

the right to access safe and legal abortion

Thursday • 9 July 2009

Mujeres Adelante

Newsletter on women's rights and HIV – SVRI Forum 2009

In Focus...

The Disconnect between Rights & Reality

Kate Griffiths

At the heart of the research agenda presented by South African researchers on sexual violence at the SVRI Forum 2009 is a study, introduced by Professor Rachel Jewkes at Tuesday's plenary session; *'Men's use of physical and sexual violence against women: Initial finding from the International Men and Gender Equality Survey (IMAGES)'*.

The Medical Research Council (MRC) research report *'Understanding men's health and use of violence: Interface of rape and HIV in South Africa'* has already garnered widespread attention in the South African and international press, days before the opening of the SVRI Forum. Most commentators have focused on the dramatic results of the survey, conducted in the Eastern Cape and KwaZulu Natal, which revealed that one in four men, who participated in the study, admitted to engaging in behaviours that meet the legal standards of rape in South Africa, during the course of their lifetimes, while nearly half of the respondents

admitted to raping multiple victims.

The report highlights the disconnect between human rights law and reality in South Africa. With one of the world's most progressive

are faced with some of the highest risks of violence and rape and is the population most at risk of contracting HIV, partly because rape appears to be a common practice among the nation's men.

The study, part of an international collaboration which includes complimentary research in India, Croatia, Mexico, Chile, Brazil, Mexico, Tanzania and Cambodia, approaches the problem of gender-based violence from the perspective of men and perpetrators, rather than that of women and victims. Explaining the focus, Dr. Jewkes points out that *'to understand why men rape, you have to study men'* as victim-centred approaches to the problem, often lend themselves to *'victim-blaming'* understandings and solutions to the epidemic of rape in South Africa, focusing mainly on women's behaviours and responsibilities.

The study consisted of seven behaviour-based questions, which men answered anonymously on personal computing devices,



constitutions, South Africa's legal framework enshrines *'affirmative measures'* as the standard for government responsibility towards implementing gender equality. At the same time, this new research, combined with established figures, reveals that South Africa's women

Whats inside:

Women's Realities...

Sexual violence response

News from the margins...

Lasting change?

Special Report:

Communities mark progress

Young womens realities...

Youth and sexual violence

allowing for maximum confidentiality of their responses. The results were ‘dramatic’, not only in relation to the high incidence of rape reported by men, but also because of the apparent differences between the countries for which data is currently available. Incidence of rape between South Africa and India, for example, were similar, but the ‘*nature of rape*’ according to Jewkes, is ‘*fundamentally different*’ between the two nations.

While Indian men were far more likely to admit to raping wives and girlfriends, than their South African counterparts, South African men were more likely to admit to have participated in multiple rapes, rapes of acquaintances and strangers, and further to have participated or witnessed gang rapes. According to Prof. Jewkes, this difference indicates that rape in South Africa is a matter of the public, rather than private sphere and constitutes ‘*a legitimacy of the public expression of an essentially male power, which in its extreme form, is expressed through violence*’.

The behaviour-focused design of the study questions may indicate that the number of rapes committed by South African men could in fact be much higher, than the one-in-four statistic widely quoted in the press, following the release of the survey’s executive summary in June 2009. Yandisa Sikweyiya, who conducted a pilot study in the Eastern Cape, testing the survey questions, says that male respondents were unclear on the legal definition of rape, in part, because many failed to see threats, coercion and violence against wives and partners, used to obtain verbal agreement to sex, as a form of rape. Jewkes states that

...a lot of men never had any

idea that what they had done was rape. Questions about the potential legal consequences of their actions ‘made the penny drop’ in many cases, with men asking themselves if the acts they had committed were rape.

Whatever the numbers in the final analysis, the prevalence of gender-based violence committed by South African men does, arguably, have implications for HIV transmission in the context of South Africa’s already raging pandemic. While men who admitted to rape were as likely to be infected with HIV, as those who did not, rapists, who may be less likely to wear a condom in the course of an attack, may be disproportionately responsible for spreading the virus to women; who are recognised to be at greater risk of HIV infection. At the same time, men who admitted to any violent behaviours against women, were more than twice as likely to be infected with HIV, as those who did not, suggesting that the negative effects of what Jewkes calls ‘*toxic masculinity*’ may have an impact on both genders and on perpetrators, as well as victims.

