Family and Sexual Violence

Papua New Guinea

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About ChildFund Papua New Guinea

ChildFund Papua New Guinea is the representative office of ChildFund Australia – an independent and non-religious international development organisation that works to reduce poverty for children in the developing world.

ChildFund Australia is a member of the ChildFund Alliance – a global network of 12 organisations which assists more than 15 million children and families in 58 countries. ChildFund Australia is a registered charity and is fully accredited by the Australian Agency for International Development (AusAID).

ChildFund began work in Papua New Guinea in 1994. ChildFund operates with a national office in Port Moresby and undertakes child-focused community development programs in the Central and Gulf Provinces focusing on health, education, food security, water and sanitation, child rights and HIV and AIDS.

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Foreword

Gender-based violence is one of the foremost human rights challenges in Papua New Guinea.

Here, and indeed in many other parts of the world, the endemic nature of the violence is built upon a complex and unhealthy mixture of conditions, including tradition, knowledge, power relations and inequality.

Today, this violence is so commonplace that it is both the product and cause of gender inequality. Not only is this violence deeply rooted in concepts of masculinity and femininity, but it also goes largely unchecked due to the failure of civil society and Papua New Guinea's legal system to condemn it.

The human, communal and national toll of gender-based violence is significant and it is evident that a serious response to this phenomenon requires a joint effort by all sections of Papua New Guinean society.

It is crucial that state and non-state actors take immediate action in order to prevent further gender-based and family and sexual violence in Papua New Guinea.

This should begin with a commitment to the consistent promotion of equality between the sexes and the protection of children from all forms of violence.

Finding solutions to prevent violence, and ensure that women and children are protected, will not be easy. But it is vital we remember that no form of violence or persecution based on gender can or should be justified. Ultimately, violence is a human action that is completely preventable.

Manish Joshi
Country Director
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Definitions

Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will, and is based on socially ascribed (gender) differences between males and females. Acts of GBV violate a number of universal human rights protected by international instruments and conventions.

Around the world, GBV has a greater impact on women and girls than on men and boys. The term "gender-based violence" is often used interchangeably with the term "violence against women" but it is not the same. Violence against women can be a form of GBV. The term "gender-based violence" highlights the gender dimension of these types of acts; in other words, the relationship between females' subordinate status in society and their increased vulnerability to violence.

It is important to note, however, that men and boys may also be victims of GBV, especially sexual violence. The nature and extent of specific types of GBV vary across cultures, countries and regions (IASC 2005).

In Papua New Guinea, the terms "sexual violence", "gender-based violence","child abuse", "family violence", "domestic violence" and "intimate partner violence" are all used. The following are internationally recognised definitions.

Sexual violence is defined as any act, attempted or threatened, that is sexual in nature and is done with force – physical, mental/emotional or social – and without the consent of the affected person/survivor. This includes any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person's sexuality, using coercion, threats of harm or physical force by any person regardless of relationship to the victim in any setting, including but not limited to home and work.

Rape is an act of sexual penetration that occurs without free and voluntary consent. This includes the introduction, to any extent, by a person of his penis into the vagina, anus or mouth of another person without their consent and the introduction by a person of any object or a part of his or her body (other than the penis) into the vagina or anus of another person without their consent. Marital rape, incest and rape of a minor are all included under this definition. *Attempted rape* includes efforts to rape someone, which do not meet with success, falling short of penetration.

Sexual assault is when a person touches with any part of his body or with an object manipulated by him the sexual parts, including the genital area, groin, buttocks or breast, of another person without their consent.

Child abuse is defined as the physical, sexual or psychological abuse or neglect of a child by a parent or caregiver. Under Papua New Guinean law, a child is defined as anyone under 18 years of age, with children aged under 16 not deemed as having the legal capacity to consent to sexual acts.

Family violence and intimate partner violence (IPV) fall under the more general term domestic violence, which does not have a universally agreed upon definition but is generally agreed to include any act of physical, sexual and emotional abuse perpetrated by a spouse, partner or family member.

Family violence refers to people who have been physically, sexually or emotionally harmed by another member or members of the family, regardless of the age or sex of the victim or perpetrator. As family has a very broad definition in the Papua New Guinean context, MSF defines family members as people who live within the same household or compound, which can include blood relatives, co-wives and members of extended family such as in-laws.

Intimate partner violence is used to describe people who have been physically, sexually or emotionally harmed by someone they are in an intimate relationship with. This includes current or former spouses or partners, such as boyfriends, girlfriends, same-sex partners or dating partners, whether they are living together or not. **(MSF 2011)** ■

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AusAID	Australian Agency for International Development
CDO	Community development officer
CEDAW	Committee on the Elimination of Discrimination Against Women
CSW	Commercial sex workers
DCD	Department of Community Development
EC	Emergency contraception
FSVAC	Family and Sexual Violence Action Committee
FSC	Family Support Centre
GBV	Gender-based violence
GBV AOR	Gender-based Violence Area of Responsibility
GOPNG	Government of Papua New Guinea
HIV	Human Immunodeficiency Virus
HRW	Human Rights Watch
IASC	Inter-agency Standing Committee
IEC	Information, education and communication
IPV	Intimate partner violence
LNG	Liquefied natural gas
MSF	Médecins Sans Frontières
MSM	Men who have sex with men
NCD	National Capital District
NGO	Non-government organisation
PEPFAR	President's Emergency Plan for AIDS Relief
PMV	Public movement vehicles
PNG	Papua New Guinea
PSI	Population Services International
PEP	Post-exposure prophylaxis
SCR	Security Council Resolution
STI	Sexually transmitted infection
UN	United Nations
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UN Women	United Nations Entity for Gender Equality and Empowerment of Women
WHO	World Health Organisation

Executive summary

ChildFund Papua New Guinea is an international development agency that works in partnership with children and their communities to create lasting and meaningful change by supporting long-term community development and promoting children's rights. As part of its annual programming review, ChildFund commissioned a study on gender-based violence (GBV) in its programming areas, including examples of interventions, to inform future project development. ChildFund Papua New Guinea works in the Rigo District of Central Province – an area about three hours' drive from Port Moresby.

Papua New Guinea ranks 134 out of 148 countries in the 2012 UNDP Gender Inequality Index and 156 out of 186 in the Human Development Index – the lowest in the Pacific. Life in Papua New Guinea is characterised by low life expectancy (61 years for males; 65 years for females), low levels of literacy (64 per cent), high infant mortality and extremely high maternal mortality (the highest in the Pacific and among the highest in the world).

Currently, 37 per cent of the population lives in poverty[1]. Less than half of school-age children are enrolled in school. The government is finding it exceedingly challenging to meet its state obligations in providing health, education and protection for its citizens. Civil society, including churches and other faith-based organisations, provides a significant proportion of health services (50 per cent) and education services (45 per cent)[2].

While much GBV research has focused on the highlands or urban areas of Port Moresby and Lae, this field study shows that in rural Rigo District where ChildFund works, GBV is also a major issue. While it was not possible to determine community prevalence, the number of women interviewed in this field study who had not experienced intimate partner violence was much lower than the number of women who had.

