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Experiences of Individual and Collective Stigma Resulting From the 2008–9 Witch-Hunts Carried Out by the Gambian Dictatorship: Implications for Transitional Justice

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ABSTRACT

Yahya Jammeh's 22-year rule of The Gambia was marked by gross human rights violations, including torture, extrajudicial killings, and enforced disappearances. In 2008–09, Jammeh embarked on a “witch hunt” campaign, mostly targeting poor and elderly men and women. Among the physical and psychological consequences of this activity were significant levels of stigma. In the context of transitional justice, this paper examines the experiences and consequences of stigma associated with witchcraft accusations for victims, their families, and communities. This mixed-method study found evidence of social rejection, isolation, and negative effects on mental health. Families suffered social exclusion, bullying, and loss of educational opportunities. Whole communities also experienced social divisions and a loss of reputation. While some of these had improved over time, problems persisted 13 years later. Participants made a range of suggestions for reconciliation, including public declarations of innocence, making witchcraft accusations illegal, and both external and community-led interventions to tackle stigma. Please refer to the Supporting Information section to find this article's [Community and Social Impact Statement](#).

In 2008–9, former Gambian President and dictator Yahya Jammeh ordered a campaign of ‘witch-hunts’ in the country, particularly in communities of the West Coast and North Bank regions. They were carried out by a group of ‘witch-hunters’, believed to be from Guinea Conakry or Mali, aided by the Green Boys and Girls (a vigilante group associated with Jammeh) and members of the security, military and/or police forces. The perpetrators forcibly entered homes and compounds to identify alleged ‘witches’ and ‘wizards’. Those who resisted were severely beaten. Hundreds of people were detained and taken to a compound in Kanilai, where Jammeh lived. There they were subject to beatings, rape, forcible consumption of a noxious liquid, and forced to strip naked in front of strangers and bathe in a herbal

liquid. Most victims were elderly and female, although younger adults and men were also taken.

Jammeh had taken power in a coup d'état in 1994. He lost power in the 2016 elections, although his party, the Alliance for Patriotic Reorientation and Construction (APRC) still operates in The Gambia. The new government under Adama Barrow set up the Truth, Reconciliation and Reparations Commission (TRRC) to investigate human rights abuses perpetrated during the dictatorship, including the torture and killing of political opponents, the killing of West African migrants, the witch-hunt campaign, incidents of gender-based violence, enforced disappearances, and detention without trial.

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The TRRC made 265 recommendations across a wide range of issues, including prosecutions, legislative reform, reparations, support for victims, and reform of police, military, and security services (TRRC 2021). In a white paper, the government accepted all but two of these, and a National Human Rights Commission was appointed to monitor the implementation of these recommendations.

The TRRC found that approximately 41 deaths arose during the witch-hunts, and many more victims suffered long-term health problems and disability from consumption of the liquid, beatings, torture, and rape (Truth, Reconciliation and Reparations Commission 2021). On top of these traumas, the victims, who were now officially identified as witches, were left to face negative attitudes, social rejection, discrimination, and loss of roles in their communities. This paper reports on research carried out in 2022 into the stigmatising effects of the 2008–9 witch hunts on victims, their families, and communities, and describes the measures local people suggested to tackle the problem.

1 | Stigma

Goffman (1963, 3) defined stigma as an ‘attribute that is deeply discrediting’ where the person is ‘reduced in our minds from a whole and usual person to a tainted, discounted one.’ This can lead to the person being avoided, ostracised, mocked and being discriminated against, which can, in turn, lead to discomfort in interactions, loss of income and social roles, anxiety, lowered self-esteem and depression (Link and Phelan 2001; Shala et al. 2024). Stigma is not only found in interpersonal interactions and attitudes, but also in cultural beliefs, media depictions, structural processes and political ideologies.

The expectation of being stigmatised, termed ‘stigma consciousness’ (Pinel 1999), can exacerbate these outcomes. For example, it can lead ex-prisoners to apply for low pay, low satisfaction jobs (Sheppard and Ricciardelli 2020) or undocumented migrants to avoid accessing health services (Këllezi, Wakefield, et al. 2021). An important caveat is that stigma affects people differently, and individuals will respond to stigmatising treatment and attitudes in a range of ways which will lead to differing outcomes (Link and Phelan 2001). This can include resisting mistreatment and refusing to accept negative attitudes and ideologies (Camp et al. 2002; Fine and Asch 1988).

Goffman also noted that those associated with a stigmatised individual can themselves become stigmatised, a phenomenon he called ‘courtesy stigma’. For example, Niehaus (2007) reports that the children of HIV/AIDS positive parents are commonly avoided by other children in school, while caregivers are also considered to be infected. Similarly, some families of imprisoned people report a range of stigmatising experiences, including losing their friends (Kotova 2020). In this paper, we present evidence of not just families being stigmatised, but whole geographical communities.

Attitudes and behaviours related to stigma have some commonalities across different stigmatising attributes (e.g., avoidance), but there are also differences depending on the belief system around the particular stigmatised identity, trait or condition in

the relevant culture (Knifton et al. 2009). For example, HIV/AIDS stigma in South Africa includes fear of contagion and death, leading to certain sanitation and confinement behaviours used with terminally ill people (Niehaus 2007), while beliefs about child witchcraft in Nigeria and the Central African Republic lead to ritual abuses associated with ideas about exorcism promoted by some pastors and traditional healers (Isioma 2019).