The implications of the study, in terms of policy development, according to the research team, is a matter of bridging the gap between the human rights principles guaranteed in the South African constitution and policy framework, and the real world of implementation. Jewkes argued, in an afternoon session announcing the launch of a new report on ‘*Masculinities and Public Policy in South Africa: Challenging Masculinities and Working Toward Gender Equality*’, that efforts to implement HIV prevention,

...rape is a
common practice
among the
nation’s men...

...rape in South
Africa is a matter
of the public,
rather than a
private sphere...

...challenges
of linking
sexual violence
prevention with
HIV prevention...

testing and treatment programmes and initiatives need to embrace an agenda that ‘*confronts violent and rigid norms of masculinity*’, instead of ‘*shaping men*’ from cradle to grave through policies that encourage gender equitable parenting, decreased numbers of sexual partners, non-violence and social justice as new masculine norms.

At the same time, initiatives aimed at ‘*reshaping*’ men’s attitudes towards rape, violence and gender equality face an uphill battle. Mr. Sikweyiya explains that the study’s pilot survey revealed that most men ‘*view rape primarily as a problem for men*’ in terms of stiff potential legal consequences, despite the reality of conviction rates as low as 5%. Meanwhile, Dean Peacock of Sonke Gender Justice Network reports that 42% of South African men already feel that ‘*government is doing too much*’ to enforce the human rights of women.

While we are eagerly waiting for the opportunity to engage with the final report in more depth, the initial findings and implications of the study reveal the continuing challenges of linking sexual violence prevention with HIV prevention programmes and interventions at the community, civil society, policy development and research level.

Kate is a Doctoral Student at the University of New York. For more information: kategrif@gmail.com.

Young Women's realities...

Mmapaseka 'Steve' Letsike

Youth and sexual violence

Ignorance and misconceptions about sexual violence amongst young South Africans place them at high risk of HIV infection. While HIV and sexual violence have been addressed separately for some time, it is only recently that these issues have been connected in policy and programme development. To become meaningful for women, and young women in particular, HIV prevention, education and support initiatives must find ways to address the links between HIV and sexual violence, in such a way, that women's risks to both sexual and HIV decrease.

I think the focal area for me would be understanding the developmental pathways that lead to risks for sexual violence and abuse; understanding the physical, interpersonal and social environments, within which sexual violence and abuse occur and thrive; understanding onset, progression and resistance amongst adolescent and adult offenders; and developing effective clinical forensic interventions for young people and adults, who have committed sexual offences.

In the session on *Youth and Sexual Violence in the African Region*, Anik Gevers in her presentation on 'Understanding Sexual Violence in the Context of Adolescents: Constructions and Conceptualizations of Intimate Relationships' argued that

...young people have their own ideas about what they'd like to learn and explore more. There is a lot of peer pressure, where friends mostly influence them to have

multiple concurrent partners.

She also raised the point ...that young people reported the need for education to address issues of sexual activity and alcohol, sexual assault and other forms of interpersonal violence especially in schools and community.

During the same session, Dr Bridgette Nwagbara shared information on the 'Prevalence, pattern, determinants and mental health consequences of sexual violence on female undergraduate students in Southern Nigeria'. The study revealed that incidents of sexual violence increased in young women after their admission to university, in that women experienced multiple episodes of sexual violence. Speaking of the psychosocial effect and the impact on mental health, she shares that insomnia was one of the main mental health effects found in female undergraduate students at the university in Nigeria. It was also highlighted that Nigeria

has a very low rate of sexual violence reporting, as there are great barriers talking about incidences of sexual violence.

In the same session, Tsitsi B Masvawure from Zimbabwe presented a paper on 'male sexual undesirability as a factor in the sexual violence experience of female university students', in which she emphasised the impact of 'male powerlessness' on incidences of sexual violence. At times, I felt, that she left some delegates worried, as to the

definition of 'male powerlessness' is used differently in various settings. One of the most critical issues raised linked to the 'thick cloak of silence and shame' surrounding rape. The presenter also raised that due to the lack of adequate financial resources amongst female university students, males would have the 'advantage of economic muscles'. The study revealed that most incidences of sexual violence occur within a relationship, and female students would be made to feel guilty towards reporting the incident.

With sexual violence against women being so prevalent throughout the region, it is imperative that researchers, activist, and communities to take action linking sexual violence as a risk factor for HIV infection amongst young people. To prevent sexual violence, we have to understand what circumstances and factors influence its occurrence. There are many different theoretical models that attempt to describe the root causes of sexual violence: biological models, psychological models, and cultural models, as well as grassroots, feminist, power-based models. Each of these models contributes to a better understanding of sexual violence and will assist policy and programme developers to design initiatives that sustain protective factors and, at the same time, reduce modifiable risk factors.