There is also sexual violence in the communities – several interviewees said that there have been sexual attacks and that young unemployed boys who are abusing alcohol and marijuana have attacked women in the communities, although the respondents were reluctant to call them rapes.

Effective GBV programs must ensure that accessible and safe services are available to survivors and that prevention mechanisms are put in place to reduce incidents of GBV[3]. In Rigo District, most of these components are missing, leaving survivors with little support. In addition, many of the key challenges and issues that the rest of the country faces around GBV are reflected in Rigo District, including:

Insufficient legal and security response

Like many other countries, GBV survivors in Papua New Guinea are reluctant to report to the police, and in Rigo District, the police are generally not seen as a resource for support on GBV. Women in the communities were reluctant to go to the police despite serious abuse. Few accessed formal legal systems, preferring to resolve matters in a "traditional manner" with village magistrates or through mediation. While there are some programs in place to train village magistrates, none interviewed in Rigo District had received training and also saw it as their job to encourage families to stay together whether or not it was in the best interests of the GBV survivor.

Poor medical response for rape survivors

The district hospitals and sub-district health clinics are lacking the supplies needed to support survivors of rape such as emergency contraception, post-exposure prophylaxis and safe and confidential settings to support survivors. It is not recommended to refer rape survivors to these heath centres.

Lack of a coordinated government GBV response

This is a problem throughout the country but is particularly weak in Rigo District. There is no provincial or district level Family Support Centre to coordinate services for survivors in Rigo District. In addition, the services that are available are rarely accessed by GBV survivors. Training and awareness-raising programs for men are in short supply, but absolutely vital.

Insufficient prevention activities

Despite the extent of violence in the communities in Rigo District, there is a distinct lack of prevention activities. In particular, more programs are needed to prevent violence against children, such as parenting classes and working with children before school age. It is also vital that more is done to recognise the long-term harm that can result when children are witnesses to extreme violence.

Lack of transportation prevents access to services

For women in Rigo District, the lack of transport is a major barrier to accessing services. Port Moresby has the most services but transportation is difficult and expensive, preventing survivors of GBV reaching Port Moresby to seek help. ■

Family and sexual violence on the global agenda

For more than two decades, women's advocacy groups around the world have been working to draw more attention to the physical, psychological and sexual abuse of women and to stress the need for action. Increasingly, these efforts are having results and gender-based violence is acknowledged as an issue both in peacetime and in conflict.

Today, international institutions are also speaking out against GBV. Surveys and studies are collecting more information about the prevalence and nature of abuse globally. The United Nations has passed several key resolutions to address violence against women, which began with the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) in 1979 as part of the UN Decade for Women (1976–1985). CEDAW, which came into effect in 1981, is directed at forms of women-specific discrimination, which it calls on states to abolish and which 179 states have ratified (including Papua New Guinea).

In 1993 the community of states, in response to pressure from the international women's movement, first recognised violence against women as a violation of women's human rights – including violence in the private sphere. The UN passed a Declaration on the Elimination of Violence Against Women, in which it recommended relevant measures. Women's rights have also been enshrined in the UN protocol to prevent trafficking in persons (December 2002) and in the Statute of the International Criminal Court (July 1998).

The UN Security Council has also addressed the issue of violence against women or gender-based violence in several resolutions, including: Security Council Resolution (SCR) 1325[4], which provides a political framework that makes women and a gender perspective relevant to all aspects of peace processes; SCR 1820[5], which recognises links between sexual violence in armed conflict and its aftermath; and SCR 1888[6], which was unanimously adopted by member states and commits the Security Council to considering appropriate steps to end sexual violence and punish perpetrators, and requests a report from the UN Secretary-General on situations in which sexual violence is being widely or systematically employed against civilians and on strategies for ending the practice.

Despite this increased attention, GBV continues to be the most pervasive yet least recognised human rights abuse in the world. It is an issue that cuts across all cultures, races, religions and socio-economic levels. GBV has become not only a human rights issue but also a major public health issue.

According to the World Health Organisation's World Report on Violence and Health, at least one in three women is beaten, coerced into sex or otherwise abused by an intimate partner. WHO states that "one of the most common forms of violence against women is that performed by a husband or male partner"[7].

This type of violence is frequently invisible since it happens behind closed doors, and legal systems and cultural norms do not treat it as a crime but rather as a "private" family matter or a normal part of life. ■

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Methodology

ChildFund Australia is fundamentally committed to protecting children from abuse and exploitation in all its forms. This document, along with the underlying field research, is an attempt to describe and understand the scale of violence against women and children in Papua New Guinea and its impact on communities.

This report is based on a literature review of existing research and reports, coupled with field interviews and discussions with key stakeholders that took place in ChildFund-supported communities in Central Province and Port Moresby in May 2012.

Stage 1

A range of interviews were conducted by the consultant in Port Moresby with agencies working on GBV.

This included government agencies, UN agencies, NGOs (both local and international) and "key informants" – people who have been living in the community working on this issue for a long time and who could provide a broader view of the issue.

The focus of the Port Moresby meetings included:

- overview of the current GBV situation nationally and in Rigo District;
- current programs in existence;
- challenges to overcome;
- successes; and
- evaluation of existing programs.

Stage 2

In Rigo District, the consultant visited the district capital (Kwikila Station), as well as the Department of Community Development, local police station and district hospital. In addition, interviews were conducted with 37 women and 14 men in four villages where ChildFund works – two along the highway (Ibunatou and Magautou) and two up the mountain (Seba Village and Gevera).

The focus of the district visits included:

- scope of the problem;
- prevention activities currently in place;
- response activities currently in place; and
- quality of services.

The field visit consisted of semi-structured interviews with key actors in Rigo District Office and in the communities, and group interviews of women only in the communities.

