

Accusations of witchcraft and ritual attacks:

towards eliminating
harmful practices and
other human rights violations



Guidelines for PARLIAMENTARIANS

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Introduction

Throughout Africa, thousands of people face harmful practices related to accusations of witchcraft or ritual attacks. Such harmful practices related to accusations of witchcraft and ritual attacks (HPAWR) often consist of serious violations of human rights, and disproportionately affect already marginalised individuals and populations, including women, children, older persons, persons with albinism and other persons with disabilities. Examples of harmful practices related to accusations of witchcraft include the torture of persons accused of witchcraft to force them to confess, violent assault, ostracization from homes and communities or even killing of those accused of practicing witchcraft. Ritual attacks on the other hand are violent attacks against an individual or group based on the belief that recourse to the supernatural can increase fortune or power. They include abductions, mutilation, killings, and forcible sex acts.

Definitions

This term, “witchcraft” was introduced to the continent of Africa by European explorers, colonialists and missionaries in reference to an array of African indigenous beliefs and practices. [1] Therefore, in the African context both historically and contemporarily speaking, it is a term for which a precise definition is not easily rendered. [2] That said, across the continent, more so in Africa, witchcraft remains relevant in representing a wide variety of beliefs and practices — many of which have evolved over time as a consequence of modernization and influences from Christianity, Islam, other religions, as well as socio-political factors. [3] It is therefore imperative in discourse on witchcraft, be it in Africa or elsewhere, to set a contextual definition within which the discourse is framed.

In this preliminary report and guidelines, therefore, ‘*witchcraft*’ is used as an umbrella term encompassing a complex configuration of beliefs and associated practices [4] varying between countries, ethnic and religious groups, and individuals, but generally agreed, contextually, across the continent of Africa as involving the belief that a person, through utilizing a spirit medium is able to cause harm to, or change the fortunes of, others. [5]

While a broad definition of witchcraft is presented, it is important to highlight that these guidelines do not prohibit witchcraft. Rather they seek to eliminate the harmful practices related to accusations of witchcraft and ritual attacks. ‘Harmful practices’ is the operating phrase in HPAWR. For the purpose of this preliminary report and guidelines, *harmful practices* in the context of HPAWR are understood as acts or omissions primarily stemming from and including accusations of witchcraft and/or ritual attacks which deny a person of their dignity or integrity and violate that person’s human rights. [6] Accusations of witchcraft can be described as the imputation on a person or persons of malevolent use of witchcraft or supernatural knowledge and powers. Such accusations may result from the belief that the accused has caused or may potentially cause, harm to persons or property using supernatural powers they allegedly possess. Ritual attacks, on the other hand, as already mentioned, manifest from the belief that recourse to the supernatural can increase fortune or power through the form of violent acts or exploitation against specific individuals.

1 Cimpric, Aleksandra (2010), Children Accused of Witchcraft: An anthropological study of contemporary practices in Africa, Dakar, UNICEF WCARO, pg. 7.

2 See the discussion on anthropological studies of witchcraft in Cimpric, Aleksandra (2010), Children Accused of Witchcraft: An anthropological study of contemporary practices in Africa, Dakar, UNICEF WCARO, pg. 8–11.

3 Cimpric, Aleksandra (2010), Children Accused of Witchcraft: An anthropological study of contemporary practices in Africa, Dakar, UNICEF WCARO, pg. 6.

4 Concept Note & Preliminary Data in Support of Draft Resolution of the Human Rights Council on the Elimination of Harmful Practices Related to Manifestation of Belief in Witchcraft (September 2019).

5 HRC (2018), Report of the Independent Expert on the enjoyment of human rights by persons with albinism on the expert workshop on witchcraft and human rights, 37th Sess, A/HRC/37/57/Add.2. Human Rights Council, para. 19–27.

6 Concept Note & Preliminary Data in Support of Draft Resolution of the Human Rights Council on the Elimination of Harmful Practices Related to Manifestation of Belief in Witchcraft (September 2019); and HRC (2018), Report of the Independent Expert on the enjoyment of human rights by persons with albinism on the expert workshop on witchcraft and human rights, 37th Sess, A/HRC/37/57/Add.2.



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Contextualising HPWAR

It is observed that accusations of witchcraft are often made during periods of misfortune, illness or death and are used as a means of interpreting that misfortune, apportioning blame, and seeking redress. Victims of accusations of witchcraft are usually older women. For instance, more than 1,000 older women accused of being witches between 2004 and 2009, were reportedly banished to live in indecent conditions at 'witch camps' in northern Ghana and for the same five-year period, more than 2,585 elderly women were accused of witchcraft and killed in Tanzania. There are also increasing reports of accusations of witchcraft made against children, including those with disabilities who are often deemed to carry 'bad luck', which they can spread to others.

