CONFERENCE REPORT

SVRI FORUM 2011

Moving the agenda forward

10 - 13 October 2011

Cape Town, South Africa

Acknowledgements

The SVRI Forum 2011 conference report was written by Elizabeth Dartnall and Lizle Loots for the Sexual Violence Research Initiative, hosted by the Medical Research Council, South Africa.

The SVRI is guided by a Coordinating Group of experts on research on sexual violence from across the globe. The members of the SVRI Coordinating Group are: Jill Astbury, Gary Barker, Claudia Garcia-Moreno, Alessandra Guedes, Rachel Jewkes, M.E Khan, Nduku Kilonzo, Tandiar Samir and Linda Williams. The SVRI secretariat manages the day to day activities. Members of the SVRI Secretariat are: Rachel Jewkes, SVRI Secretary; Elizabeth Dartnall, SVRI Programme Officer, Carron Fox, SVRI Volunteer and Lizle Loots, SVRI Researcher.

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The Sexual Violence Research Initiative

Sexual violence against women and children has gained recognition internationally as both a public health problem and a violation of human rights. Despite its significance, sexual violence has not received adequate attention from researchers, policy makers and programme designers, particularly in developing countries. In an effort to address this gap, the Sexual Violence Research Initiative (SVRI) was established, in 2002.

The SVRI aims to promote research on sexual violence to ensure sexual violence continues to be recognised as a priority public health problem. We do this by increasing awareness of sexual violence as a critical public health problem through evidence based communication and information; promoting donor and researcher involvement in supporting and undertaking research on sexual violence; building capacity in sexual violence research and improving knowledge of sexual violence internationally to influence policy and service delivery.

The SVRI uses an original and resourceful mix of evidenced based information, communication and technology media to reach our global audience. The SVRI also hosts capacity building workshops and events to promote and build capacity in research on sexual violence globally. The SVRI contributes to the field of sexual violence research through our website, listserv, discussion forum, commissioned papers, workshops and conferences and day to day helpdesk assistance.

The SVRI objectives are to:

- Increase awareness of sexual violence as a priority public health problem through evidence-based communication and information;
- Promote donor and researcher involvement in supporting and undertaking research on sexual violence;
- Build capacity in sexual violence research; and
- Improve knowledge of sexual violence internationally to influence policy and service delivery.

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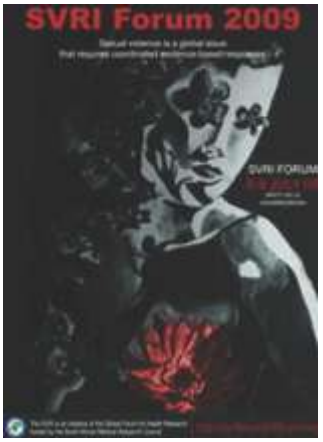
SVRI Forum 2009

*"The SVRI Forum is a very special, intimate event. It has a unity of purpose. We are all here at the Forum because we believe sexual violence can be stopped. The SVRI Forum provides participants with a safe space to share ideas, new knowledge, and concerns and make linkages with like-minded others. It is a platform for young and emerging researchers to present on a global stage" -- **SVRI Forum 2011 Chair, Dr Claudia Garcia-Moreno***



The SVRI's bi-annual Forums provide researchers, practitioners and others with a platform to share and disseminate methodological experiences and research findings, and a dynamic space for participants to network, share lessons, link research with policy and practice and disseminate new and exciting research in the field. The SVRI proudly hosted its first international conference on sexual violence in Johannesburg, South Africa from 6-9 July 2009. The theme of the SVRI Forum 2009 was "Co-ordinated Evidence- Based Responses to End Sexual Violence". This unique global event brought together almost 200 people from over 28 countries to debate, discuss and share ideas and innovations for research on sexual violence.

Key objectives of the SVRI Forum 2009 were to:

- promote research on sexual violence;
- highlight innovative work in the field; and
- encourage sharing and networking in what is still a relatively young field of knowledge and knowledge building.

*"…the most valuable aspect of SVRI Forum 2009 was the opportunity to meet colleagues doing similar work or sharing similar interests. I am hopeful that these contacts will lead to collaborative projects in the future that will help further expand my knowledge about sexual violence" **– SVRI 2009 participant, Nicaragua***

Through Forum 2009, the SVRI drew international attention to sexual violence as a threat to global security, a crime against humanity and profound human rights violation. The conference programme included 58 oral presentations focused around the themes: prevention; health sector responses; HIV; mental health; and conflict. In addition to the oral presentations, the programme included 40 poster presentations, three roundtable sessions, a book launch, marketplace stands and satellite meetings. All information and presentations are available online at: http://www.svri.org/forum2011. The Conference Report is available online at: http://www.svri.org/conferencereport.pdf.

SVRI Forum 2011:
Moving the Agenda Forward

Conference Themes:

- Primary Prevention (including Community-Based Interventions);
- Responding to Sexual Violence: Models of Care;
- Conflict and Crisis

This report details presentations and discussions from the SVRI's second international Forum, successfully held in Cape Town, South Africa, from the 10th – 13th of October 2011. Forum brought 215 participants from 34 countries together to share and network over a four-day period. The aim of the SVRI Forum was to build on research priorities identified at Forum 2009 and to further develop and strengthen the evidence base on what is effective and what the research agenda should be to inform programmes and to prevent sexual violence.

The diverse conference programme was shaped through a systematic and rigorous abstract selection process. The review of abstracts was anonymous. Sixty-two (62) reviewers took part in the process (Appendix 1). Each abstract was evaluated by at least two reviewers to ensure a fair selection. A total of 327 abstracts from across the globe were received. Ninety three (93) oral presentations were selected and organised around the three conference themes. Forty-one (41) posters were displayed at the conference, nine exhibition stands (See Appendix 3 for list of exhibitors) and three expert panels presented. SVRI Forum partners also held side events at the Forum (Appendix 4 refers). Research findings and priorities identified at the SVRI Forum 2011 will feed into important international campaigns currently underway to prevent and respond to sexual violence globally.

Documentary Launch

As a Forum partner to the SVRI, the MenEngage Alliance and Sonke Gender Justice launched their short film "A way to Justice: Engaging Men for Women's Rights and Gender Transformation''. This documentary tells the story of four men and women from Africa who have struggled against gender-based violence, the HIV/AIDS pandemic, and the impact of conflict and civil war (Interagency Gender Working Group, 2011). The event was hosted by Dr Gary Barker (Promundo) and Mr Dean Peacock (Sonke Gender Justice). The documentary can be viewed at: http://vimeo.com/26553725.

Message from the Conference Chair

SVRI Conference Chair: Dr. Claudia Garcia – Moreno

It is my great honour and pleasure to officially open the second international conference of the Sexual Violence Research Initiative, and to welcome you all to the beautiful city of Cape Town. ''Moving the agenda forward'' is the theme of the SVRI Forum 2011. The SVRI Forum programme is an exciting mix of workshops, event launches, oral and poster presentations. The quality of the programme is world-class, and the spectrum of topics is very current and broad, which will no doubt help us to move the agenda forward. The presentations build on the priorities identified at the SVRI Forum 2009 and are structured around the following themes:

- Primary prevention (including community based interventions);
- Responding to sexual violence: Models of care; and
- Sexual violence in conflict and crisis.

The ultimate goal of any work in this field must be to end sexual violence. The exciting presentations on prevention will assist us to further translate our understandings of the profound human and social costs of sexual violence into prevention at all levels, including the development of interventions that help us to end it, to services that respond to the needs of survivors.

The SVRI, with support from the Oak Foundation, has commissioned four global desk reviews and a series of meetings and workshops to identify best practices in prevention policy, programmes and interventions. Taking stock of what works and what doesn't and what a comprehensive response to stop sexual violence should look like has been an essential first phase. We have learnt that prevention must start early; that we need to strengthen parenting; support high risk parents to be the best parents they can be; encourage development of quality prevention programmes in schools that support development of equitable and healthy relationships; and promote research to better understand the context in which rape occurs.

Research on root causes of sexual violence is essential. Important and new knowledge on rape perpetration will be presented during the conference. Through this conference, and the cutting edge research being done globally, we hope to create a vision that it is indeed possible to develop community based multiple interventions that address the complex root causes of this violence. We recognise that research cannot stand alone and vice versa, so we welcome our partners working on community-lead efforts to the Forum. It is critical that we work together and support each other in making a real difference in the field.

Research on sexual violence in conflict also has a special focus at the Forum. We are greatly honoured to have the Special Representative of the Secretary General for Sexual Violence in Conflict and Chair on UN Action against Sexual Violence in Conflict, Ms Margot Wallström, deliver a pre-recorded message. We are also delighted to have Michele Moloney Kitts, the Managing Director of Together for Girls, deliver a keynote address.

Working out how to provide mental health care and support to sexual assault survivors in resource poor settings and what that care should look like is a key challenge for us. The last day of the conference will be spent sharing work done in this area. We know that doing research on sexual violence can be challenging and traumatic for the researcher. There will be a special focus on researcher trauma lead by SVRI partners to help us develop creative ways to support us to do this incredibly important work.

The SVRI strives to promote and encourage great research on sexual violence. I am very proud to announce the launch of our first Publication Mentoring Programme for new and emerging researchers in the field. Through this programme six researchers have been funded to participate in the conference, and mentored in the development of their conference presentations. Congratulations to those of you who are part of this programme and thank you to the mentors who have lent their valuable time and expertise to this process.

On the last day of the conference we will award prizes for best oral and poster presentations within various categories. You are invited to be judges. Evaluation forms and more details on the process are available in your conference bag. Please complete the evaluation forms and place them in the box available for this purpose at the registration desk. We hope you will enjoy judging this process with us.

Finally, I would like to thank our partners and sponsors who have helped us pull together this wonderful event, including MRC, Oak Foundation, Partners for Prevention, GBV Prevention Network, Population Council, MenEngage, WHO, UNAction, and all our other friends and networks who are using this event as a platform to meet – thank you for choosing the SVRI Forum to do this.