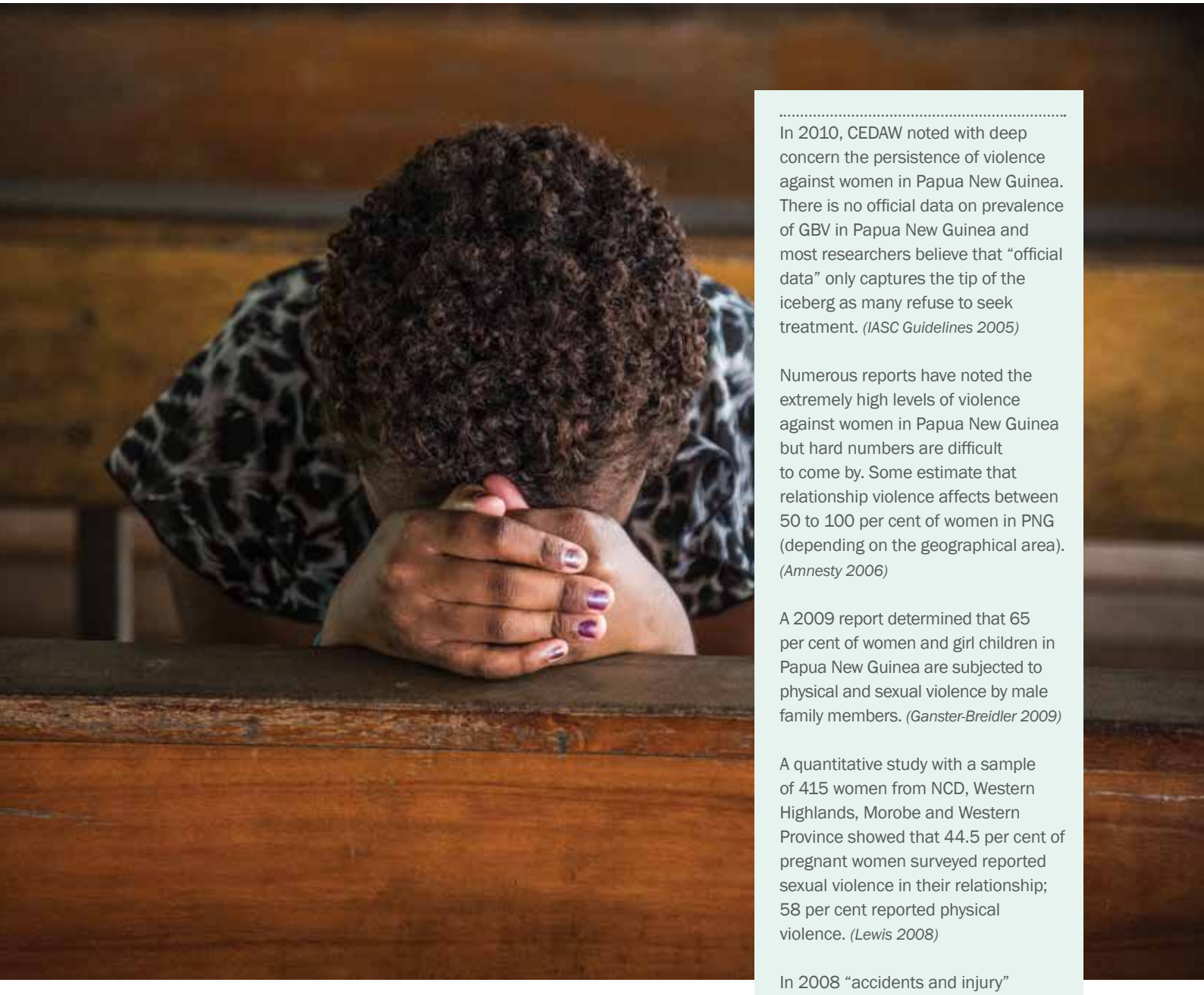
Following the protocol set out by the WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies, as much information as possible about the prevalence of violence in the community was collected before interviewing the women.

To minimise the potential harm when asking about sensitive personal experiences, the women were interviewed without men and in groups and were not asked if anyone had personal experience of violence.

All women were informed before the interview how the information was being used and who would see it. In order to keep anonymity, the participants were not asked for their names in the group interview.

In order to meet the recommendation that basic care and support be made available for survivors, the participants were given information about where to access post-exposure prophylaxis and reminded to access emergency contraception and other medical services from the sub-district health centre. Some women were given information about Haus Ruth, a safe house in Port Moresby.

Finally, the consultant also requested and examined medical records from the district hospital and the village sub-health centre, police statistics and information from the Family and Sexual Violence Action Committee (FSVAC). As is common in most settings, there was little data available. ■



In 2010, CEDAW noted with deep concern the persistence of violence against women in Papua New Guinea. There is no official data on prevalence of GBV in Papua New Guinea and most researchers believe that "official data" only captures the tip of the iceberg as many refuse to seek treatment. *(IASC Guidelines 2005)*

Numerous reports have noted the extremely high levels of violence against women in Papua New Guinea but hard numbers are difficult to come by. Some estimate that relationship violence affects between 50 to 100 per cent of women in PNG (depending on the geographical area). *(Amnesty 2006)*

A 2009 report determined that 65 per cent of women and girl children in Papua New Guinea are subjected to physical and sexual violence by male family members. *(Ganster-Breidler 2009)*

A quantitative study with a sample of 415 women from NCD, Western Highlands, Morobe and Western Province showed that 44.5 per cent of pregnant women surveyed reported sexual violence in their relationship; 58 per cent reported physical violence. *(Lewis 2008)*

In 2008 "accidents and injury" (how GBV is classified in the Papua New Guinean health system) were the third-leading cause of admissions in health facilities across the country and accounted for 11 per cent of the total burden of disease in PNG. *(GoPNG 2010)*

Overview

Papua New Guinea ranks 134 out of 148 countries in the 2012 UNDP Gender Inequality Index and 156 out of 186 in the Human Development Index[8] – the lowest in the Pacific.

Life in Papua New Guinea is characterised by low life expectancy (61 years for males; 65 years for females), low levels of literacy (64 per cent), high infant mortality and extremely high maternal mortality (the highest in the Pacific and among the highest in the world).

Currently, 37 per cent of the population lives in poverty[9]. Less than half of school-age children are enrolled in school. The government is finding it exceedingly challenging to meet its state obligations in providing health, education and protection for its citizens. Civil society, including churches and other faith-based organisations, provides a significant proportion of health services (50 per cent) and education services (45 per cent)[10].

HIV/AIDS prevention and response has been a priority focus for many organisations, and major donors have devoted considerable resources to these programs. AusAID and USAID have funded many different programs focused on commercial sex workers (CSWs) and men who have sex with men (MSM) – two high-risk groups for HIV transmission – and HIV public education programs are all over the country.

The intersection between HIV and GBV has been widely acknowledged globally[11], however, most HIV programs in Papua New Guinea have been slow to address GBV directly. In some HIV programs, physical violence was tied to HIV testing when one partner tested positive but the other did not, so some programs were exploring ways to screen existing patients for intimate partner violence or a previous history of rape. They were also providing services for the general public who come to some of their clinics.

The NGOs that were interviewed expressed interest in programs addresing GBV but did not have funding to pursue it previously. However, this appears to be changing with some organisations now receiving funds to expand their current programs beyond those focused on MSM and CSWs.

While much of the literature on GBV in Papua New Guinea has focused on the highlands or the urban areas of Port Moresby and Lae, in rural Rigo District where ChildFund works, GBV is also a major issue. While it was not possible to determine prevalence, the number of women interviewed in the field study who had not experienced IPV was much lower than the number of women who had – in fact, no one acknowledged having a husband who had never beaten them.

Sexual violence is also occurring in the communities – several interviewees said that there have been sexual attacks and that young unemployed boys who are abusing alcohol and marijuana have attacked women in the communities, although the respondents were reluctant to call them rapes.