2 | Social Factors in Coping With Human Rights Abuses

War and human rights violations have psychological, physical, material, economic, and social effects on victims and wider populations. How people respond to and are affected by trauma depends on a range of vulnerability and protective factors, some of which concern the person's social relationships, social identities, and roles (Silove and Franzcp 1999). In general, social support is helpful for coping with life difficulties and psychological distress, social roles give people a position in their groups and a sense of valued contribution, while solidarity with others can help people make sense of traumatic circumstances (Calhoun et al. 2022). However, these protective factors are often weakened in war and dictatorships. War can lead to loss of family and friends, dispersal of communities, and disruption of interpersonal bonds, while authoritarian regimes based on systems of favour and surveillance can lead to distrust within families and communities (Këllezi, Guxholli, et al. 2021).

Këllezi and Reicher (2012), when discussing the war trauma experienced by Kosovan Albanians in 1998–99, make the distinction between ‘social cure’ (Jetten et al. 2012), which refers to the benefits of group membership and social support in recovery and coping, and ‘social curse’, where the group exacerbates a person's trauma in part through isolating, shunning or discriminating against them. They provide examples of how trauma that aligns with group norms (e.g., men dying while fighting) is more likely to prompt social support, while trauma that transgresses norms (e.g., women suffering war rape) is less openly acknowledged and can lead to stigmatisation, social exclusion and further violence against victims.

3 | Stigma Related to Human Rights Abuses and Transitional Justice

Human rights abuses involve treatment which is humiliating, disrespectful, and disempowering. This can have profound effects on a person's self-respect (Haldemann 2008), which can be compounded if the victim/survivor later experiences further humiliation and exclusion from their communities. Stigma is a common feature of community responses to those who have experienced human rights abuses (Hearty 2018). For example, Shala et al. (2024) show how Kosovan Albanian women who had experienced war rape reported being isolated at home, being the subject of rumours and accusations, and having their marriage prospects restricted. Verelst et al. (2014) and Kelly et al. (2011) found similar stigmatisation among survivors of sexual violence in the Democratic Republic of Congo (DRC), including accusations of witchcraft. Amowitz et al. (2002), in

a survey of internally displaced persons in Sierra Leone, found that a significant proportion of war rape survivors did not report these assaults because of their fear of stigma or exclusion from their communities. Stigma can also be experienced by child soldiers (Denov and Marchand 2014), perpetrators and ex-combatants (Gear 2002), politically motivated ex-prisoners (David and Choi 2005; Jamieson 2022) and indirect victims such as the children born of war rape (Carpenter 2010).

Këllezi and Reicher (2014) distinguish two types of harm. The first derives from the original violence towards specific groups. The second type ('social curse') derives from the experience of stigma from the families and communities in the aftermath. They define this double experience of harm as 'double insult', which can become a 'triple insult' when survivors are also ignored by the justice systems who fail to address harms or stigma. This can often lead to traumatic experiences becoming silenced and unspeakable among the survivors, their families, communities and even states (Këllezi and Reicher 2012), either to protect the survivors (e.g., Shala et al. 2024) and/or for the community/group to protect its own interests (e.g., Këllezi et al. 2023).

Some common transitional justice processes can help address stigma. For example, truth commissions can give victims a voice and might, in providing a public forum to discuss past events, promote reintegration into the community and make stigmatising experiences less shameful (David and Choi 2009). Those accused by previous regimes can be exonerated, and their experiences recast as bravery or resistance. Educational campaigns and awareness-raising activities might also lead people to change their attitudes and behaviour. Other transitional justice mechanisms, however, are less able to address more local experiences of social exclusion and stigma.

4 | Witchcraft Beliefs and Stigma

Witches, wizards and spirits are widely believed to exist in rural communities in The Gambia and sub-Saharan Africa more generally (Quarmyne 2010). Although there are differences in specific beliefs between cultures and individuals in The Gambia, witches are generally thought to cause illness, infertility, financial misfortune and death in others, achieved through casting spells, sucking out the victim's life force, eating their flesh and drinking their blood (Ames 1959; Dierickx et al. 2019; O'Neill et al. 2015). Witches are believed to prefer to eat younger people, and to transform themselves into animals to attack people.

Elderly women (Adinkrah 2004; Atata 2019), infertile women (Dierickx et al. 2019) and children (Secker 2012) are often accused of being witches in a number of sub-Saharan African countries and, as a result, they and their families face a high degree of stigma (for a review, see Cimpric 2010). According to Isioma (2019), stigmatising and cruel treatment occurs because the witch is thought to bring a range of misfortunes to other people and because witchcraft is seen as contagious (see also Forsyth 2016). For example, Atata (2019) reported that every older woman among the Igbo people in south-east Nigeria is labelled as a witch, and because witches are assumed to be the main cause of any misfortune, those accused are subjected to cruel physical punishments, starved, and isolated. Secker (2012)

found similar treatment of children accused of witchcraft in the Niger Delta, often connected to the belief system and practices of the Pentecostal Church. Such children are often abandoned by their families, subject to torture and other forms of mistreatment, and refused medical treatment and education (see Isioma 2018, for similar findings in Eket, Nigeria).

The Gambian witch-hunts present a special case of witchcraft stigma in that the accusations were levelled en masse at hundreds of people in a coordinated effort, and were sanctioned and organised by the state rather than by individuals within families, churches or local communities. This has implications for reparation and restitution, which should logically involve the state in clearing the names of those accused.

5 | Research Questions

This paper addresses the following questions:

- What experiences of stigma did victims, their families, and communities experience as a result of the Gambian witch-hunt campaign?
- What are the long-term effects of stigma on victims, their families and communities?
- What measures of reconciliation and restitution did participants suggest were still needed to tackle these problems?

6 | Methods

This was a mixed methods study, using a quantitative survey and semi-structured interviews. Data was collected 13 years after the witch-hunts in the five communities most affected. The research proposal was approved by the Ethics Committee of the University of The Gambia. Only the findings relating to stigma are presented in this paper.