Together we can end sexual violence.

Dr. Claudia Garcia-Moreno Conference
Organising Chair – SVRI Forum 2011

Message from UN Special Representative of the Secretary-General on Sexual Violence in Conflict: Margot Wallström

It's a great pleasure to address you as Special Representative of the Secretary-General on Sexual Violence in Conflict, and Head of UN Action Against Sexual Violence in Conflict. I regret that I couldn't be with you in person, but I would like to share some thoughts on the changing face of war, the progress made in combating wartime rape, and how the research community can contribute.

As you know, the nature of war has changed. Very few modern battles are fought between professional armies. War more often than not, takes the form of internal conflicts between armed groups, driven by tensions between ethnic, political, cultural or religious communities, often fighting over mineral wealth, land or the control of populations. They are happening in some of the poorest, most fragile settings in the world. Here the state has often failed, the rule of law is non- existent, and services limited or absent. The militia who fight these wars are often hungry, untrained and ruthless. While criminals profit from the cover of war, countless women and children suffer hardship and loss. In such situations, civilians – particularly women and girls – may be terrorised and raped, often in brutal ways. Harrowing reports of rape and abuse at the hands of soldiers, militias and armed groups abound. Rape is not unique to war. But in war, it is a cheap and powerful strategy, used by militia to humiliate and shame their enemy and achieve political, military and economic ends.

The impact, of course, is profound. The world has been horrified by the rape and mutilation of women in Eastern DRC, but similar accounts also come from Bosnia and Herzegovina, Sudan and many other conflict zones. It's easy to overlook the impact on women's mental health, which may leave no physical scars, but can destroy lives and livelihoods, and take a lasting toll on families, children and societies as a whole. Sexual violence does not start in war; nor does it stop when the war ends. I saw this first-hand in Liberia, where rape remains the most prevalent crime, years after the close of civil war.

Rape in conflict is a crime. It is not inevitable. Security Council Resolution 1820, which defines rape in conflict as a threat to international peace and security, and a war crime, crime against humanity or act of genocide, is a huge advance. We know that good quality and consistent information from the field is essential for our mission to stop rape in conflict and post-conflict settings. Such data is unfortunately limited. To address this gap, the Secretary-General has been tasked through Security Council Resolution 1960 to establish new monitoring, analysis and reporting arrangements.

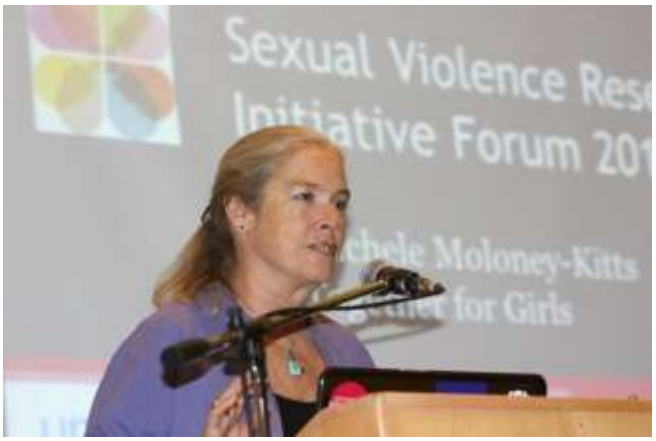
For such mechanisms to be effective, a shared understanding of what conflict-related sexual violence means is fundamental. To achieve this, UN Action Against Sexual Violence in Conflict has developed a "Conceptual Framing of Conflict-Related Sexual Violence", which defines its scope. Particularly important is the fact that the definition encompasses rape in UN-managed refugee camps, internally displaced persons camps, post-conflict contexts and during disarmament and reintegration processes.

Using a shared baseline definition for the collection, analysis and classification of information on sexual violence, the international community can provide the Security Council, and other policy-makers with data that is comparable across field situations and over time. We can then more effectively draw attention to the links between sexual violence and peace-building. I am pleased to present this development to you at the SVRI Forum 2011.

Monitoring processes only measure a problem. Our key challenge is to end rape in conflict. In order to do this, we have also to understand the root causes of the problem and how to strengthen security, as well as access to justice, health and other services. Research has a critical role to play. Here I want to draw attention to the value of the research agenda for conflict-related sexual violence developed by WHO and SVRI to support the knowledge building work of UN Action. I am delighted that this report will be presented for the first time at your Forum. This will support the research community to focus on critical issues and advocate for more resources for strategic research to inform the development of policies and programmes.

Conflict-related sexual violence remains an overwhelming obstacle to peace and security. We may not be able to end conflict. But our efforts to end rape in conflict can make an enormous difference to the lives of countless civilians – women, men, girls and boys – through the provision of health services, social justice and, most importantly, preventive measures to end sexual violence before it has begun.

Keynote Address:
Michelle Moloney Kits



In response to the global epidemic of sexual violence against children, a ground-breaking public- private partnership called Together for Girls has been established. The partnership brings the US Government together with private sector organizations including the Nduna Foundation, BD (Becton, Dickinson and Company), the CDC Foundation and Grupo ABC, and four United Nations agencies, led by UNICEF and UNAIDS.

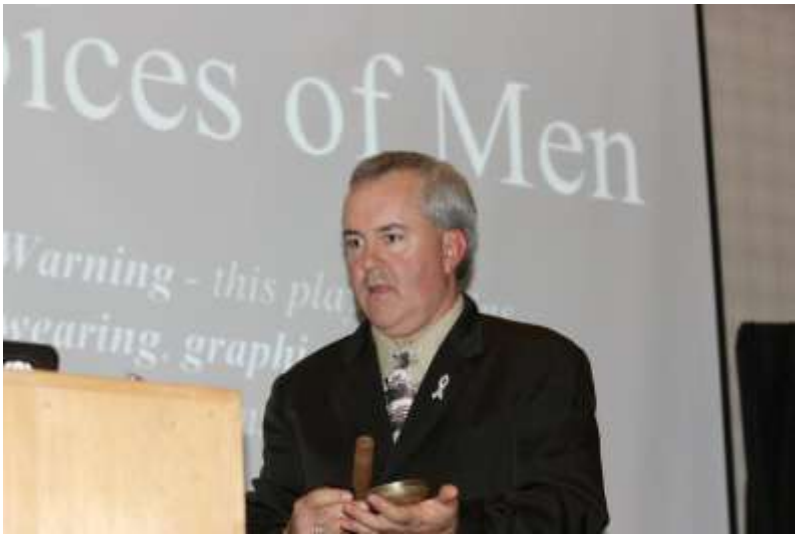
Together for Girls' efforts focus on three pillars:

1. Use data, through national surveys, to inform government leaders, civil society and donors.
2. Support a plan of action and coordinated programming at the country level with interventions tailored to prevent and respond to sexual violence.
3. Launch and support communications and public awareness campaigns to draw attention to the problem and motivate changes in societal and gender norms and behaviours.

Together for Girls works in support of national governments, civil society and the private sector. It seeks to promote a balance between ending sexual violence through policies and programs that prevent its perpetration, and support for programs to mitigate its consequences. For more information on Together for Girls visit: http://www.togetherforgirls.org.

Special Performance: Voices of Men, Ben Atherton-Zeman

Primary prevention of sexual violence has become a key focus for the SVRI. Engaging men and boys in the prevention of sexual violence is an important primary prevention strategy. Ben Atherton-Zeman was invited to perform his monologues to showcase his work with men and boys touching on self- reflection and targeting violence prevention efforts. He used celebrity male voice impressions to create awareness around violence against women and to involve the audience in finding solutions in ending violence, sexism and inequality. For more information on Voices of Men and Ben's performances, please visit: http://www.voicesofmen.org.



"I had the honour of performing parts of both "Voices of Men" and the "Men's Monologues Against Violence" for the SVRI conference. Considering the calibre of keynotes and workshop speakers, I was thrilled at the opportunity to be in Cape Town with academics and activists committed to ending sexual violence. I met colleagues from every continent except Antarctica, and am very hopeful that I can return in 2013" - **Ben Atherton-Zeman**

Themes and Issues: Primary Prevention

Primary prevention was a central theme of Forum 2011. The number, quality and variety of presentations on prevention reflect the growth and maturation of the field. The SVRI presented key findings of their global review of the evidence for rape prevention, including findings of four desk reviews on: Risk factors and social dynamics underpinning rape and critique of best practice in rape prevention policy internationally; prevention of rape perpetration for boys and young men; parenting and the prevention of child maltreatment in low- and middle-income countries; parenting interventions to prevent child abuse in high income countries. Findings from these reviews highlight the limited attention to rape prevention in national policies globally, the importance of starting prevention young, along with the powerful potential for parenting programmes in preventing future perpetration and victimisation. Of particular importance is the critical role of strengthening parent-child bonding, promoting positive parenting and reducing harsh parenting in prevention efforts. The findings also highlight the importance of men and boys in rape prevention efforts. For more information on this project, go to: http://www.svri.org/oakfoundation.htm.

Research findings from two global research projects on perpetration and men's use of violence were also presented. It is increasingly understood that men's use of violence is generally a learned behaviour, rooted in the ways in which boys and men are socialized, and experiences of violence and abuse during childhood. Primary prevention interventions for sexual and gender based violence and child abuse must address root causes of this violence. Gary Barker from Instituto Promundo presented findings from the International Men and Gender Equality Survey (IMAGES) - a comprehensive household questionnaire on men's attitudes and practices – along with women's opinions and reports of men's practices – on a wide variety of topics related to gender equality. The study was administered to more than 8,000 men and 3,500 women ages 18-59 in Brazil, Chile, Croatia, India, Mexico and Rwanda. This research asked about the extent to which men used violence against an intimate partner and attempted to identify factors associated with this violence. Across all countries, the strongest factor associated with IPV was men witnessing their father beat their mother; whilst perpetration of sexual violence was associated with being abused sexually as a child. This multi-country study confirms the intergenerational transmission of violence along with evidence for transmission of positive caregiving practices.