There is also considerable violence against children – from parents, teachers, authority figures and others, although this was more difficult for the interviewees to discuss openly. It was similarly

HIV/AIDS is a growing problem for Papua New Guinea. Sexually transmitted infections (STIs) are considered endemic with the highest infection in teenage girls. It is estimated that 26.1 per cent of pregnant women under the age of 25 are infected with chlamydia. *(Vallely et al 2010; STI Regional Working Group 2010)*

STIs in women weaken their resistance to HIV infection. Physiologically, girls and women are more vulnerable than men and boys to HIV infection during unprotected heterosexual vaginal sex. *(UNAIDS)*

Use of condoms is low and Papua New Guinea is facing high rates of HIV/AIDS with 1.5% of the population infected, and girls and women accounting for 60 per cent of infections. *(SRSG VAW 2012)*

A contributing factor to Papua New Guinea's AIDS epidemic is "[p]atterns of male sexual behaviour including a high incidence of rape, line-ups or pack rape, sexual assault and weak law enforcement." *(National AIDS Council Strategic Plan)*

Papua New Guinea's now endemic HIV is often described as undergoing 'feminisation' (impacting women more than men). Women are dying not only of AIDS but also of violence and abuse. In Papua New Guinea, the realities of sex and violence are intertwined. The sexual transmission of HIV, in circumstances frequently involving or shaped by violence, and the violent response that HIV/AIDS can provoke, are central to understanding the epidemic in Papua New Guinea. *(Luker 2010)*

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difficult to find programs specifically targeting violence against children at the community level in Papua New Guinea.

Recently in PNG, the Child Rights Coalition has been formed. This is a consortium of civil society organisations, government bodies and UN participants. The coalition, which includes ChildFund Papua New Guinea, met for the first time in December 2011.

One coalition member noted that the scope of work to increase attention to child protection will be challenging: "The coalition is ambitious in scope and has the potential to contribute to the realisation of children's rights in a meaningful way by holding the duty bearers accountable. However, significant capacity development of civil society organisations will be required for that." ■

The Papua New Guinean Parliament passed the Lukautim Pikinini Act in 2009. The objective of this Act is to protect and promote the rights and wellbeing of all children regardless of gender and to protect children from all forms of violence, abuse, neglect, exploitation and discrimination, with a clear focus on services for prevention and family strengthening.

The Act is based on the principles and provisions of the United Nations Convention on the Rights of the Child, placing the best interests of the child as the paramount consideration and requiring that protective interventions prioritise community-based mechanisms over institutional alternatives.

The Act legislates the responsibility of parents to meet the basic rights of children, including equal access to school, and removes previously legislated discrimination against children born outside of marriage.

The introduction of a stronger, rights-based legislation, now enables all children to demand the right to protection from statutory authorities. *(UNICEF 2010)*

Most statistics have found that domestic violence occurs in over two-thirds of all families in Papua New Guinea with physical violence being the most common. It starts before birth as one study found that in a study of 200 women, 86 per cent of women who had ever been pregnant had been beaten in their last pregnancy. *(Ganster-Breidler 2009)*

A recent report on urban youth claimed that in Port Moresby, 22 per cent of young people reported being physically abused and 16 per cent reported sexual abuse. *(Noble et al 2011)*

Studies find that exposure to violence in the home and immediate environment is a daily occurrence for young men and women, although numbers vary. Almost 40 per cent of young people witnessed physical violence between family members; 29 per cent are beaten at least once a week by a male family member (18 per cent are beaten at least once a week by a female family member); 16 per cent have been forced to have sex (with one in five being forced by a family member) and 1 per cent reported having to have sex to obtain good grades in school. *(UN Habitat 2004)*

In Papua New Guinea, around half the victims of rape presenting for medical attention are under 16 years old, one in four is younger than 12 and one in 10 is under eight. Three-quarters of children report that they have lived in homes where violence is endemic, mostly against the mother; 50 per cent of children say they feel unsafe in their neighbourhood at night; and 60 per cent of children are estimated to be at risk of sexual violence. *(Kidu 2012)*

A recent report by MSF stated that from 2008 to 2010, 49 per cent of all consultations in their Family Support Centres in the urban setting of Lae were for children under the age of 18, and 22 per cent were for children aged 12 or under. In the rural highlands in Tari, MSF reported that 74 per cent of all sexual violence consultations were for children under the age of 18 and 56 per cent of sexual violence patients were children aged 12 or under. *(MSF 2011)*

Oxfam reported that in the community for every man injured, 2.1 females were injured and more than two-thirds of all people violently injured during the period were female. For all age groups (child, youth, adult) more females than males were injured. Adult women (aged 26-55) made up almost half of all people violently injured (45 per cent) and more than 10 per cent of all violent injuries reporting to health services were children. *(Oxfam 2010)*

Key findings

Effective GBV programs must ensure accessible and safe services are available to survivors and prevention mechanisms are put in place to reduce incidents of GBV[12]. In order to provide services for survivors, there should be a coordination mechanism where key agencies or partners can apply basic models of programming to identify priorities and design action plans based on good practice. In Rigo District, most of these components are missing, leaving survivors with little support.

Insufficient legal and security response

The criminalisation of all forms of GBV has been an important step globally in its elimination. In Papua New Guinea, the consistent application of these laws is needed. "To a large extent, the criminal law provisions already in place in Papua New Guinea enable the State to prosecute and punish acts of violence against women. No distinction is made in statute between violence which occurs in the family relationship and violence which occurs in the context of wider community life."[13]

One of the characteristics of GBV is under-reporting. It is generally accepted that any police reports about GBV will represent only a very small proportion of the actual number of incidents[14]. Like many other countries, GBV survivors in Papua New Guinea are reluctant to report to the police and in Rigo District, the police are generally not seen as a resource for support on GBV.

The failure by the police force to respond has created distrust in the community. Many of the interviewed community members in Rigo District openly spoke of their distrust. Male community members in a group interview said the police don't come to villages and only set up roadblocks on the highway to Port Moresby to collect money. They called the police outsiders who "treated everyone rudely" and said the police were only for serious issues, such as robbery, rape or murder. The CDO confirmed this and said that although the district office refers women to the police, the police often don't seem to care about women and take the sides of the men – often buying them a drink.

The women from the group interviews in Rigo District were overwhelmingly negative about the district police. They were described as weak, uninterested in the communities, outsiders who "act like criminals", "only interested in money", "treat women like criminals", "cannot be trusted" and the police station is a place where a woman would not like to go. Some said they were scared of the police.

Another woman said: "When we go to see them, they might put the man in jail. We do not want to see them in jail. The women will suffer if the men are in jail. What will happen to our children?" Going to the police seems to be a last resort and only if the women are frightened for their life. Even in serious attacks, the police are considered to be a very poor option.

In Rigo District police department, the officer in charge stated that most GBV cases they received were domestic violence cases but they kept no statistics[15]. He estimated that they had received no more than 10 reports since January 2012.

