaud & Germain, 2006; Duchesne & Noûs, 2019). They enable the same researcher, a few decades later, to revisit his field with a certain humility, recognizing that an intellectual journey is marked by trial-and-error investigations (Bert, 2014).

The last investigation took place in the last quarter of 2024. In-depth individual interviews were conducted with three informants from technical and financial partners, two project officers from CJP of the Episcopal Conference of Burkina Faso, two community facilitators or paralegals, one healthcare professional, one shelter manager, and five women who had been excluded and subsequently reintegrated into their home communities. This required multiple field visits. During repeated visits to the Delwendé center, floating observations were carried out. They consisted of attentively observing both familiar and unfamiliar individuals encountered in the setting and using these moments to observe the unfolding of events (Pétonnet, 1982). This seemingly passive observational stance allows one to grasp the social meanings of certain actions, thereby facilitating informal interviews, sometimes triggered by a simple morning greeting.

The advantage of long-term fieldwork lies in its capacity to embed the understanding of a phenomenon within a processual approach, since it is necessary to "go and discover what is emerging, what is changing" (Agier, 2004, p. 7). From this interactionist perspective, "actions should not be seen as originating points but as nodes that often connect to actions carried out by others" (Glasser, 2010, p.

247). Thus, the investigations conducted in the three centers (two in Ouagadougou and one in Yako) form part of expanded case studies within the framework of multi-sited ethnography (Marcus, 2010). This approach allows the analytical gaze to shift beyond the care of victims, toward other domains and spheres of everyday life, where victims develop their daily experience of life in the shelters.

Results

Reception Centers as Spaces of Survival

The reception of women accused of witchcraft in the centers originated from an initiative of the Catholic Church, aimed at preserving the lives of these victims. It is useful to recall the living conditions as described by the women themselves before presenting the project, one of whose key components is social reintegration, the return of the victims to their villages.

- **Daily Life of Women at the Delwendé Center**

To better understand the extent of the social death that characterizes the situation of the women in the center, it is helpful to examine the statistics regarding the flow of women accommodated there. These figures reveal three possible outcomes for the women. Of the 854 women recorded in the Delwendé center's archives between 1964 and 2008, 39% died during their stay; 11% reintegrated into their home communities; and half, i.e. 49%, live regularly in the center, often without any real contact with their relatives. The living conditions for women in the centers are quite similar from one facility to another, which justifies the nationwide application of the social reintegration strategy. In this regard, a woman from the Paspanga center describes her daily life in these terms:

> Life is good, but it is not good… (Silence) We are here, we eat but… We are given clothes, but… When you are used to eating with your grandchildren… if you are sitting and cannot get up, you tell a grandchild: "get this or that for me"… but here, there is none of that… we are all old women. If you are at home, sometimes the son and his wife argue, and if you are there, you tell your son not to act that way; you help keep the peace, but here, you do not know if your children (who are married) live in harmony or not… and then when they are not at home, and you are old, you put water out for the chickens, for the animals… Here you are just sitting, and there are no children among us. (80-year-old woman, living in the center for six years, November 2012)

While acknowledging the quality of the care provided, this woman seems to be experiencing an emotional crisis due to the absence of loved ones. This crisis resembles the grief experienced after the death of loved ones, manifesting as sadness and pain (Crubézy, 2019). On a daily basis, this woman spends nearly the entire day in her room. She sits with her torso bent forward, her hand under her chin, legs stretched out. Unlike the other women, she rarely joins group activities. Nothing seems to interest her. When she attends an educational discussion, she keeps her hand on her chin, then eventually stands up and returns to her room. Her moments of silence, she tells me, are "when she thinks of home". The telephone becomes the only way to share rare moments with her son. Another woman from the same center recounts her most recent conversation:

> The other day, my son called and asked how I was doing. We spoke on the phone. He said he wished he could come, but he could not. I told him: "You must thank the people of Ouagadougou because they have done well. I eat, I wear clothes, I drink… but…" (She begins to cry quietly). (70-year-old woman accused of witchcraft, December 2012)

This situation resembles that of prisoners, whose living conditions are described as a form of social death. Didier Fassin (2022) traces the history of this concept of social death, which was originally used to describe the condition of enslaved people in precolonial Africa (Meillassoux, 1975). Torn from their original societies, slaves lost all connections to their kin and all freedom and rights within their new society. A parallel can be drawn with the women in the centers. Social death can affect people who are neither prisoners nor slaves, but individuals in a situation of forced "encampment".