Ritual attacks are fuelled by the belief that the efficacy of charms and potions in bringing about wealth and good fortune is significantly enhanced when constituted with body parts (tissue and/or fluid) of person believed to have a highly valued quality, such as the innocence of children, or a relatively rare quality, such as persons with albinism. The users of such charms and potions are said to stretch from politicians, who allegedly use them based on a belief that they can win elections, to farmer, fisherfolks and business people, who allegedly believe they can increase their yield, catch or business returns

through 'witchcraft' charms. Consequently, ritual attacks against persons with albinism have been recorded in at least 28 African countries over the last decade.

For instance, at least 30 individuals were reportedly murdered in the year 2008 alone in Tanzania. Given that persons with albinism are a minority, quantitatively speaking, such figures are alarming.

In some parts of sub-Saharan Africa, the killing of persons with psychosocial disabilities have been reported, often carried out to cleanse individuals or the community from evil allegedly carried out or drawn down by the presence of the person with disabilities. Additionally, ritual rape has also been reported, mostly affecting children and women with disabilities (particularly women with albinism), fuelled by a widespread but erroneous belief that sexual intercourse with children in general and women with disabilities, particularly women and girls with albinism, can cure HIV or other sexually transmitted infections (STIs).

HPAWR is often gendered as women and girls disproportionately bear the burden, often facing multiple and intersecting forms of discrimination.

Consequence of HPAWR

Persons accused of witchcraft, be it of being witches or employing the services of a witch, and those affected by ritual attacks face several obstacles to the enjoyment of their rights and freedoms in society. These include stigma and exclusion; torture, cruel inhumane and degrading treatment; forced displacements; exploitation involving plunder of property and disinheritance, exploitation of body parts and the use of ritual oaths by sex and labour trafficking syndicate. Stigmatization, exclusion, violence, and displacement resulting from accusations of witchcraft or ritual attacks against groups or individuals also result in barriers to accessing health, education, employment, and an adequate standard of living. Such barriers keep those accused of witchcraft or affected by ritual attacks in a state of poverty and dependence, which in turn increases vulnerability to future HPAWR and other human rights violations.

Why HPAWR persists

While witchcraft beliefs are deeply ingrained in the cultural beliefs and institutions of many African societies — cutting across age, religion, economic, and social standing — HPAWR persists because of several factors, including discrimination. HPAWR facilitates the exclusion of unwanted individuals out of their communities and is therefore

fuelled, at least in part, by long-standing stigma and discrimination. For instance, the stigma and discrimination associated with albinism often leads to families rejecting their members with albinism.

Lack of information and awareness also fuels the harmful myths that perpetuate HPAWR. It is argued that in some countries education systems are inadequate and efforts to dispel myths explaining various natural phenomena is generally lacking. It is also noted that “a lack of education on these matters often means that individuals and whole communities may resort to supernatural explanations for natural phenomena for which there are often established scientific explanations.”

Greed, poverty and desperation further contributes to the persistence of HPAWR, which is often driven by promises of good fortune and wealth. Endemic poverty, low standards of living, and urbanisation have contributed to a desire to “get rich quick.” In this context, accusations of witchcraft and ritual attacks have become economic tools. In many cases, individuals living in poverty choose to, or are compelled by others or popular rumors, to commit HPAWR. For instance, there are reports of poor families being convinced to sell their children with albinism for economic gain. There are also reports of witchdoctors exploiting socio-economic deprivation, through HPAWR. Accusations of witchcraft are often made to disinherit certain

individuals and take their property. In some cases, these accusations are also made to lessen the economic burden of a dependent.

Limited public health services and public health education increase the prevalence of accusations of witchcraft and ritual attacks. When there is an increase in the incidence of disease, for instance, the increase could be blamed on witchcraft. Conditions such as autism, HIV, Down syndrome, albinism and mental health issues such as dementia are routinely considered signs of witchcraft. There are reports that even medical practitioners believe that mental health issues are caused by witchcraft. When individuals believe a disease or health issue is caused by witchcraft, they often prefer to resort to witch doctors, traditional healers or practitioners of traditional medicine for treatment. Given the fluidity amongst these practitioners, and the consequent difficulty in discerning legitimate practitioners from those who are not, resort to these practitioners often increases belief in HPAWR.

The emergence of “faith healers,” who commercialise healing practices in their religion has propelled HPAWR. Oftentimes, these are recognised as spiritual leaders in mainline religions such as Christianity (referred to as “Pastorpreneurs” in one study) and in Islam. Sometimes, healing practice of faith healers are strongly akin to that of

witchdoctors and traditional healers and they often present themselves capable of cleansing people of witchcraft. The liberalisation of traditional media spaces and social media has provided increasing space for advertising these kinds of beliefs, which fuel HPAWR.