The police were also lacking in resources (including only having two chairs in the whole office and no petrol for their car). The officer said he and his fellow officers had never

There are no real treatment services for victims in most of Papua New Guinea. *(AusAID 2008)*

Available services are either of poor quality, difficult to access or located in unsafe places. The epidemic of GBV in Papua New Guinea is compounded by inadequate law enforcement and services provision for victims, including listing the police as one of the perpetrators of sexual violence. *(HRW 2005, HRW 2006, AI 2006, Oxfam 2010)*

In the absence of effective law enforcement, many services work to restore "temporary" peace to families and communities impacted by violence. There are some positive developments in the area of access to justice, such as the memorandum issued by the Police Commissioner directing police to treat domestic assault as a crime and not a family matter, and the existence of Sexual Offences Squads. *(AusAID 2008)*

However, studies have shown that the police do not treat domestic violence as a crime except in the most extreme cases. Most police fail to refer women to support services; fail to inform women about their rights and the progress of investigations; fail to afford women privacy or sensitivity when recording their statements; fail to consider the ongoing safety concerns of survivors; and place pressure on women to make the decision on whether or what charges should be laid. *(Amnesty 2006)*

One woman interviewed showed her scar spontaneously on her thigh: "This is where my husband speared me." When asked what she did after he attacked her, she said she went to the sub-district clinic. Her sister helped her. She thought about going to the police but did not want her husband to be arrested. Instead, she told her parents. They talked to him and he said he was sorry and has not done it again. They have reconciled and are still living together, although she bears a large scar through her thigh as a reminder of his violence.

received training on GBV and there were no female officers in this station.

He said if a woman or child came that needed medical treatment, they would send them to the district hospital.

He agreed that the police often negotiate with the husband to stop beating his wife and that most people prefer to deal with the issue outside the formal legal systems – of the cases they knew, they had all been settled out of court. He acknowledged it was a problem in the area and thought that women in the community were afraid to report to male police officers. He also said there were no problems with children in the community and the most common issues were wife bashing, stealing, drunkenness and the overloading of vehicles.

There are ongoing initiatives to train police officers and sensitise them to GBV in Papua New Guinea but these will take a very long time to take hold as police officers hold the same norms and values as members of their community. One NGO noted they were waiting for 30 per cent of the force to retire so they could start afresh with the younger generation.

In Rigo District, none of the people interviewed had used the formal legal system to resolve an issue around GBV.

The CDO was unaware of any GBV cases currently referred to the court system. Lack of knowledge about the current laws may be one explanation for this[16] but there are most probably a number of other reasons as well.

GBV survivors' reluctance to report attacks is not uncommon. In Lae, where there are more services than Rigo District, many survivors wanted to access welfare services to get financial support for their children but were reluctant to go to the police to report rapes or IPV[17]. MSF, a major provider of medical care in Lae and Tari, said that of the approximately 1,000+ affidavits and medical certificates they had sworn for rape survivors in Lae, only three were currently in the court system[18].

Survivors and witnesses often withdraw their cooperation from ongoing court cases around sexual violence and family violence. This may occur because the survivor is intimidated or threatened into dropping the complaint or there is overwhelming pressure to resolve the matter outside of the criminal justice system through the payment of compensation.

The legal system in Papua New Guinea discriminates against women because the main law applicable is through the village court system. Barriers hindering women's access to justice include geographical distance to and from courts, lack of legal aid, lack of information about their rights and lack of resources to access the services of lawyers. This is an obstacle in survivors' access to justice. *(CEDAW 2010)*

Approximately 85 per cent of communities lack access to formal justice systems in Papua New Guinea[19]. Further, women find the formal court system difficult to access due to their lack of knowledge of law and rights, male dominance within the judiciary and the urban nature of services. While access to public solicitors is technically free, in reality there is minimal access to such services due to resource limitations.

The vast majority of GBV survivors around the world prefer not to access the legal system – particularly if the system is seen as hostile to their needs and treats them as responsible for their own situation. There are some women who demand their constitutional rights and seek to prosecute rape cases or domestic violence cases even in the most hostile of settings. The attitudes that the people in Rigo District expressed about the police and their desire to sort things in their "customary" manner suggests that formal legal services, while necessary in the long run, are not in high demand in Rigo District.

The majority of the people in Papua New Guinea relied on less formal justice mechanisms – for example, restorative justice, community-based justice, community policing, peace mediation and conflict prevention/ resolution rather than going to the police and court systems[20].

Many of the agencies interviewed believe that "hybrid" village courts have the potential to offer women protection from violence, as they are the most extensive government network in the country. Some NGOs have programs which involve training women to be village magistrates, and felt that GBV programs should encourage village magistrates to stop intervening in domestic violence cases and refer them instead to the district courts[21].

Although customary law is subordinate to the Constitution and statutory laws, the plural legal system in Papua New Guinea discriminates against women because the main law applicable is through the village court system. It will be difficult for women to access justice unless village courts more adequately involve women. The 2000 amendment to the Village Court Act made mandatory the presence of at least one female magistrate, but this is still to be implemented. *(UN Women 2011)*

Village magistrate systems also have the potential to discriminate against women and entrench their subordinate status. Traditional justice mechanisms can undermine equality goals, such as women's rights to justice, and protection may be subordinate to the goal of restoring harmonious relations between groups.

Additionally, the village magistrates are a product of their society and are subject to the same social norms as the people in their community. Without sensitisation and behaviour change support, they are liable to continue the same practices of discrimination that will not bring change in the form of support and protection for the GBV survivors.

Most interviewees said they would bring their marital issues to the village magistrate or the village peace officer. Women said the community would solve most marital problems but if they could not, they would go to the village magistrate in the next town to ask for help. Normally this help is a form of counselling between the husband and wife. He is supposed to counsel them to keep their family together. However, they noted, most men don't listen to him.

One village magistrate said that he had been selected by the community five years before but had received no formal training on the law, mediation or counselling. He was issued a book by the government that he uses to help him resolve problems.

Many different actors believe that one way of strengthening the legal response for GBV is to educate women about Papua New Guinean laws and international conventions as a way to entice them to demand their rights. Awareness-raising is popular but has not yet been proven to be effective.

There are new studies with perpetrators that show they have very little fear of the law and it is not a deterrent for abusing one's wife or committing an act of sexual violence[22]. There is also the danger that by not educating the community properly, there can be misunderstanding of the law.

For instance, when Rigo District community members were interviewed about the problems they had in their community, with school-age boys drinking, smoking and attacking women, they blamed the Lukautim Pikinini Act for prohibiting teachers from corporal punishment in school which would allow these boys to be disciplined, and suggested it be repealed.

"I do not think marital problems are a big problem since I only see them once in a while. Normally, I will counsel the husband 'don't boss your wife too much' but they do not always listen. I can only try. I have only my book to support me." When asked if he would welcome any support that the government could provide him, he said yes. *(Interview with village magistrate)*

Poor medical response for rape survivors

Only one NGO is providing quality medical care specifically geared towards sexual violence and intimate partner violence (IPV) in Papua New Guinea. The women interviewed did not think that any of the medical services available to them – district hospital, district sub-clinic or the Port Moresby General Hospital – provided good services.

A staff member of a district hospital was interviewed and said they do not often see cases of domestic violence, family violence or rape – maybe once every two months. He did mention that they had recently treated a nine-year-old who had been raped by the mother's brother-in-law. He said that usually, the patient would report to the police who would lodge a complaint. They do not have any stocks of PEP or emergency contraception (EC)[23]. They can give doxycycline for sexually transmitted infections (STIs). They also have tetanus injections (supplied by ChildFund).