The victims are cut off from their communities due to the severing of familial (marital, filial, and lineage) ties, with little chance of rekindling them. The words of a social worker illustrate the depth of this lack of alternatives:

> No! It is not that they do not want to go back, but who would they go to? Some left a long time ago... They have no more relatives, or the children are no longer there, or the husband is gone... Going back at this point makes no sense. They prefer to stay here and wait for their final days. (Center staff member, March 2013)

In the centers, the women experience a situation comparable to that of a deported slave who, not only loses the power to reconnect with his family, but also has legal recourse (Meillassoux, 1975). This overall desocialization is reflected in the daily reality of having no ties, nothing to do, no interlocutors, no voice. (Agier, 2008).

• The Support Project for Delwendé Residents

In November 2021, the center housed 189 residents, including 6 men. The overall objective of the project, implemented from 2022 to the end of 2023, was to contribute to the improvement of living conditions for Delwendé's residents. The specific objectives were to improve health, nutritional, and psychosocial care for the residents and to reintegrate at least 15 victims by the end of the project in December 2023. The aim of this social innovation was, on the one hand, to rehabilitate the accused person by strengthening her agency, and on the other, to shift societal perceptions of witchcraft.

The project's implementation mobilized several types of actors at different territorial levels. Nationally, a consortium of five international partners was formed to fund the project, contributing a total of 115 million CFA francs (around €175,000). The partners included Swiss, Danish, and Swedish development cooperation agencies, as well as UNFPA (United Nations Population Fund) and UNICEF (United Nations Children's Fund). The NGO Diakonia, acting as fiduciary agent of the "Gender Common Fund" was chosen to monitor the project's implementation. The local NGO CJP, which specializes in social cohesion, justice, and reconciliation, was responsible for the social reintegration of women excluded due to accusations of witchcraft. At the center level, external experts were brought in for highly technical tasks, alongside volunteers who handled the day-to-day management of the center. In short, the project was co-managed by three key actors: the Missionary Sisters of Our Lady of Africa, the NGO Diakonia, and CJP.

Holistic care for the residents is organized in accordance with the values and logic of a social and solidarity-based economic organization. Regular supplies of food, particularly maize, oil, dried fish, peanuts, and cowpeas were allocated to the center. In addition to these provisions, an in-house vegetable production, made possible by the redevelopment of the garden, is not only sold to the residents but also to inhabitants in the surrounding neighborhoods. Gardening has benefited from technological innovations in irrigation, thanks to the support of a market gardening expert. Moreover, the raising of pigs and poultry created a local market for consumable animals targeting the same clients. To achieve this, the women were organized into work subgroups. They were seen feeding and watering the animals at regular times during the day.

This work towards economic autonomy was reinforced by medical, psychological, and psychiatric care, provided by a senior nurse specialized in mental health and a frontline agent responsible for basic care. The head of the service describes his work by emphasizing his rich professional background. Soon to retire, he has worked in rural districts, first as a nurse and then as a psychiatric nurse. After a year at the national university hospital, he was transferred to an urban district hosting the shelter. At the request of his superiors, he agreed to be assigned to the center in 2018. Upon arrival, he established a listening mechanism: all 200 residents were received individually during a clinical interview. His diagnosis revealed that the women suffered from stress, anxiety, agitation, and sleep disorders with early awakenings. Thanks to a supply of medication, the psychosomatic care of the victims has improved, with good adherence to treatment. However, as with all health centers in the country, he faces frequent medication shortages, which limits the effectiveness of care despite a supply contract with a local pharmacy. For his commitment, he receives a symbolic weekly

financial compensation. For the referral of severe cases, a partnership has been established with a faith-based medical center. Despite the challenges associated with specialized care, he expresses a desire to continue working at the center.