Members of the Change Project presented preliminary findings on their efforts to understand the root causes of violence against women. This project is surveying over 15,000 men and women in seven countries across Asia and the Pacific - Bangladesh, Cambodia, China, Indonesia, Papua New Guinea, Sri Lanka, and Viet Nam – providing a comprehensive and holistic picture of the social structures, underlying norms, attitudes and behaviours related to the use of violence against women (VAW) in different countries in Asia and the Pacific.

Findings from Bangladesh, China and South Africa on male perpetration behaviour were presented. Again, the single most important correlate of intimate partner and sexual violence across sites was exposure to violence as a child, highlighting the importance of primary prevention at very early ages and within families. Other key factors associated with raping included ideation that justifies rape; inequitable practices in gender relations; men viewing themselves as victims; blame externalisation; delinquent peer group and engagement with criminality. The need to involve both men and women on gender and unpacking the role of patriarchy in theories around rape was noted as very important. Research from South Africa on school based interventions for GBV prevention emphasized the need for more research to improve school-based interventions towards changing norms, along with the importance of targeting school-goers as an important strategy to reach large numbers of youth.

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These presentations have important implications for prevention programmes and policies. The notable absence of primary prevention initiatives for rape in national policies around the world reflect an urgent need to strongly advocate for their inclusion in national gender violence policies, such as strategies that include evidence based parenting programmes, school based initiatives and engaging men and boys in efforts to end sexual violence and address violence against women more generally. Most importantly prevention must start early and continue on across the lifespan.

Themes and Issues: Responding to Sexual Violence

"If one set out intentionally to design a system for provoking symptoms of post-traumatic stress disorder, it might look very much like a court of law" - **Tshwaranang Legal Advocacy to End Violence against Women**

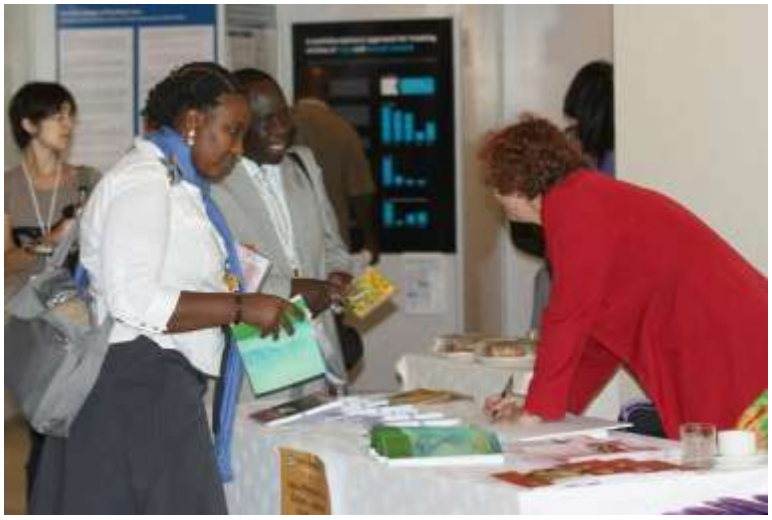
Responding to sexual violence and strengthening linkages between the health, police and justice sectors remain a central focus of research in the field. SVRI Forum 2011 aims to stimulate collaborations between sectors, stakeholders and researchers to work together on building models for the delivery of holistic, non-judgemental and quality care. Three sessions at the Forum were dedicated to tracking improvements in this area and to better understand survivors' experiences of services post-rape.

Debbie Billings presented findings on women's assessment of the quality of health services available to survivors of sexual violence in Guatemala. The findings showed that most women did not receive a full range of crisis interventions and that follow-up care was mostly lacking. As a result, women leave facilities with limited information and little confidence in post-rape care. Knowing what women want post rape in terms of services is an important first step in addressing barriers to accessing care. For example, an evaluation of a one-stop centre in the Bwari Area, Nigeria, found services largely unutilised because they did not provide abortion services. Understanding better what women want from services will help address these barriers up-front and ensure services are responsive to the needs of survivors.

Screening emerged as an important sub-theme at the Forum. As with the development of services, including the voices of women was found to be of critical importance in planning for female- centred screening interventions. Similarly, a presentation on an evaluation of a screening and management protocol for intimate partner violence, showed that the style of interaction with the nurse and the comprehensive nature of the assessment are important predictors of effectiveness. The communication style found to be most effective was characterised by empathy, clear direction, collaboration, evocation of the client's perspectives and solutions, and included respect for autonomy.

Presentations from Cambodia and Vietnam explored stigma and shame experienced by women survivors as result of traditional gender norms that reinforce male dominance. These norms shape women's views about their sexual rights and right to health care, often with debilitating effects. These presentations show how core values shaped by patriarchal societies impact on women and providers' ability to respond effectively. Involving men and mobilising local leaders was found to assist in overcoming barriers to accessing services.

Further studies were also presented on stigma and discrimination at the Forum. Three presentations looked at the criminal justice and health care systems in the United Kingdom, South Africa and Mozambique respectively. They reported on how survivors are treated by the system and what measures are in place to protect them from secondary trauma and discrimination. For example, in South Africa, the Shukumisa Monitoring group monitors the implementation of the Criminal Law (Sexual Offence) Amendment Act 32 of 2007 (SOA) and by doing so aims to ensure that policy and law are translated into practice in order to minimise barriers to accessing services. This project has found that the monitoring of services and the policies that drive them can assist in building relationships between the criminal justice and health care systems and civil society organisations. Similarly, in Mozambique and the United Kingdom, working closely with, and investing in training of service providers to reduce gender inequality and promote sensitivity towards victims of violence have shown to be an effective measure in reducing secondary trauma. It is important that policies to support victims of violence integrate such measures and that these be closely monitored by advocates, researchers and policy makers.



Although research and training on responses to sexual violence have moved forward, presentations at the Forum showed that much work is still needed in the different sectors in dealing with cases of sexual violence. While HIV provides the dominant framework and financing particularly in sub- Saharan Africa for scaling up services, there were no presentations on sexual violence and HIV. This lack of evidence will potentially compromise the investments made so far in sexual violence services if HIV funds were to decline. Limited operations research means that practical solutions for bringing to scale services that are evidence informed remains challenging in this field. Models of care need to be guided by the needs of the survivors who use these services. To effectively promote services, research on strategies that impact on provider attitudes and belief systems rooted in male-dominance, victim-blaming and the culture of discrimination and stigma which cuts across societies are required. A key message is that there is need to invest in implementation science in this field.

Themes and Issues: Conflict and Crisis

Sexual violence in conflict and emergencies was identified as a key priority theme for SVRI Forum 2011. This is a young field and the presentations made at SVRI Forum 2011 Forum showed a burgeoning of research in this area. This is a reflection of an increased demand by stakeholders and organisation for data on the nature and scope of rape in war to help them to target their responses, and to attract political attention and mobilise resources for this issue. As part of UN Action's knowledge building efforts, and to guide research in this area, the World Health Organisation, in partnership with the Sexual Violence Research Initiative, presented their work on developing a consensus based list of research priorities for sexual violence in conflict and post-conflict settings for the next five years. The agenda will help facilitate resource requests for research on sexual violence in conflict and assist in using research findings to better inform programmes and policies in preventing and responding to wartime sexual violence.

Challenges of how to respond, to and support, survivors of sexual violence in fragile settings was the topic of a number of presentations. Studies highlighted the numerous weaknesses and barriers services face in delivering sexual violence services in conflict and post conflict setting. Both the health and justice systems were found to be incapable of serving the needs of populations including stigma and trauma. Although survivors report adaptive ways of handling psychological trauma, such trauma if not addressed, is likely to result in trans-generational effects and continuing violence in the community.

The Women's Refugee Commission presented on a collaborative project to provide women with facility-based care by training community health workers in using the WHO minimum care package for treating rape survivors. Preliminary feedback from this pilot project show promising results for delivering safe and feasible community post-rape care. Preliminary findings were also presented on the effectiveness of an innovative animal husbandry microfinance pilot programme, led by local communities, called "Pigs for Peace". The evaluation findings found that health and household economic stability of the Congolese women in the programme improved. They reported increased ability to purchase food, medication and pay for school-fees through money earned from raising animals and other agricultural activities. This programme shows that a comprehensive approach that goes beyond clinical care is needed to respond to survivors of wartime sexual violence, and that the responses should be safe, ethical and beneficial to survivors and their families.

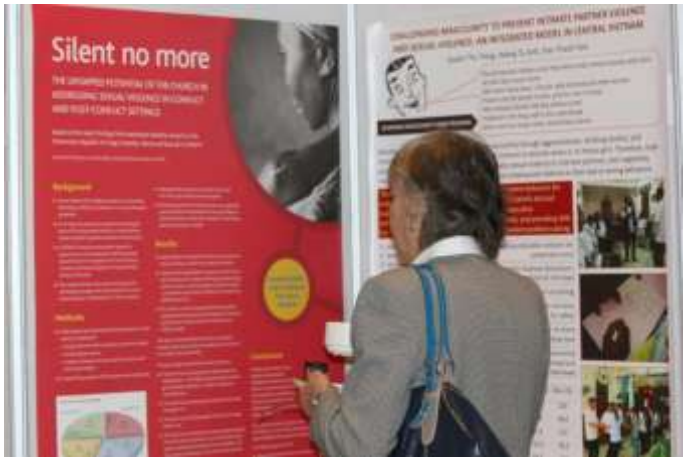
Research on the impact of sexual violence in conflict has also grown, and extended to include the impact on both men and women. Understanding family dynamics, especially where a mother or daughter was affected by sexual violence, has also emerged as an important theme in integrating survivors and preventing stigma, rejection and social exclusion of survivors. Three presentations from the Democratic Republic of the Congo looked at sexual violence against men and women during conflict, and the impact of this violence on families.

