



INTERNATIONAL POLICE EXECUTIVE SYMPOSIUM
WORKING PAPER NO 4

**HIV/AIDS, IMPLICATIONS FOR LAW ENFORCEMENT,
PUBLIC SAFETY AND POLICING IN
SOUTH AFRICA**

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FEBRUARY 2007

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HIV/AIDS, Implications for Law Enforcement, Public Safety and Policing in South Africa

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IPES Working Paper No 4, February 2007

www.IPES.info

ABSTRACT

This paper explores the connections between HIV/AIDS, law, public safety and policing in South Africa. The growing number of AIDS orphans in the country and the accompanying poverty will probably lead to a rise in interpersonal crimes and property crimes. AIDS orphans could experience social isolation and discrimination and this could turn them into antisocial individuals or even violent offenders. Simultaneously, with an increasing number of HIV-positive police officers falling ill and dying, impacting on the availability of experienced personnel, the capability of the police to prevent, investigate and respond to crime could be substantially diminished. In a few years'time this could mean a heavy reduction of the levels of service provided for the South African Police Service. This situation is an emergency that has called for the attention of some government departments and especially of the police authorities.

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HIV/AIDS, Implications for Law Enforcement, Public Safety and Policing in South Africa

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Introduction

This paper examines the links between HIV/AIDS, law, public safety and policing in South Africa, where we find the world's highest number of HIV/AIDS victims. With about 5.5 million of the world's HIV-infected people, South Africa is the global epicenter of the AIDS epidemic [Makubalo et al.: 2003], but up to now the number of orphans has been increasing quite slowly and from a low base and as a result has attracted relatively little public attention. South Africa's epidemic is still in its early stages, compared to other African countries, and the levels of orphanhood seen elsewhere in Africa have yet to be experienced in this country. In the years to come, however, the number of orphans is predicted to peak in 2015 at about 1.85 million children, assuming no interventions to prolong the lives of parents and no changes in preventive behaviour [Johnson and Dorrington: 2001]. One of the consequences of AIDS for South Africa will be an increase in the proportion of adolescents and young adults relative to the general population. This larger youthful population could result in more delinquent behaviors [Schönteich 2003: 1]. Simultaneously, the epidemic will hit a rising number of police officers who will not be able to respond to crime in an efficient manner and contribute to create an unsafe environment for many citizens. This situation is an emergency that has called for the attention of some government departments and especially of the police authorities.

AIDS, orphans and deviant tendencies

The HIV/AIDS epidemic has modified the demographic structure of Southern Africa [Heuveline: 2004]. The most devastating effect is the creation of a generation of orphans¹ [UNICEF: 2003]. At the end of 2003, the AIDS epidemic

¹ UNAIDS defines as orphans children who before the age of 18 have lost either one or both parents to AIDS.

has left behind an estimated 15 millions of orphans. About 80% of these live in sub-Saharan Africa. This orphan population will increase in the next decade, especially in Southern Africa², as HIV-positive parents become ill and die from AIDS (although a massive increase in the availability of antiretroviral therapy could bring the projected figures down to some extent) [UNAIDS *et al.* 2004: 3]. The burgeoning orphan population is not only traumatised by the loss of parents (whose physical deterioration they may often have witnessed), but they will also be deprived of the necessary control and crucial parental guidance through progressive life-stages of identity autonomy and socialisation into adulthood. Moreover, most of them are often compelled to leave school because the traditional African safety net, the extended family, will probably not be able to pay school fees and may have to look after their siblings. This may mean that orphaned children constitute a social group of disenfranchised young people which will grow up without education or any parental guidance and protection. In these pressured circumstances, these children are at high risk of turning to crime to survive. [Schönteich 2002: 30]. Dr Schönteich, Senior Researcher with the *Institute for Security Studies* in Pretoria said:

«In the next 5-10 years many South Africans children will grow up without parental guidance and support because of HIV/AIDS. This situation will fuel the phenomenon of the AIDS deviant orphans, poor and uneducated minors engaged in criminal activities. The main challenge for these children is to be able to get out of a vicious circle, but it is not easy because, on the one hand, the unemployment rate is quite high and, on the other hand, social services are not efficient in South Africa³».

The absence of a father figure early in the lives of young males tends to increase later delinquency [Bowlby: 1947]. Moreover, such an absence may affect a boy's ability to develop self-control:

«The secure attachment or emotional investment process [a father figure provides] facilitates the child's ability to develop and demonstrate both empathy and self-control. By extension, an

² The largest increases will be in countries with the highest HIV rates, such as Botswana, Lesotho and Swaziland, where the national adult prevalence exceeds 30 per cent [Whiteside and Sunter: 2000].

³ Opinion collected during an interview on 18th March 2003.

insecure attachment will lead to lower levels of empathy and self-control, and to an increase in violent behavior⁴».