Steve is the Advocacy and Mainstreaming Project Manager at OUT LGBT Well-Being. For more information: advocacy@out.org.za

...we have to understand what circumstances and factors influence its occurrence...

...sustain protective factors and... reduce modifiable risk factors...

Women's Realities...

Kate Griffiths

Responses to Sexual Violence

Advocates and activists in the field of sexual violence have long pushed for rape victims to seek medical treatment as soon as possible after an attack in the hope of accessing critical services, ranging from post-exposure prophylaxis (PEP), to emergency contraception, counselling and treatment of injuries. At the same time, medical examinations of rape survivors potentially serve a 'dual purpose' of collecting evidence that can be used in court proceeding to prosecute perpetrators.

Unfortunately, emerging research demonstrates that major barriers exist in the health and legal service provision sectors, which limit the usefulness of such early reporting by victims of sexual violence in the legal realm. A survey of closed rape cases in South Africa's Gauteng province, conducted by a team, lead by Prof Rachel Jewkes, demonstrated that despite timely reporting by the vast majority of victims in the sample (91% within 72 hours), legal follow-up remains severely lacking. Of the sample, only 45% of adult victims saw arrests made in their case, with increased attrition at every level of the legal process; only 18% of cases went to trial, 7% of accused perpetrators were convicted, and only 4% served time in jail.

These dire statistics reflect not only the many problems with infrastructure, implementation, and will in the legal system, but also that, similar problems can be found in the health sector. In

a second study, presented in the same panel by Lisa Vetten, and which documented NGO efforts to improve service delivery to rape victims in a rural healthcare setting, barriers to effective medical treatment and evidence collection were found to include insufficient staff and expertise in the area of sexual violence, and a lack of coordination amongst health professionals and between health workers, police and prosecutors.

...whether or
not capacity
improvements...can
last in the absence
of NGO support and
funding...

In some cases, victims were called upon to repeat their stories up to ten times to ten different health service providers, a process that is both further traumatising and needlessly inefficient.

While the presence of NGO support and monitoring was in the position to identify these challenges, to educate staff, streamline the intake process for victims, more efficiently provide critical care (such as PEP), and raise community

awareness of individual sexual rights and the related services available, these improvements continued to show little impact on the incidence of prosecution and conviction of perpetrators in the recorded instances of sexual violence, with only one case going to court. It also remains to be seen whether or not capacity improvements in this case study can last, in the absence of NGO support and funding.

Together the studies suggest that there is much to be done to close the gaps between national-level policies, protecting the rights of victims of sexual violence, and local implementation, and further indicates that education of legal services and healthcare workers, along with increased staffing must play an integral part. Data from the small number of cases that make it to court suggests that medical evidence, particularly the documentation of any injuries sustained by victims during the attack, can increase rates of successful prosecution, while

...only 4%
served time
in jail...

to victims that both studies identified in South Africa's criminal justice system.

...the relevance of this
medical evidence to
successful prosecution
pales...

the more complex process of collecting and documenting DNA evidence, had little impact on outcomes.

Nevertheless, because nearly 40% of victims of sexual violence sustained no physical injuries in the course of their attacks, the relevance of this medical evidence to successful prosecution pales in comparison to the lack of accountability, lack of capacity, and sometimes outright hostility

Kate is a Doctoral Student at the University of New York.

For more information: kategrif@gmail.com.

News from the *margins*... Mmapaseka 'Steve' Letsike

Are we creating lasting change...?

An activist's perspective

The SVRI Forum 2009 presents a unique opportunity for sexual violence researchers, policy makers, programme developers, implementers, rights advocates, activists and 'agents of change' at a community level to meet and share latest findings of research, programme implementation, and community responses, so as to measure the successes, challenges and impact of 'sexual violence knowledge' on realities of sexual violence risks, prevalence and service delivery. It also presents the unique opportunity to apply the evidence-based knowledge of the various links between sexual violence and HIV to debate and identify 'new' strategies and interventions to not only address, but prevent sexual violence.

It is widely recognised that we cannot 'turn the tide' on HIV and AIDS in Africa and globally, unless we address sexual violence as both a symptom and a cause of structural and systemic gendered inequality situated at the heart of patriarchal systems and societies. Thus, responding to sexual violence and the needs of survivors of sexual violence holistically, demands prioritising sexual violence not only from a right of access to healthcare, and a right of access to justice perspective, but also, and equally important, as a 'prevention priority'. And so, researchers continue to identify strategies that can reduce or, ultimately, try to prevent sexual violence, and thus lower the risks of both sexual violence and HIV.

