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Mujeres Adelante

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

In Focus...

Anne-christine d'Adesky

How Do We Stop Gang Rape?

CeaseFire, deterrence and other novel strategies

Over the past few months, I've looked forward to the SVRI Forum 09 as a fresh opportunity to meet old and new colleagues working on the issues of gender justice for sexual war crimes – what some call war-or conflict-driven rape. I've come especially prepared to listen, to really hear and try to identify the conversation and ideas that mark progress. At the same time, I welcomed the invitation to share a few thoughts and questions that are on my mind for this newsletter, and to pinpoint gaps and future research that I consider important.

I'm currently engaged, on a personal level and as a journalist and advocate, in charting the landscape of war-rape. I want to get a better handle on the scope and nature of this huge global problem, and most critically, identify, probe and share solutions or best practices that are making a difference in the field, for the survivors – and the perpetrators. That is why many of us are coming to SVRI Forum 09: to focus on what might work, to debate, to look at new data and trends and how and what we might measure to gauge progress.

Toward that end, there are two issues that have emerged to me as front burner issues that deserve urgent attention and a greater research focus. The first is *gang rape* – and how we can try to identify and map perpetrators of gang rape and focus on the group aspect of this violence, as a glue and engine of much of this sexual violence. The second is a phenomenon of *'re-rapes'* or repeated rapes that I have encountered among survivors in Rwanda, the Democratic Republic of Congo, and newly, Kenya. These are women who remain, or have become more vulnerable to, repeated sexual violence, as a consequence of their initial rapes.

The types of gang rapes that we are seeing today, in and after war, are brutal and terrorising acts that destroy women on a scale that defy description. But they also target and destroy her family, her husband and children, her community, rendering all of them newly vulnerable. The group and social aspects and impact of such sexual violence must be appreciated, if we are to fight it effectively. It is a group – a community, an ethnic group, a nation – thing.

So how do we find these gang rapists? Rachel Jewkes of the Medical Research Council in South Africa recently opened a new door using mobile phones and texting to anonymously survey men about rape. She reported recently that 1 in 20 South African men in her large survey admitted to rape, some to being repeat, or serial rapists. That suggests that we may be able to learn a lot more about perpetrators using new technology. It also confirms how widespread rape is and supports what activists in Kenya and the Congo are now calling the '*normalisation*' of rape in post-conflict countries. I'd be curious to know how many men in Jewkes' survey raped with their friends or in a gang; how and when they began to rape, and how they feel about these rapes. I'd place a bet on rape being a group activity for a good number of them, at least initially. Why does this matter? Read on.

The question remains: What can be done to find these gang members and stop the rapes? Some tantalising clues come from an experimental deterrence programme called *CeaseFire* that has produced impressive drops in gang violence

Whats inside:

Women's Realities... Intertwined crises

Special Report: Women want justice, not revenge

Women's Voices... Under-reported and never be told *'Mountain of Horror'...*

In our opinion... Bringing new voices to the table

recently in Mexico and the US. Instead of random police raids and '*lock-em up*' programmes that are deemed a total failure, *CeaseFire* brings together police and local community members who work to identify and map a few key individual gang leaders in a given area. Here, cell phones and texting could also be useful mapping tools. The police warn gang leaders that a single act of violence by any member will result in serious consequences for all members of the gang. It is up to the leader to control his group, to decide. But *'the kicker'* is an offer of real help and job counselling, and an invitation to abandon gang life and help build the community instead. It is a moral approach, backed with the real muscle of law and threat of prison. But when done right, it appears to work.

Is there a lesson here for fighting gang rape in and after conflict? The *CeaseFire* focus on targeting just a few key gang leaders suggests a new approach to finding the perpetrators and who they will listen to. It demands an engaged community alliance with the police and judicial system. It is true that the police are known to be corrupt in many post-conflict countries, like Kenya and the Congo, and are accused of raping. Still, this model suggests a way to focus our mapping and monitoring efforts, very locally, with existing human resources – the local eyes and ears of our community members and survivors.