The erosion of strong kinship ties, the lack of father figures for children, and the disintegration of family has characterized the Southern African region for decades. It isn't clear whether the dynamics surrounding orphans represent a 'special risk' or whether the potential impact lies simply in the scale of the epidemic. The relationship between orphans and crime is an area in which more empirical studies are required [Pharaoh and Schönteich 2003: 11]. However, given that there will be some 5 million AIDS orphans in Southern Africa by 2010, it is conceivable that the region will experience a significant increase in violent interpersonal crimes such as murder, rape and assault, violent property crimes such as robbery, mugging and burglary, and violent crime against property such as malicious injury to property [Schönteich 2001: 7]. Mc Crindle K., a social worker of the *Child Welfare Society* in South Africa, argues on AIDS orphans issue:

«It is obvious that an increasing number of children orphaned by AIDS will have no role models in the future and they will grow without sound values. It will be a logic consequence to resort to crime to survive⁵»

In the Southern Africa states, the median survival with HIV/AIDS is estimated to be around ten years. In these countries the majority of HIV infections occur between 15 and 25 years old for women and between 20 and 30 years old for men. Thus, many men aged 30 to 40 will die over the next decade or so as a result of HIV/AIDS, leading to an over-representation of young men between 15 and 29 years old [UNAIDS/WHO 2005: 20-25]; an age group where people's propensity to commit crime is at its highest level [Schönteich 1999: 34]. The criminological theory suggests that demographic change caused by AIDS may be a significant contributor to an increase in the levels of crime and violence in the region. South Africa risks to be on an AIDS orphan time bomb that could unleash a tidal wave of crime and civil unrest in the near future [Hooper-Box: 2002].

⁴ Katz R S (1999).

⁵ Opinion collected during an interview on 10th March 2003.

«As [orphaned] children under stress grow up without adequate parenting and support, they are at greater risk of developing antisocial behavior and of being less productive members of society⁶».

According to the literature, growing numbers of marginalised children may have impact on levels of stability and security in Southern Africa in two different ways. First, such children may not only become victims but also perpetrators of crime. Second, they may provide a ready recruitment pool for individuals and organisations wishing to challenge the existing status quo [Loewenson and Whiteside 2001: 11-12]. The fear is that the AIDS epidemic, by creating millions of orphans, will exacerbate this phenomenon.

Cheek [2000] argues that orphans who are disconnected from social, economic and political support structure may constitute “an extra national” population group, who could easily become tools for ethnic warfare, economic exploitation or political opportunism. He gives the example of Sierra Leone’s conflict, where individuals marginalised by war were recruited into the Revolutionary United Front (RUF) with promises of food, alcohol, drugs, girls and a sense of belonging to a community of ‘child soldiers’, girls as sex slaves to male fighter. He adds that uneducated, malnourished and purposeless children represent a potential army, which if exploited, could effectively destabilise most countries in Southern Africa.

Infected inmates and risk of recidivism

In South Africa, HIV⁷ «flourishes most in areas that are burdened by unemployment, homelessness, welfare dependency, prostitution, crime, a high school drop-out rate, and social unrest⁸». The socio-economic factors which significantly contribute to the prevalence of HIV positive within a specific population group are very similar to those which lead to criminal activity and

⁶ Kinghorn, A. and Steinberg M. (2000), p. 15.

⁷ According to the South African National HIV Survey 2005 HIV/AIDS sero-prevalence for adults and young people (from 15 to 49 years old) was estimated at 16.2% [Shisana et al.: 2005]

⁸ Whiteside, A. and Wood G. (1996), p. 1.

incarceration. The poor are more likely to become migrant labourers or commercial sex-workers as a survival strategy. HIV prevalence is also connected to levels of social cohesion. Unstable and unsafe social areas where family violence, high rate of crime and substance abuse, substandard housing, and overcrowded, unsanitary living conditions and unemployment can also fuel AIDS epidemic. In poor communities, most people have low levels of HIV/AIDS knowledge and awareness and do not have access to health care, and thus more likely to suffer from untreated sexually transmitted infection (STI), which may increase the probability of HIV transmission [UNAIDS 2000: 7-8].

The South African Department of Correctional Services (DCS) includes statistics on HIV/AIDS infection in the prisons in its Annual Report. These statistics reflect only the reported cases from the health services of each prison and are not considered reliable. The DCS statistics underestimate the extent of HIV infection because reporting is inconsistent and often AIDS-related deaths are recorded only as TB or pneumonia [Goyer 2003: 25].

The spread of communicable diseases and declining health conditions in South African prisons are mainly linked to overcrowding. When prison cells are overcrowded, water and other supplies are depleted at a faster rate. Toilets, showers and washing facilities are often not in proper working condition. When toilets are blocked or not running, and inmates are forced to live and eat in an unhealthy environment, diseases are likely to spread [Sekhonyane 2005: 2].

The people who are likely to be incarcerated are also those who are more likely to be HIV positive. Poverty is a defining characteristic of both prisoner and positive populations alike [Goyer 2003: 12]. Prisoners are primarily young and black men from impoverished communities already hardest hit by HIV/AIDS. Much of their behavior prior to incarceration is high risk for contracting HIV, and is likely to continue upon their release. Conditions in South African prison also contribute to increased HIV prevalence due to gang violence, unprotected homosexual activity, sharing needles, use of contaminated objects for tattooing, poor nutrition and inadequate health care. If the issues are not addressed, the consequences will be dire, not only for the prison population, but for the broader society into which prisoners are released upon completion of their sentences [Goyer 2002: 24].

There exists only one instance of independent research regarding HIV prevalence in South African prisons. The Goyer's research was done in Midlands Medical B, a prison in the province of KwaZulu-Natal, an area with a very high infection rate among the general population. The report was banned from publication by the DCS because it was believed to be "too explosive". Among Goyer's observations were that:

- At Westville Medium B prison communal cells originally intended for 18 are "crammed" with 50 people who spend 18 hours a day in close proximity to each other with no ventilation or air circulation, increasing the risk of TB (often associated with AIDS) which is affecting the prison population at an alarming rate.
- Gang-related sex is so far-reaching it is inescapable. A social worker at Westville B said that while many prisoners and prison guards will not admit or discuss it, homosexual intercourse and rape are "rife" (Lawyers for Human Rights estimate that 65 percent of inmates participate in homosexual activity);
- Tattooing is a part of the extremely powerful gang structure within the prisons. Because everyone's clothing is standard issue, identifying tattoos become the medium for communicating who belongs to which gang. This practice is against the regulations in prison, so a prisoner is not likely to seek medical attention for an infected wound resulting from a tattoo;
- Prisoners with money or influence can "acquire" a prisoner as a passive sexual partner and carry out a high-risk behaviour, usually in the form of unprotected anal intercourse. Among sexual means of transmission, receptive anal intercourse carries the highest probability of HIV infection;
- Restricted access to adequate nutrition. More than one member of staff at Westville indicated that smuggling and theft in the prison kitchen were the primary causes for the lack of decent meals.
- The management strategy for HIV/AIDS in prison of the department of correctional services was badly communicated to staff and not uniformly implemented.