However, for these identified strategies to reach the broadest audience possible during the SVRI Forum 2009, and to influence broader processes beyond this forum, implementers, activists and civil society need to be afforded time to engage with the findings and proposed strategies. The question I would like to raise is as to whether or not the forum provided sufficient time to engage with the findings and their implications for programme design, development and implementation; and whether or not adequate space to hear and respond to the questions and concerns of 'implementers' and people working 'on the ground' have been created?

The answer to this question seems to lie as much in the existing 'gaps' between research findings, policy development and programme implementers, as the dire need to identify strategies of effective communication to bridge these gaps.

As such, sexual violence research, identifying prevention strategies, has to take into account the many years of 'hard work', dedication and experiences of sexual violence survivors, advocates, prevention educators, and often community-based service providers; as their efforts ensured the provision of crisis intervention, victim advocacy, and social and mental health services that are critical to the immediate and long-term well-being of people directly, and indirectly, affected by high incidences of sexual violence in our communities.

Integral to searching for an answer as to how to bridge these gaps, seems to be the need to find a 'common' definition of how we define 'prevention'; who should be the 'primary target' of our prevention strategies; and whether or not our definition of sexual violence prevention does indeed respond to the many realities of sexual violence experienced at a community level. Is our approach to sexual violence prevention population-based or are we focusing on structural and systemic causes of sexual violence? And while there might be various approaches to sexual violence prevention strategies, the common premise has to, arguably, be the reduction of risks and vulnerabilities for women, who, inevitably, will be exposed and subjected to sexual violence and its consequences.

The SVRI Forum facilitated a platform to review theoretical frameworks of sexual violence prevention approaches, and to identify prevention strategies and intervention that are responsive to the realities and needs of women exposed to sexual violence, that are 'compatible' with public health approaches, while protecting survivors' rights – thus, benefiting entire communities affected by sexual violence.

Recognising that sexual violence has reached pandemic proportions, it is imperative that researchers, service providers, activists, and communities most affected, find ways of collectively identifying 'best practice models' to respond to sexual violence, and its links to HIV risks – as 'successful' responses to HIV and sexual violence require all stakeholders to actively participate.

... 'successful'
responses to
HIV and sexual
violence require
all stakeholders
to actively
participate...

Steve is the Advocacy and Mainstreaming Project Manager at OUT LGBT Well-Being.

For more information: advocacy@out.org.za

Special Report

Anne-christine d'Adesky

Communities Mark Progress...

Despite Rising Post-Conflict Violence in Kenya, DRC & elsewhere

Prior to the SVRI Forum 2009, I did a blitz visit to three countries I have been tracking in terms of conflict-related sexual violence – Kenya, the Democratic Republic of Congo, and neighbouring Rwanda. I wanted to get an update from close colleagues there and from frontline NGOs who, in the last year or so, launched new projects in highly-impacted communities. I was excited to find real, and I think, durable progress in all three places, despite a climate of increasing reports of sexual violence in both Kenya and the DRC. But the last finding – a spike in post-conflict violence – is something I anticipated, given that this pattern has been seen in other countries. If anything, it provides further anecdotal evidence, to me, *of the direct and even causal link* of violence in war and conflict to violence in the period after fighting.

What is critical now, I believe, is to focus on that link and the patterns we can map – the roots and the actions of the perpetrators – as countries and actors and communities make the transition from war to lessened conflict. That is what groups in Kenya and the DRC are newly realising, as they note where rape – especially urban gang rape – emerges and by whom, in both rural and urban areas. In both countries, I found, the large-scale fighting has abated – for now – but ethnic and community tensions remain just under the surface, still potent and potentially explosive. Fighting continues in some corners, still shattering lives and displacing people into Internally Displaced

Camps (IDPs), where rape is still highly reported. The actions of the Kenyan and Congolese governments remain key as to whether or not they can regain security and rebuild their lives. This is where NGOs and civil society actors are making noise, demanding that the rule of law and respect for the Constitution guide and prevail.