Lack of coordination across service providers remains one of the greatest challenges to service delivery in these extremely fractured and fragile settings. As Sarah Martin notes in her presentation of coordination of services in conflict settings, "In humanitarian emergencies, gender based violence coordination and programming remain ad hoc, poorly staffed and funded, and fail to deliver adequate services for survivors. Prevention and protection interventions are not strategically defined and don't effectively address gender based violence." Survivors remain without adequate protection and care. In response, the European Commission Humanitarian Assistance is supporting an inter-agency project to build capacity to coordinate GBV humanitarian response in nine countries.

Lessons learned so far include:

- Coordination of services is still personality driven and difficult to systematize;
- Children are overlooked by services;
- Advocacy skills are needed, not prioritized as skill;
- NGOs often more creative and able to organize faster but don't have money to implement programmes, and maybe humanitarian programmes should consider small grants to NGOs;
- Programmes must address the security of GBV activists and service providers and getting more women service providers is vital. The difficulty of doing this work was recognised, and supervision is helpful but more support is needed; and
- Finally, even amongst "experts", low level grasp of core concepts of gender and gender based violence. Capacity building at every level is needed.

Prevention of sexual violence in conflict settings is a new and emerging theme in this area. Findings from a study by UNICEF and OCHA for UN Action on primary prevention of conflict related sexual violence with armed groups were presented. This presentation highlighted the need for a better understanding of the motivations and behaviour of armed groups, along with the importance of learning about, and drawing upon, existing efforts across development and humanitarian actors/sectors to consider strategies for working with armed groups. The next phase of this work based on the research findings is to develop a toolkit to work with armed groups to prevent conflict related sexual violence.The conflict and crisis field is limited by an absence of a clear theoretical understanding of sexual violence in war and post war settings.



This is essential for the progression of research and programme development in this area. According to one presentation, existing literature on new war fails to adequately understand men's sexual violence in relation to masculinity and constructions of manhood. Duriesmith, in his presentation on this issue, concludes that there is a need for researchers in this field to integrate a gendered approach when considering sexual violence. Building on this, a key challenge to research in this field is the lack of a range of research methodologies to collect more in-depth information on motivations for sexual violence in conflict.

To strengthen our understanding of rape in war and ultimately prevent it, we need to ensure that research undertaken is both priority driven and is done in such a way that it provides a sound practical and empirical basis for interventions/programmes, policy and advocacy on sexual violence in conflict and post conflict settings. This may be achieved by addressing issues of research methods and definitions; collaboration around research; dissemination and sharing of research findings; advocacy and research funding and supporting evidenced based programming.

Themes and Issues: Child Sexual Abuse

In 2002, WHO estimated that 150 million girls and 73 million boys hadexperienced some form of sexual violence prior to age eighteen. Child sexual abuse often goes unreported to professionals or adults, due to many complex reasons, including fear, stigma and shame associated with this type of abuse (Jewkes & Abrahams, 2002; Priebe & Svedin, 2008). As a result of this under-reporting, it is estimated that only 10%-20% of child sexual abuse cases are reported to authorities. Study findings on child sexual abuse prevalence in Tanzania found one-third of girls were sexually abused. It is clear that child sexual abuse is a global concern with millions of children growing up in toxic and dysfunctional family environments, regularly facing adversity and abuse.

Child abuse and neglect happens most within family settings. Child survivors of sexual violence are at a significantly greater risk of negative health outcomes and sexual risk taking later in life, and has severe implications for future rape perpetration and victimisation. If we are to turn the tide of rape in societies, we need to address child abuse and neglect. Two sessions at the SVRI Forum focused on responding to, and preventing child sexual abuse and neglect, and it was a key theme that ran through most sessions. In an effort to inform programmes and prevention efforts on what services are currently available for child survivors of abuse and neglect, Catherine Maternowska from UNICEF presented on a review of services available for children in East and Southern Africa. Maternowska highlighted how even though many survivors of violence are under the age of 18 years, models of emergency treatment, care and recovery from violence throughout East and Southern Africa are designed to meet the needs of a largely adult, female population. She found that although essential elements of child- friendly prevention and response to violence exist, they are fractured and not systematically available or accessible. Overall services in the region remain challenged by embedded negative social norms, underperforming child protection systems with poor referral mechanisms, staff who have not had any effective child-friendly training and policies and guidelines that fail to represent the needs of region's youngest cohort.

Two models of care were presented on from South Africa. Shaheda Omar of the Teddy Bear Clinic presented their model for the care and support of child survivors. Shaheda highlighted the importance of a holistic and integrated approach to service delivery that includes services to prevent secondary victimization of the child and the family. The model focuses on all aspects of medico-legal (including child witness programme), assessments and therapeutic interventions. Kerry- Jane Coleman presented on the RAPCAN (Resources Aimed at the Prevention of Child Abuse and Neglect) three year ecological community based prevention model for child protection. This programme encourages the community, school, family and individual to work together at all levels of the ecological model to form a community-based prevention child abuse and neglect programme.

Primary prevention is conducted at community level by means of communications for social change. Afterschool-care services and parenting training are secondary prevention interventions on community level. School level secondary prevention focuses on risk mitigation and building educator capacities. At the individual and family level, innovative resilience-building therapeutic services are implemented

A key gap globally in services was identified by Nataly Woollett in her presentation on child witnesses of violence. A constant and important finding across all perpetration studies and prevention efforts was the finding that exposure to violence in the home can lead to a host of social, emotional, cognitive and interpersonal problems, both immediately and in the long term. Child witnesses of domestic violence are in urgent need of support services. How best to do this is an important research question. Woollett presented on the outcomes of a 12 week-manualised group treatment that was created to serve 6-12 year old children in two domestic violence shelters (Brooklyn, New York and Bertrams, Johannesburg). The study found that creative arts therapies coupled with a focused intervention leads to symptom reduction and improved mental health of both the child witness and their primary caregiver. Longitudinal work is needed to better understand the longer term impact of such interventions.

Important research findings on prevalence of child abuse and neglect are becoming available. The CDC study undertaken in Tanzania on girl survivors is one such piece of work (see section on panel presentations for more information). Findings of the research presented at the Forum have provided insight into the immensity of the problem and the complex links abuse in childhood has for future violent behaviour. This data is a powerful advocacy tool for service providers, policy makers and donors. Services in low and middle income countries are mostly geared towards adults, with children remaining mostly ignored and underserved. How can we best use the services that exist to meet the needs of the most vulnerable among us? Key issues for the field is the gap in services for children, particularly in resource poor settings and the need to begin discussing how to use available resources to respond to both the needs of adults and children and to include both in discussions on prevention. What child service models do exist however remain untested. Evaluation of models of care for children survivors is a priority. Finally, research on primary prevention regarding parenting programmes show that they work, how do we best adapt evidence based parenting programmes to less well-resourced settings?

Themes and Issues: Vulnerable Populations

A number of factors place individuals and groups at higher risk of sexual violence than others. The World Health Organization and London School for Hygiene and Tropical Medicine (2010) identified over 50 risk factors for sexual violence reported across studies. Risk factors can be organised according to individual, relationship, community and societal levels, known as the Ecological Model. The SVRI Forum 2011 included a session on vulnerable populations to highlight various contexts and factors that may influence the designing effective primary prevention programmes.

Children and young people are at particular risk of sexual violence. Schools and tertiary education institutions have often been cited as places of vulnerability where substance abuse, bullying and gender inequality are prevalent. Brigit Nwagbara presented on campus sexual violence across six geopolitical zones in Nigeria. The study found that asking for sex in return for favours, unwanted sexual remarks and rape were common experiences of sexual violence, with prevalence that varies from 13%-69%. Similarly, school-based sexual violence has been documented in Togo and Zambia among young boys and girls. The Population Council found that although intellectual understanding of gender-based violence messaging is good among school children in Zambia, these are not yet internalised and the risk of peer-to-peer violence remains in schools.

Being homeless and unemployed was also presented on as a risk factor for sexual violence. In Honduras, for example, Medicins Sans Frontieres found that street based populations experienced extreme levels of physical and sexual violence with dire consequences to their mental health and low treatment-seeking behaviour. Linda Williams presented on strategies to address trauma and support resilience among impoverished and prostituted street youths who left home as an escape from serious family violence. The study draws on the importance of developing geographically bound services to care for, and empower, exploited populations.

In contrast to street-based populations, this session also looked at vulnerability of women in the workplace. In Uganda, a study in three districts reported on women's vulnerability in environments where instances of harassment and sexism often go unnoticed. The study found that three in five women interviewed experienced some form of sexual harassment in their workplace. These ranged from verbal harassment to career threats, and sexual assault and rape, emphasising the need for organisations to enhance and encourage staff to report such incidences by being approachable and equitable in dealing with allegations of harassment.

Preliminary data from South Africa was presented from a recent study by the Medical Research Council documenting female and child rape homicides. These murders are often committed in the context of an intimate relationship between women and men. The study found that although rape homicides in South Africa have decreased overall, its proportion amongst all female murders has increased over the past ten years.

Vulnerability of women in inequitable relationships where power and violence increase the risk for HIV infection was also discussed at the Forum. Jennifer Wagman presented on preliminary findings of a cluster randomized trial to evaluate the impact of the community-based share intervention on intimate partner violence, HIV incidence and sexual risk behaviors in Uganda. The project, known as SHARE, educates the community on the public health implications of intimate partner violence (IPV) and the links between IPV and HIV in order to reduce the levels of both. No previous intervention has reduced both IPV and HIV. If SHARE is found to have reduced both outcomes, the intervention approach could serve as a replicable model in other African settings. The important link between HIV and IPV was further explored by Andrew Gibbs in his presentation on how national plans on HIV/AIDS in Southern and Eastern Africa are integrated into the response to gender and sexual violence. Findings showed that these are poorly integrated into national strategic plans and that there is a generally weak policy context for responses.