In the fight to contain the spread of AIDS in the outside community, the research document recommends that prisons should be ideal processing centres for

information, education and counselling and testing. Emphasis should be given to prison health care and that prison hospitals should run as a public facility and not be the responsibility of Correctional Services. Condoms and lubricants to lessen the risk of transmission should be provided discreetly [Clarke: 2003].

WHO advocates early release of prisoners in the advanced stages of AIDS. The motivation is to allow a person to die in dignity, either in their home or with their family, rather than forcing them to die isolated and alone in prison. In the WHO Guidelines on HIV infection and AIDS in Prison, Section L.51 states:

«If compatible with considerations of security and judicial procedures, prisoners with advanced AIDS should be granted compassionate early release, as far as possible, in order to facilitate contact with their families and friends and to allow them to face death with dignity and in freedom⁹».

On October 11 2005, Inspecting Judge for Prisons Johannes Fagan told a parliamentary select committee on security and constitutional affairs that deaths from natural causes, including HIV/AIDS, in South African prisons have surged more than 700 percent in the past nine years. Although enthusiastic about prison improvements resulting from the recent remission of sentences of about 30,000 prisoners, Fagan called for changes in the handling of terminally prisoners in the country's overcrowded prisons. South African law allows for terminally ill prisoners to be placed out on medical parole with conditions. In 2004 only 4.5 percent of terminally ill prisoners were placed on medical parole, compared to 23 percent in 1996. Fagan pointed out that the minimum-sentencing regime requiring prisoners to serve 80 percent of their sentences before being eligible for parole "is simple wrong," noting that under normal circumstances, prisoners were eligible for parole after serving half their sentences [Hartlej: 2005].

Prior to the AIDS epidemic, prisons normally maintained a programme of early release for the relatively rare occurrence of prisoners who were terminally ill. Today, this policy desperately needs to be updated to accommodate the increasing number of prisoners who are dying of AIDS while incarcerated. This trend is likely to increase as the epidemic escalates and leaves large numbers of orphans

⁹ World Health Organization (WHO) (1993), *Guidelines on HIV Infection and AIDS in Prisons*, Geneva : 9.

in its wake. The bulk of the increase in the prison population is made up of prisoners awaiting trial, which means that an increasing number of prisoners not yet sentenced are also dying before their release. Whether sentenced or not, reintegration is not likely for anyone who has endured the brutalisation and violence which is endemic in South African prisons. Recidivism rates (the likelihood that a prisoner will offend again upon release) are estimated to be as high as 94% in South Africa. Rehabilitation cannot take place without first providing prisoners with conditions of detention that are consistent with human dignity. This includes addressing concerns about health and the impact of HIV/AIDS [Goyer 2002: 25-26]

AIDS, police and public safety

HIV/AIDS on an epidemic scale can detrimentally affect the capacity of government institutions. AIDS can decimate an increasing number of public servants and elected officials with serious consequences on the process of political institutionalisation that young democracies need in order to develop a strong and effective state which enforces a system of rules. A shrinking proportion of competent officials will have been at their positions long enough to develop the specialised skills, expertise and professionalism needed to do their work. This situation represents a great pressure on the governmental structure which can cause a collapse in the state capacity to respond to social and political issues [Mattes 2003: 6-7].

One of the most affected sectors is the police, and the high incidence of infection, illness and death place a serious danger on peace and safety of Southern Africa. The South African police force risks becoming a completely ineffective institution, unable to carry out its duties [Allen 2003: 1]:

- prevent, and investigate crime
- maintain public order
- protect and secure South Africans and their property
- uphold and enforce the law [Government Communication and Information System (GCIS) 2004: 452].

The same Constitution of the Republic of South Africa lists in an official way the four “objects “ of the South African Police Service (SAPS):

«to prevent, combat, and investigate crime, to maintain public order, to protect and secure the inhabitants of the Republic and their property, and to uphold and enforce the law» [Constitution of the Republic of South Africa: 1996].

Indeed, Southern Africa risks becoming a region of lawlessness. Until the AIDS is brought under control, and the epidemic is also addressed as a serious endangerment to the future of the police force, the criminal element risks ravaging the African society [Allen 2003: 2]. In fact, the police that are entrusted with the responsibility of enforcing and maintaining law and order are themselves, victims of the epidemic ailment. It is widely argued that members of the uniformed services, including police, are at particular risk of contracting HIV. In 1998, UNAIDS pointed out that in peacetime sexually transmitted disease (STDs), including HIV/AIDS, infection rates among armed forces are generally two to five times higher than in comparable civilian populations. In time of conflict, the difference can be 50 times higher or more [UNAIDS 1998: 3]. According to UNAIDS:

«Uniformed services, including defense and civil defense forces, are a highly vulnerable group to sexually transmitted infections (STIs) mainly due to their work environment, mobility, age and other facilitating factors that expose them to higher risk of HIV infection. Simultaneously, uniformed services also offer a unique opportunity for HIV awareness and training with a large ‘captive audience’ in a disciplined and highly organized setting. At the same time, uniformed services, including armed forces and police, are often perceived as role models in their society. Among male population groups studied, military and police generally report higher levels of HIV/AIDS infection than the national average in many countries» [UNAIDS 2003: 1].