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Human rights framework to protect and promote the rights of those impacted by HPAWR

HPAWR is characterised by victims who often face multiple and intersecting discrimination. A human rights approach is therefore critical to understanding and mitigating HPAWR as its language of claims and responsibility empowers those impacted. The human rights framework bears relevant principles for the protection of victims, such as the interdependence and indivisibility of human rights, as well as the foundational principle of equality and non-discrimination.

Various African Union human rights instruments provide protection against HPAWR, and in particular protection from discrimination, torture, cruel and inhumane treatment, while emphasising the right to life, security of person, dignity and an adequate standard of living, and the obligation on states to eliminate harmful practices. These include the African Charter on Human and Peoples' Rights and its Protocol on the Rights of Women in Africa (Maputo Protocol); African Charter on the Rights and Welfare of the Child; Protocol to the African Charter on Human and People's Rights on the Rights of Older Persons (Older Persons Protocol); the Protocol to the African Charter on Human and People's

Rights on the Rights of Persons with Disabilities in Africa (African Disability Protocol); and the Regional Action Plan on Albinism in Africa.

The implementation of these instruments is supervised by various AU human rights bodies, including the African Commission on Human and Peoples' Rights, the African Court on Human and Peoples' Rights, and the African Committee of Experts on the Rights and Welfare of the Child. These institutions provide guidance to states through the issuance of recommendations, the state reporting process or other soft law instruments such as general comments, regulations and guidelines as well as through individual complaints procedures in respect of specific human rights violations.

Gaps relating to HPAWR in the national protection frameworks

Various gaps exist in the response to HPAWR, ranging from the inadequate legislation on trafficking or unlawful possession of body parts to inadequate legislation addressing accusations of witchcraft. Others include, the inefficiency of the criminal justice system to bring perpetrators to justice and the absence of victim rehabilitation and livelihood restoration programmes to ensure comprehensive access to justice for victims. Lack of public education and absence of effective oversight of the

activities of traditional and faith healers as well as inadequate social protection systems continue to present challenges to addressing HPAWR.

Towards a holistic approach to combatting HPAWR

The multifaceted nature of the HPAWR necessitates a holistic approach to combat it. Cultural and regional sensitivity, involvement of stakeholders at all levels, legal and non-legal reforms are central to this approach. The following sections set out specific interventions that can be taken to eradicate HPAWR.



GUIDELINES

Accordingly, the Pan-African Parliament recommends that National Governments:

a. Ensure a coordinated response to HPAWR and to that end:

- i. Use human rights approaches, principles and related forums such as the Sustainable Development Goals' voluntary review processes to continually collect, analyse and disseminate data and research findings on the root causes, impacts, and the number of persons affected by HPAWR, in order to improve evidence-based decision making and carry out continuous monitoring and evaluation of strategies adopted. (Guideline V.1.6)
- ii. Develop and implement national action plans or another multi-sectoral strategy to outline concrete time-bound measures, assign responsibility to particular entities, and allocate budgetary resources towards ending HPAWR (Guideline V.1.1);
- iii. Ensure that adequate financial and human resources are allocated towards any programme, policy, or action plan focused on HPAWR eradication, in a manner that is regionally- and gender-sensitive (Guideline V.1.2);
- iv. Oversee the progress of state organs and agencies tasked with the implementation of relevant legislation, policy or programmes using existing oversight mechanisms (Guideline V.1.3);
- v. Work synergistically with civil society to develop and implement HPAWR eradication responses that are responsive to the realities at the community level (Guideline V.1.4);
- vi. Collaborate with other states at an international, regional, and bilateral level to exchange best practices and lessons learned, as well as to address cross-border issues, including trafficking in body parts for witchcraft purposes (Guideline V.1.5).

b. Create an enabling legal environment to end HPAWR and to that end:

- i. Ratify and implement relevant sub-regional, regional and international instruments, including the African Charter on the Rights and Welfare of the Child, Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, African Disability Rights Protocol, and the Older Persons Protocol (Guideline V.2.1);
- ii. Criminalise a broad range of attacks and assaults that are characteristic of ritual attacks, as well as criminalize the possession and trafficking of body parts, human tissue, hair, bones or nails (Guideline V.2.2.1);

- iii. Criminalise harmful practices related to accusations of witchcraft, including committing or causing to be committed physical attacks to person and property, forced displacement (banishment), forced confessions, and forced exorcisms of persons alleged to be witches (Guideline V.2.2.1);
- iv. Update colonial-era laws that punish those who merely believe in or practice witchcraft to bring them in line with international human rights laws, including the right to freedom of thought, conscience and religion, freedom of expression and cultural rights (Guideline V.2.2.2);
- v. Ensure that all stages of the legal and judicial processes are as accessible and transparent as possible, in order for potential complainants and victims to fully benefit from criminalisation efforts, including through ensuring appropriate and accessible legal aid schemes for those affected by HPAWR (Guideline V.2.2.3);
- vi. Put in place appropriate awareness and capacity-building programmes to ensure that judges, lawyers, prosecutors and law enforcement officers have necessary skills to respond to cases of HPWAR (Guideline V. 2.2.3).