The organization of service provision at the center has taken the form of a social solidarity cooperative, aimed at meeting the basic needs of women in difficulty while integrating commercial activities. Its operation draws on an economic vision intended to move away from charitable logic, by mobilizing human resources (voluntary work) and material (public funding) resources to meet their needs (Laville & Gardin, 1999). The collective dimension of these activities helps create the image of a household, hence the importance of comparing the center to a "big family", on the part of women as well as social workers. Thus, daily solidarity, which appears in the forms of goods and service exchanges (sharing meals, helping people with disabilities to wash), contributes to the daily survival of members of the collective (Weber, 2005).

The socio-economic activities help make the center a space for commercial transactions. A flour mill also serves women from surrounding areas. The production infrastructure put in place benefits not only the residents but has also become part of the local market system. A literacy program in the national language "Mooré" allows them to gain basic financial management skills, as the annual revenue generated by the shelter is estimated at over 3 million CFA francs. The aim of all these activities is to ensure self-financing to address the precariousness of the institution and its members. The significance of these commercial activities reflects a pursuit of individual autonomy, not only to enable the victims to acquire capabilities for a dignified and fulfilling life (Ennuyer, 2013), but also to facilitate their return to their communities of origin. The income-generating activities recall the work of young girls in the cathedral's workroom in the previous century (Langewiesche, 2010). Moreover, these activities should be seen in the broader context of the missionary effort to emancipate women in Africa (Langewiesche, 2012). The aim is to enable women to maximize their skills in order to live independently and meet their basic needs.

The Reintegration Process: Between Successes and Failures

The social reintegration of women excluded from their communities was implemented by the CJP, which has extensive experience with this strategy. This activity mobilized facilitators known as paralegals, who were selected from among catechists and committed church members from various localities. They received five days of training on mediation and conflict resolution. Social reintegration relies on a complex negotiation system that operates on two life scales (community and family) and involves several actors. The graph below presents the flow of women reintegrated into their home communities.
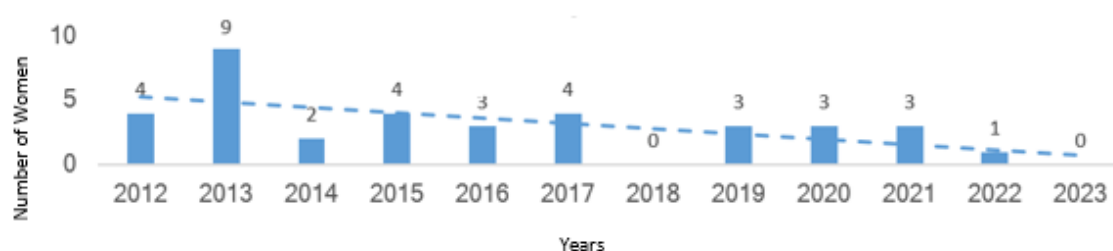

Figure 1: Number of Women Reintegrated into grassroots Communities from 2012 to 2024 in the Parish of Boussé.

Source: Field survey, October 2024.

The graph indicates that very few women are reintegrated into their families each year. An analysis of the paralegals' records reveals that, apart from 2013 when 9 women were reintegrated, the numbers fluctuate between 4 and 1 per year, already indicating the influence of contextual factors and obstacles to social reintegration.