It is important to consider, to really examine, whether or not the social and community ties of these men and boys to their family and community, however damaged by war and its horrors, are not always beyond repair. Yes, we need laws and to uphold the rule of law. Rapists must be punished. But how will we stop this violence? Understanding their lives is a start. Just as importantly, we need to deeply understand how gang rapes sow terror and damage social ties for women and their families and communities, and what can help rebuild these ties.

That said, it is well-known and understood that a lack of women's empowerment or education, and the social and cultural mores and laws that give men authority over women, remain root causes of sexual violence that must change as part of the long-term fight. Raising awareness, speaking out and reforming discriminatory laws remain essential urgent tasks to reshape the landscape.

…it is a moral approach, backed with the real muscle of law and threat of prison…

…the types of gang rapes that we are seeing today…destroy women on a scale that defy description…

One thing that is changing, positively, is a growing focus in the field of sexual violence on the role men and boys have to play, as leaders, as fathers, as peer models for other men. I have encountered this in Rwanda, where I have worked for the past years. There, young men, some orphaned by AIDS or genocide, appear quite eager to be cast in another mould, not as future '*gang bangers*' and '*lost youth*', but as responsible, caring men and future fathers and leaders who have embraced a modern definition of manhood, one that support women's rights. They may still seek to be in charge, but not by violent means. That said, Rwanda has had more women in government and civil leadership as a result of the genocide –perhaps an equally critical element in the formula for positive social change.

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Tales from the 'Mountain of Horror'…

Those of us who turned HIV positive after the rapes by the military and the SLDF have been dying in silence, because we are stigmatised. It has been a double tragedy for us

Every once a week, on Tuesdays, the armed militia would emerge from their caves in the forest and strike terror in the hearts of women, children and men. They spared no one. Not even women, as old as their grandmothers, who were raped in the presence of their husbands and grandchildren. Husbands who resisted were killed. And for two years the women of Mt Elgon suffered in silence. Those who dared to speak out had their ears and lips chopped off; those who dared to seek medical attention would be attacked again the same night. The militia had succeeded in intimidating the civilians into silence.

The women of this region were pushed to the limit of human capacity. The militias would come to women at night, demanding food, money, their husbands, and even their sons. When women did not comply, their houses would be burned, their food stores destroyed, and livestock stolen. Their husbands would be maimed, their limbs broken, and sometimes, killed.

One of the survivors discovered she was HIV positive during a routine antenatal check-up. Both, the pregnancy and the HIV infection, are the result of rape by members of the militia.

…I was preparing dinner for my family, when we heard footsteps, and before we knew what was going on, our door was kicked open by five men carrying all manner of weapons. They accused my husband of being a traitor, and dragged the two of us out of the house. They then raped me in turns, saying I should pay the price on behalf of my husband. They beheaded him, as I watched, and fed head to the neighbour's dog.

It has been slightly over a year, and the guns have been silent in the Mt Elgon region of Western Kenya – but the trauma remains etched in the minds and bodies of the women from this region. What started as a conflict between the Sabaot and the Dorobo sub-clans over land spiralled out of control, with women and children trapped in-between.

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Women's Voices...

Belinda A. Tima

Taking Secrets to the Grave...

Sexual violence and HIV in conflict settings

Having lost many family members to conflict, friends to HIV and conflict, I am left with a share of the memory, which is fresh and clear, especially as I recall countless numbers of those who tried to escape and avoid assaults during their school days, but felt caught up at every step of the way, despite all their efforts and attempts to stay safe during the conflict in Northern Uganda. Unfortunately for the women and girls in conflict zones; many are taking their secrets to the grave as there is no one to share it with.

In conflict and post-conflict situations, members of local populations, particularly girls and women, are at increased risk of sexual violence perpetrated not only by combatants, but also by people that are supposed to offer the protection they need, such as the police, government soldiers, prison officers, aid workers and peacekeepers.

Many women and girls in conflict areas have too many losses in their lives and are often left with scars that may never heal. Deaths of family members in the most brutal and horrid ways, mass rapes and perpetrated violence are all too often written about by those not experiencing the practicalities of such brutality.

The consequences of information gap and baseline data on mass rapes in Sub-Saharan Africa also presents a long-term challenge to the victims of sexual violence, as their stories may never be known in its entirety, since sexual violence is often under-reported, rarely investigated or prosecuted.

