to increased prevalence of HIV/AIDS, further worsening the lives of survivors of sexual violence.

**Need for action**

Action is urgently required to tackle huge gaps in service provision. In Grand Gedeh there is only one hospital to serve the whole county. Health facilities are poorly equipped and staff are often absent. The county lacks trained psychologists, psychiatrists and counsellors to provide therapeutic assistance to survivors of violence.

Survivors of sexual violence find it virtually impossible to access justice. In many counties the judicial system has completely collapsed. Staff in those courts which do still function are poorly trained. Even if perpetrators are convicted, a lack of detention facilities can lead to their immediate release back into the community. Corrupt magistrates and police officers still prefer to settle GBV cases the ‘family way’. The police are yet to undergo training on how to respond to incidents of sexual violence and rural police stations, unlike those in Monrovia and other urban locations, do not yet have specialised Women and Children Units.

Integrated multisectoral prevention and response strategies are not in place. Competition and information hoarding by humanitarian agencies are rife. Records are not kept. Few NGOs have statistics or collate scientific evidence of reported incidents of sexual violence. Roles, responsibilities and institutional mandates must be urgently clarified.

Men should not be regarded as obstacles to women’s empowerment and gender equality. It is vital to understand the causes of men’s violence and alcoholism as well as changing gender roles in post-conflict environments and to involve men in programmes aimed at preventing and responding to sexual violence. Without tackling issues of men’s lost masculinity, women may continue to face the after-effects of violent male behaviour as men seek to reaffirm their superiority and domination.

Many traditional institutions survived the conflict and their chiefs continue to be held in respect. Secret societies – for both men and women – remain influential. Behaviour change campaigns must recognise the power of these cultural institutions as potential catalysts for change. They could enhance messages relating to responsible sexual behaviour and the dangers of multiple partners and HIV/AIDS.

With more careful interpretation and understanding of conflict from a gender perspective, we may be able to move forward in building a more effective, coordinated, community-driven response to GBV in conflict and post-conflict communities.

In 2005 the American Refugee Committee (ARC) and Communication for Change (C4C) launched a community-based video project to raise awareness of and help prevent sexual and gender-based violence (SGBV) in conflict-affected communities.

Since the end of Liberia’s 14-year long civil war some 70,000 refugees and over 314,000 IDPs have returned. One of the enormous challenges they face is the impact of violence, including SGBV. It is estimated that 40% of all Liberian women are survivors of conflict-related sexual violence, including rape, gang rape, sexual slavery and physical assault. In a survey conducted among Liberian refugee women in camps in Sierra Leone, 74% said they had suffered sexual abuse prior to displacement and 55% during displacement. There is little awareness, however, of the health and psychosocial impacts of SGBV, nor of the link with reproductive health issues, in particular sexually-transmitted infections (STIs) including HIV/AIDS. Reported cases are usually dealt with by local leaders and response services are seldom available.

Since August 2004 ARC has been implementing prevention and response programmes in eight districts of Liberia, as well as a cross-border information and referral programme for refugees repatriating from Guinea. Prevention activities include community education around issues of gender, human rights, reproductive health and SGBV. Crisis response activities include referral to ARC-trained counsellors and training of local health, protection and security providers to prevent, identify, respond to and appropriately refer cases of SGBV.

The ‘Through Our Eyes’ participatory video initiative was piloted in Guinea and Liberia. Participatory video activities can initiate a dynamic process of engagement and dialogue on issues of local concern, including highly sensitive topics. From conception though production

**Through our eyes: participatory video in West Africa**

by Tegan Molony, Zeze Konie and Lauren Goodsmith

In 2005 the American Refugee Committee (ARC) and Communication for Change (C4C) launched a community-based video project to raise awareness of and help prevent sexual and gender-based violence (SGBV) in conflict-affected communities.
produced their first video: a profile of a local man, a former alcoholic who used to abuse his wife but who had overcome his addiction and become a responsible husband and father. This was followed by a production on the consequences of settling rape the ‘family way’ and of not treating STIs. The video team has plans to address the issues of stigma and HIV, child abuse, rape and the law and the importance of girls’ education.

Community screenings – ‘playbacks’ – of the team’s video productions have prompted many individuals to seek ARC’s services. Community peers and field staff open the sessions by describing ARC’s GBV programme and services. After the screenings, which are usually attended by 30 to 100 people, audience members are encouraged to discuss the issues raised. Some share personal stories or offer ideas on how to tackle the problems.

Viewers regularly seek assistance for problems depicted in the films they have just seen and field staff report an increase in reporting of rape as a result of participatory video activities. Audience members identify with what they are shown. A scene in which a doctor informs a woman that her daughter is infertile due to the consequences of rape prompted a viewer to break down in tears and declare: “That’s the same thing that happened to my daughter during the war.” As Marie Kolenky, GBV Programme Manager in Liberia, says, “You see other foreign videocassettes... but it’s always something that somebody just made up.” In contrast, she highlights the powerful impact of “seeing a Liberian talking on the video and explaining their own life story.”

Community video helps those SGBV survivors involved in the production process to tell their own stories, shed some of the stigma associated with their experience and help others. They also benefit from learning new technical, interpersonal and team skills. The participatory process strengthens a sense of community as teams reflect together on the kinds of lives that have affected their lives, the messages they want to deliver and how best to deliver them.

In addition, participatory video:

- is easily incorporated into existing GBV prevention and response activities
- is an effective tool for awareness-raising, promoting community dialogue and encouraging the reporting of incidents
- is accessible to all, regardless of educational level
- motivates field staff: the entire ARC GBV team enthusiastically supports the video project and its continuation
- has wide-ranging applications: the ARC video team proposes to use their new-found skills to produce films about evolving conditions in Liberia for the refugee community and to showcase success stories from ARC’s microfinance and community development activities.

In early 2006, C4C carried out a two-week training workshop in participatory video at Lainé refugee camp in Guinea for ARC field staff and members of camp committees responsible for referring SGBV cases to ARC. Participants learned how to use the equipment, engage community members in project goals, carry out interviews and develop team skills in programme planning and filming. At the end of the training course they made a documentary on early/forced marriage and short dramas on rape and community response to domestic abuse.

Survivors of SGBV should never be pressured into sharing their stories. Several options were developed for survivors who wished to speak out but remain anonymous. Some did wish to testify. One refugee woman chose to share her story on camera in order to urge her peers to abandon the practice of forced early marriage that had blighted her own life. For many survivors the act of speaking out can be deeply empowering – a step in the gradual process of healing.

Liberia-based ARC staff returned home with their video equipment and proceeded to share their skills with community peers who had been trained in SGBV prevention and response. This new team soon and public screening, the process is driven by individual community members. Themes and topics are relevant to local audiences and presented in culturally appropriate ways. People are always keen to see their own community members on screen. Video helps amplify voices for change from within the community and fosters peer-to-peer outreach.

Marie Tamba, GBV counsellor, colleague Albert Pyne and video trainer Hamidou Touré. Lainé camp, Guinea.