A disproportionate number of police personnel tend to be more sexually active; personnel often operate in a dangerous environment that encourages risk-taking and machismo; staff are posted away from home; and personnel enjoy status and relative wealth compared to the communities in which they live and work – all of which increase opportunities for sex with multiple partners [Foreman 2002: 7-19]. Most of them are in a high-risk age group for HIV infection – the sexually active, 25-35 year age group. Relatively low levels of testosterone and peer pressure

among this age group boost aggression and the willingness to take risk. These traits are further enhanced by the paramilitary culture that still pervades some sections of the SAPS – such as the public order units, dog units, crime prevention units and the flying squad, which encourages aggressiveness, virility and risk-taking as important characteristics of effective ‘crime fighters.’ Outside of work, these attitudes can lead to risky sexual behaviour, such as purchased sex, and sex without condom [Schönteich 2003: 3].

In South Africa, this may be abetted by the fact that police forces, particularly those stationed in rural areas, and military personnel usually have more income at their disposal than the local population around them. This gives them the financial means to purchase sex on an on-going basis, which is facilitated by the fact that the two groups, due to the nature of their work, frequently interact with large numbers of sex workers. It can also happen that military forces use rape as weapon of war as well. During times of conflict rape is abetted by high levels of alcohol and drug abuse by soldiers far removed – both physically and psychologically – from social norms which are commonly accepted [Fleshman 2001: 16]. This phenomenon can fuel the spreading of the HIV/AIDS. In the case of the police, the Government and the SAPS are persuaded that discouraging these behaviours will help to mitigate the most adverse consequences of HIV/AIDS. Initiatives such as multi-skills training courses for both new recruits and existing personnel, proper record-keeping to archive the police service’s institutional memory, and outsourcing of some labour-intensive police functions can be effective tools [ibid: 6].

Uniform personnel as compared to civilian have higher rate of infection for sexually transmitted diseases (STD’s) worldwide. HIV and other STD’s impacts threaten the uniform populations’ ability to perform important functions. There is a critical need to find effective ways to lower the risky behaviors. South African police conforms to many of these trends. Behavior change based on acquiring knowledge and learning skills, along with individual risk assessment is an effective method for reducing risky behaviors [Stutterheim 2000: 1].

The technical nature of police work creates certain vulnerabilities. A great deal of experience, skills and personal information could be lost because of staff with HIV/AIDS retiring from service or dying and these skills would take years to

replace. The police depends on staff with specialist skills, such as detectives, personnel involved in judicial processes and liaison, handwriting experts, and other technical staff, who require specialised (often foreign) training and are hard to replace. A number of organisational factors could similarly see the institution negatively impacted by the epidemic. These include a tendency towards hierarchy that prevents sharing of information and teamwork, the provision of generous funeral benefits, and lenient sick and compassionate leave policies that are financially costly and make it difficult to replace staff [Institute for Security Studies and Malawi Institute for Management 2003: 11].

In South Africa, one out of every seven police will have HIV/AIDS by 2015 in a country where more cops will be needed to deal with crime that could escalate because of the pandemic. Recent research by the Institute for Security Studies showed that 8% of functional police already had HIV in 2000. Estimates are that this figure would rise to 14% by 2015. Age-specific prevalence projections indicate that HIV prevalence amongst 25 to 29 years old, and 30 to 34 years old, is expected to increase from 15% to 17% in 2000, to approximately 35% and 45%, respectively, by 2015 [SAPS Health Management 2000: 1-2].

In 2000 the South African Police Service (SAPS)¹⁰ launched a five-year strategic plan to eradicate HIV/AIDS in the police force. This plan has incorporated an aggressive educational campaign, pro-active mechanism to decrease the high-risk faced by its members, preventative measures, and after-hours counselling services. The learner of this programme will have to be able to utilize acquired knowledge in preventing contracting or spreading the HIV/AIDS [ibid]. The basic learning objectives are:

- teach SAPS members about healthy life styles by necessary skills and relevant knowledge
- develop positive attitudes and values towards HIV/AIDS
- explain what HIV/AIDS is
- enable employees to discuss about HIV/AIDS

¹⁰ It came into being in 1994 after the amalgamation of the 11 independent policing agencies that existed before the nation's transition to democracy. The key aims and programmes of the SAPS are based on the objectives provided for in Section 205 of the Constitution. The

- understand how big the STD, HIV/AIDS problem is and what you can do about it
- understand the risk of infection
- identify ways of transmissions and differentiate between facts and unfounded myths surrounding transmission
- identify stages of the disease
- gain information regarding HIV testing and counselling
- ensure that everyone get clear and accurate information.

The aim of the programme is to reach all the personnel of SAPS on a continuous basis. The peer educators play a fundamental role in the enhancement of training, the distribution of condoms and maintenance of the condom dispensers [Stutterheim and Khumalo: 2000]. It is necessary that this programme is carried out urgently; the onslaught of AIDS will seriously compromise the ability of the police to fulfil their obligations. With an increasing number of HIV-positive police officers falling ill and dying, the capability of the police to prevent, investigate and respond to crime could be substantially diminished. In a few years' time, this could mean a heavy reduction of the levels of service provided for the SAPS [Schönteich 2003: 1]. The mortality rate and dismissal from the police service because of poor health have already risen significantly [Brits: 2003]. The cost of each HIV infection is likely to be higher, as police officers make use of employer-based pension and medical aid plans. Moreover, a rapid skills' loss puts additional strains on the functioning of the sector. This means a frequent staff turnover with a concomitant regression of professionalism in the police service. Higher recruitment and training costs can be expected [Schönteich 2003: 4-5].