6.1 | Recruitment and Data Collection

Two teams of field researchers (including a supervisor, a trained psychosocial advisor and three research assistants) visited the Gambian communities of Essau (North Bank Region), Jambur, Makumbaya, Sintet and Sibanor (all West Coast Region). These four communities were selected as they had the highest number of victims of the witch-hunt campaign. Visits were arranged by the regional liaison coordinators (RLOs) of the Women's Association of Victims' Empowerment (WAVE), a charity that had worked with victims in these communities between 2020 and 2022. Their activities included social cohesion events and sensitising communities about the false accusations that occurred during the witch-hunts. RLOs, in discussion with the research team, identified and invited a broad spectrum of people from these communities to participate in the research (including victims and their families, community members unrelated to victims, and key informants such as elders, village leaders, religious scholars, teachers, Village Development Committee and women's self-help group members). It was important to include a wide variety of community members because the community

was a source of interpersonal stigmatisation as well as being stigmatised itself through association with the witch-hunts.

RLOs were instructed to avoid any bias in the type of people invited, selecting people from a wide variety of groups. However, the research team had no way to evaluate the degree to which this guidance was followed and it is possible that those with most contact with the organisation were more likely to be invited. This might lead to an over-representation of people more comfortable with talking about issues of stigmatisation and/or an under-representation of people who feared witches. In four communities, none of those invited declined to take part. In one community, where there was a high degree of hostility to, and fear of the victims, a number of people refused to take part.

6.2 | Participants

All participants completed the interviews. While all victims and community members also completed the survey, only a proportion of key informants and family members of victims did so. In a small number of other cases, data was lost through damaged or unretrievable recordings.

Overall, 153 people participated in the interviews (victims = 48, family of victims = 28, non-victim community members = 45; key informants = 32) and 128 people participated in the survey (victims = 48; family of victims = 14; non-victim community members = 45; key informants = 21).

In the total sample, 75% of victims were women, and 85% were over the age of 50. In terms of ethnicity, 62.5% were Mandinka, 21.9% Fula, and 6.3% Wolof. All participants were Muslims, except for 3 Christians. The largest categories of employment were farming (39), no employment (13), business (11), trading (11), gardening (11), housewife (8), teacher (5), nurse (3), driver (2), tailor (2) and police (2). Other occupations mentioned by individual participants included imam, block-maker, alkali, mason, soldier, social worker, fisherman, civil servant, craftsman, babysitter, hotel supervisor, and student.

6.3 | Procedure

Interviews were carried out in Mandinka, Wolof, Fula, or English, depending on participant preferences. All field researchers received a full day's training on ethics and informed consent, administering the survey and conducting the semi-structured interviews.

Before each survey/interview, research assistants described the research to the participant using a standard participant information sheet. Participants then completed a standard consent form. After that, the quantitative survey was administered, with answers recorded on a tablet device using the Computer-Assisted Personal Interview (CAPI) Platform. After the survey, researchers carried out semi-structured interviews which were audio-recorded. Interviews took place in houses, schools, or outside (in bantabas or compounds), taking 10–60 min each. All semi-structured interviews were translated and transcribed into English by the interviewer.

Due to issues in the field, the survey was not initially administered to the key informants and some family members, who were given the semi-structured interview only. As a result, as many of this group as were contactable ($n = 21$) were administered the survey by telephone after the main visits.

6.4 | Materials

6.4.1 | Survey

Stigma was assessed as part of the wider survey on beliefs about witchcraft and the witch-hunts, and attitudes about victims, reconciliation, and redress. Only the questions relating to stigma and belief in witches are reported here. Unless otherwise specified, all items were measured on a 5-point Likert scale (strongly agree to strongly disagree).

Five questions addressing attitudes towards victims and their families are reported. One concerned whether victims were really witches (always, usually, about half the time, rarely, never). Two concerned whether the participant felt sympathy for the victims and for the families. Two concerned whether the participant would avoid the victims or their families.

Two questions addressed belief in the existence of witches ('Some people can be witches or wizards'; 'There are no witches or wizards'). Due to a high level of consistency in responses, only the first question is used for analysis. Several questions asked why participants believed the witch-hunts were organised (e.g., to create divisions, to frighten people not to speak against Jammeh, because there was a real threat from witches).

Finally, to assess whether people believed interventions were still needed to address negative consequences of the witch-hunts, participants were asked whether the government and the community should give more help to the victims, and whether witchcraft accusations should be made illegal, perpetrators should be punished, and should not be allowed to hold power.

6.4.2 | Semi-Structured Interviews

Two versions of the interview schedule were used, one for victims and their families, and another for key informants and community members. All interviews consisted of a set of root questions, with interviewers asked to probe answers with a scripted set of follow-up questions as well as impromptu questions based on the participants' answers. Questions addressed how the witch-hunts affected victims, their families, and the wider community, how people reacted to victims and their families, how people coped with the aftermath of the witch-hunts, and what participants would like to happen to achieve reconciliation and redress.

Transcripts were analysed using Thematic Analysis (Braun and Clarke 2006). After coding by two members of the main research team and two assistants, initial coding frames were agreed upon. Half the data set was then coded by one member of the main research team, and half by another. During weekly meetings over a two-month period, codes were further

developed and themes generated and revised through discussion. All quotes below have been anonymised. Missing text is indicated by (...). Any additional information provided by the authors within quotes is contained within brackets (). Finally, the term 'witch' is gender neutral in modern usage in The Gambia and can refer to either 'witch' or 'wizard'. Since the survey used both words, both are used in those results. For the interviews, participants using the gender neutral 'witch' term is transcribed as 'witch'.

