

UN Resolution 1325 –Survivors of Gender Based Violence and International Land Mine Campaigns- Potential Synergies

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It is clearly understood that UNSC resolution 1325 covers a vast area of topics that each demand concerted attention, but in the context of the limited time and capacity for now, below are some paragraphs on why my colleagues and I believe that a recovery and reintegration program for women and children in conflict zones can benefit from those modelled on excellent existing global programs for landmine victims. On the last section of the paper, I have made a simple chart on the contrasts and similarities of survivors of landmines and those of gender based violence.

I have looked at The International Campaign to Ban Landmines that was launched in 1997 which addresses wellness and reintegration efforts for survivors. Red Cross and ICRC's landmine initiatives for instance have reached over 140,000 persons with centers established globally in over 38 countries. My colleagues in women's groups here in Oslo and I have felt that in order for the main mission of UNSC Resolution 1325 to really work, a global view towards *coordinating* the powers and resources of both the state and local communities must be effected to answer the urgent needs of women and children - whether it is for commitment for rebuilding or well-being purposes. "Adhoc" programs are certainly necessary, but there needs to be some *concerted global efforts* that would demand *accountability, commitment and resource investment from various state parties and the military to achieve success in rebuilding and rehabilitation processes*. The plight of survivors of wars and conflict often involve gender based violence, exacerbated by the demand for prostitution in Western or 'developed' countries - and diseases such as HIV-Aids and other conditions related to poverty and marginalization extend way out into peace zones everywhere. Ms. Florence Tercier in Geneva, past head of ICRC Women and War also expressed that there could be potential productive synergies between existing programs for landmine victims and those for survivors of gender based abuse. I feel that this in line with the over-all mission of UN Resolution 1325 to collaborate with civil society with the aim to strengthen rehabilitation and reintegration of women and children.

As part of a concerted global program, many of us believe that there would be valuable synergies between rehabilitation programs for women and children existing in conflict zones and those in peace zones. This would pertain to anti- prostitution and trafficking programs for **Zero-Tolerance** initiatives that would engage both zones. The armed forces and CIMIC - civil military organizations - can take an active role in mediating the needs of different sectors of society for peace building. Developments in victimology, criminology and jurisprudence are crucial to the recovery of survivors facing societal marginalization and lack of constitutional justice in post conflict zones; and in such vulnerable situations CIMIC organizations, armed forces and allied Ministry of Defence units could be very valuable in the policing, maintenance and execution of various UNSC Res 1325 programs.

The Ottawa Convention for landmine victim programs very nicely assures some kind of accountability and visibility by state heads to care for those who have been victimized with international financial and administrative support and commitment. *It would be wonderful if such a convention could be created by various international state heads, political parties and armed force members as an initiative for accountability and care for victims and survivors of gender based violence*. It has been noted that setting up of special International Tribunals probably can not handle the scope and urgency of the cases of rape in conflict zones, as in Congo, and Tribunals are not the most effective "preventative" tool and require great financial and human resource outlay.

I felt that the lack of *visibility* and voice of sufferers about their plight is a primary "challenge" that our new coordinated program must cover. Many of the victims often remain silent from great fear. The coordinated program must ensure that the "voices", decision-making skills and resources of survivors become an *active part* of the planning processes. This would augment empowerment and could speed up societal rebuilding. The "voices" of the survivors should be actively procured to reinforce global competence building and program efficacy. Strong "samarbeid" (cooperation) globally is required with all parties in mapping trauma and disease management and recovery programs that would also measure their financial sustainability. Until now visibility of survivors in community building have been very poor in societies affected by wars. Landmine programs today still have inadequate participation and decision making by the survivors.

On the next page is a chart delineating contrasts and similarities between survivors of landmine accidents and gender based violence. Gender based violence is a 'weapon' of war that impacts victims-survivors for *multiple generations* who often suffer in great silence. The scale of damages of gender-based violence during conflict is reaching unprecedented levels according to reports of rapes as "genocide" in Congo and in other countries. The added burden of flourishing human trafficking globally compounded by HIV-Aids could merit adopting aspects of the Ottawa Convention to help fight the pandemic and could be actively incorporated into the UNSC Resolution 1325 package. As in the Ottawa Convention, a new coordinated wellness program for survivors of gender based violence would require a strong *global net-work* of medical and legal professionals, CIMIC forces, NGOs, scholars in cross disciplines and not the least, the *powerful voices of survivors*.