Factors of Successful Social Reintegration

The reintegration process involves several time-consuming stages. Successful cases of social reintegration highlight the roles of children, local leaders, and mediators, who often operate behind the scenes. The first step is to identify women who express a desire to return home. During this phase, information about the woman's village of origin, the identity of her parents, and especially her closest relatives—namely children, grandchildren, and accusers—is collected by the paralegal. This preliminary data gathering is done with the help of the social workers from the center. Mediation and negotiation form the second phase. These are conducted with power-holders in the woman's community of origin: village chiefs, religious leaders (imams, catechists, pastors), and sometimes political figures. This is a critical moment that requires eloquence, knowledge of local customs and habits, and a great deal of personal commitment. One facilitator recounts her mediation experience:

> When I was going to the center to identify women from the local area who wanted to return to their villages, I was repeatedly and insistently approached by a woman from a village about 50 km from Ouagadougou. She kept telling me, "You are reintegrating the women, and You are leaving me here". Eventually, I contacted her son. He agreed but asked me to get the opinion of his father, who happened to be the village chief. It was complicated! The negotiations lasted nearly three years. We talked and talked... We mobilized support from resource persons, asking them to tell the husband of the accused woman to stop bringing up the circumstances of the child's death [the trigger for the accusation], because we were there to ask for his forgiveness. One day, we were caught in the rain. He was working in his field, and I knelt down in the mud to ask for forgiveness... There came a time when we almost gave up on the negotiation. But one day, I told him: "As village chief, you solve other people's problems, yet you refuse to solve one in your own family". That day, he agreed to let the woman return but not to his household: "Her son can take her into his home in the urban zone of the municipality, since he has a wife and children. But she cannot return to my own compound". (Interview with a paralegal, October 2024)

This story highlights the time-consuming nature of the mediation, but also the vital role of children in the process. Indeed, the economic status and gender of the child are key factors in the success. Financial independence among sons facilitates their mothers' return to a household where they can still receive support. However, even if some testimonies show that daughters of excluded women often seem more committed to their mothers' return, they are confronted with the reality of domination in the virilocal model, still prevalent in these rural communities.

Unlike sons, who can host their mothers in their own homes, the virilocal residence is an obstacle to welcoming the mother into the daughter's home. It is rare for a mother to agree to move in with her married daughter in her husband's home.

Mediation also highlights the role of the woman's immediate relatives. According to one paralegal, "Negotiation is easier when the woman's paternal brothers agree". Their support is crucial to backing the children's reintegration efforts. Alongside these "successful" cases, many mediations unfortunately end in failure.

Cases of Failed Social Reintegration

Not all mediations lead to positive outcomes, and failures are numerous. Out of 91 women from the Kourwéogo province identified by paralegals in 2012, only about 40 were reintegrated into their communities by 2024. The project's objective for those two years was to reintegrate 15 women, yet only 10 managed to return to their villages. The main reason for failed mediations is the refusal of forgiveness by the accusing families. One facilitator recounts:

> The head of the family told me: "If you want mediation, then go bring back the [deceased] child. Hold his left hand and the [accused] woman's right hand. Then, there will be no problem". Sometimes he adds that the reason we defend witches is because we ourselves are witches (Interview with a paralegal, October 2024).

This refusal is explained by the strong influence of the community over individual decisions. This refusal recalls a 2018 mediation situation in the commune of Yako. A young municipal councilor was accused of having "eaten the soul" of his cousin, who had hanged himself. The mediation took place in the courtyard of the village chief, in the presence of the research team, a delegation from the Ministry of Justice, customary authorities, and the accused families. Despite the chief's repeated appeals to allow the councilor to return to his family, the accusing family categorically refused. The chief eventually ended the meeting and declared that he would continue the mediation later.

Some husbands also oppose their wives' return out of fear of retaliation from their lineage members. A facilitator recounts:

> The reintegration into the family is always a problem. Husbands do not accept them back into the family, but they can generally live separately. If the children can afford to support them elsewhere, it is okay. Some even find undeveloped plots of land to settle them there (Interview with a paralegal, October 2024).

A paralegal declares that during a mediation in another locality, a husband exclaimed: "I would be fine with my wife coming back, but since this is a *buudu* [lit. lineage] issue, what can I do?" This situation is far from isolated. In a more urbanized commune, a project administrator recounts with mild humor that the husband of a reintegrated woman sneaks out at night to visit her so he will not be accused of being an accomplice. Social exclusion is the fault of the community, of the familial lineage, and not that of an individual. The human qualities of tolerance and humanism of certain leaders are the only guarantee of a successful reintegration into the community.