7 | Survey Results

Belief in witches: As seen in Table 1, most participants stated they did not believe in witches (67.2%). However, a significant proportion (32.8%) either did believe or were neutral on the issue. A significant number of victims/family of victims also believed in witches (23% plus 16.7% neutral). Similarly, although many participants believed the witch-hunts were organised to frighten people not to speak out against President Jammeh (89%) or to create divisions (87%), 25% believed it was because there was a real threat from witches/wizards in the communities (including 22% of victims/family of victims).

Stigma: Table 1 also shows most (83.6%) participants believed the victims were rarely or never witches, with small numbers believing that those accused were witches about half the time (3.9%) or usually/always (12.5%). 11.3% of victims/family of victims believed that at least some people accused of being witches were actually witches, while 88.7% of victims/family of victims felt that none of the victims were witches. There

were high levels of sympathy for both those accused of being witches (98%) and their families (98%). Only a small proportion reported avoidance of victims (9% agreed; 5% neutral; 86% disagreed) or their families (7% agreed; 11% neutral; 88% disagreed).

Help for victims: There was a very high level of agreement that the government (99%) and the community (92%) should provide more help for victims, indicating that long-term consequences of witch-hunts were still being experienced.

Legal measures: Almost all participants agreed that accusations of witchcraft should be made illegal (98%), and that those responsible should not hold positions of power (96%) and should be punished (95%).

8 | Interview Results

Participants reported a wide range of negative consequences of the witch-hunts. These included effects on physical and psychological health, income, roles, and social activities. Most of these were direct consequences of the trauma of human rights abuses (due to physical or psychological harms) and are not reported in this paper. Others were wholly or partly due to the stigmatising reactions of community members after the victims had returned home from the compound. These are the focus of this paper. Theme 1 documents the impact of stigma on the victims, their families and their communities. Theme 2 documents individual coping strategies adopted in response to stigma. Theme 3 describes the collective strategies participants suggested to address the long-term, enduring nature of this stigma.

TABLE 1 | Belief in witches and whether victims are witches.

Some people can be witches or wizards			
	Agree or strongly agree	Neither agree nor disagree	Disagree or strongly disagree
Victims and family of victims	23%	16.7%	60.4%
Community members	26.7%	11.1%	62.2%
Key informants	4.8%	9.5%	85.7%
Total	20.3%	12.5%	67.2%
People who were accused of being witches or wizards in the witch-hunts are really witches			
	Always/usually	About half the time	Rarely/never
Victims and family of victims	8.1%	3.2%	88.7%
Community members	15.6%	4.4%	80%
Key informants	4.8%	19%	76.2%
Total	12.5%	3.9%	83.6%

8.1 | Theme 1. Experiences of Stigma

8.1.1 | Victims' Experiences of Stigma

Many people talked of the stigma that victims and their families faced. Participants spoke about experiences of shaming, being gossiped about, being mocked, and being viewed with suspicion. For example:

It affected us a lot because when the incident happened, we found it very difficult to go outside. Our friends called us names and mocked us all the time. (P107, victim)

It brought me shame and stigma in the community because my children and grandchildren were often told their grandmother is a witch. (P11, victim)

There were many reports of victims being avoided by others, not being visited, and not being able to attend the ceremonies of other families. For example:

It was really a bad experience for me. People tend to avoid us. We don't go their funerals or their naming ceremonies (P38, victim)

People isolated them. They were discriminated. No one even accept his or her food (..) Some stop talking to them and do not invite them. (P146, community member)

Participants often reported that stigmatising behaviour and attitudes were only seen in part of the community, particularly those that believed the victims were witches or who supported the dictatorship. However, this was significant in its effect on victims:

The section of society that believes they are actual witches used to traumatize and disturb these victims through making certain actions, showing a sense of fear and discomfort being around them, and some people tend to run away whenever they see them. Some people also jokingly labelled them as witches, some mock them and others ignored speaking to them. (P14, community member)

The nature of the stigmatising behaviours, feelings and attitudes reported is related to cultural beliefs about witches and witchcraft. The quotes above refer to the fear of being near a victim, which is related to the belief that witches cause misfortunes and illness in those they target. Another element of witchcraft beliefs held by some in The Gambia is that witches eat children. The following quote refers to this belief, suggesting people think the woman follows children.

The old woman felt embarrassed because she was accused and she was put in the middle of the public saying she is a witch (..) Some people see her as she is the one following the child. (P147, key informant).

The fear of being eaten was described by several participants. For example:

It was because of what people think of witches, that they eat people's flesh and also kill. (P93, community member)

One consequence of the fear of being eaten is that people stay away from the compound of the victim and their family:

People stayed away from them. People do not used to come to our compound. They fear them and believe that if I enter this compound, the old lady will eat me. It was only us, her children, that go close to her and other relatives who do not believe it. (P148, family of victim)

Another aspect of loss of community life is victims not being able to express their opinions in public. For example:

People ran away from them, community members will point fingers saying they are witches. They can't even express their opinion in public due to the stigma. (P5, key informant)

Yes, it spoiled their good name. People, especially the kids, run away from them. Their words don't count for anything, they can't speak in public. (P117, key informant)

These types of experience affected victims emotionally. The following quotes illustrate how victims felt angry, embarrassed, and sad:

I am embarrassed, when I go out, I am embarrassed of being said a witch (..) I was very sad (..) People will be gossiping about me everywhere I go to, saying that I am a witch. (P76, victim)

You cannot go to places because they will be labelling us as witches or specifying that my family are witches. This was very embarrassing and very painful and difficult (..) (P81, victim)

Significant psychological conditions were reported by victims, including mood disorders, sleep problems, anxiety, panic attacks, and post-traumatic symptoms such as flashbacks. These were often the direct result of the human rights abuses, but participants also reported that stigma was a factor in poor mental health, for example through exacerbating painful flashbacks and causing negative self-esteem and suicidal thoughts.