The hospital staff member said he was trained in college on how to deal with domestic violence and rape but had no specific training since then. He said one or two of his staff had received training specifically on HIV. Since they have very few facilities to work with HIV, they refer patients to Port Moresby where he said there are special HIV programs. He said he had only treated one or two cases of STIs.

Upon a request for inspection of the records, they produced the admission log for 2012 but there were no recordings of rape, domestic violence or STI treatment[24]. He noted that they only see domestic violence survivors if medical treatment is needed.

MSF Guidelines for Medical and Psychosocial Care of Rape Survivors states that the objectives of the provision of effective and appropriate care for a rape survivor are to:

1. Be prepared to receive survivors of sexual violence.
2. Receive the survivor of sexual violence and provide immediate psychological support.
3. Perform the medical interview, examination and documentation with provision of care (if indicated) for: treatment of physical injuries; emergency contraception to prevent pregnancy; prevention and treatment of STIs; PEP for HIV within the first 72 hours; vaccination such as tetanus and hepatitis B.
4. Provide psychosocial care.
5. Provide the medical certificate.
6. Organise referral and follow-up care.

Another sub-health clinic in Rigo District did have a confidential examination room, EC, STI treatments and some services but did not stock PEP and had no running water. Staff were trained and understood what to do in case of a sexual violence survivor presenting. They noted that they have received some cases of women in the community coming in for treatment – mostly if they need sutures. They have not had to refer anyone to the district hospital. In general, they noted that they would refer to the Port Moresby hospitals for difficult cases.

In the community discussions, most women said they did not seek out medical attention for most violent attacks. Most said they would boil water and dress their wounds themselves. They also said that their sisters or older women in the community would help them.

Most knew of the different hospitals and clinics but said there were a number of reasons they did not go, including lack of transportation and lack of quality care at the hospitals. In particular, the district hospital was accused of only sometimes having medicines and being of particularly bad quality. The sub-health clinic was not always open and did not always have medicine either. Many chose to go to Port Moresby when they had serious problems but all of them complained about how expensive it was to travel for medical care.

Men do not seem to stop them from accessing medical care. But some mentioned that the care they received in Port Moresby was degrading and that the nurses and doctors there were not empathetic and actually cruel to them. Most women said their injuries were black eyes or bruises and cuts but some talked about broken arms and some had even more violent injuries.

The MSF report points to severe gaps in healthcare response, noting that there is a vast difference between what the government policy says they will do and the actual quality of medical care for survivors, and points to a lack of trained health providers as a key concern. They also note that quality standards in existing programs are missing and that donors should be focusing on training personnel rather than building sites for Family Support Centres. *(MSF 2011)*

One woman had a husband working on the pipeline. She had not heard from him for weeks and didn't have any money. She left the house one night to ask her parents for support in feeding herself and her young child.

He came back that night and when he discovered she was not at the house, he accused her of adultery upon her return and beat her severely with a stick. Her baby who was with her was also beaten severely with a stick.

They had just been discharged from the hospital in Port Moresby where she had stayed for two weeks. She did not discuss it, although she had been at the focus group, but had talked about it with the pastor. The pastor helped her with money for transport to Port Moresby.

Lack of a coordinated government GBV response

Despite the need for a multisectoral, collaborative response to GBV, effective coordination is hampered by the fact there is not yet an official national GBV strategy or policy[25]. The main coordinating bodies, the Department of Community Development (DCD) and the FSVAC[26], stated that they currently lack the resources they need to address coordination effectively.

There are many different GBV programming frameworks. Two basic models of GBV programming that may be helpful are the "multi-sectoral" model and the "multi-level model". The multi-sectoral model calls for holistic inter-organisational and inter-agency efforts that promote participation of people of concern, interdisciplinary and inter-organisational cooperation, and collaboration and coordination across key sectors including (but not limited to) health, psychosocial, legal/justice and security. The multi-level model takes the multi-sectoral model and gives more attention to prevention. For effective prevention, interventions must take place across sectors and at three levels: primary prevention/structural reform; secondary prevention/systems reform; and tertiary prevention/operational response. *(GBV AOR 2011)*

There are other models that could be useful such as the Duluth Model, an integrated intervention model where civil society coordinates the response of law and justice structures within communities to work on GBV prevention and response or the Coordinated Community Action Model, which presents a framework for the ways communities can accountably act to support victims of violence and hold perpetrators accountable for their behaviour. *(Oxfam 2010)*

Weak services at district level

Government services in Papua New Guinea need more resourcing, in terms of human and financial capital, to provide better health, education and protection for its citizens[27]. In Rigo District, the existing government services do not reach out to most women nor do women seek them out.

In the group interviews, women expressed scepticism and disgust about local district services and said they preferred to see family or deal with the problem on their own. Some said they would go to Port Moresby to access healthcare and shelter services there.

At the Community Development Office in Rigo District, the community development officer (CDO) noted that child abuse was a big problem in the district and they had many poor children, orphans and vulnerable children affected by HIV/AIDS, as well as children who were neglected from broken marriages, and some sexually abused children. The CDO said they were trying to teach the people who take care of them how to support them but their activities were curtailed due to "limited funding".

The CDO had trained 40 community leaders in some of the areas that had access to Port Moresby since, in her opinion, they had greater social problems due to their access to the "bad influences" of urban life – including alcohol and drugs. They had no statistics to share on the number of women or children served but could remember only one or two domestic violence cases and about eight neglect cases in 2011 (of which four were referred and wanted maintenance payments). She knew of one rape case.

The CDO also mentioned that the police are not interested in working on GBV and take sides with the men. She said the district medical clinic was open night and day but had not heard of any cases of women seeking medical care there. She estimated about 60 per cent of women were impacted by family violence and said she would like to do more awareness programs through the church and identified transport as a major barrier to accessing services.

Previous research and reports have documented the inadequate provision of services for victims of violence in Papua New Guinea. Women and girls who have experienced violence face a number of barriers in accessing support services. Services are frequently concentrated in urban areas, making them out of reach for rural women. Often, services are far apart from each other and there is little coordination. Another challenge is uneven quality of services. *(Amnesty 2006; AusAID 2008; Seibert & Garap 2009)*

The lack of funding for NGO-run centres has a big impact on continuity of service and the ability to expand services beyond urban areas. In many districts of Papua New Guinea, there are no government services available so a majority of women rely on informal mechanisms, such as family and friends, churches and traditional resolution practices to cope with violence. *(AusAID 2008)*

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It is acknowledged by GBV experts globally that a multisectoral, collaborative approach is essential to provide services for survivors. Isolated interventions have limited impact. Effective responses to gender-based violence require well-developed mechanisms for collaboration and coordination between governments, donors, NGOs and civil society. National responses to violence against women should encourage multisectoral collaboration by promoting links between health care organisations, community-based networks and 'other government and non-government institutions, such as legal aid, criminal justice institutions, the police, women's groups, social welfare education and social services. *(AusAID 2008)*

Few programs working with men

In order to change prevailing social norms around GBV, it is essential to engage men. Men are not only perpetrators but also victims of violence and must be involved in any prevention activities around GBV. Some initial studies from the Instituto Promundo IMAGES study show that boys who witness violence as children or who experience sexual violence growing up are more likely to use physical and sexual violence against women and girls later in their adult lives.