• After Reintegration: A Fragile Return

While these successful negotiations have indeed enabled some women to resettle, it is clear that many of them now live in spontaneous homes in rural communes, isolated from their original families. In an effort to facilitate the woman's return to her community, the NGO Diakonia builds her a small 10 m² house, commonly referred to as a "sleeping quarter", using permanent materials. The construction of the house mobilizes the community. This involvement signals an initial acceptance of the woman's return to the village. In addition to housing, financial support amounting to 50,000 CFA francs (approximately €77) is granted to help develop income-generating activities. Almost all the residences are located at a respectable distance from the woman's family of origin or, if in an urban area, in unplanned neighborhoods. An ethnographic description of the new home of a reintegrated woman in the commune of Boussé is as follows:

> This is a woman over 70 years old suffering from hearing loss. The house is located in an unplanned neighborhood on the edge of cultivated fields. Situated next to the house of her unmarried grandson, there is no boundary wall. She complains about animals entering her home, which forces her to keep the door closed during the day while she is inside. A small vegetable garden with okra occupies the undeveloped portion of the plot. She was able to obtain a small piece of land for farming. Nearby, stagnant pools of water form in small crevices, creating favorable conditions for mosquito breeding at the end of the rainy season. She complains about the swarms of mosquitoes in her yard. Inside, a few personal belongings are neatly stored in one corner of the room. During our conversation, I learned that her eldest son had refused her reintegration, and it was thanks to the determination of her daughter that she was able to return to her community. Food security appears to be a concern, and she survives on periodic assistance from social services. However, she remains a cheerful woman who recounts her day with humor and gratitude to the outreach worker. In this locality, there are five reintegrated women who meet for friendly conversations. They have maintained their former bonds, strengthened during their time in the reception centers in Ouagadougou.

The inauguration of the home is a festive occasion, symbolizing a cathartic moment during which many women cry from emotion. This event includes a brief Christian prayer and a communal meal. Those involved in the negotiation phases attend the return ceremony.

The peripheral placement of the residence illustrates that full reintegration remains an ongoing challenge. Living conditions are still precarious, marked by isolation and economic dependence.

- **Persistent Stigmatization and Discrimination**

The accusation of witchcraft functions as a stigma. In the routine of social relations, stigma serves to label an attribute that deeply discredits a person in relational terms (Goffman, 1975). This type of stigma is indelible and entirely timeless. Once accused, one lives and dies a "witch". Returning to the community has not helped reduce the stigmatization and social discrimination the women suffered from while in the reception centers in Ouagadougou. In their home villages, they sometimes live in deep solitude and social isolation. As a result, some women have chosen to return to the centers. A leader of an association shares:

> Three return cases seem particularly important to mention. The first involves a woman from Yako. Sometime after her return, her children said they were being mocked, avoided, and laughed at in the village. They also claimed they had difficulties maintaining harmony with their wives, who were afraid of their mother-in-law. As a result, the children asked their mother to return to the reception center. The second case concerns a woman from the Boussé area. After her return, she was so isolated by her family members and neighbors that she could not bear the solitude and isolation. She felt threatened by people's stares. Unable to take it anymore, she chose to return to a center in Ouagadougou. The last case is about a woman from the Saponé area. Unable to bring her back to the village, her children built her a house in an unplanned neighborhood of the rural commune, not far from her place of origin. Her house was vandalized twice by local residents. She moved back to live near the reception center. During the day, she would go chat at the center and return to her house in the evening. She lived that way until her death. (Leader of an association supporting victims of witchcraft accusations, December 2024)

These stories show that rebuilding social ties for victims is a long, obstacle-ridden process. This stigma permanently corrupts the social and family relationships of the person accused in a lasting way.

Discussions

The care provided to victims accused of witchcraft, understood as a form of gender-based violence requiring preventive action against the abuse of elderly people in Burkina Faso, has shed light on the conditions under which such initiatives can hope to achieve success.