During a poster discussion at the XVI International AIDS Conference in Toronto, Themba Masuku of the Centre for the Study of Violence and Reconciliation (CSVR) presented a preliminary report which documents in detail the experience of HIV positive police officials to understand how they are coping within the police environment. The study further explores the general perceptions and

fundamental SAPS's responsibility is to create a safe and secure environment for all South Africans [GCIS 2004: 452].

attitudes of police officials towards HIV/AIDS and their impacts on the delivery of services. He found that SAPS HIV/AIDS prevention strategy has not been properly implemented due to a lack of leadership at different levels as some police managers do not consider HIV/AIDS as their issue. Masuku interviewed in-depth some commanders at Johannesburg's police stations and found that half of them had never attended HIV/AIDS training. Fifty percent of police commanders indicated that HIV/AIDS was not their responsibility and saw attendance at HIV/AIDS workshops as interfering with their duties. But, according to Senior Superintendent Magda Laubscher, head of the police's HIV section, an effective strategy has been implemented to create awareness among police. This strategy aimed at preventing new infections, building capacity at different levels and mobilising resources and support. A large number of social workers have been trained as training officers and provincial coordinators of the HIV/AIDS programme have also been established.

Senior Superintendent Laubscher agrees that prevention in the workplace is important, especially among police who are vital to the country's safety and security. For two successive years, the SAPS has allocated R10-million from its budget to the HIV/AIDS workplace in order to implement the programme at all levels. The programme uses voluntary counselling and testing (VCT), and while it promotes police officers knowing their status, they are not forced to get tested [Blandy: 2006]. Employees have the right to confidentiality regarding their HIV/AIDS status and cannot be compelled to disclose their HIV/AIDS status to the SAPS or any other employee. If an employee chooses to voluntarily disclose her/his status to any other employee, this information may not be disclosed to others without the employee's express written consent [Ngobeni: 2005]. A VCT model was developed after the input received by the first SAPS Voluntary Counselling and Testing Programme organized in the beautiful winelands district of Stellenbosh on 1st December 2003. This event marked a milestone in creating an awareness of the steps taken by the SAPS to inform and support the members of the organisation regarding HIV/AIDS [De Beer: 2004]. Moreover, while Laubscher thinks that the SAPS programme can mitigate the stigma and discrimination of the disease in an effective way, the CSVN report found – through case studies of police officials living with the disease – that stigma and

discrimination are still a problem. Some police officials visit social workers for counselling late at night or early in the morning so they will not be seen entering offices [Blandy: 2006].

Community policing: a strategy at risk?

Public safety and crime prevention are still commonly viewed as security issues to be dealt with by the criminal justice system and particularly by the police. But these concepts need to be thought of as '*social health*' issues. The lead responsibility for crime prevention is not an exclusive responsibility of the police; it would be far more appropriate to involve the departments of the social cluster, namely the departments of social development, health, and education. The engagement of these departments can allow a wider understanding of crime as a '*social health*' issue rather than solely a security issue. Most of this is already provided for in existing policy. What is needed is to refine the policy to take account of the peculiar South African context [Pelser and Louw 2002: 3-4].

The newly established South African Police Service (SAPS) is the result of a reorganization process which has amalgamated all formerly separated policing institutions (the apartheid homeland police) into a single national police organization. The completion of this process saw approximately 30,000 police officers (most of whom were black) being integrated into the SAPS. The newly rank structure of the SAPS starts with constables at the lowest level, followed by sergeants and then inspectors. These ranks make up the non-commissioned officers. Commissioned officers, who make up the managerial ranks found at station level, start with captains, followed by superintendents and directors [Newhan, Masuku and Dlamini 2006: 18]. Formerly, the internal demographics of the organization were highly skewed. Four-fifths of black police officers occupied the lowest rank of constable, compared with less than half of white officers [Brogden and Shearing 1993: 77]. Racial inequity became increasingly acute towards the upper echelons of the organization, with 95% of commissioned officers being white. In 1996, the new government and SAPS engaged to build a new and more representative police system ensuring that middle and senior management levels comprised at least 50% black people and 30% women by 2000 [Rauch 2000]. In August 1998, the Minister of Safety and Security

established an independent committee of inquiry to investigate and report on racism in the SAPS as a whole. The findings of this committee are highly informative and can be summarized in the followings points:

- The racial representation in the SAPS did not reflect the demographics of the country, nor the organisation. Whites were over-represented in the senior ranks of the organisation, while blacks were over-represented in the lower ranks;
- As the top echelons of the SAPS were almost exclusively white, decision-making and discipline remained an area of white control;
- Racism manifested itself in different localities (that is, provinces, areas, etc.) and had different dynamics;
- Some of the training colleges were still not racially integrated;
- The professional tasks were assigned on race basis, with blacks performing tasks considered inferior and hazardous, while administrative and office jobs were given primarily to whites
- Disparities in the allocation of resources along racial lines [Zulu et al: 1999].

While at the time there was a widespread skepticism that these targets could be achieved without fundamentally affecting the capabilities of the organization, it appears today that they had been largely attained by the intended date [Rauch: 2000]. If the ultimate goal is that the SAPS reflects the racial demographics of the population (affirmative action), the place to start would be with the overall population statistics. Table 1 below presents the most recent estimates for the race demographic of the country (as of mid-2005)¹¹.