Vulnerable populations may also include, but are not limited to refugee/migrant populations, disabled populations and those in correctional facilities. Just Detention International presented on their resource "Let's End it Now – Stopping Sexual Violence in Correctional Centres." This resource aims to deal with context and staff challenges within prisons; fears, taboos and intolerant- oppressive attitude regarding sexuality, HIV and rape of men; to build understanding of trauma, and its manifestations; and providing clear steps for prevention and response to sexual violence in correctional facilities. It is hoped that the roll-out of this resource will promote sexual health and progressive understandings of sexuality and gender more generally.

Sexual violence perpetrated against males often passes under the radar, and research on the nature of this kind of violence is still relatively new, although we understand that men and women experience rape and violence in similarly ways. Erin Stern presented on the underexplored area of men's experiences of sexual coercion in heterosexual relationships. This study explored norms of masculine sexuality and how experiences of coercion impacts on these norms. This kind of abuse has been found mainly in youth at a time of vulnerability and sexual inexperience. Men often trivialised experiences of abuse despite it being anxiety provoking. This study highlights the vulnerability of young men and it is important to recognise this in developing programmes for prevention and response of sexual violence. Research on risk and protective factors is an important arm for research and helps inform the development of evidence based prevention programmes.

Themes and Issues: Mental Health

Sexual violence is associated with negative physical and reproductive health impacts and can have profound, long-term mental health consequences (Jewkes, Sen & Garcia-Moreno, 2002). Early mental health interventions can reduce or even prevent severe psychological distress post rape. Research to date has mostly been undertaken in developed countries and has focused on the physical and reproductive health impacts of sexual violence, with less attention to the mental health sequelae.

Two presentations on research done in South Africa attempted to address this gap. Anastasia Maw presented research which sought to investigate the psychological impact of rape with a group of women from a very different context to those within which the majority of research has been conducted. Her research attempts to answer the following questions: What are the mental health consequences in the first six months post rape for a group of women rape survivors living in a low socio-economic, urban context presenting for care post-rape at a public health care facility? Do these mental health consequences compare to those reported in the international literature? Sixty- four adult, female rape survivors presenting with a complaint of rape within the last 72 hours at a post-rape health care facility located within a low socio-economic, urban context were enrolled into the study. Survivors were interviewed at 1, 4, 12 and 24 weeks post rape. Results indicate that the majority of survivors met a diagnosis of PTSD at weeks 4, 12 and 24 interviews. These results are in keeping with the international findings and point to the importance of treating survivors who are highly traumatised in the immediate aftermath of rape, in order to minimise the likelihood of the subsequent development of PTSD.

Our understanding of the extent to which services in low and middle countries provide mental health care and support for survivors of sexual violence is greatly limited. Anik Gevers from the Medical Research Council looked at how mental health support is integrated into rape care at the primary health services level. Gevers and colleagues undertook a rapid appraisal of mental health services provided to rape survivors at the primary care level. Individual, in-depth interviews were conducted with various service providers and rape survivors eligible for PEP medication. Observations of sexual assault care services were also performed. The model of care they found provided within primary health care services in South Africa focused on biomedical examination, medical care and legal advocacy. Counselling sessions within this model emphasise containment of the survivor and providing information about the medical examination and possible treatment. Mental health literacy among providers was relatively low. Doctors, nurses, and especially the counsellors, noted that they had a "passion" for sexual assault care, but that the work was difficult and they worried about "burnout." Not all providers had access to support resources for themselves. Survivors were generally positive about their experiences at the sexual assault service centres; however, they also identified counselling as an essential need. Social support seemed to be crucial to survivors' PEP-adherence and general adjustment and recovery.

Nataly Woollett, in her presentation entitled, "Lay Counsellor Training in Trauma and Traumatic Bereavement: Interventions that Promote Psychosocial Change and Strengthen Healthcare System", notes that in South Africa, given the limited number of mental health professionals working in the public health sector, it is often lay counsellors who provide psychosocial support to rape survivors. They do this with almost no training or support. It is essential that lay counsellors are given the skills to support and enable sustainable change in patients. Woollett identified the following issues as things that must be considered when developing training programmes for community based lay counsellors:

- Trainings and interventions need to be targeted to common mental health problems.
- There are many evidence based interventions that can be adapted for use in different settings. We must use what is already working.
- Training programmes must recognise that counsellors are from the communities they serve and often equally affected by issues they 'treat'.
- To maintain ethical integrity and quality of the intervention; to curb burnout/vicarious trauma; and to retain staff, management must invest and budget for supervision and debriefing of staff.

Many models of care, even in resource rich countries remain unevaluated, undermining our efforts to promote evidence based responses for the care and support of rape survivors. Many available interventions use Trauma-Focused Cognitive- Behavioral Therapy (TF-CBT). This approach is well supported empirically, can be used with diverse populations, and has the ability to be delivered in high and low resource countries. The question for many, however is how canit best be delivered. In an attempt to answer this question, Ben Saunders and his colleagues have developed Project BEST, which uses a unique Community-Based Learning Collaborative implementation model, which aims to roll out TF-CBT to every community in every community in South Carolina, USA. Project BEST targets abused and traumatized children and youth.

Project BEST is based on a social economic model of building both the supply of and demand for TF-CBT within communities. Communities, not service agencies, are the target of change. Both service providers and brokers of services form Community Change Teams, jointly complete a learning collaborative, and work collaboratively to implement TF- CBT in their communities. Activities include multiple training events, active learning methods, on-going consultation, community change procedures and other elements to achieve implementation. By using a Community-Based Learning Collaborative they have been able to serve more children, achieve better service outcomes, and sustained the use of TF- CBT over time. More work is needed on the extent to which such a model is transportable to other settings.

Iva Bicanic from the University Medical Centre, National Psychotrauma Centre for Children and Youth - the Netherlands shared findings of an evaluation of STEPS, an 8-session cognitive behaviour group therapy for adolescent girls with PTSD due to single rape, including a parallel 6-session parents group. STEPS includes psycho-education, repeated exposure by writing and speaking about the narrative, cognitive restructuring, graded exposure in vivo, and relapse prevention.

Sixty- two raped adolescent girls with PTSD but no prior sexual trauma received STEPS, while their parents participated in a parallel support group. Girls and parents were assessed using self-report questionnaires prior to STEPS and at 0, 6, and 12 months post-treatment. Subjects showed a significant decrease after STEPS in rape-related symptomatology, such as PTSD, anxiety and depression, which maintained over time. Repeated measures analysis showed that these improvements were likely to be attributable to STEPS. The results support the initial effectiveness of STEPS.

The absence of evaluated models for providing mental health care and support to rape survivors is notable, particularly in developing countries. There is an urgent need to review the evidence and documentation of good practice for mental health responses in resource poor countries; and to work on adapting and testing current models of care for low- and middle- income settings. There is also a need to ensure that models take cognisance of local culture and contexts and that they are accessible to all survivors. Finally, any model that is to be adapted or created must be guided by the needs and views of survivors.

Themes and Issues: Vicarious Trauma and Doing Research on Sexual Violence

"I remember well the initial physical sensation I experienced. It was deep bone-chilling coldness, which came whenever the women told me about the depths of their horror, terror and torture….Whenever I am writing from that emotional place of horror, I still experience deep seated coldness and my ears feel congested and I feel flu like. This lasts for the length of time I am immersed in such deep writing" - **SVRI Discussion Board, 2009**

In recognising the potential risk of vicarious trauma when doing research on sexual violence, the SVRI devoted space within the programme to discuss this issue. It is important to recognise that doing research on sexual violence can be difficult. Not everyone can, or should, do this work. Hearing people tell their stories of rape and other forms of sexual violence, reading about them and analysing the data can result in vicarious trauma. The empathy we feel as researchers, and the intimacy we experience with our research subject creates a penetrable link between ourselves and the research subject, through which the trauma experienced can be transferred to the researcher. Vicarious trauma challenges our understanding of the world in five key areas: Safety; trust/dependency; self-esteem; control and intimacy. It can be difficult to recognise. Symptoms include: anger, anxiety, depression, sadness, exhaustion, concentration problems, headaches, sleeplessness, increase in drug and alcohol use and social isolation.

Lessons from work facilitated by the SVRI show there are a number of ways organisations can manage researcher trauma by:

- Considering researcher risk in the planning phase of a study;
- Encouraging researchers to reflect on their capacity to do SV research;
- Where possible offer alternative paths;
- Providing on-going supervision & support;
- Encouraging the researcher to also use outside informal support if available;
- Offering formal counselling services;
- Encouraging the creation of peer/researcher support groups;
- Making sure supervisors and managers are appropriately trained;
- Promoting organisational values and structures, that encourage mutuality;
- Respect and shared decision making.

All of us working in this field are at risk of experiencing vicarious trauma, researchers, transcribers, data-capturers, reviewers, managers / supervisors - it is a normal response to doing research on traumatic issues. There are some personal factors that may increase risk, including personal trauma history; gender (women are more at risk than men); level of experience and influences within a workplace (workload; management); working with victims of sexual abuse; personal coping styles. Vicarious trauma can be no less debilitating than the primary trauma. Organisations and researchers themselves often fail to recognise the potential impact – providing little or no support.

Researchers reported that the following strategies worked for them in managing their risk of and/or responding to vicarious trauma:

- Sharing experiences with colleagues
- Planning workload
- Learning about the topic to be researched
- Reflect on own personal experiences
- Humour and fun into your work
- Learn how to identify early warning signs of vicarious trauma and emotional distress
- Know that this is a normal reaction
- Develop and employ self-care strategies

Believing that our work will make a difference and giving back to those that have spent time sharing their painful stories with us is essential for managing vicarious trauma. It is therefore important to ensure our research is scientifically rigorous, ethically sound and that our findings reach those who can use the findings for advocacy and positive change. For more information on vicarious trauma visit: http://www.svri.org/trauma.htm.

A number of panel presentations were made at the SVRI Forum, where projects presented on their work and research on sexual and / or gender based violence. Details of which are to follow:

1. The Global Burden of Disease Project

Panel Members: Claudia Garcia-Moreno, World Health Organisation; Naeemah Abrahams, Medical Research Council; Karen Devries, London School of Hygiene and Tropical Medicine; Heidi Stoeckl, London School of Hygiene and Tropical Medicine.