According to WHO data, it is estimated that one in four women will experience sexual violence by an intimate partner in her lifetime. In conflict situations, gender-based violence has, historically, been an integral component of armed conflict, with women bearing the brunt of such injustices in disproportionately high numbers. Women in different conflicts have generally experienced sequences of rape during the conflict, from the first World War in 1919, which saw the rapes of Jewish women in Russia; followed by other mass rapes of over 2 million women in Berlin; the Japanese army sexual enslavement and rapes of thousands of Korean, Indonesian, Chinese, and Filipino '*comfort women*' during World War II; continuing with mass rapes of over 200,000 thousand Bengali women by Pakistani soldiers during the 1971 Bangladeshi wars of secession.

Conflicts around the world present consistent sexual abuses of women, with the intentional strategy of '*eradicating*' the person or people, as in Rwanda, Congo and Northern Uganda, where women are raped in and around conflicts, with the intention of infecting them with HIV and other diseases.

The challenge of how to respond to HIV and AIDS, and to sexual violence as the cause for HIV infection in conflict settings, is a pressing issue for all concerned. It is of paramount importance that aid agencies, donors and civil society organisations deliver appropriate security and protection to the victims of sexual violence within conflict and post-conflict settings. Furthermore, the needs of women need to be addressed comprehensively within the socio-political and humanitarian context, taking into account the security, visibility and presentations by women who are directly affected.

The WHO/UNAIDS/UNHCR 1996 Guidelines for HIV/AIDS Interventions in Emergency Settings, which aim to enable governments and cooperating agencies, including UN agencies and NGOs, to give the minimum required multi-sectorial response to HIV and AIDS during emergency situations, vaguely addresses the classified nature of sexual reporting within conflict, and/or of involved armed forces. Media regulatory institutions have not been tasked to address the manipulative nature of media coverage; thus, victims of sexual violence continually see the avoidance of publicly '*naming and shaming*' military perpetrators by international agencies, which remains a real barrier to gaining trust from the local population in conflict zones. As a result, countless stories of women's experiences of rape and sexual assault during wars in Sub-Saharan Africa may never be told to the world.

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Women's Realities...

Neelanjana Mukhia

Our work is not done...

Response to violence against women as a cause and consequence of HIV&AIDS

Earlier this month, we saw more evidence on the prevalence of rape and how rape increases women's and girls' risk to HIV. This particular study was conducted in South Africa, but we know that rape and sexual violence is endemic. In 2002, WHO said that 1 in 5 women will be raped or will be a victim of attempted rape in the world. International women's human rights instruments have resulted in legislation on violence against women in many countries. However, many of the laws are not implemented, enforced, and/or resourced. We have to ask ourselves why that is.

Good news is, there is increasing recognition that violence against women and HIV are intertwined health and human rights crises. Some of us are frustrated that this link was not acknowledged and acted upon much earlier. Many of us feel if states, multilateral and bilateral agencies had fulfilled their longstanding commitments to promote, protect and fulfil women's and girls' human rights, specifically the right to be free from violence and the threat of violence, we might not have seen the rapid growth of the HIV pandemic amongst women and girls. Case in point is sub-Saharan Africa – where women and girls make up a majority of people living with HIV, and where young women are 4 to 6 times more at risk of HIV infection, than young men.

In recent years there has been progress, especially by the Joint United Nations Programme on HIV/AIDS (UNAIDS). Most notably, in 2007, UNAIDS for the first time costed interventions to prevent and respond to violence against women and girls in an effort to estimate resources needed for the global AIDS response. Earlier this year, UNAIDS included violence against women and girls as 1 of 8 Priority Areas in the Joint Action for Results: UNAIDS Outcomes Framework 2009-2011.

However, this does not mean our work is done.

> ...remain vigilant about moves that wittingly or unwittingly violate, or have the potential of violating, human rights...