Table 1: 2005 mid-year estimates for South Africa by population group

<i>RACE</i>	<i>NUMBER</i>	PERCENTAGE
Black	37.205.700	79.4
Coloured	4.148.000	8.8
Indian	1.153.900	2.5
White	4.379.800	9.3
Total	46.887.400	100%

Source: Statistics South Africa: 2005

¹¹ The population estimates are based on the 2001 national census figures published by Statistics South Africa.

Table 2 shows the proportional racial demographics of the total SAPS personnel.

Table 2: Total racial profile of the SAPS

<i>RACE</i>	<i>NUMBER</i>	<i>PERCENTAGE</i>
Black	95.766	64.3
Coloured	16.621	11.2
Indian	4.993	3.3
White	31.590	21.2
Total	148.970	100%

Source: Newham, G., Masuku, T. and Dlamini, J. (2006: 22)

As can be seen from both tables, there is a marginal difference in terms of the racial proportion between South African population group and the total SAPS strength. Black people are under-represented by 15.1% in the SAPS group, while all other race groups are over-represented; coloureds by 2.4%, Indians by 0.8% and whites by 11.9%. Tables 3a and 3b below present the racial composition of the SAPS at the commissioned and non-commissioned officer level.

Table 3a: SAPS racial profile by commissioned officer level

<i>COMMISSIONED OFFICERS</i>		
<i>RACE</i>	<i>NUMBER</i>	<i>PERCENTAGE</i>
Black	7.002	43.5
Coloured	1.321	8.2
Indian	993	6.2
White	6.767	42.1
Total	16.083	100%

Source: Newham, G., Masuku, T. and Dlamini, J. (2006: 22)

Table 3b: SAPS racial profile by non commissioned officer level

<i>NON COMMISSIONED OFFICERS</i>		
<i>RACE</i>	<i>NUMBER</i>	<i>PERCENTAGE</i>
Black	61.874	67.3
Coloured	9.766	10.6
Indian	2.838	4.2
White	17.230	18.8
Total	91.708	100%

Source: Newham, G., Masuku, T. and Dlamini, J. (2006: 23)

Since its establishment, the SAPS have made substantial strides towards improving racial representation at management level. In 1995, approximately 80% of commissioned officers were white. Nevertheless, the SAPS organization

still has to work to achieve the 2004 employment equity plan targets that were set for management levels. However, at the level of non-commissioned officers, the SAPS has managed to largely achieve the equity targets that it set for management levels. The lowest ranks of the organization largely reflect the racial composition of the country. For example, at the level of constable, 70.6% are black, 1% colored, 2.3% are Indian, and whites constitute 9.1% [Newham, Masuku and Dlamini 2006: 24]. Increasingly, the SAPS has started to focus on implementing a strategy called 'sector policing,' which calls for a more focused approach to policing at the local level, including the establishment of 'sector crime forums' (SCFs). They are grounded within the same elements that underpin community-policing forums, that is:

- Service orientation: the provision of a professional policing service, responsive to community needs and accountably for addressing these needs;
- Partnership: the facilitation of a co-operative, consultative process of problem solving;
- Problem solving: identification and analysis of the cause of crime and planning of innovative measures to address these;
- Empowerment: the creation of joint responsibility and capacity to address crime;
- Accountability: the creation of a culture of accountability in order to deal with the needs and the concerns of communities [Maroga 2004: 1-2].

The 1998 White Paper on Safety and Security represents the first official policy document with reference to the concept of sector policing, which must be:

- pro-actively, firmly and fairly managed;
- based on precise orders from police commanders to patrol officers;
- focused on specific problems within any area;
- implemented on agreed time frames;
- developed in accordance with local police services and other relevant role-players [Department of Safety and Security 1998: 18].

In the same year, the South African Police Service issued the first official guidelines on implementing sector police. These guidelines referred to three

sources of ideas on sector policing: British, American, and the 1998 White Paper on Safety and Security, and defined sector policing as:

«[...] a method of policing in smaller manageable geographical areas within a police precinct, which involves all role-players in identifying particular policing needs in each sector and in addressing the root causes of crimes, as well as enabling and contributing factors, in order to ensure effective crime prevention» [South African Police Service 1998: 3].

Sector policing is a UK based policing model that can be traced back to the previous decade, initially known as neighbourhood policy [Dixon: 2000]. This model adopts a decentralised approach to policing in order to address root causes of crime at specific geographical locations in accordance with particular communities at local level. Thus, sector policing can be seen as a community oriented policing approach geared towards engaging local community in crime prevention. Thus, it is evident that the South African sector policing aims to give effect to a philosophy of community policing and to bring police and people close together. And it sets out to do this by dividing policing areas into small units and mobilising other institutions to join with the police in identifying and resolving local crime issues. This sector approach is also ambitious because it seeks to engage under-utilised resources outside the organisation – primarily the mobilisation of police reservists (volunteers) [Dixon and Rauch 2004: 55]. Trojanowicz and Bucqueroux [1994] characterized community policing as a philosophy and an organizational strategy in which people work jointly with police to redefine citizen community safety. They defined it as

«a philosophy of full service policing, where the same officer patrols and works in the same area on a permanent basis from a decentralised place, working in a proactive partnership with citizens to identify and solve problem» (p. 3)

The philosophic approach to community policing encourages, aids and abets community cooperation. Community policing empowers average citizens by enlisting them as partners with the police in order to make their community safer [Trojanowicz and Bucqueroux: 1991]. It means inviting citizens to participate in auxiliary policy activities: police-support volunteer units, community crisis-intervention teams, quality of life action groups, neighbourhood councils and town meetings. These activities are the result of the work of an entire department

and each of its subdivisions in order to provide information previously not available on perpetrators of crime, gang members and drug dealers. People have the chance to help to set local police priorities and to develop creative solutions to community problems. And it may well change the quality of life for both the police practitioner and the public [Gentile: 1995].