The Global Burden of Disease Study (GBOD) project is an international collaboration that brings together more than 600 experts, and aims to estimate the overall disease burden associated with a range of over 100 different diseases and injuries, in order to help policy makers and governments set priorities. For the first time, intimate partner violence, child sexual abuse and non-partner sexual violence are being included as a risk factor in this exercise. The GBOD team working on this important arm of the GBOD project presented on their work to date. This panel described the overall project, how violence is conceptualized, challenges related to producing violence estimates, and the implications for the field. In order to make estimates of the disease burden that results from violence, two things are needed: the prevalence of violence, and what the main health effects are. In order to gather this information the researchers have undertaken extensive systematic reviews to gather all available data on prevalence and more than 20 different health effects. Using this as a starting point, they then use statistical modelling techniques to correct for biases in the data and apply the results to all global regions. The panel noted that the data in this area for calculating GBOD is limited but growing. A number of challenges with measuring GBOD were highlighted, including enormous variation across studies in definitions of intimate partner sexual violence and non-partner sexual violence; limited body of longitudinal data available and overlaps between items being measured such as the synergies between mental and child sexual abuse for example. Notwithstanding these challenges, the data from the GBOD exercise can be a powerful tool for advocacy purposes.

2. Building GBV Research Capacity in Africa: Reporting on a Collaborative Experience

Panel Members: Mary Ellsberg, International Center for Research on Women, Naeemah Abrahams, Medical Research Council South Africa, MacBain Mkandawire, Muthegheki Saad, Fairouz Nagia-Luddy, Regina Bafaki and Anna Kulaya.

The move toward evidence-based programming has resulted in the need for practitioner to integrate research into their programmes. The Gender Based Violence Prevention Network Research Working Group, in partnership with the International Centre for Research on Women (ICRW), and South African Medical Research Council, formed an initiative to strengthen local research capacity in sub-Saharan Africa.

This initiative provided capacity building workshops, ongoing mentoring and technical support and funds to six NGOs working on violence against women to conduct research on some aspect of their programmes. The project started in 2009. Each NGO had a core research team who participated in the capacity building workshops, including two weeks of research training and mentorship in protocol development, project implementation, data analysis and report writing. The research outcomes of the six grantees were presented in this panel. The presentations are summarised as follows:

1. **Awareness of Child Sexual Abuse in Three Districts of Malawi.** Studies on child sexual abuse (CSA) in Malawi are very limited and those that have been done have either focused on medical aspects of the problem or were school based surveys. This presentation assessed community knowledge and awareness of child sexual abuse in several districts of Malawi. The study found that CSA victims are often blamed, with 82% of community members believing that girls are abused because of lack of morals.
2. **Who Assists Women that Experience Gender Based Violence in Rwanda? Reporting from a Qualitative Study.** This presentation describes how Rwanda Women's Network and other services were assisted to develop effective services for abused women. The study was carried out in the Bugesera District, an area most affected by the genocide.
3. A**n Exploratory Study of Bride Price and Domestic Violence in 3 Sub-Counties of Bundibugyo District, Uganda.** Although much anecdotal evidence exists about the traditional practice of bride price or bride wealth as practiced in most Ugandan communities, very few studies provide concrete evidence to inform the public, government, policy makers, duty bearers and other institutions working on the issue both in Uganda and Africa as a whole. This presentation revealed that reform and mitigation, and to a lesser extent, abolition, were recommended as a way forward in dealing with bride price and domestic violence.
4. **Service Responses to the Co-Victimization of Mother and Child. Missed Opportunities in the Prevention of Domestic Violence: Experiences from South Africa.** This presentation described how existing services to co-victims address the risk factors for future victimization, and determined the gaps and challenges to effective service delivery to child victims of domestic violence in abusive households in rural, peri-urban and urban settings in two provinces within South Africa.
5. **Exploring Access to Justice through the Formal Justice System and Traditional Mechanisms for Women Who Experience Violence in Uganda.** This presentation explored existing formal and traditional justice mechanisms, their accessibility and effectiveness. Mediation and reconciliation were emphasized as they are considered safeguard marriages by most women.
6. **From Campaign to Action: Understanding Partners' Experience and Influence of the Sixteen Days of Activism Campaign In Prevention and Response to Violence against Women.** Gender Based Violence (GBV) is a major problem in Tanzania in terms of its extent and pervasive nature. This presentation explored whether partners' engagement in the campaign has influenced changes in their response to and prevention of GBV. Findings presented that the campaign has increased level of activities and understanding of GBV prevention work among GBV partners and communities.

3. Special Panel on the Current work of the Centers for Disease Control and Prevention

Panel Members: Jessie Gleckel, Samira Sami, Linda Wright-De Agüero, Lauran Chiang, and Kim Miller.

Violence against women and children is a global public health problem, which can lead to chronic illness, injury, mental health issues, and death. According to the World Health Organization (WHO), 15-71% of women across 10 countries reported physical and or sexual violence by a husband or partner (WHO, 2005). WHO also reported that in 2002 150 million girls under 18 experienced some form of sexual violence (SV) (WHO, 2005). However, in many countries, information on SV is mostly anecdotal or case-based with no population-level estimates available. Quantitative and qualitative collection, analysis, and use of public health data are critical for identifying need and developing an infrastructure to address SV, designing appropriate and effective primary prevention and response strategies, managing and evaluating those strategies, and monitoring progress toward achieving program success. In an effort to better understand and respond to sexual and gender based violence globally, CDC has assisted partners/stakeholders in examining the epidemiology of SV in a number of settings.

CDC approaches this issue using a variety of methods in order to describe the burden of SV and reflect the broad array of health problems and risk factors associated with SV, including the documentation of the prevalence of SV in several countries, the assessment of community perceptions and responses to SV, and the use of evidence-based programs from other areas of health (e.g., HIV prevention) as platforms for SV prevention. This panel highlights these approaches through CDC's national survey in Tanzania, assessment of community perceptions in post- conflict Nepal, urban refugee population survey in Uganda, mixed methods assessment of the relationship between transactional sex and SV in Zambia and use of evidence-based pre-risk HIV prevention programmes in sub-Saharan Africa.

"I had a positive experience and would be glad to be involved again in a similar capacity. I was very happy to mentor a young researcher and I hope he feels the experience was worthwhile in terms of his learning" – ***Mentor, SVRI Forum***

SVRI Forum 2011 Research Publication and Mentoring Programme

Building capacity of young and emerging researchers to undertake quality research on sexual violence is a core objective of the SVRI. As part of meeting this objective, the SVRI proudly implemented its first Research Publication and Mentoring Programme at the 2011 conference in Cape Town, South Africa. This Programme provided an opportunity for young and emerging researchers from developing countries to receive feedback and guidance from more experienced researchers (mentors) on their conference presentations. For more information on mentors see Appendix 2.

To be eligible for the programme all applicants had to submit an abstract relevant to the field of research in sexual violence. The programme gave preference to new and emerging researchers from low- and middle- income countries. The programme received 166 applications from 32 different countries. The majority of applications were from low- and middle-income countries (95%) covering Africa, South-East Asia and Latin America and the Caribbean. All abstracts received were sent out for scientific review. As a result of this competitive selection process, four full bursaries and two partial bursaries were awarded under this programme. Over a period of two months prior to the conference, the four full bursary winners worked alongside their mentors on developing their conference presentations. All successful programme candidates were offered an oral presentation and were invited to attend a pre-conference workshop on presentation skills.

Full Bursaries:

Name	Country	Abstract Title	Mentor
Ayit (Yves) Elo Gaba	Togo	Sexual Harassment and Violence Among Youth.	Prof Holly Johnson, University of Ottawa, Canada
Ruth Ojiambo-Ochieng	Uganda	Research with Women Survivors of Armed Conflict in Central Equatorial State, Southern Sudan.	Prof Linda Williams, University of Massachusetts Lowell, USA
Frank Kiwalabye	Uganda	Effects of Sexual Harassment at the Workplace: A Ugandan Case Study.	Prof Jill Astbury, Monash University, Australia
Kerry-Jane Coleman	South Africa	Children are Precious (CAP): A Community Based Approach.	Prof Jan Coles, Monash University, Australia

Partial Bursaries:

Name	Country	Abstract Title
Alice Clarfelt	South Africa	Contexts of Risk for Child Sexual Abuse: Community Perspectives from the Rural Eastern Cape.
Erin Stern	South Africa	Sexual Coercion in the Lifeworlds of South African Men.

The Publication and Mentoring Programme is a useful strategy for supporting the development of a cadre of new and emerging sexual violence researchers and providing them with an opportunity to expand their knowledge and skill base, and to network and build relationships in the field.

Pre-Conference Workshops:

Partners and colleagues of the SVRI assisted us to host seven pre-conference workshops. The aim of the workshops were to engage conference delegates on various topics in order to build capacity around sexual violence research. All preconference workshop presentations are online: http://www.svri.org/forum2011/programme.htm.

- **Workshop 1:** Is Change Happening? Monitoring VAW Prevention for Activist Organizations. Presenters: Lori Michau (Raising Voices, Uganda) and Jean Kemitare (GBV Prevention Network, Uganda): This workshop exposed participants to two simple new tools that are designed to assess process and impact. It addressed questions such as: how can we measure the quality of activities? What are the key indicators along the way in VAW prevention? How can we move beyond individual level assessments toward monitoring community level shifts in knowledge, attitudes, skills and behaviours? The workshop shared tools that are being successfully used in monitoring community-based VAW prevention.
- **Workshop 2:** Trauma and Safety while Researching Sexual Violence Research. Presenters: Jan Coles (Monash University, Australia) and Jill Astbury (Monash University, Australia): This workshop aimed to 1) provide an opportunity to discuss the positive and negative aspects of researching sexual violence; 2) increase participant understanding of vicarious trauma and its potential impact; 3) discuss the practical steps participants have used to reduce researcher trauma; and 4) design and incorporate strategies to reduce researcher trauma in project design.
- **Workshop 3:** Monitoring and Evaluation of Sexual and Reproductive Health Services. Presenters: M.E. Khan (Population Council, India): Through this workshop, participants gained knowledge of the fundamental principles and practices of M&E to ensure their service programme or intervention reaches its goal by 1) defining programme evaluation and explaining different approaches to M&E; 2) providing participants with knowledge and skills that they can use in managing interventions within SRH service; 3) developing a logic model for programme implementation and learn to be able to monitor programme processes; and 4) identifying and applying appropriate goals, objectives and indicators for monitoring and evaluating outcomes and results services, programmes or interventions.