Interviewer: What other ways have the witch-hunts affected you?

Participant: Loss of self esteem

I: Why did it affect you that way?

P: We cannot socialize like we used to. (P21, victim)

It created a rift between me and people and this affect my mental health. (P49, victim)

Because as a Muslim when you are accused of a crime you did not commit you feel ashamed. Some cursed themselves and wished for death. (P86, community member)

Many victims reported having lost their ability to work and support their families through poor health or stigma (described in the next section). Finally, it should be noted that while most participants reported high levels of stigma, a small number of community members (although no victims) said that nobody believed the accusations and there were no stigmatising attitudes towards the victims.

8.1.2 | Family Experiences of Stigma

Significant courtesy stigma was also experienced by the families of those accused of witchcraft. It was reported above that people

would avoid the family compound of a victim, thus affecting the whole family's social lives and connection with others. The consequences for the family also included how the family image became 'tainted', meaning that other family members were also viewed with suspicion.

It has tainted my image because my family does not have a witch lineage in their blood (..) My family was being associated with a witch name which was distressing to them too but I always tell them not to take any action out of anger. (P41, victim)

Much of the impact was felt by the children of victims. In the following example, we see stigmatising attitudes based on the belief that witchcraft runs in families. Here, the victim's adult daughter is accused of being a witch by her 'co-wife'. This is consistent with previous findings that witchcraft accusations are often found in situations of rivalry or jealousy (Forsyth 2016).

My daughter had a quarrel with her co-wife and she told her you and your mother are all witches, that's why they took her to drink the medicine. She came crying and she told me. I tell her not to cry because I have never eaten anyone. (P38, victim)

One participant reported that her daughters could not find husbands as a result of the accusations. Others reported children experiencing loss of education and friends, bullying and shaming.

It has affected the kids a lot. They were bullied in school all the time by their peers. (Interview 87, victim)

It has affected our education and relationship with people in the village (..) Our relationship with our neighbours was shattered. We couldn't talk to or interact with anyone (..) It affected us because we all had to drop out of school due to the harassment and mockery we encountered in school (..) We could not fend for ourselves and instead depend on what our parents could find. (P107, family of victim)

I have a young son who was going to school but after the incident of the witch-hunt he couldn't cope at school because of the bullying from his mates. (P80, victim)

One of the consequences of stigma and exclusion relates to the inability to fulfil valued roles within the family and community. Although in many cases this was the direct result of illness and disability caused by the violence of the witch-hunts, in some cases it was due to stigma. For example, some participants lost marriages, could not continue their businesses (similar effects were noted in Ghana by Adinkrah 2004),

could not find work, and/or could not provide for their family any longer.

My mother's business could not continue because she used to sell breakfast, but when she came back from Kanilai people were like 'It is not safe to buy food from someone who is a witch.' (P97, victim)

There is this particular victim who happens to be a teacher at the school, she normally sells food in the school but after the witch-hunt, one of her colleagues informed everyone that she is a witch and as a result everyone stopped buying from her (..) Her husband also divorced her and all of this left her traumatized and lonely. (P16, community member)

8.1.3 | Effects of Stigma on Communities

8.1.3.1 | Community-Level Stigma. Many participants reported that the witch-hunts tarnished the reputation of the whole community in the eyes of the neighbouring areas. This community-level stigma also led to a degree of isolation.

The good reputation of the village was tarnished because of the accusations. The village is seen as a witch village by others and which is regrettable for us. (P15, victim)

The relationship between the community and the surrounding communities have been affected to the extent they don't receive any visitors from the neighbouring communities. (P92, family of victim)

8.1.3.2 | Divisions Within Communities. Many participants described the problems the witch-hunts had created within their communities. Broken relationships and divisions were often the result of increased distrust, suspicion, fear and uncertainty. For example:

It reduced the interaction between community members because the victims were stigmatized and their family members were not happy about it. This created a division in the community. (P73, community member)

I can say it created suspicion amongst otherwise peaceful people because some families were seen by others as witches which brought about mistrust up to today. (P14, community member)

The witch hunt brought division between community members. Our social cohesion was affected and still now certain people are not in relationship. (P4, family of victim)

These divisions sometimes harmed friendships and wider networks:

It affected the relation between friends, relatives and neighbours (...) if they accuse me, you will not want your kids to associate with my kids due to the stigma of witchcraft. (P8, community member)

Another source of division was between those who rejected or avoided the victims and those who sympathised with the victims.

Some people sympathize with them but others kept their distance. This brought a lot of division in the community at the time which was due to this witch-hunt (...) What we were yesterday we are not that today, we were united as a community but now we are still divided because of these events. (P75, community member)

Yes, it affected the community since still now some people believe those victims are witches. (P116, key informant)

Three participants said that the division was on ethnic/tribal lines. They claimed the Jolas, who were more likely to support Jammeh's party, rejected and silenced the victims, creating a division between them and the Mandinkas.

Most of the Jolas believed that they were witches except one Jola woman. That woman is even suffering at the moment because her people are angry that she did not take their side but instead sided with the Mandinkas. She, however, still stood her ground. (P86, community member)

Only a few people in the community were having these notions that these victims are witches, which created some issues in the community. Now that the truth is manifested, we are back together as a community, we visit each other and socialize every day (...) Before we were one community, we visit each other and advise one another but when the witch-hunt happened the Mandinkas and Jolas became divided among tribal lines; the Jolas are in support of the president because they are from the same tribe. When victims want to speak out the Jolas think that the victims are saying false things against Yaya Jammeh and victims want to make sure the truth is known. This is what created the division in the community. (Interview 90, Key Informant)

As in the extract above, seven participants (community members and key informants) stated that things had improved in their communities since these earlier troubles, and that the problems had been resolved. However, many other participants described

the problems as continuing in the present day and stated the need to unite their communities and bring them back together.