Community policing takes a proactive approach to crime and disorder, while traditional policing is reactive. Community policing focuses on solving the problem, and arrest is obviously one of the most potent tool that community officers can use. On the other hand, traditional approach focuses on arrests and apprehension of offenders [Trojanowicz and Bucqueroux: 1991]. This policing methodology provides training to defuse neighbourhood situations before they become crises, mobilizing the “grass-roots” forces of the community and establishing community participation. The department should evaluate the model every six to twelve months for effectiveness. Indications of success include a decrease in the incidence of crime, better cooperation with police, improved quality of life and a more positive public image of the police. But no model is permanent and will change as a particular community’s needs change [Gentile: 1995].

South Africa has one police member for every 320 people. A ratio of one per every 400 is considered good, while one per every 600 is considered bad [Bayley 2000: 48]. These ratios do not account for the high crime levels experienced in South Africa, however. But, the police do not seem unduly burdened by international standards. There were approximately 4.6 violent crimes (defined for comparison as murder, rape, robbery, and aggravated assault) per member in 2000. This is less than Canada (4.7) but more than the US (2.8) [ibid: 37]. Thus, current crime-to-cop ratios in South Africa do not seem to constitute an untenable situation, if all of these members were assigned to tasks directly involving crime. That this is not the case is demonstrated by the proportion of South African police personnel engaged in investigation duties. About 18% of total police personnel are detectives, which is more than in Britain or the United States (15%), but less than Japan (20%) [ibid: 25]. It is obvious that the ratio of crimes to detective varies quite a bit between crime types.

Since the coming of democracy in South Africa, a restructuring process based on integration of members of the former homeland police departments is necessary. These members do not have the same level of training and skills as the regular police, but they were transferred laterally when the 11 separate departments merged. The final result of restructuring was the integration of thousands of under-trained and inexperienced police officers into the SAPS. A desire for parity, a quota-based affirmative action policy, and union pressures have resulted into this promotion. The problem has been also exacerbated by the lack of new intake on the bottom end. As a result, there are presently more than four times as many Inspectors (the senior non-commissioned rank) than Constables (the entry level rank). Constables, intended to be the primary street level operatives, comprise 12% of total SAPS personnel.

This development has resulted into an effective chaos of the rank structure. The rank of Inspector is supposed to represent the senior field supervisory rank, the equivalent of 'Lieutenant' in many American departments. At present, however, Inspectors are being placed in charge of whole teams of other Inspectors, some of which have greater seniority in terms of years of service than their commanders. Without a sense of a clear chain of command, field supervision is at risk, highlighting the need for individual performance indicators. Once a member becomes a 'commissioned officer' with the rank of Captain, he is often effectively removed from field duty, and the SAPS has almost as many Captains as it does Constables. A huge share of total sworn personnel¹² (6,600 members, or about 7%) are assigned to the head office functions in Pretoria.

Despite these early infusions of personnel, total SAPS staffing has been in decline in recent years because the capacity of the police to train new members is dubious. The instructors are few and many of the infrastructures are old and unusable. In spite of that, the management is committed to train 6000-7000 members a year through the system; the consequence will be an expansion of raw numbers at the expense of quality. Thus, the SAPS faces some serious challenges in redeploying resources to optimise performance. The Service is burdened with a range of

¹² It is composed of individuals who have successfully completed basic policing training and are granted certain policing powers by the SAPS Act, 1995 [Newham, Masuku and Dlamini 2006 : 21]

responsibilities extraneous to its core functions and not tallied in the expectations of the South African citizens. There is an excess of management-level staff, and only a small fraction of members is engaged in visible patrol on the streets. Total personnel levels are in decline, and current training capabilities make countering this trend difficult [Legett: 2003].

As mentioned above, the capacity of the police to deliver an effective service is undermined by structural and organisational problems. But, the negative impact of HIV/AIDS on health of the police officers made matters worse. The illness will lead to a loss of skills and a break in the continuity of command, with implications for morale, discipline and cohesion [Heinecken 2001: 110-113]. Productivity will decline because of time-off and the deteriorating health of HIV-positive employees. The average age and experience level among police employees will fall, with negative impacts for institutional memory and coherence. Police personnel numbers in rural areas and disadvantaged communities may be particularly vulnerable to absenteeism or death among staff [Schönteich 2003: 4]. Moreover, the unconstitutionality to conduct HIV testing on the police forces and recruits makes difficult to determine how seriously the lower and higher ranks have been affected and infected. Richard Ngidi, provincial secretary of the South African Police Union (SAPU) in KwaZulu Natal¹³ said that the impact of the epidemic on the police service was huge and the effect endless. He said the union's records showed that more and more SAPS members were suffering from post-traumatic stress, often as a result of HIV and AIDS in the family.