- **Workshop 4:** Conducting Qualitative Research on Sexual Violence. Presenter: Linda Williams (University of Massachusetts Lowell, USA): High quality qualitative research is needed in order to better understand the impact and prevention of sexual violence. Prof Williams presented on liberating methodologies to understand and transform violence against women based on her experiences and lessons from her research: "Pathways into and out of commercial sexual exploitation." The workshop examined the design and conduct of such research, using basic methodologically sound principles.
- **Workshop 5:** Presentation Skills (Publication Mentoring Programme). Presenters: Jill Astbury (Monash University, Australia): This workshop was designed for the Publication Mentoring Programme to assist participants to workshop their own presentations in relation to a number of questions posed to them. Participants were assisted in preparing their main presentation, and were asked to question and critique one another's presentations in a supportive and constructive manner.
- **Workshop 6:** Integrating Sexual Violence Services: What is required for Public Health and Other Key Sectors? Presenter: Nduku Kilonzo (Liverpool LVCT, Kenya) with support from Elizabeth Dartnall (SVRI): This workshop examined health systems in East and Southern Africa and reviewed the potential for delivery of comprehensive post rape services in these contexts. The workshop created an understanding around health sector responsibilities for delivery of post rape care services in view of survivor needs and explores the availability of systems and structures. It examined the gaps in service delivery including, opportunities for scale up of services and the role of various actors to strengthening policies, programming and service delivery.
- **Workshop 7:** Challenges in Interviewing Men: Lessons Learned from the Men and Sexual Violence Studies. Presenters: Gary Barker (Promundo, USA/LAC), Rachel Jewkes (SA Medical Research Council), Manuel Contreras (ICRW, USA) and Emma Fulu (UNDP, Thailand). In this workshop, the four presenters discussed lessons learned and challenges from interviewing men about sexual and gender-based violence. Lessons were shared from studies in South Africa, Asia, and Latin America, in collaboration with MRC, Partners for Prevention and the International Men and Gender Equality Survey.

Prize Giving

Conference delegates were invited to evaluate presentations across a range of categories.

The winners and award categories were:

Best Presentation: Research

Awarded to: Emma Fulu, UNDP
Presentation Title: Overview of Gender-Based Violence Prevention and Masculinities Regional Research Project: Building an Evidence Base for Violence Prevention.

Best Presentation: Community-Based Intervention
Awarded to: Nancy Glass
Presentation title: Pigs for Peace: A Village-Led Animal Husbandry Microfinance to Improve Health and Economic Stability of Survivors of Gender-based Violence in the Democratic Republic of Congo (DRC).

Best Presentation: Health Sector Response
Awarded to: Kate Joyner
Presentation title: Benefits of Screening and Intervening for Intimate Partner Violence in Primary Care

Best Young Researcher
Awarded to: David Duriesmith
Presentation title: New War Masculinity and Sexual Violence: What Focusing on Manhood Can Tell Us About Sexual Violence in the Future of Warfare.

Best Poster
Awarded to: Yandisa Sikweyiya
Presentation title: Potential Research Participants' Motivations and Perceived Risks in Research Participation: Reflections on the Implications of Ethics in Health Research.

Closing Remarks

Participants' Motivations and Perceived Risks in Research Participation: Reflections on the Implications of Ethics in Health Research.

Dr Claudia Garcia-Moreno, Chair: SVRI Forum 2011

I will not attempt to summarize what we have heard over the last three days, but rather share some reflections of my own and also try to reflect comments I have heard from others. I would like to start by saying that I think this has been a terrific conference. And from what I have heard there is general agreement that this is a very special event, special in that there is a strong sense of unity of purpose. We are all here because we believe we can prevent and hopefully end sexual violence and that research has an important contribution to make to this. Special in that people feel safe: safe to share their concerns, the doubts and needs that accompany this research; safe for young and emerging researchers to present for the first time, safe to ask and to raise difficult issues. This is very important and as one researcher said to me when I asked him what the highlight of the meeting was for him, "As a scientist, I don't feel alone." Another participant said they appreciated the concerted attempt to not just present findings but to transform or link these into practice.I want to reflect here briefly on what are areas where we have made progress and, of course, flag those areas in which more work is needed.

1. New data

We have had a fabulous array of plenaries and parallel sessions. It was extremely difficult to choose which of the parallel sessions to go to and we have had three days of listening to extremely rich material and quite a lot of new information.

We heard new data **on perpetration**, and from new countries/regions of the world. This is providing us, for the first time, with a better understanding, across a range of settings, of men's motivations for rape, and of risk factors, all of which is very critical as we think of interventions to prevent rape and foster different forms of masculinities. We need to continue to develop our understanding of perpetration and developing and evaluating interventions to prevent sexual violence.

We have heard about **new interventions that are being evaluated** - e.g. using an HIV prevention programme for parents as a platform to prevent and respond to sexual violence against children, a community-based intervention in Uganda to address intimate partner violence, HIV incidence and sexual risk behaviours, interventions to reach boys and young men for sexual violence prevention, school-based curricula to promote gender equality and reduce violence, and parenting and other interventions to prevent sexual violence.

The focus on primary prevention has highlighted the many opportunities to build on existing knowledge. We need to take up the issue of translation/adaptation of practices that have been shown to be effective in, say the US, to other contexts and settings in low- and middle-income countries, as highlighted by one of the speakers. We need to invest immediately and intensely in figuring out strategies to prevent child abuse and maltreatment. Clearly exposure to violence in childhood is a consistent risk factor and addressing such violence would serve to prevent not only violence against women but other forms of violence as well.

In terms of services we also heard about new and interesting models of delivering health care, and in particular mental health, but many questions remain in terms of what are the best modalities for service delivery. The need to connect, for example, service provision for sexual violence with abortion and other sexual and reproductive health services was identified, as was how best to address the mental health consequences which are recognized as terribly important and yet most neglected and where the lack of capacity and trained professionals constitute tremendous barriers. Last but not least, to understand better what women need/want and what works for women in different situations and who experience different forms of violence.

In terms of sexual violence in conflict we also heard new things, including on perpetrators. Overall this is an area where, while there has been some progress, it is perhaps still lacking a more coherent and concerted response. The research agenda developed by WHO and the SVRI offers a starting point for filling in some of the gaps identified. These included geographical gaps: lack of or limited research from countries like Afghanistan, Pakistan, Colombia and other humanitarian/conflict settings beyond a few African countries. In humanitarian/conflict settings where the conditions for doing research are so much more challenging it would be useful to have a coordinated group to interact and share experiences with, so perhaps the ideas of community of practice made on day one is something to pursue in this area.

2. New regions

We heard new studies and results from Asia, but some people also pointed out that there were important gaps such as India, Afghanistan and other humanitarian settings outside of Africa. Latin America was another region where it was thought there are many relevant experiences and lessons learned that need to be brought to the discussions. Two years from now we will need to reach out to other countries and continents, and publicise better the availability of translation.

3. New collaborations

We saw a wider mix of people - not just researchers but also practitioners, but we need to keep in mind the exhortation our keynote speaker, Michele made on the first day to be more multi-sectoral and broaden our engagement to include other sectors, both in terms of the research that we do and in the people we interest in this conference.

We saw closer links between violence against children and violence against women, and in primary prevention, closer ties between sexual violence and intimate partner violence, but there was also a feeling that we still need to do more to bring these different fields together.

We need stronger collaborations between researchers and practitioners and promulgation of successful models used to make sure local researchers can be trained and participate meaningfully. (We saw an excellent example of this with the panel of young researchers from Africa supported by ICRW and the MRC). We need to greatly strengthen evaluation and also think about scaling up. We need clarity about what scaling up means, what it takes to do it and how it can be done.

We also need more engagement with governments to ensure the take up and application of research findings. There were good attempts to link research with programming but there is scope to strengthen this.

4. New friendships and new plans

I have heard a lot of positive comments about the size and friendliness of the meeting, the fantastic networking opportunities. It is really a fantastic opportunity to catch up with so many old friends and to meet so many new people, and develop collaborations and make new plans and generate new ideas for research.

To conclude, I hope we all leave the meeting with stronger ties and new plans for information sharing, and for collaborations. Overall there has been tremendous progress and it is exciting to see how much has happened and is happening. We need to take pride collectively at what has been achieved and we need to keep moving the agenda forward.

I want to end by thanking my co members of the SVRI Coordinating Group: ME Khan, Jill Astbury, Alessandra Guedes, Gary Bark, Nduku Kilonzo, Tandiar Samir, Ia Verulashvili and Linda Williams. The SVRI Secretariat: Rachel Jewkes, Liz Dartnall, who is the force behind the SVRI, and Lizle Loots. Last but not least I want to thank the MRC events team: Mandy Salomo, Ellen Claasen, Robert Ganesh, Denise Roberts, Meagan Simpson, Deon Salamo, for once a ain having shown their remarkable organizing skills and allowed us to have a conference with practically no glitches. A hand to them and to the technicians and translators who have been working away in the background.

Finally, thanks to all of you for being here. See you in two years' time.