The most common response from men about why violence against women occurs was because of the underlying attitude that a man's status is higher than a woman's and 'he is the boss'.

There are no male-specific services to assist perpetrators to change violent behaviour in the National Capital District (NCD)[28]. There are no male-specific counselling services, although a number of providers do offer services to men and have male counsellors available in NCD (Oxfam 2010).

In the interviews in Port Moresby, many agencies noted that they were interested in working with men or currently had trained a few men in the FSVAC's "Men advocates" or "Men Champions" programs. UN Women has also been working with men's groups in Fiji and in the Pacific.

Working with men, both as perpetrators and agents of change, is a promising new area in the GBV field. The Instituto Promundo and Partners for Prevention[29], an inter-agency UN project, currently work in Asia with men to stop violence against women and children, and will be working with UNDP on a country-wide survey to examine different masculinities in Papua New Guinea in 2013.

Almost every organisation or individual interviewed thought it was essential to work with men in order to prevent violence escalation and change gender norms in Papua New Guinea. One NGO cautioned that any men trained as male advocates must be carefully screened to see that they are not abusing their wives themselves as this behaviour can undermine the program.

Insufficient prevention activities

For decades, GBV has been part of the international development agenda. Although primary prevention of violence is relatively new in the field overall, it is increasingly recognised that while responding to GBV is crucial, it is not sufficient to decrease the prevalence. Integration of prevention activities – or stopping violence before it starts – into programming is the key to reducing the burden of suffering, and to minimising the long-term human, economic and public health costs of GBV. In Papua New Guinea, given the high prevalence of GBV, primary prevention is also likely to be a cheaper and more effective approach in the long term.

Papua New Guinea needs more effective and innovative ways to address the numerous challenges for prevention of GBV. Currently, the predominant activities around prevention appear to be strengthening the formal legal system (which is extremely weak) and conducting "awareness-raising" with the general public. While these actions are needed, in Rigo District there is room for more activities around awareness-raising, both about rights but also about current services available for survivors.

Research shows that comprehensive family and community violence prevention approaches that combine gender equality messages, engage mothers and fathers, and seek to reduce the multiple stresses on families with children can be effective[30]. Currently, there are various initiatives being discussed in Papua New Guinea, such as a biblically focused manual to promote non-violence in relationships through the context of Christianity, and a handbook developed for engaging men in awareness-raising in the Pacific setting.

The IMAGES results confirmed a strong association in all countries between witnessing violence within the household of origin during childhood and IPV during adulthood, which is also consistent with previous research. This is the only variable that presents a statistically significant association in all countries from IMAGES, both during its lifetime and in the last 12 months. *(Barker 2011)*

Prevailing models of masculinity across Melanesia typically normalise violence as a legitimate means of resolving conflict or expressing anger. Behaviour change strategies must be informed by these cultural concepts of masculinity and the greatest pay-offs are likely through targeting young men. Older men are generally less receptive to new ideas challenging their attitudes and behaviours. However, older men in leadership positions who are willing to champion efforts to reduce violence against women should be targeted. *(AusAID 2008)*

More work needed to prevent violence against children

In Rigo District, people interviewed said their children were often present during the violent episodes with their partners. Not only does this have negative implications for the development of the child, research has shown that a safe relationship between children and their caregivers provides a buffer against the effects of child maltreatment and is fundamental to healthy brain development[31].

Relationships with the primary caregivers also shape the development of children's physical, emotional, social, behavioural and intellectual capacities, which ultimately affect their health as adults. Recent research has shown that great numbers of men report experiencing violence as children worldwide[32]. These experiences have significant lifelong effects. Adult men who were victims or witnesses of family violence as children likely come to accept violence as a conflict-resolving tactic, not only in intimate relationships but also in their wider lives.

Most initiatives are focused on awareness-raising, with little use of human rights or empowerment approaches. Awareness-raising and public education are largely left to NGOs, with little done by government. While events are held on key dates such as National Women's Day, most are only attended by women, held in urban centres and are not part of a larger, sustained campaign. Note there are some recent violence prevention efforts that are not yet reflected in the literature, eg, the launch of the White Ribbon campaign. *(AusAID 2008)*

Parents' educational attainment, fathers' participation in domestic duties or childcare, and equitable decision-making in the childhood home can reduce the likelihood of violence[33]. Therefore, it is essential that programs that wish to prevent GBV in future generations spend more time working with children to break the cycle of violence.

The interviews showed that family violence is prevalent in the lives of the people in Rigo District. Current research has shown that parental training interventions that include non-violent child rearing strategies are a promising approach to break the cycle of violence and raise healthy adults who don't resort to violence for conflict resolution[34]. Incorporating non-violent parenting techniques and conflict resolution into current child rights programming could be very effective in Rigo District for stopping the chain of violence.

Lack of transportation prevents access to services

Almost every person interviewed in Rigo District mentioned the expensive barrier of getting to Port Moresby for quality care. The public movement vehicles (PMVs) can be very expensive and if there is an emergency, the accident victim has to rent the whole truck in order to go to the hospital in Port Moresby. For villages not on the main highway, the inhabitants have more difficult transportation issues and getting a PMV down the mountain to the highway is extremely hard.

For women who have been severely beaten or raped and who may want to access services in Port Moresby (the closest place for most services), this can be an insurmountable obstacle and may be why so many do not seek services but instead treat themselves.

The need for safe houses or shelters

In Port Moresby, organisations that were interviewed complained about the lack of shelters or "safe houses" where survivors of GBV could come after having left an abusive partner. In many developed countries, a shelter is usually an anonymous place where survivors of domestic violence can retreat after leaving an abusive partner and stay for an extended period of time to recover from wounds and develop a strategy to start a new life.

In Port Moresby, the shelters are not designed to house women and their children for more than two weeks. While at the shelter, women might receive income generation training,

Links between GBV and natural resource extraction

While natural resource extraction is a hot topic in Papua New Guinea, the link between GBV and extraction was not raised by most interviewees in the Port Moresby interviews, though there have been recent reports by Human Rights Watch and media attention has been brought to the issue.

The CDO in Central Province did mention that the introduction of the Liquefied Natural Gas (LNG) project was one of the causes of GBV in program sites because "men who are working with the LNG are abandoning wives in the district for new women near where they work because the second wife takes preference over the first". The CDO also noted that the economic boom in building and mining has caused more formal employment and men are now starting to look for new things. In an interview with OilSearch, it was noted that the natural resource extraction industries are currently trying to address GBV.

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Family Voices, a Highlands-based NGO, warns that the government must take immediate action to support families in the areas of the nation's largest resource extraction project. The influx of money into this area is escalating alcohol consumption, which they believe erodes family cohesion and is a factor in the increase of violence against women and girls. The DCD – the national body tasked with addressing the issue – and the police force must be better resourced, while the government must simultaneously fund social NGOs to assist government agencies in improving the health system. *(Wilson 2012)*

It is safe to state that child sexual exploitation is likely to increase in rural areas with the growth of public resource projects, such as mining and other commercial activities. *(ILO 2011)*

Human Rights Watch recently documented rapes by security guards at the Barrick Gold Mines. *(HRW 2011)*

Some positive developments

While the situation of programming around GBV in Papua New Guinea is fairly bleak, there are some positive developments.