c. With respect to non-legal and community-based interventions:

- i. Develop a comprehensive education and awareness raising strategy, in collaboration with the media and civil society, targeted towards the general population that addresses erroneous beliefs that perpetuate HPAWR, and that highlights the human rights implications of HPAWR. Primary healthcare providers should also be provided training to support patients and their families vulnerable to HPAWR (Guidelines V.3.1);
- ii. Adopt affirmative action employment programs for persons with disabilities and ensure reasonable accommodation, in order to increase visibility of persons with disabilities and combat negative stereotypes (Guideline V.3.1.4);
- iii. Regulate traditional medicine by establishing minimum requirements for all practitioners of traditional medicine, which impose sanctions for non-compliance and establish remedies for persons negatively affected by non-compliance. These requirements should be created in collaboration with traditional health practitioners. In addition, governments should consider adopting a registration and licensing process (Guideline V.3.2.1);
- iv. Support traditional and religious leaders in using their position within the community to discourage HPAWR and become champions for positive cultural practices (Guideline V.3.2.2);
- v. Provide opportunities for economic empowerment — in the form of social security schemes, job opportunities, and alternative care systems — for those at

risk of or affected by HPAWR, in order to mitigate economic dependency and poverty (Guideline V.3.3.1);

- vi. Develop and implement legal, medical, psychological and socio-economic support programmes for victims of HPWAR, including those who have been forcibly displaced within and across borders (Guideline V.3.3);
- vii. Develop and implement a mandatory birth registration system, that is also cognisant of non-facility births and the right of persons to opt for such, which would allow monitoring of the well-being and safety of children with disabilities, in particular, due to their heightened risk to HPAWR, children with albinism (Guideline V.3.3.2).

The Pan-African Parliament recommends that Civil Society, including NHRIs:

- a. Collaborate with governments to develop and implement a National Action Plan or any other multi-sectoral strategy, providing community-level insights, actions, and feasibility assessments regarding the strategy in question (Guideline V.1.4);
- b. Continue to galvanise action against HPAWR through national and transnational networks (Guideline V.1.4);
- c. Support governments in the collection of data related to HPAWR through encouraging participation of community members. Relatedly, support governments in their in-depth research of the root causes of HPAWR in order to refine prevention and protection measures (Guideline V.1.6);
- d. Design and implement sustained and accessible awareness-raising campaigns to dispel myths related to HPAWR affecting the human rights of those affected (Guideline V.3.1.1);
- e. In addition, NHRIs should include in their reports, updates on the implementation progress of the National Action Plan or relevant multi-sectoral strategy (Guideline V.1.3).

The Pan-African Parliament recommends that the African Union and its organs:

- a. Continue to encourage member states to ratify and domesticate regional human rights treaties that support the continued HPAWR eradication effort, including the African Charter on the Rights and Welfare of the Child, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, the African Disability Rights Protocol, and the Older Persons Protocol (Guideline V.2.1.1);
- b. Utilise the state reporting process of the African Commission on Human and Peoples' Rights and the African Committee of Experts on the Rights and Welfare

of the Child, to assess member states' progress in implementing protocol or treaty provisions which support the elimination of HPAWR (Guideline V.1.3)

The Pan-African Parliament recommends that traditional and religious healers:

- a. Immediately cease all practices that perpetrate and/or condone HPAWR (Guideline V.3.2.2);
- b. Collaborate with government to develop minimum professional requirements for all traditional medicine practitioners by providing governments with insight on the impact of these standards on their practice and the community, and the feasibility of achieving full compliance (Guideline V.3.2.1 & V.3.2.2);
- c. Use their unique position of influence to deter HPAWR by educating their community on the negative impact of HPAWR and dispelling beliefs or myths that these practices are justified by religion, spirituality, or culture (Guideline V.3.2.2)

The Pan-African Parliament recommends that the International Community:

- a. Advocate for the victims of HPAWR, including persons with albinism, by taking all available opportunities (e.g. through discussions or reports) to address HPAWR.
- b. Continue to clarify the international human rights framework relevant to HPAWR, particularly trafficking in body parts.
- c. Advance the discourse on witchcraft, generally and in relation to harmful practices, to increase understanding of the matter and to ultimately ensure the full realization of human rights by all victims, including persons with albinism.
- d. Provide technical and financial assistance to governments seeking to strengthen their efforts to eradicate HPAWR.