8.2 | Theme 2 Individual Coping Strategies in Response to Stigma

Although other research into stigma describes coping strategies such as rejecting negative stereotypes, campaigning, reframing the identity in positive ways, secrecy, and selective disclosure, only a few participants reported these. For example:

When they start saying your mother is a witch, I get very angry and fight with them. (P97, victim)

The responses reported most by victims in response to stigma and other negative consequences of the witch-hunts involved avoidance and self-isolation (examples are provided in theme 1), as well as passivity, patience, religious faith, or avoidance and self-isolation. For example:

I free my mind of the hurt for my mental health's sake and I also advise my children to exercise patience and self-restraint and to put their efforts into working to make our livelihood easier (...) I always advise them to be patient and not be bothered by stigma against them. (P12, victim)

I just leave everything in the hands of God. (P15, victim)

These understandings and strategies were often associated with a sense of being powerless:

I'm annoyed at them but I didn't do anything because I'm powerless. I leave their case to God for justice. (P13, victim)

I know they talk to each other behind our backs in a negative tone although they don't say it in my presence. This is upsetting and humiliating to me but I cannot do anything about it because I'm powerless. (P56, family of victim)

I was very devastated by the news, it hurt me deeply. It is just that I can't do anything about it because of my vulnerability but if I could, I would have done something but I don't have the power. (P7, family of victim)

Avoidance of others and self-isolation were reported widely (see theme 1). Many victims reported the coping strategy of staying at home and avoiding gatherings. For example:

People were not very comfortable around me. Initially this made me to keep my distance; when we are having a chat among ourselves and people

start leaving then it means they are having negative thoughts about you. (...) I used to stay at home most of the time because the way people were reacting towards me. I stay at home to avoid unnecessary contact with people who might stigmatize me. (P66, victim)

In a few accounts, there was evidence of resistance to stigma through refusing to accept the social isolation:

I try to act my normal way because I know myself, I know what was said against me was false and that I was a victim. (Interview 13, victim)

I used to shut myself indoors but my children used to tell me to go out and interact with people because I am not the only one affected. Then I started going out and talking to people. This was able to help me recover. (P70, victim)

Although for reasons of space example quotes will not be provided, there was much evidence of collective coping strategies and participants provided many specific details of help, support and acceptance offered to the victims. For example:

It's minimal because of the efforts of our village elders who constantly preached upholding family ties and reconciliation in the community. (P40 victim)

My relationship with people is stronger today than before. I was born and brought up in this community so people don't really believe this accusation. (P1 victim)

8.3 | Theme 3 Communal Measures Required to Tackle Stigma and Its Effects

Participants suggested a wide range of measures that they believed were still needed to achieve reconciliation for victims, their families and their communities. This indicated that, while some negative effects had eased, many consequences were still being felt. While most of the suggestions addressed wider issues of transitional justice (e.g., health, psychological, educational or vocational support; payments; truth-telling mechanisms; justice processes), some related specifically to stigmatisation. These included: counselling and moral support; efforts to reduce stigma in communities through dialogue and directives from influential people; apologies, expressions of regret and contrition; stopping people from making witchcraft accusations; and making further efforts to declare that the victims are innocent in order to restore their reputation. Many participants talked about the need for community members to change their attitudes and behaviours. For example:

Need to change our mindsets. We also need to beg them for forgiveness. (P14, community member)

Some called for measures that challenge the practice of witchcraft accusations:

The discrimination should stop and people should stop this habit of calling people a witch. It's bad. (P5, victim)

What can be done is to advocate against it, make people aware that the practice is not right and they should stop it. You have no right to accuse people of being witches because you can only say that when you see an individual eating a human being. They can advocate for people to come together and stop that kind of discrimination and false accusations. (P141, key informant)

Many participants stated that victims should be publicly declared innocent by the government, the perpetrators, members of the research team, or by village leaders. For example:

A program can be organized in the community by you people (i.e., the research team) and everyone to be called, and you people make things clear to the community members that these people are just accused but they are not witches. (Interview 128, key informant)

The perpetrators should clarify that they were wrongly accused (...) They should repent and clear the name of the victims for the community to be united. (P116, key informant)

Participants suggested communal activities could be organised by the government or NGOs, as well as more locally-driven activities such as community dialogues which clear people's names and recognise their suffering:

The elders can also visit the victims and provide emotional support and advise not to isolate themselves from the community and assure them that the community members never believe that they are witches. (P149, key informant)

In my opinion what the community can do is to conduct meetings on monthly basis to show victims that they were wrongly accused. They are not witches and it was wrong to accuse them. Similarly, we should counsel them to relieve their pains because they have been affected and traumatized seriously. (P112, key informant)

In areas where interventions had already begun by organisations such as WAVE, TRRC, and the Victim Centre, such work was viewed positively. The following quotes identify the importance of external organisations becoming involved if local communities cannot solve the problems themselves:

I used to stay indoors a lot of time due to the stigma attached. This was how I coped, (...) there was less interaction between me and other community due to the stigma attached. But when TRRC came we had a community dialogue. Since then, my relationship with community members have improved (...) Other organisations such as ITCJ and WAVE also came to help us reconcile. But among ourselves as a community nothing was done. (P68, victim)

When TRRC came it helped a lot in breaking the silence. The best way to unite (name of village) again is to organise dialogues like the ones you are doing. The more we talk about it the more people will know about the truth and bring us together just like we used to be before the witch-hunt. (P69, victim)

Then afterward the Victim Centre came and offered their support by organising meetings in the village and informing everyone about how our families were victimized and that they were not really witches. This helped a lot in mitigating the pain, suffering, and anger of the victims and I was happy about it. (P97, victim)