SVRI Forum at a Glance

	Monday 10 October	Tuesday 11 October	Wednesday 12 October	Thursday 13 October
07:00 – 09:00	Registration: Open all day	Registration Welcome Session: Claudia Garcia Moreno	Registration	
09:00 – 11:00	Pre Conference Workshops	Plenary Session Sexual Violence in Conflict and Emergency Settings *Chair: M. E. Khan*	Plenary Session Perpetration of Sexual Violence *Chair: Gary Barker*	Plenary Session Mental Health *Chair: Jill Astbury*
11:00 – 11:30		Coffee Break	Coffee Break	Coffee Break
11:30 – 13:00	Morning Session 10h00-12h00 Workshop 1 Workshop 2 Workshop 3 Workshop 4	Parallel Sessions Session 1: Burden of Disease Panel *Chair: Jill Astbury* Session 2: Justice and Sexual Violence *Chair: Nicola Christofides* Session 3: Responses to Sexual Violence *Chairs: Nduku Kilonzo and Ruxana Jina* Session 4: Men's Use of Violence *Chairs: Yandisa Sikweyiya and Tim Shand*	Parallel Sessions Session 1: Responses to Sexual Violence in Conflict *Chair: Nancy Glass* Session 2: Child Sexual Abuse: Prevention and Response *Chair: Ben Saunders* Session 3: Deepening Our Understanding of Responses to GBV and SV *Chair: Alessandra Guedes* Session 4: Sexual Violence and HIV/AIDS *Chair: Manuel Contreras*	Plenary Session Closing Session *Chair: Rachel Jewkes* Vicarious Trauma and Doing Research on Sexual Violence *Presenter:* Jan Coles Moving the Agenda Forward *Presenter:* Claudia Garcia-Moreno Prize Giving
13:00 – 14:30		Lunch and Poster Display	Lunch and Poster Display	
14:30 – 16:00	Afternoon Session 14h00-16h00 Workshop 5 Workshop 6	Plenary Session Prevention Sexual Violence: Reviewing the Evidence *Chair: Jane Warburton*	Parallel Sessions Session 1: Building GBV Research Capacity in Africa: Reporting on a Collaborative Experience *Chair: Naeemah Abrahams* Session 2: CDC Panel *Chairs: Kristin Dunkle and Tandiar Samir* Session 3: Responding to Sexual Violence in Conflict II *Chair: Elizabeth Dartnall* Session 4: Special Groups	
16:30 – 18:00	Opening Session Welcome Cocktail Function (17:00 – 21:00)	Parallel Sessions Session 1: Sexual Violence in the Democratic Republic of Congo *Chair: Ruth Ojiambo-Ochieng* Session 2: Gender-Based Violence Prevention *Chair: Deborah Billings* Session 3: Sexual Harassment *Chair: Catherine Maternowska* Session 4: Child Sexual Abuse: Research and Response *Chairs: Linda Williams and Ia Verulashvili*	Gala Dinner (18:00 – 23:00)	

Committees

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M.E. Khan (Co-Chair)	Population Council, India
Jill Astbury (Co-Chair)	Monash University, Australia
Rachel Jewkes (Secretary)	Medical Research Council, South Africa
Gary Barker	Promundo USA/LAC
Claudia Garcia-Moreno	WHO, Switzerland
Alessandra Guedes	PAHO/WHO, USA/LAC
Nduku Kilonzo	Liverpool VCT, Care and Treatment, Kenya
Tandiar Samir	Near East Foundation, Egypt
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Linda Williams	University of Massachusetts Lowell, USA

SVRI Secretariat

Rachel Jewkes (Secretary)	Medical Research Council, South Africa
Elizabeth Dartnall (Programme Officer)	SVRI / Medical Research Council, South Africa
Lizle Loots (Researcher)	SVRI / Medical Research Council, South Africa

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Rachel Jewkes (Secretary)	Medical Research Council, South Africa
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Shanaaz Mathews	Medical Research Council of South Africa
Tandiar Samir	Centre for Development Services, Near East Foundation, Egypt
Thomas Shanahan	UNDP Pacific Centre, Fiji
Wendy Knerr-Wolfson	University of Oxford, UK
Wynne Russell	Freelance Consultant - CSDev Associates, Australia
Yandisa Sikweyiya	Medical Research Council of South Africa

Appendix A: Mentors

1. Professor Holly Johnson: Prof Johnson is an associate professor in the Department of Criminology at the University of Ottawa. Her primary research interests include sexual violence and intimate partner violence. Holly was principal investigator of Statistics Canada's first national survey on violence against women and is currently a coordinator of the International Violence against Women Survey.

Mentee: Mr. Ayit (Yves) Elo Gaba, Togo.

2. Professor Jill Astbury: Prof Astbury is the Adjunct Principal Research Fellow at Monash University, Australia. Her research interests include the relationship between gender based violence including sexual violence and gender disparities in mental health including increased rates of depression, anxiety and posttraumatic stress disorder. She is also the Co-Chair of the SVRI.

Mentee: Mr Frank Kiwalabye, Uganda

3. Professor Linda Williams: Prof Williams is a Professor of Criminal Justice and Criminology, at the University of Massachusetts Lowell. For the past 38 years she has directed research on victim issues including rape and sexual exploitation of women and children, fatal child abuse, trauma and memory, and human trafficking. Prof Williams has recently joined the SVRI as Coordinating Group Member.

Mentee: Ruth Ojiambo-Ochieng, Uganda

4. Professor Jan Coles: Prof Coles is an Academic General Practitioner at Monash University, Australia and has worked in clinical medicine and general practice for 25 years. Her main area of research is sexual violence and women's health and the impact of childhood sexual violence on early mothering. Current international work includes collaboration with the SVRI, presenting on Researcher Trauma and running researcher trauma prevention workshops at the SVRI Forum 2011.

Mentee: Ms Kerry-Jane Coleman, South Africa.

Appendix B: Exhibitors

Centers for Disease Control and Prevention

The U.S President's Emergency Plan for AIDS Relief (PEPFAR) is the U.S Government initiative to help save the lives of those suffering from HIV/AIDS globally. PEPFAR supports and promotes effective gender programming in the context of HIV/AIDS with a focus on preventing and responding to gender-based violence.

GBV Prevention Network

The GBV Prevention Network is a dynamic group of activists and practitioners committed to preventing gender- based violence in the Horn, East and Southern Africa. We are over 220 members strong – coming from 24 different countries – all of us committed to and working toward a world free of gender-based violence. We are: entire organisations; individuals, academics, social justice activists, development workers, feminists, donors, etc; we come from small, rural, community-based organisations, national organisations, international organisations, bilateras, foundations, government institutions, universities and the UN. We are both women and men, survivors of violence, witness to violence. The GBV Prevention Network is a vibrant space for innovation, expertise, experience sharing and exchange on GBV prevention.

Johns Hopkins

The work of JHU is focused but not limited to HIV prevention, care and support and treatment. This strategic plan aims to guide the activities of JHU in South Africa over the next five years and is informed and guided by the goals and objectives of the National Strategic Plan for South Africa, namely to reduce the number of new HIV infections by 50% and to ensure that 80% of South Africans have access to quality care, support and treatment.

Juta

Juta and Jutatastat are names synonymous with South African legal publishing and a heritage of excellence. We publish the writings of over 300 renowned authors and contributors drawn from the ranks of the judiciary, academic institutions and private practice. Our reputation amongst legal professionals is based on our iconic commentary works, indispensible and trusted law reports series and integrated legislative products in user-friendly formats.

Isis-Women's International Cross-Cultural Exchange

Isis-Women's International Cross-Cultural Exchange (Isis-WICCE) exists to promote justice and empowerment of women globally through documenting violations of women's rights and facilitating the exchange of information and skills to strengthen women's capacities, potential and visibility. Isis-WICCE utilizes different creative strategies to generate and share information and knowledge to enable women to enhance their leadership potential and participate indecision making skills.

media mondiale

Our work with war-traumatised women and girls is based on principles and quality features which we have developed from our project work experience and which are regularly revised and refined. National and international work teams and an ever growing circle of international women experts are involved in this process. Terms that we keep using in our work – such as "empowerment", "resource orientation" and "integrated approach" – are reflected in the basic principles.

Medical Research Council, South Africa

The MRC's mission is to improve the nation's health and quality of life through promoting and conducting relevant and responsive health research. The MRC is responsible for, and passionate about, the transformation and development of South Africa through the role of health research in building a healthy nation. It does this through the translation of research results into policy, practice, health promotion and health products.

MOSAIC

MOSAIC is an organisation with a strong understanding of and expertise in the field of domestic violence. It is a community based, non-governmental organisation (NGO) with a specific focus on for women and youth preventing and reducing abuse and domestic violence, particularly for women and youth living in disadvantaged communities.

Population Council

The Population Council is an international, non-profit, nongovernmental organization that seeks to improve the well-being and reproductive health of current and future generations around the world and to help achieve a humane, equitable, and sustainable balance between people and resources. The Population Council opened an office in South Africa in 1999, initially to support HIV and AIDS operations research under the US Agency for International Development–funded Horizons program. The program expanded to include work on reproductive health, gender, and youth. The Council has established new partnerships with other bilateral donors, foundations, the Government of South Africa, nongovernmental organizations, and universities.

Sexual Violence Research Initiative

The SVRI aims to promote research on sexual violence and generate empirical data that ensures sexual violence is recognised as a priority public health problem. The SVRI does this by building an experienced and committed network of researchers, policy makers, activists and donors to ensure that the many aspects of sexual violence are addressed from the perspective of different disciplines and cultures.

International Rescue Committee

The International Rescue Committee responds to the world's worst humanitarian crises and helps people to survive and rebuild their lives. Founded in 1933 at the request of Albert Einstein, the IRC offers lifesaving care and life-changing assistance to refugees forced to flee from war or disaster. At work today in over 40 countries and in 22 U.S. cities, the IRC restores safety, dignity and hope to millions who are uprooted and struggling to endure. For more information, visit: http://www.rescue.org/

World Health Organisation

The WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.

Appendix C: Sponsors and Partners

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