It cannot be just about sexual violence

Yes, the link between sexual violence and HIV transmission is the easiest to make. Nevertheless, studies show that physical, social and economic violence also contribute to women's inability to refuse sex or negotiate safer sex, thereby increasing their risk to HIV. This is not news to us. Those of us who are working to secure women's and girls' sexual and reproductive health and rights have known for decades that gender inequality and violence restrict our ability to decide whom we marry, as well as whether or not, how many and when we have children. We know that women's and girls' control over their own bodies and reproductive lives is denied or limited through all forms of violence (and the threat of violence), and not just sexual violence. Despite this, too many limit the link between violence against women and HIV to sexual violence.

It cannot be just about prevention

While we should welcome the attention to and potential action on violence against women as it intersects with HIV, we demand that this not be limited to prevention interventions. Indeed, all HIV prevention programmes have to integrate a response to violence, if they seek to stem the growth of the pandemic. Some of these programmes include investment in research, availability, affordability of women controlled prevention technologies, universal access to female condoms, universal access to post-exposure prophylaxis (PEP) to survivors of violence, zero tolerance of violence in schools and other educational institutions, investment in community-based programmes that challenge negative and restrictive gender norms and violence against women, and investment to increase women's and girls' access to justice.

As we celebrate this important, though overdue, attention, we have to remember the flip side of the relationship between violence against women and girls and HIV; the side which affects HIV positive women and their ability to live healthy and productive lives. Just as loudly as we say, violence is a cause of HIV; we must say HIV is a cause of violence against women and girls. Actual or perceived HIV status makes HIV positive women easy targets of violence, or threats of violence, hampering their access to HIV services. Human Rights Watch's research (Hidden in the Mealie Meal), clearly demonstrates how violence, and the fear of violence, severely inhibits women's ability to access, and adhere to, ARV treatment. If we are serious about universal access to treatment, and are interested in ensuring that people who receive treatment are able to adhere to it, we must integrate a response to violence against women in HIV testing, counselling and treatment programmes.

The Women Won't Wait (WWW) campaign has been calling for scaled-up training of healthcare providers, particularly providers of HIV voluntary counselling, testing

and treatment, to recognise and respond to signs of violence. HIV voluntary counselling, testing, and treatment interventions must include protocols, systems and services to respond to violence against women and girls. The same goes for prevention of mother-to-child transmission, PMTCT, (and plus) programmes. Research shows that women's risk of violence increases during pregnancy, and it is essential that pregnant women generally, and especially women who access PMTCT services, are screened for violence and provided a package of services (see box).

Male circumcision and women's rights

The WWW campaign believes that prevention strategies for both men and women must be invested in so that these are available, accessible, affordable and of high quality. There is already a gap between prevention strategies for men and women; and a scaled-up roll-out of medical male circumcision must not widen this gap. Women-controlled prevention methods, including female condoms, must be made available with equal commitment and vigour. Among other things, in rolling-out male circumcision programmes, it will be important to monitor rates of gender-based violence, as well as coercive sex, that may occur during the period of wound healing/ recommended abstinence post-surgery and thereafter.

Criminalisation of HIV exposure and transmission will harm women

As we continue to advocate for attention to, action on, and resources for, a gender sensitive AIDS response, we must remain vigilant about moves that wittingly or unwittingly violate, or have the potential of violating, human rights.

…women-controlled prevention methods, including female condoms, must be made available with equal commitment and vigour…

The recent trend to criminalise HIV exposure and transmission violates rights of HIV positive women and men, and has the potential to undermine or even reverse gains made by the global AIDS response. When governments say they are doing this to respond to the epidemic of violence against women and girls, we must remind them to fulfil their longstanding and binding commitments to promote, protect and fulfil women's human rights instead.

Finally, as activists we have to consistently advocate for the rights of all women, those of us who are HIV positive, in sex work, living with disabilities, and/or have sex with women. It is only when we advocate for the rights of all of us that we will secure our own.