9 | Discussion

This research found that although most participants reported that they did not believe in witches, a significant minority of participants were either undecided or did believe that witches posed a threat. About a quarter of victims believed in witchcraft even though they had been accused themselves. This is explained by the fact that 96% of victims believed that at least some of those singled out were wrongly accused (i.e., that although they were not witches themselves, others who were accused might have been). While participants reported high levels of sympathy for victims and low levels of avoidance in the survey, the qualitative interviews showed that victims and their families faced a wide range of stigmatising attitudes and behaviours. These included being called names, being gossiped about, being feared and avoided, and being socially excluded by others not inviting them to ceremonies and not visiting their homes and compounds. Victims also experienced a range of health and economic hardships, some of which were consequences of stigma. Although there was a good deal of positive support from some community and family members, these negative effects had significant effects on survivors and their families, who reported feeling sad, embarrassed, ashamed, powerless and losing their voice in the community.

These experiences are similar to other types of stigma, particularly where there is fear of contagion. For example, in Ghana, stigma attached to diabetes, which is often mistaken for HIV/Aids and/or thought to be caused by witchcraft, led to

individuals being rejected by their families and excluded from communities, resulting in loss of social roles and employment (De-Graft Aikens 2006). There are also similarities with other survivors of human rights abuses. For example, war rape survivors in Kosovo reported being afraid of gossip and rumours, becoming isolated and rejected, and having their marriage prospects limited (Këllezi and Reicher 2014; Shala et al. 2024; for similar examples in Democratic Republic of the Congo, see Kelly et al. 2011; Verelst et al. 2014). Children born of war rape, who are in the complex position of being identified both with the victims and perpetrators of abuses, experience similar social rejection, leading to a range of mental health issues as they grow up (Carpenter 2010; Di Eugenio and Baines 2021). Financial hardship is common with many stigmatised groups.

Courtesy stigma was also apparent, where family members were excluded and looked on with suspicion. Children lost educational experiences and experienced bullying and rejection. This type of generational stigma due to fear of contagion is similar to the courtesy stigma experienced by family members of those with diabetes in Ghana (De-Graft Aikens 2006) and by children whose parents had HIV/AIDS in the South African Lowveld (Niehaus, 2007; for a general review of 'stigma by association' in this group see Mason and Sultzman 2019). Experiences of being avoided, not invited to family gatherings and losing friends have been reported by family members of other groups linked to socially undesirable or dangerous behaviour such as prisoners (Kotova 2020), who, like many of the witch-hunt victims, were both stigmatised and economically marginalised.

There were also negative effects on the communities as a whole. Communities became divided based on those who treated victims badly versus those who supported victims as well as on tribal lines. While there was some evidence that these divisions were healing over time, there was also evidence that some divisions remained.

Stigma tends to be experienced by individuals and their families, but our findings show courtesy stigma directed at whole villages, which became known locally as the places where witches came from. Community-level stigma has been noted to occur in other contexts, such as when communities become associated with potentially dangerous industries, such as nuclear power, genetic engineering, and hazardous waste storage (Gregory and Satterfield 2002), and can lead to members of those communities being avoided and derogated by neighbouring communities, as well as losing markets for their agricultural products.

Another aspect that distinguishes this example from other types of stigma is that the stigmatising process was initiated by the government and carried out by security forces and 'witch-hunters' hired for the task. This is likely to affect community reactions. For example, some might refuse to believe the truth of the accusations because they do not support the government (in this case a dictatorship) or accept the expertise of the witch-hunters, who were from a neighbouring country. This contrasts with other cases of stigma, where a label might be attached to a person by medical professionals (e.g., HIV/Aids; mental illness), the justice system (e.g., ex-prisoners), or might be apparent by a person's appearance, behaviour, work or history (e.g., drug addiction, physical disability, sex work). Because of the public nature of the

labelling process, many participants believed that declarations of innocence and acknowledgment of mistakes from authority figures were crucial for reparation and reconciliation. This is similar to other situations in which the state was responsible for the stigma, such as the human rights abuses of the communist regime in Czechoslovakia, where official acts honouring imprisoned members of the resistance, and acknowledgement of responsibility by perpetrators, were felt by victims to be important in achieving reconciliation (David and Choi 2005). Research with survivors of the Albanian dictatorship has similarly shown that when victimisation is denied by communities and states, it can be harmful to the survivors, leading to their self-isolation, loss of hope and lack of trust in state structures and democracy (Këllezi et al. 2023).

Official declarations of innocence and acknowledgements of mistakes are also important because in post-conflict societies there is also the potential for “politicization of victimhood”, where claims of victimhood are contested, particularly if there are limited resources available to meet victims’ needs (Hearty 2018). In the context of The Gambia’s transitional justice process, victims of rights abuses have to be wary of potential politicisation of their victimhood (which can itself add to stigmatisation) while they try to persuade the government to meet their needs for reconciliation and redress.

Individual coping styles reported were predominantly passive and avoidant. Although a few participants talked about refusing to change their behaviour and rejecting negative attitudes, most participants talked about being patient, leaving it to God, isolating themselves, and being powerless to change the situation. This is in contrast to other stigmatising traits where, for example, there are more opportunities to hide devalued identities (e.g., HIV/AIDS in children, Campbell et al. 2005; children born of war rape, Di Eugenio and Baines 2021; survivors of sexual abuse, Kennedy and Prock 2018) create false biographies, challenge stereotypes, reframe experiences, or focus on positive identities (e.g., Camp et al. 2002 for mental illness; Finlay and Lyons 2005 for intellectual disabilities; Fine and Asch 1998 for physical disabilities; see Crocker and Major 1989 for a theoretical overview). This is likely to be because the identities of those accused of witchcraft were public knowledge and could not be hidden and because of the strength and toxicity of witchcraft beliefs, where witches are believed to pose a mortal threat to individuals and communities. We must also acknowledge the fact that the victims, often older women, were not wealthy in terms of resources or social capital, and therefore were in a less powerful position to challenge ill-treatment.