In a word, then, there is good news amid the very bad. Groups are highly active and determined to tackle sexual violence. But the tally is rising, in part, because people feel more secure to report rapes and because more groups are focusing on the problem and identifying survivors. But also because an unknown minority of ex-militia, soldiers and ‘*irregular*’ combatants are returning to civilian life, and maintaining their violent ways. The lack of impunity for rape also continues to allow the police to abuse their power and be rapists, not protectors. For both groups, though, there is an important link of this sexual and other violence to poverty. Demobilised youth resort to violence to survive, while the police, unpaid or profoundly underpaid, become corrupted and resort to extracting bribes – often ‘*paid in flesh*’ by women – to survive economically. We need to seriously focus on the *economic roots* of this sexual violence, and how to address the economic needs of these ex-militia and soldiers, and police, if we want to decrease sexual violence and increase security and justice instead.

My perspective on these countries is shaped by my personal experience in Rwanda, where I co-

founded an HIV project for genocide and rape survivors, in 2004, called WE-ACTx.* I have since been sharing Rwanda’s experiences and lessons with colleagues in the DRC and Kenya

Kenya: Mobilising in Kibera slum

In Nairobi, I met with the dedicated team at CREAM, a women’s rights agency led by the brave Ann Njogu, a lawyer. She and her organisation helped draft the landmark Sexual Offences Bill of 2006. Unfortunately, they found the law had little teeth when post-election violence exploded in early 2008. I was in Kenya when Njogu and women colleagues huddled, stunned, inside the few hotels providing security for public officials during this riotous period to draft an emergency response by civil society to the rising ethnic violence that split the nation. In the months after, CREAM and other groups mobilised teams to help women, children and men survivors of rape in the Kibera slums and other hard-hit areas. Reports from that period show a huge increase in rape, and brutal gang rapes, throughout the country, much of it fingering the police.

Months later, as the tensions ebbed, Njogu herself was sexually violated, alongside a male colleague, during a public protest against corruption – an event that shocked her and many. It signalled the level of impunity that still surrounds rape in Kenya. But she and CREAM have not stopped. Instead, they have successfully put into place a large team of GBV activists, drawn from Kibera residents, and trained to tackle this problem in a slum district, where rape continues to be high. Njogu confirmed that *reports of rape* appear to have increased, but that may be due to a greater community focus on rapes that has encouraged survivors to come forward.

So, now, the good news: The Kibera team, in a one-year review of their work, has found community tolerance for rape is shifting. Men, as well as women, are engaged in raising awareness and demanding perpetrators – including the police, if accused – are arrested and convicted. CREAM is actively working to put teeth into the Sexual Offences Bill, and to assure passage of long-delayed, but promised constitutional reforms that promote gender equity. More good news: the

...gaining
economic
independence
protects...

Kenyan government just passed a law giving women and girls equal rights to property inheritance – a minor revolution in gender and economic rights for women.

Reforming the Police and Justice System in the DRC

In Goma, North Kivu, the picture has also improved. Last fall, Goma residents also huddled in fear as fighting between militia groups and the Congolese army reached the city's doors. A wave of gang rapes was recorded during this period, throughout north Kivu and within Goma as NGOs and civilians fled the fighting. Today, only months later, there is an uncertain calm in Goma that signals what many pray will become a durable peace in the DRC. The signs of rebuilding are everywhere.

At Heal Africa, which operates a fistula hospital that receives many rape survivors, the daily trickle of women seeking surgery has not abated. Rapes, including gang rapes, are occurring everywhere still. But more services are being rolled out too. Heal Africa has successfully implanted the first year of their Gender Justice Project, which began in Maniema, a remote district highly impacted by rape. There, teams of local GBV *animators*, or community activists, have worked to educate women and men – and children—about women's rights, and about sexual violence. They have started economic projects, aware that poverty is at the root of women's vulnerability to sexual violence, along with gender inequity.

Corruption remains a huge barrier to justice for rape in the DRC. Heal Africa, working with the American Bar Association, has started a legal aid project to help survivors find justice. But it is a long road.

While in Goma, I met with Major Honorine Monyole, head of the Sexual Violence and Child Protection Unit in Bukavu, in South

Kivu. She has taken a long overnight boat trip to meet me, happy that I was so interested in her work and her unit's role in the DRC. She confirmed that cases of rape remain steady and in some areas rising. Based on her observations, the pattern in urban and rural areas was different, however. In the interior, the police were accused of most of the rapes – something she abhorred. In the cities, armed youth were behind gang rapes. She believed that these young men were recently demobilised soldiers and militia men, who felt largely abandoned upon return to civilian life. They found their war friends and took-up violent lives. Others have reported that former war lords are still commanding such youth to loot for them.