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Package of services that must be provided to women in health settings:

1) Screen survivors of violence for risk of HIV
2) Screen all women who come in for HIV testing for risk of violence
3) Screen pregnant women for risk of violence.
4) System-wide referral protocols, which incorporate the range of circumstances and needs of women living with HIV&AIDS and survivors of violence. Survivors in need of other services, not offered at the centre, are referred appropriately to various other organisations offering their services for free or at a minimal cost, such as legal aid and shelter. To the extent possible and necessary, staff can be tasked to contact and follow-up the survivor/person living with HIV in the public institutions and civil society organisations, where they have been referred to, in order to establish whether or not the woman/girl has received accorded the support required.
5) Emergency contraception to prevent unwanted pregnancy
6) Within 72 hours of sexual assault, post-exposure prophylaxis (PEP), on a free and non-discriminatory basis, to reduce risk of HIV infection
7) HIV and PEP adherence counselling
8) Free, voluntary, safe, and confidential HIV counselling and testing (Ensure that clients are the ones to make decisions about partner notification of test results.)
9) Anti-Retro Viral (ARV) medicine to survivors who are HIV positive
10) HIV and STD/STI prevention methods, including condom use, are discussed, promoted, and provided
11) After 6 Weeks: Re-testing and counselling
12) After 3 Months: HIV testing and counselling
13) After 6 Months: HIV/STD/STI testing
14) Professional counsellors provide psychosocial support
15) Services provided are rights based, gender sensitive, culturally and linguistically appropriate
16) Healthcare workers responsible for monitoring adherence to ART must probe for gender-based violence, or other abuses, as potential hindrances to successful treatment
17) Availability of confidential spaces for counselling

Special Report

AIDS-Free World

Rape as a tool to punish…

Taking Action Against Politically Motivated Sexual Violence in Zimbabwe[1]

In July 2008, responding to an appeal for help from a leading NGO in Zimbabwe working with women and girls, AIDS-Free World set out to document the sexual violence that occurred during the election period from late March through June, for the purpose of preserving the evidence and ultimately finding ways to hold the perpetrators accountable.

At the International AIDS Conference in Mexico City in August 2008, AIDS-Free World held a press conference to describe the pattern of sexual violence being reported in Zimbabwe and to announce plans to gather the testimony of women who had been raped. As of April 2009, AIDS-Free World had completed thirty-seven interviews, thirty-five of them with survivors and two with witnesses.[2]

The survivors described a well-orchestrated, politically motivated campaign of sexual violence directed at women and girls associated with, or believed to be associated with, the Movement for Democratic Change (MDC). Many of the accounts described a mob of ZANU-PF militia members, some of them armed, gathering to harass, arrest and assault MDC activists, the wives and children of MDC activists and opposition party public supporters. Neither the victims nor the reason for the attacks were random. Without exception, each victim was selected on the basis of her actual or perceived political affiliation.

Brief Summary of Findings

A large majority of the victims were abducted and taken to ZANU-PF bases, to the forest or the bush, where they were raped, sexually assaulted and tortured, usually by a group of men. Other women were raped in their homes. More than half of the victims were raped by multiple men, and in a few cases, over a period of several days.

In each of these cases, the attack of women was well organised. The women were sought by name and arrested in their homes. Most of the women were forcibly marched to militia bases established for the purposes of raping and torturing opposition supporters. The women were assaulted by men of various ages, ranging from teenagers to seasoned '*war veterans*' of Zimbabwe's liberation struggle (identified as such by their colleagues).

The women were beaten with sharpened sticks or logs on their buttocks and the soles of their feet. Several victims were burned, cut, whipped and left to die; some were beaten so violently that they lapsed into unconsciousness during their ordeals. The perpetrators made no attempt to hide their faces or identities and some called each other by name before, during and after the assaults. Some of the attackers confided to the women that prominent '*war veterans*' had ordered them to arrest, beat and rape female dissidents.

Consistent abuse

The abuse meted out to women was designed to degrade and humiliate them. More than one woman was stripped naked and paraded in public. In several cases, women were beaten and/or raped, while a crowd jeered and watched. The women were beaten with fists, sticks, or logs, and many were kicked.

…rape as a tool to punish political activity and affiliation…

The physical damage associated with the gang rapes is profound. Several of the women have suffered internal bleeding. Some of the victims were hospitalised for weeks on end. Compounding the trauma of their attacks, a number of the women have tested positive for HIV in the months after being gang raped; many of the others are afraid they were infected and their HIV status remains uncertain.