There are a variety of measures for redress and reconciliation commonly associated with transitional justice (Teitel 2000). David (2017) identifies four types: reparatory, retributive, reconciliatory and revelatory measures. Similarly, van Boven (1997) suggests four main forms of reparation for victims of human rights violations: restitution, compensation, rehabilitation and satisfaction/guarantees of non-repetition. Following Di Eugenio and Baines’s (2021) ‘survivor-centred’ approach to transitional justice, the participants in this study suggested a range of measures to achieve reconciliation including economic reparations, health/mental health support, and judicial prosecutions. A number of participants’ recommendations directly addressed stigma.

These included (1) emotional and moral support provided by community members to victims, (2) attempting to change the behaviour of those individuals doing the stigmatising through warnings, moral arguments, clear social norms against stigma and education, (3) declarations by authority figures that the victims were innocent and were not witches, and (4) making witchcraft accusations illegal.

Outside agencies that had worked in the community, providing a forum for discussion and awareness-raising, as well as offering support for individual victims, were valued in the first three of these respects. But while there was some evidence of progress in communities, it was clear that the participants wanted this work to be ongoing. Regarding the law, witchcraft accusations have been made illegal in some parts of sub-Saharan Africa (e.g., South Africa, Zimbabwe; some states of Nigeria). However, Cimpric (2010) reports that governments and NGOs are generally poor at protecting or helping those who might be accused of witchcraft, partly due to lack of financial resources but also because such beliefs are widely and deeply held. In addition, legal proscription can lead to conflict between traditional beliefs and legal systems, where citizens might believe that the law is protecting witches (Forsyth 2016; Quarmyne 2010). In this context, it is important to recognise the practical constraints of implementing recommendations of truth commissions in countries with limited resources (Moffett 2023). For example, despite recommendations from the truth commission in South Africa, it took the government many years to pay reparations to victims, often reduced, while victimhood was often politicised through accusations that some survivors were motivated by financial greed rather than need.

A number of limitations of this research must be acknowledged. The communities in which the witch-hunts and research took place had previous contact with organisations trying to provide support to victims and promote community reconciliation (WAVE, TRRC, Victim Centre). It is likely that current stigma levels were reduced because of them, and we cannot assume similar positive change would be found for victims living in communities without such external intervention. Another limitation is that WAVE workers approached participants for the project, and, although the research team stressed the importance of including people with a range of views and backgrounds, it is possible that those with the most negative attitudes to victims were less known to the workers. The results should therefore not be taken as a representative population sample of views and experiences in these communities. However, they do provide a detailed picture of the stigmatising effects of state-sponsored witch-hunts as well as the type of interventions that survivors, their families and local communities recommend.

This study, which is the first to examine stigma associated with state-orchestrated witchcraft accusations, and which adopted a survivor-focused approach (Di Eugenio and Baines 2021), has important implications for transitional justice. In line with Fletcher and Weinstein’s (2002) ecological model of social reconstruction, participants suggested interventions in multiple domains, including those at both state and local, community levels. Baines (2010) notes that local socio-cultural processes for reconciliation are important when communities include ‘intimate enemies’ (e.g., bystanders, collaborators). Based on the

findings of our study, we recommend that those responsible for the secondary trauma of stigmatisation and social exclusion are explicitly included in this category.

While the complexities of assessing the effects on physical and mental health of human rights abuses and transitional justice processes are recognised (e.g., Pham et al. 2010), our research suggests that the social, identity and reputational effects of stigma on survivors and communities should also be included in measures. Survivors of human rights violations need processes that restore their dignity and social worth, including public acknowledgement of their suffering, the opportunity to express themselves and be listened to, and public declarations from the authorities that correct stigmatising misapprehensions about who they are or what they have done (Haldemann 2008). Addressing the stigma of Jammeh's witch-hunts involves restoring the good name of the victims through official declarations as well as rebuilding their social roles, activities and relationships. This can be aided by public processes of truth and justice such as the TRRC, but work is also needed at the local level to address stigmatising attitudes and behaviour in families and communities (for similar recommendations in other contexts see Baines 2010; David and Choi 2005; Denov and Marchand 2014; Verelst et al. 2014). Research demonstrates that community development approaches to stigma reduction (e.g., group awareness workshops) can be effective for some communities who might be less influenced by population-level public education campaigns (Knifton et al. 2009). These need to be done carefully, however, as such initiatives might be resisted by stigmatised communities who fear further stigmatising responses (Gregory and Satterfield 2002). Finally, although not specifically mentioned by participants in this study, according to the holistic model of transitional justice, which incorporates both transitional justice and social justice mechanisms (Killezi et al. 2024), social inequalities that are relevant to the initial harm and that persist in the aftermath must be addressed alongside transitional justice strategies.

While The Gambia's transitional justice process seeks to address past wrongdoings and ensure they do not happen again, survivors of rights violations, specifically those accused of witchcraft, continue to suffer in relative silence. Transitional justice must lead to the creation of a safe societal space for survivors by addressing the social, psychological and emotional trauma they have endured. Recognising the long-lasting societal stigmatisation attached to witchcraft, the TRRC in The Gambia recommended that in addition to public advocacy and awareness programmes aimed at tackling witchcraft stigmatisation, consideration should be given for a legislation to criminalise labelling individuals as witches (TRRC Report 2022). This specific recommendation speaks to the necessity of proper legislation to address not only stigma related to survivors' reputations and identities, but also the overall transitional justice process.

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Research data are not shared.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section.