«The problem is that they cannot break the silence because they don't know who they can talk to. [...] The time is ripe for SAPU to take initiative and break the ice with the establishment of crises centres, with the involvement of psychologists and psychiatrists to assist members. [...] If we do not act now service delivery to the community could be seriously affected» (Leeman: 2002)

Policing and investigation work demand practice and experience, which are necessary to collect different forms of evidence in such manner that prosecution service can build up a convincing case in court. HIV/AIDS places additional

strains on the shrinking number of experienced officers and detectives. A rapid loss of skills means fewer teachers for new recruits, and a concomitant increase in the burden placed on experienced police officers [Schönteich 2003: 4]. The high incidence of infection, illness and death are particularly high among lower-ranking members of the police force which are in a high-risk age group for HIV infection – the sexually active 25-35 year age group [Brits: 2003]. Military culture tends to exaggerate male behaviour inculcating in immature men a sense of risk-taking and invincibility, a promoting aggression and toughness as the male ideal – attitudes that extends to sexual behaviour [Fleshman 2001: 16]. There is a marked preponderance of non-commissioned officers (NCOs) who are less educated and earn less than commissioned officers, and black people who make up a greater proportion of non-commissioned officers compared to commissioned officers. The consequence is that AIDS will disproportionately affect the NCO ranks within police service, thereby exacerbating the already skewed rank structure within the organisation [Schönteich 2003: 5]. A great deal of experience and skill could be lost because of staff with HIV/AIDS retiring from service or dying and that these skills would take years to replace. The epidemic has also dropped dramatically the number of officers patrolling the streets. This, and a chaotic process of reorganization of the police sector, will have a negative effect on investigation processes and crime prevention which are based on an efficient community policy model. The probable effect will be a growth of street crimes and gang activities which will endanger the safety of the populations of cities and townships. [Leggett 2002: 23].

Strategies for the future

South Africa has the highest number of people living with AIDS in the world, with about five million of its 47-million citizens HIV-positive. One of the most affected social groups is the police, with a rising number of members that are infected by HIV/AIDS. Most of them are young with an average age of 30. This age group has the highest risk for contracting AIDS. The police morale shows a significant decline for both medical and psychological reasons. This means that

¹³ It appears to have the highest HIV prevalence in South Africa [South African Department of

the South African police will soon become a completely ineffective institution, incapable to fully carry out its functions. The fear is that criminals can freely move across the country without any form of social control. The number of AIDS' orphans is expected to rise dramatically over the next decade, releasing an uncontrolled youth population onto the streets. Growing up without education and/or any parental guidance and protection, this growing pool of orphans will be at greater than average risk of engaging in criminal activities. Many South African teens consider deviant behaviour as a way to meet what they consider their needs. It is an 'issue of great concern,' that must be dealt with immediately.

A renewed emphasis on HIV prevention plans (sexual education, condom distribution, AIDS awareness campaigns etc.) can mitigate the impact of AIDS on the society, but only antiretroviral treatment programmes for all HIV-positive individuals who need treatment can cause a dramatic effect on the number of orphaned children. These programmes may succeed in extending the lives of large numbers of parents until their children are self-sufficient. Therefore, it is also necessary to introduce a new and more inclusive social assistance system based on "child care grants" which can face the problems of youngsters in great distress. It must be underscored that because of the increasing number of children orphaned by HIV/AIDS that are seeking foster care support, the HIV/AIDS epidemic is placing enormous pressure on South Africa's child welfare system. Social workers are grappling with heavy caseloads, while caregivers applying for foster care grants have sometimes been known to wait for as long as two years for their submissions to be processed. The application process for foster care grants is a lengthy, complex and extremely labour-intensive process, despite the necessary documentation being in place. The long processing time has been attributed to an insufficient number of social workers, which do not have more time to perform adequately some duties of their work, such as counselling and community work.

The lack of an adequate foster care service constitutes a missing link in the fight against AIDS. This is a key police issue that the government must tackle. It is necessary to organize a more equitable system which can meet the needs of a

rising number of orphans. For doing this, the government needs to employ more social workers or create a separate grant for AIDS orphans [UN IRIN: 2004].

HIV prevention services and education must be targeted towards vulnerable groups, including orphans, prisoners, and uniformed personnel. HIV/AIDS is a threat, not only to uniformed personnel, but also their families and other social contacts, including sex workers. In this regard, HIV/AIDS interventions among police personnel are most effective if there is close collaboration with civilian health and education authorities [UNAIDS: 2003].

The government and the SAPS must engage to develop initiatives such as multi-skills training courses for both new recruits and existing personnel, adoption of a code of conduct, voluntary, anonymous and confidential testing of police personnel, counselling and the provision of generic medications to ill-police officers, social and economic assistance to the families and survivors of ill-policemen [Fleshman 2001: 17]. Moreover, more can be done to de-stigmatise HIV/AIDS in the police and create an environment in which police officers can feel safe to disclose their HIV status and use available support systems. Record keeping is critical to acquire better data for assessing the impact of the epidemic and the strategy within the organisation. It is necessary to increase a large number of workers engaged on HIV/AIDS issues and improve the resource allocation and budget management of the SAPS strategy and programmes [Masuku: 2006].

There are many ways in which one person can assist in the struggle against HIV/AIDS. Each citizen can make a difference in someone's life simply by sharing accurate information, lending someone a shoulder to lean on or giving words of encouragement. But, it is surely a good idea to establish special support centres for the members of the police. The purpose is to offer easily accessible information, support and services to HIV/AIDS infected and affected employees. Such support system should be readily available, so close that people who need help do not even have to leave the building to get assistance. The centres will have to be managed by peer educators, in other words, people who work in the same environment as the employees seeking assistance. They will educate employees on all aspects of the disease and introduce employees to the interest groups and support systems that are available in the SAPS [Holtzhausen: 2004].

Finally, we can state that South Africa risks plunging into lawlessness unless the issue of lost generations – police, orphans and teens – is addressed through medical, social and political remedies. It is necessary to involve, not only the three core government departments comprising the criminal justice system (Safety and Security, Justice and Correctional Services), but also departments such as Health, Welfare and Education in any stratagem designed to combat the epidemic. Furthermore, it is important to engender the support of police management in order to develop appropriate preventive strategies against juvenile crime.

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