Several women became pregnant as a result of the rapes, and one woman was gang raped twice and bore two children as a result of the rapes. Many continue to experience nightmares in addition to their physical injuries. A number of victims admitted to feeling '*dead*' or suicidal in the aftermath of their ordeal.

Police refusal to act

In almost every instance, the women were unable to successfully report their attacks to the police. More than one woman tried to report the rape and was told that authorities would allow her to open a file for the beating, but not the rape. Several were told that the police could not get involved, because the crimes were '*political*'.

…the refusal by police… was costly for the affected women…

The refusal by police to open a case of the rapes was costly for the affected women. Without a police report, they could not gain admission to public hospitals for treatment and post-exposure prophylaxis for HIV. As a

consequence, to the extent that the victims received medical treatment, it was given at private health clinics, not at public hospitals. Since private clinics operate on a pay-for-service basis, many women were unable or reluctant to seek help.

In some cases, doctors waived the fees to examine and treat the women in the days after the attacks, but none of the women can afford the ongoing medical care they need to recover from the rapes and related infections. For women who have or may test HIV positive, their access to ARVs is threatened.

Furthermore, under Zimbabwe domestic criminal law, a doctor's report from a public hospital, obtained within 72 hours of the assault, is required for prosecution. The women's inability to obtain a police report and a doctor's report made it impossible for women to seek justice in Zimbabwe's courts, even if they had been willing to compromise their security to do so.

In the aftermath of these attacks, the survivors' lives are permanently changed and destroyed in many ways. Husbands, fathers, and other family members have been killed. The stigma around rape and sexual violence is pervasive, preventing many women from speaking about what happened to them. Many of the survivors are shunned by their husbands or other family members, because they were raped. Those still living in Zimbabwe, live in constant fear for their safety, and many continue to receive threats from their perpetrators.

More than a dozen of the women interviewed have fled to South Africa where they and thousands of other Zimbabwean refugees struggle to live. Many of them were forced to leave children behind, while others are attempting to care for babies and small children within temporary shelters. They have no family, no money, no medical care, no counselling, and very little hope for rebuilding their lives, or obtaining justice.

Toward accountability

Taken together, these statements reveal: 1) the political nature or motivation of the attacks, 2) the planned and orchestrated nature of the rapes, 3) life-threatening levels of brutality, usually involving gang rape, and 4) a deliberate attempt to humiliate and degrade women within their communities.

Under current Zimbabwean law, accountability for sexual crimes of this nature is impossible for several reasons. First, Zimbabwe does not have legislation criminalising crimes against humanity, or any kind of statute to enable prosecution up the chain of command, under the principle of command responsibility. Second, domestic rape law requires both notification to the authorities and proper medical documentation of any sexual assault; this, as explained above, was impossible to achieve in most cases. Third, even if individual perpetrators could be prosecuted under existing Zimbabwean criminal or civil law, the administration of justice in the country is commonly described by Zimbabwean lawyers and activists as corrupt, politicised, and falling well below international minimum standards of due process and the rule of law.

Actions to take

Rape as a tool to punish political activity and affiliation is one crime that is seldom punished. Given Zimbabwe's deteriorating condition, and the high prevalence of HIV infection, the '*rape campaign*', besides destroying women's lives and the stability of their communities, also serves to both spread the virus and disrupt treatment for women, who might be too traumatised or injured to get what little treatment is available.

…every woman…wants accountability and justice – not revenge…

Ensuring justice and accountability for abuses associated with HIV and AIDS, with the recognition that accountability is one of the strongest tools to prevent future violations, is the driving force behind AIDS-Free World's legal programme.

Every woman we spoke with wants accountability and justice – not revenge, but simple justice. Many knew and named their attackers. But what the women want most is assurance that, if someone tears a woman apart, he will not get away without paying for it.

…accountability is one of the strongest tools to prevent future violations…

Since the Zimbabwe government lacks both the motivation and ability to prosecute these human rights abuses, the international community must step in. We have presented a summary of our affidavits to the UN High Commissioner of Human Rights. After we finish our documentation, we will explore avenues, such as the International Criminal Court. We are working towards UN and African involvement both in bringing attention to the issue and in ending the climate of impunity that aids and abets campaigns of sexual violence wherever they occur.