Conditions for the Model's Success

Without revisiting the economic origins of the innovation, it can be defined as the emergence of new social practices (Gaglio, 2011) aimed at addressing "a social need that has not yet found an acceptable or effective response" (Batifoulier & Noble, 2022, p. 26). In this regard, social exclusion and the suffering it causes gave rise to reception centers as forms of social innovation. Tertiary prevention involves addressing the trauma caused by violence at the individual level and implementing peacebuilding initiatives in grassroots communities. As such, the success of the model depends on three aspects:

- **Economic and Financial Autonomy**

Innovative action raises the questions of managing uncertainty and risk (Alter, 2002). Regarding the financing of innovation in our case, the project was supported by a funding agreement worth 115 million CFA francs between the donor and a local NGO. Due to budget constraints, certain funding lines were neglected. Social workers (religious sisters) and healthcare personnel were unpaid. In fact, the innovation could not rely on any transferable model, which made the social work even more complex. Social work is part of a broader perspective that goes beyond medical care to address

other needs of the residents (Bonnets, 2008). The economic model developed aimed to reduce the uncertainties associated with external funding, as the cessation of funds increases the risk of the innovation ending abruptly. Limited funding raises ethical concerns, as resource allocation depends on the social and political legitimacy of the victims to receive holistic care. As such, the tension between the moral and ethical obligation to care for victims accused of witchcraft and the inability to meet financial constraints are a major challenge for this intervention model. The precariousness of the center impacts the daily work of the actors. Their personal investment in the system become a condition for success.

• Personal Investment of the Actors in the System

Taking into account human beings in their uniqueness and vulnerability (Fassin & Rechtman, 2007) reveals the individual responsibility of social workers. The risk of unethical behavior is significant, especially since there are no written and displayed internal rules or a code of conduct available to the staff. Everyone relies on their own experience. In the absence of monitoring and evaluation protocols, it remains unclear whether a person has developed skills to better manage their life or take charge of their new situation. Moreover, the involvement of paralegal personnel represents a risk to their personal safety. Furthermore, since reintegration is time-consuming, fatigue and "suffering" become part of the negotiation process. This situation raises the question of civic engagement in social work within the gerontological and geriatric sector in Burkina Faso. One limitation of this intervention model is the fatigue experienced by the actors, especially those on the ground. Many actors feel a sense of powerlessness in achieving the project's results. Additionally, the project appears to have prioritized ontological vulnerability over social vulnerability. The reception at the center aims to provide an institutional response to the former, which refers to the biological fragility and finitude of human beings (Doat & Rizzerio, 2020). The response to social vulnerability is more complex, as it involves strengthening individuals' capacity to act in the face of the aggression of certain economic and social factors (Doat & Rizzerio, 2020).

• The Collective and Contingent Dimension of Innovation

Initially grounded in a Christian ideology, the intervention evolved slightly over time with the involvement of new actors. The innovation process "implies a reversal of social norms: what was initially considered marginal, even deviant, then becomes a new social norm" (Alter, 2003, p. 36). In our case, focused on witchcraft and its emotional charge, the initiators of the innovation are perceived as rule-breakers during the negotiation processes. This is how they come to be seen as witches themselves. The real challenge lies in transforming the cultural norms and values of the communities. The reintegration process includes actors who were involved in the initial witchcraft accusations. The difficulty was getting these individuals to recognize the violence of their actions and adopt a new perspective on the victims. First the religious sisters, then human rights advocates, and finally the donors, appeared to have succeeded over the duration of this project in developing cooperative relationship in the form of network. The role of the children of customary and religious chieftaincies reflects the idea of social relations as an exchange, with the exchange enabling engagement in relations (Alter, 2002). Unlike technical innovation, which increasingly focuses on dissemination, social innovation relies on the appropriation or rejection of the system by strategic actors (Gaglio, 2011). Ownership is the guarantee of the innovation's sustainability. The mobilization of actors is a reminder that innovation is a collective and contingent process, as it is largely unpredictable (Gaglio, 2011). At this level, whether at national or village levels, success depends on collaboration and good understanding among the stakeholders. This is the *sine qua non* condition for the innovation to enable everyone to develop their capacity to act (Batifoulier & Noble, 2022).