ISSUE	GENDER BASED VIOLENCE	LANDMINE VICTIMS
Visibility of Trauma	May not be obvious at first but long lasting psychological traumas; may also be visible if physically assaulted especially with weapons; reproductive abilities may be affected. May be compounded by HIV.	Visible - but compounded by "invisible" grief and chronic severe pain as well.
Stigmatization-Humiliation	Very severe. Problems compounded by lack of "visibility" of pain. May be compounded by HIV. Isolation due to "stigmatization". Potential lack of marriage or partnership in various cultures.	Very severe. Survivors often encounter marginalization by communities. Abandonment by family members and community not rare.
Gender perspectives	Victims-survivors mostly women and girl-children. Survival, reintegration and rehabilitation often difficult in patriarchal societies which often are war zone areas. Trafficking-prostitution become enormous challenge to fight. The situation is exacerbated by demand for prostituted women and children in so called 'developed nations' in peace zones.	Women survivors can be seen as "compromised" especially in terms of marriage and relationship opportunities. In the Far East, where women are basically "prized" for their beauty, physical disabilities may be seen as a handicap, thus creating additional burdens on one's immediate family and communities. Women w/disabilities can be made more vulnerable to human trafficking and prostitution.
Economic marginalization	Severe very often. Women "known" to have experienced gender based violence often are excluded from economic support and sustenance. Some may be blocked from labour force opportunities Those HIV+ face very difficult prospects of reintegration into society.	Economic marginalization very often critical aspect of survivors. Employment opportunity can be very scarce. Concerted efforts by various NGO's globally to create rehabilitation and training efforts show some positive results.

Educational Issues for the Public	Gender based violence still often a 'taboo' subject. Religion and culture often obstruct educational opportunities. Various NGO's trying in awareness and prevention training but difficult to lift "taboos" and conspiracy of silence and shame. HIV also presents another serious stigmatization burden.	Educational and prevention efforts rather well placed in society due to large international effort. Efforts by recognized NGO's and organizations in place globally esp via global campaign started in 1990's by J. Williams. Public awareness raising helps much to reduce stigmas and to "normalize" rehabilitation and reintegration efforts.
Wellbeing and Reintegration	Still a relatively new area in some cultures. Problems often compounded by stigmatization and lack of awareness of problems. Often lack of professionals with competence in the areas. Reintegration into work force could be made more difficult with HIV issues	International Campaign to Ban Landmines started in 1997. Governmental interception, acknowledgement of issues and contributions by state parties created a global boost in rehabilitation and reintegration and awareness efforts. Social-economical reintegration still difficult, though in many societies.
Future ?	<u>Concerted effort to "coordinate" efforts but difficult without national and trans national cooperation.</u> Scope of problem of gender based violence growing significantly globally, compounded by STD, HIV-Aids and marginalization. Global coordination in the pattern and style of Landmine campaigns necessary. Suffers greatly from invisibility of survivors.	The International Campaign to Ban Landmines has now measurable benchmarks to ensure development, growth and accountability by State partners. Helped by being part of UN peace building efforts. Visible development but needs more active "voice" and decision-making by survivors themselves for empowerment and social change. Could lend program expertise to other marginalized groups, i.e. GBV survivors, etc..

References consulted: "Roadmap to Norwegian Implementation of Resolution 1325 - Involve Women's Organization", FOKUS, January 2007, "Framdriftsrapport for Regjeringens handlingsplan for gjennomføring av FN's Sikkerhetsrådsresolusjon 1325 (2000) om kvinner, fred og sikkerhet", Utenriksdepartementet, mai 2007, "Landmine Monitor Report", International Campaign to Ban Landmines 2006, "ICRC Physical Rehabilitation Programme", Annual Report 2006, Merete Taksdal, Tromsø Mine Victims Resource Center, "Gender Resource Package for Peacekeeping Operations", United Nation, Department of Peacekeeping Operations, 2004, Dr. Nora Sveaas, Ph.D. Norwegian Centre for Violence and Traumatic Stress Studies, Section Head (Ullevål Hospital, Oslo), Dr. Michael Britton, Human Dignity and Humiliation Studies. Interviews held with other specialists including Amy Barrow, Women's International League for Peace and Freedom, UK and IKFF, Norway.
Article on Congo and genocide: http://www.nytimes.com/2007/10/07/world/africa/07congo.html?_r=1&oref=slogin)