AIDS-Free World is a project of the TIDES Center, based on Boston. To support AIDS-Free World's campaign in Zimbabwe and for more information: info@aids-freeworld.org.

Footnotes:

1. This contribution is an excerpt from a 'Summary of Findings', 06 April 06 2009 by AIDS-Free World. Reprint with the courtesy of AIDS-Free World.
2. As of June 2009, AIDS-Free World has completed fifty-five interviews, fifty-three with survivors and two with witnesses.

In our opinion…

Tyler Crone and Johanna Kehler

Mujeres Adelante:

Bringing *'new voices'* to the table…

It has been tremendously rewarding to see a continuation and expansion of the dialogue and discourse between people working in the area of sexual violence and under the broader auspices of gender-based violence, and those of us working in the area of global health, particularly in the context of HIV and AIDS.

We have come to the SVRI Forum 2009 with the hope of seeing an even further expanded conversation amongst researchers, policy makers, community stakeholders, and women's rights advocates around the many causes and consequences of sexual violence, and its linkages to HIV and AIDS risks and vulnerabilities. It is within the context of acknowledging the need to create mechanisms by which women, particularly women living with HIV, can be heard, and thus can debate and shape research, policy, and programmes – that we bring to the SVRI Forum our newsletter, the ***Mujeres Adelante***, as a tool of conversation from, by, and with a diverse range of stakeholders at the intersection of women's rights and HIV.

At the SVRI, we find ourselves at a provocative forum for research, deliberation, and debate – and yet, we recognise that so many who are critical to understanding, addressing, and halting the epidemics of both sexual violence and HIV in South Africa and globally, are unable to participate, engage, and benefit from the proceedings. We hope that this newsletter will be '*a vehicle*' – to bridge gaps, frame debates, disseminate findings, and bring new perspectives to the table.

What are the debates that we wish to see carried forward here at the SVRI Forum; what are the '*voices*' we want to highlight; and what are some of the questions we hope to gain and share new insights around?

How are we to understand, and adequately respond to, violence as a cause and consequence of HIV infection? How do we reconcile the epidemiological research to date, or lack thereof, around the role of sexual violence in driving the HIV epidemic, especially with reference to '*rape as a weapon of war*'?

Also, can we understand and engage with the practice of coercive sterilisation of HIV positive women as an issue of violence? And what about the many HIV positive women claiming their sexual and reproductive rights, including choosing to be mothers, who are met with abuse and derision by healthcare providers; as well as the many pregnant HIV positive women who are referred to as '*suicide bombers*' in everyday slang – do we understand this as violence? There is also the question whether or not '*violence*', intrinsic to legislative trends criminalising mother-to-child HIV transmission, should prominently feature in debate and discourse at the intersection of women's rights, violence and HIV? How do we advance and understand violence against women as a right to health issue; and the violence faced by HIV positive women as a women's rights priority? What do we learn by focusing on sexual violence; and how do we understand the role of research in the design of policies and programmes meant to reduce women's risks and vulnerabilities? Where are the opportunities for partnering with men to advance gender equity and women's empowerment, and in so doing to address gender-based violence at its cause?

…a provocative forum for research, deliberation, and debate…

What traction do we gather by limiting our views? How do we stand back to look at the '*messy*' web of issues that, at their root cause, all interrelate and intersect – whether it be the violence faced by lesbian women in South Africa, or the use of '*rape as a weapon of war*', or the violence HIV positive women face and fear, when disclosing their status? And, there also seems to be the '*over-arching*' question of how do we maintain and advance, as well as reflect in policies and programmes, an understanding of sexuality and sexual rights that is indeed 'empowering' and freely enjoyable for all individuals, irrespective of their sex, gender, sexual orientation and/or HIV status?

And so, we enter the SVRI Forum 2009 seeking insights into how to engage with, and find answers to these questions; and how to find 'cross roads', where rigorous research, academic analysis, forward looking policy, robust service delivery, and community activism can meet – and collectively identify ways of '*Moving Forward*'; *Mujeres Adelante*.

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