Limitations

At the community level, the issue of protecting reintegrated women against discrimination and latent forms of exclusion requires that paralegals be trained to provide support in community settings. From an ethical point of view, public attention appears to be a scarce resource, and its allocation is influenced by competition among the actors. The resources granted by the state reflect value

conflicts and the legitimacy of women accused of witchcraft to receive care. The ethical dimension is transversal and global in any intervention targeting vulnerable populations. At this stage of the project's implementation, the transformative and systemic scope of the social innovation is mixed and barely perceptible. In fact, comparing the situation of women accused of witchcraft to that of migrants, as explored in the work of Michel Agier (2018), is instructive. The woman excluded from her community arrives at the reception center as an outsider and becomes an intruder, a foreign body "grafted" onto the social fabric upon returning to her village. Reintegration remains fragile.

Recommendations resulting from the study suggest establishing legal and regulatory mechanisms to protect the elderly people (Ferreira & Lindgren, 2008). Regarding accusations of witchcraft, the suggestions lean toward criminalization, with the adoption of multiple laws to break this vicious cycle of accusations. In Burkina Faso, as in Ghana, the reclassification of witchcraft accusations as human rights violations has facilitated the adoption of several laws for the protection and promotion of older persons in Burkina Faso (Rouamba et al., 2023; in Cameroon, Kiye, 2018; and in Ghana, Jenkins & Agbenyadzi, 2022; Lamnatu et al., 2023).

Combining these actions could transform this fragile model into a sustainable and lasting intervention. Other actors recommend awareness campaigns in Senegal (Niyonsaba, 2023), while continuing research to ensure that knowledge supports action (Marais et al., 2006). This approach offers a holistic response to anthropological vulnerability, defined as "a set of capacities that are constitutive of a person's existence or that define a minimal conception of human well-being" (Doat & Rizzerio, 2020, p. 65).

Conclusion: Lessons for Protective Knowledge Rooted in Compassion

Reception centers, as safe spaces, generate a form of "protective knowledge" against gender-based violence and, more specifically, against accusations of witchcraft, including the systems of shelter, empowerment, mediation, and resocialization. These centers serve as spaces for survival and the reconstruction of new lives for victims. The project appears as a metamorphosis of Christian assistance, whose origins date back to the colonial era (Rouamba, 2015). This model of innovation also embodies a philosophy of action: that of compassion. Compassion "represents the most complete form of the paradoxical combination between heart and reason: it is the sympathy felt in the face of another's misfortune that produces the moral indignation capable of generating action" (Fassin, 2010, p. 35). The project thus took the shape of a politics of compassion and a politics of solidarity.

This intervention mobilized multiple actors, operating at various levels and across different territorial scales. The care provided covered food, medical assistance, access to water, economic empowerment, installation kits, and a shelter. The process of family reintegration highlights the pivotal role of daughters and sons in the initial phase of the "exclusion and inclusion" cycle within the social fabric. Religious and customary leaders played a fundamental role in the success of reintegration.

The mixed results of the intervention invite a rethinking of public policies addressing social inequalities. Accusations of witchcraft feed on the increasing precarity of human lives in contexts where social protection systems are weak. The spatial relegation of the victims' new housing is a reminder of the challenge of socially inclusion for marginalized and stigmatized individuals. As accusations of witchcraft are recognized as a form of abuse or gender-based violence, it becomes essential to integrate protective measures and combat patriarchal norms. The evaluation of this innovation shows the need to synergize multiple actions to ensure that the intervention becomes sustainable, long-lasting, and transferable to other regions. The mobilization of local knowledge, particularly in the domain of mediation, and the securing of domestic funding are critical.

This reflection opens avenues for new research on human vulnerability, especially among precarious women facing all forms of violence. This perspective calls for taking life trajectories into account at the intersection of social policies. Tracing individual pathways over time requires a multi-sited ethnography to compare forms of reconstruction after a long period of exclusion.

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