From Relief to Development: Gender-Based Violence Interventions in Conflict and Post-Conflict Contexts

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Edited Transcript – Margaret Greene

I was asked to reflect on these two presentations and offer some suggestions about bridging the relief development gap in GBV programming. I want to actually first to say thank you to the Woodrow Wilson Center for hosting this event and to express my respect and appreciation to Ian and Heidi for their presentations and laying out the issues.
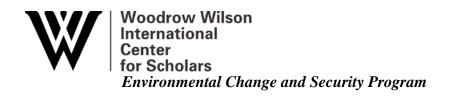
In a way, I think, on the basis of these presentations, the programming gap is something of a straw man in the sense that I think we can see many, many connections and overlaps between them. So what I thought I would do is just talk about some of the similarities and differences and then raise just a few points that I thought would get us going in some kind of discussion about the issues.

So we've just heard about how programs to address gender-based violence are structured differently in the context of relief or humanitarian assistance and development, and the speakers addressed a whole set of issues that are kind of broad themes, as well as exploring some specific, context specific illustrations. The thing that really strikes me the most about this is the high level of gender-based violence that exists in peaceful and so-called peaceful times. And that, for me, is just the basis on which we need to think about the commonalities and similarities and think about programming in this area.

Gender-based violence exists in a whole range of forms, as Heidi mentioned. She was referring to the term as an umbrella that includes many different kinds of violence, and it exists in contexts where development work is being undertaken. It exists in conflict settings, but perhaps with more of certain expressions of violence emphasized in some settings or others.

A correlate of that reality, it's prevalence in so-called peaceful times, is the extent to which whatever the social conditions, there's a way of naturalizing or making gender-based violence

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invisible in some way. And I think we're all familiar with the way that gender-based violence occurring in the private sphere is therefore, seen -- it's both actually invisible and also seen as something that one can't kind of intervene easily in. And in conflict settings what happens, I think, often is that, except for the vision of people who are working to address these issues in conflict settings, it's, you know, a small -- it can be seen as a small subsidiary, a soft issue, you know, something that is somehow less important than the kinds of violence that are occurring as a result of the conflict, which is likely to be structured along different dimensions other than gender. So just a few -- and I hope convergence.
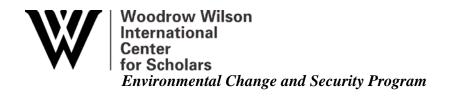
First, the big question for me in hearing these presentations today was, can prevention be addressed in every setting, or is this where this kind of work diverges in the two settings? I think there's a clear need for integration of across health services, legal systems, community education and activism, and obviously, this will be much more difficult in settings where conflict is current or in the recent past, but it's very important to undertake that prevention effort.

Second, I think it's worth thinking a little bit about this: that gender-based violence does not just arise from conflict, it is an essential tool of conflict, the means through which the conflict is carried out by one group against another, and yet, in circumstances of conflict, gender-based violence can often be, I don't know, personalized or individualized in the sense that the response can be focused on the way in which in development settings, gender-based violence can be individualized or naturalized as something that occurs in the context of the couple, and it, you know, recedes into the background in circumstances where a broader society-wide violence, not along the dimensions of gender, is taking place.

Third, to me, the issue of limited funding calls not just for a focus on service delivery but really on community mobilization. I think Ian's medical community and justice framework is a very good point of departure for working in conflict settings as well, and I also very much liked the distinction that Heidi was making between structural and systemic. So structural: what are the laws and policies that exist, and systemic: what are the mechanisms through which implementation and enforcement are occurring.

So I think all of these aspects are needed, and indeed, I think, given the weakness of law and order in conflict settings, mobilizing people on their own behalf seems especially constructive. And a couple of examples of this that come to me are the campaign in Nicaragua after Hurricane Mitch, a campaign to counter domestic violence that were --

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basically there were billboards saying, "Domestic violence, a disaster we can prevent." So, you know, taking that opportunity to deliver that message.

Another, I think, very feasible community mobilization program in South Africa conducted a public education program on gender-based violence that used -- that showed, you know, demonstrated as a model communities responding to domestic violence in their midst by going to households where it obviously was taking place and beating pots and pans and so, thereby, activating the community to respond to these issues in their own midst: obviously, very effective in creating that kind of peer view of what's going on and disapproval, community disapproval for what's going on. And the safety audits that Heidi mentioned seemed especially relevant anywhere, both in situations of conflict and in any circumstances. I think I can see -- I can, you know, I could easily imagine uses of that concept here in Washington, D.C., as well.

Next, just reinforcing the centrality of prevention and social change efforts, whether programs are working in conflict or development settings, I wanted to refer to a "Basics" report that was written in 2006 on health programming in post-conflict, fragile states. What the -- one of the messages of the document was that it's not that specific diseases or problems need to be addressed but that "what is responsible for most morbidity and mortality in many countries can perhaps be better answered by terms like conflict, political instability, poor governance, abject poverty and so on, than by one or more diseases. If this is so, then the important issue becomes, how can health sector programs be designed and implemented in such a way that they contribute to identifying and resolving the political, social and even economic drivers of fragility within a given country," and for me, the inspiration in that message is that there's an opportunity to use the health system and use other service delivery mechanisms to communicate a message about peace and harmony, and that the report that I just mentioned recommends reinforcement of the so-called "peace dividend," short-term, high impact activities that make very visible public contributions to peace, and get people thinking about operationalizing peace and cooperation.

And it seems to me that a number of prevention efforts around gender-based violence would seem to fit this mold perfectly, and it would be a way of talking about gender-based violence in a broader framework that -- you know, I mean, as it is, we -- it ends up being segregated as something that is gender related, as opposed to a broad type of violence that is prevalent everywhere.

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And finally, I wanted to mention some research that's going on that I think is relevant to this discussion of prevention and treatment and the concept of gateway attitudes and behaviors. Gloria Coe of USAID and a group of researchers at AED are working on some research to test the concept that changes in certain key attitudes and behaviors can lead to a whole set of improved health and other kinds of behavioral outcomes, sort of giving as a negative example the way smoking can be a gateway to a set of other unhealthful behaviors. In this research, it's looking at the way more gender equitable attitudes and mutual respect can lead to more communication, more self, you know, care of self, care of partner, perhaps a reduction in drinking, you know, and other harmful behaviors. So that if you do the prevention work around gender and equality and promote the kinds of, an alternative vision both of how men and women can relate to each other and provide skills for people to operationalize that vision, that you may have a large number of positive effects of doing that work. I think I'll stop there. I look forward to hearing your comments.