The challenge of stopping them is high, because the police who are ready to try have little means to do so. I was shocked to learn that Major Monyole commands a unit of 30 officers, but makes only \$27 a month to do so. Her unit has yet to receive special training in GBV, though this is now promised. She lacks a vehicle to investigate rapes and pick up survivors. Unless they are given transport fees, her officers cannot venture far outside Bukavu's city doors to respond to complaints.

On any given day, her unit receives 2-3 rape reports. But she told me,

...I can't respond to the other 8-10 cases a day that I hear about. It is killing me because I am and we are ready to help, but we have not succeeded in securing transport and other things we need to do our job properly.

Major Honorine and her specialised unit may be the exception among police officers in the DRC, but she does see a change happening – in civil society – that is pushing the envelope to end impunity for rape. The

huge challenge, she contends, is corruption – a profound issue that renders the police and judicial systems weak in prosecuting rape. That is where groups like RUJESCO in Goma hope to instil judicial reform and help train judges and lawyers to uphold the rule of law. While the overall rape picture for women in the DRC remains statistically grim, these are the grains of hope being planted.

Finally, there are also continued signs of regional alliances that may also tip the balance. During my trip, the Kenyan and DRC groups were keen to learn from WE-ACTx's project in Rwanda, and to adapt its '*Know Your Rights*' community legal handbook on HIV and healthcare rights. It has a big GBV focus. At SVRI Forum 2009, I have encountered a similar enthusiasm for sharing tools and lessons. At press time, colleagues from Sudan, Burundi, Zimbabwe, Malawi, Tanzania, Guyana and Zambia were asking how quickly we can work together to develop this legal handbook for use in their countries.

Another lesson from Rwanda: economic projects – jobs, livelihood programmes – are a critical *early* step to help survivors, because they address the typical sequence of losses that follow rape; loss of ability to work, due to physical

...a minor revolution in gender and economic rights for women...

injury, and loss of '*a woman's worth*' in communities that prize virginity, and regard raped women as un-marriageable. By restoring economic ability to these women, we have seen husband take back wives, families re-welcome mothers with children. They are no longer perceived as burdens, but are viewed as having a productive role to play in their family or community.

And for widows and younger girls alike, gaining economic independence protects against their vulnerability to further rape or the need to engage in transactional sex, or stay with an abuser. Jobs are a lynchpin to recovery for rape survivors and greatly help them heal emotionally too, addressing the core of their anxieties: how to stay safe, protect their children and regain their lives.

Mujeres – y Hombres – Adelante, indeed!

Anne-christine is a journalist, HIV and GBV activist and co-founder of WE-ACTx (www.we-actx.org), who helped start PulseWire, an online social networking site for women and NGOs engaged in social change (www.worldpulse.com / www.pulsewire.org). She is researching a book on sexual war crimes. For more information: weacttx@gmail.com.

...decrease sexual violence and increase security and justice instead...

Opinions...



Many presenters at the SVRI Forum 2009 highlighted the importance of bridging the gaps and, thus, start to work as a collective in addressing the issues of sexual violence and HIV and AIDS in conflict and non-conflict situations. As we are all confronted by various challenges while integrating the victims and survivors of sexual violence back into the community, we also need to direct our energies and responses to reducing the stigma and rejection often experienced by survivors of sexual violence and abuse – as it remains our collective responsibility to end insecurity and impunity in our various communities.

Adding to the discussion on the need to develop and implement 'collective responses' to both sexual violence prevention and service delivery, Veronica Nakijoba of Uganda raised an interesting question:

Where are the women survivors, we need their inputs and they need to be part of the decision makers, as well as in these forums. We need to get a deeper understanding into the complexity of issues of violence and their experiences of sexual violence.

In her Keynote Address during the Opening Session of the SVRI Forum 2009, Advocate Toko Majokweni reminded us, the delegates, that 'research is the driving agenda for policy and programme development'. Highlighting both the importance of policy and the negative of policy, Advocate Majokweni also urged that there is a great need to find 'new' responses, since 'we must increase the risk of the system for offenders', if we want to ensure that 'good' policies are indeed 'good' sexual violence prevention and service delivery responses.



Supported by Oxfam Australia

Editors:	Johanna Kehler	jkaln@mweb.co.za
	E. Tyler Crone	tyler.crone@gmail.com
Photography:	Johanna Kehler	jkehl@icon.co.za
DTP Design:	Melissa Smith	melissas1@telkomsa.net
Printing:	Digital Dimensions	



**AIDS
LEGAL
NETWORK**

www.aln.org.za



ATHENA

www.athenanetwork.org