There has been an increase in linking existing HIV programs to GBV prevention and response. The shift from funding only HIV programs by donors is welcome as long as there continues to be funding of GBV programs to replace the shortfall. Although USAID and AusAID were not interviewed, the 2010 visit of then US Secretary of State Hillary Clinton to promote women's empowerment in Papua New Guinea, and the increased presence of AusAID in promoting GBV programs, are all positive signs for Papua New Guinea.

Recently, more agencies have begun evaluating their GBV programs. Almost every organisation and individual interviewed saw the value of working with men to prevent violence in Papua New Guinea.

AusAID provided funding in 2009-10 to the Fiji Women's Crisis Centre for the development of a handbook on working with men as advocates for the elimination of violence against women in the Pacific. The handbook will provide guidelines on best practices for working with men to advocate for gender equality and the elimination of violence, including outlining a training program for men who will become gender equality advocates. There are also other promising movements within the legal framework that can be referenced in Annex 1. ■

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Annex 1: Institutional frameworks to address GBV in Papua New Guinea

The Family and Sexual Violence Action Committee (FSVAC) was set up in 2000 under the Consultative Implementation and Monitoring Council (CIMC) to look at ways to address the specific problems of GBV in Papua New Guinea. It is specifically tasked with coordination, advocacy and capacity building of key institutions.

Since 2001, the FSVAC has been implementing a multisectoral strategy under six focus areas:

- institutional framework;
- legal reforms;
- services for victims;
- perpetrators;
- community prevention and response; and
- data collection and research.

The FSVAC is a three-person office based in Port Moresby inside the CMIC office, led by Ume Wainetti. The committee's role is to coordinate activities in each focus area, which involves working with dozens of groups around the country, with funding from various bilateral and multilateral donors.

To date, the FSVAC has:

- assisted with the reform of sexual offences and child welfare legislation;
- promoted the Family Protection Bill;
- distributed legal literacy materials;
- developed training and advocacy materials;
- run national awareness campaigns;
- collected data from service providers;
- successfully lobbied for the establishment of hospital-based centres; and
- commissioned research.

Provincial-level committees have also been set up in several provinces, to coordinate local activities, however, during my interview, they acknowledged that there was none at the Central Province (probably due to its proximity with Port Moresby).

In 2009, there was an effort to update the FSVAC's 2001 strategy to incorporate new knowledge and research on GBV. In Siebert and Garap 2009, they drafted a national strategy that goes beyond recommendations for the FSVAC alone and proposed clearly delineated roles for the government and the FSVAC.

Within the government, the key players are: the Department for Community and Development, the Office of Women, the Department of National Planning and Monitoring, Department of Education and the Department of Health. The Prime Minister's office should also play a role.

There are a few positive policy developments.

Stop Violence Centres

Some hospitals have established Stop Violence Centres. These are typically staffed with a counsellor and social worker and offer counselling, legal advice, medical treatment, help with emergency accommodation and other practical needs and referrals to local support organisations.

The National Department of Health Protocol on Domestic Violence

This is a six-step checklist for health workers:

- ask about domestic violence when a woman presents with certain conditions;
- ensure privacy;
- inform the client she has the right to be protected;
- provide treatment;
- plan with the client how to reduce future risk;
- record injuries in the woman's health book.

Legislative changes

The Criminal Code (Sexual Offences and Crimes against Children) Act came into force in 2003. The legislation clearly defines sexual offences against children; expands the definition of incest to cover more categories of relationships; improves court procedures to protect survivors' safety and dignity; extends the definition of rape; and makes marital rape an offence.

There are also less formal justice mechanisms in place – for example, restorative justice, community-based justice, community policing, peace mediation and conflict prevention/resolution. "Hybrid" village courts have the potential to offer women protection from violence as they are the most extensive government network in the country.

Although customary law is subordinate to the Constitution and statutory laws, the plural legal system in Papua New Guinea discriminates against women because the main law applicable is through the village court system. It will be difficult for women to access justice unless village courts more adequately involve women. The 2000 amendment to the Village Court Act made mandatory the presence of at least one female magistrate, but this is still to be implemented.

Access to justice

There are some positive developments in the area of access to justice, such as the memorandum issued by the Police Commissioner directing police to treat domestic assault as a crime and not a family matter, and the existence of Sexual Offences Squads.

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Annex 2: Resources

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1 Millennium Development Report 2004.

2 HRW 2005, Amnesty 2005.

3 GBV AOR 2010.

4 October 2000.

5 September 2008.

6 September 2009.

7 WHO 2002.

8 The Human Development Index rating has slipped from 133 in 2004, to 145 in 2008, to 156 in 2012.

9 Millennium Development Report 2004.

10 HRW 2005, Amnesty 2005.

11 For example, the US government's President's Emergency Plan for AIDS Relief (PEPFAR) promotes reducing GBV as one of its five gender strategies.

12 Handbook for Coordinating GBV interventions in Humanitarian Settings (GBV AOR 2010).

13 Amnesty 2006.

14 IASC Guidelines 2005.

15 Siebert and Garap 2009 notes the problem with GBV data collection in Papua New Guinea.

16 Only three of the people interviewed were aware of Papua New Guinean laws regarding domestic violence.

17 Interview with former MSF Project Coordinator 2012.

18 MSF Medco interview, 2012.

19 Amnesty 2006.

20 For more information see Siebert and Garup 2009.

21 Siebert and Garup 2009 discusses the differences in opinions in the community about this issue including the lack of access to formal legal services and the attitudes and behaviour of the police vs. the fact that informal systems do not hold the perpetrator accountable.

22 Naved 2011.

23 The nurse noted that she gives oral contraceptives in lieu of pre-packaged EC pills.

24 See Siebert and Garup 2009 for discussion on importance of data collection.

25 The 2009 Siebert and Garap report refers to a Draft FSV policy for 2010 – 2014 and this draft policy was to replace the 2001 FSVAC strategy. The draft strategy was handed over to the Govt. (National Planning, DJAG and DFCD) but as of June 2012, the FSVAC was still waiting for them to make a formal NEC submission for government endorsement.

26 The defined role of the FSVAC is to "coordinate the implementation of the National Strategy, to build capacity among service providers, and to advocate for needed changes on FSV prevention and response. FSVAC's role is not to be the primary implementer of gender mainstreaming or even FSV work for any particular sector." (Siebert and Garap 2009)

27 CEDAW 2010.

28 Since NCD has the highest concentration of services in Papua New Guinea, it can be assumed there are not any others in the country either.

29 http://www.promundo.org.br/en/ and http://www.partners4prevention.org/resources

30 Contreras et al 2012.

31 US Department of Health and Human Services 2012.

32 Barker 2011.

33 Barker 2011.

34 Contreras et al 2012.