

Combatting the family and sexual violence epidemic in Papua New Guinea

A submission to the inquiry of the Human Rights Subcommittee of the Foreign Affairs, Defence and Trade Joint Standing Committee into the human rights issues confronting women and girls in the Indian Ocean-Asia Pacific region

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1. Introduction

Given the wide scope of the terms of reference for this inquiry, we have chosen to focus our submission on addressing the family and sexual violence (FSV) epidemic in Papua New Guinea (PNG). This is an area that our respective research centres (the Development Policy Centre and the National Centre for Epidemiology and Population Health, both based at The Australian

National University) have been involved in through support for the PNG Family and Sexual Violence Case Management Centre project. Funding for this project from the Australian aid program was announced by the Minister for Foreign Affairs during her visit to Lae in February 2014.

The family and sexual violence epidemic represents a significant constraint on the rights of women and girls and is a barrier to achieving gender-equitable development in PNG. In line with the terms of reference of this inquiry, this submission will focus on the significant gaps in the provision of services for survivors of family and sexual violence in PNG, and what can and should be done to address this.

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2. Summary of recommendations

Our recommendations to the committee are as follows:

Recommendation 1: Family and sexual violence must be recognised as a long-term human rights problem and constraint on development that requires sustained and serious engagement and investment from aid donors, including Australia, and the PNG government.

Recommendation 2: Support and services for survivors of family and sexual violence are desperately needed. Integrated case management for survivors is largely absent in PNG and is an area of particular need, identified as such by both national and international organisations working on the ground. Long term investments by Australia and other donors, in partnership with the PNG Government, in the development and strengthening of services for survivors of family and sexual violence have the potential to provide direct, immediate and concrete outcomes.

Recommendation 3: There is also a need for donors to support the development of services for survivors of family and sexual violence in order to fully capitalise on investments in other sectors such as behaviour change, education and economic empowerment aimed at improving the status of women and girls in PNG.

Recommendation 4: There is a need to balance investment in government initiatives (i.e. the provision of health, legal, and protection services by the government) with adequate investment in civil society initiatives that support survivors to meaningfully assert the rights and services granted to them through policy and legislative change. Past experience in all settings

demonstrates the essential role such NGOs play in catalysing effective government action. Therefore it is critical for Australia and other donors to support national NGOs and civil society in their service provision and advocacy roles alongside their support to government.

Recommendation 5: Supporting and strengthening technical and mentoring partnerships directly between organisations and individuals in Australia and PNG to tackle family and sexual violence has great potential, and should be further emphasised.

3. The family and sexual violence epidemic in PNG

Family and sexual violence in Papua New Guinea is widespread, pervasive and highly damaging. A widely cited study by the PNG Law Reform Commission carried out between 1982 and 1986 across 16 provinces, showed that, on average, two thirds of women had been hit by their partners (LRC 1992). More recent sub-national studies have verified that this violence persists at extraordinarily high levels. Research across four provinces in 2009 once again showed that two-thirds of women reported being hit by their partners, with two thirds also reporting sexual violence (Ganster-Breidler 2010).

A recent study on gender-based violence from the United Nations compared six study sites across the Asia-Pacific, including Bougainville in PNG. The data is not nationally representative, however it showed that GBV prevalence in Bougainville was the highest of the sites studied, with the highest lifetime rate of men perpetrating rape (59.1%) against a partner, the highest lifetime rate of men perpetrating physical violence (61.9%) against a partner, and the highest rates of men perpetrating emotionally and economically abusive acts against a partner. Of the six study sites, Bougainville also had the highest rate of men reporting perpetration of gang rape (14%) and perpetration of non-partner rape (40.7%) (Fulu et al 2013).

Flow-on effects of FSV and its impact on development and human rights

PNG is facing severe development challenges. Its ranking on the [Human Development Index](#) has tumbled over the past three decades and as of 2012, it is ranked 156 out of 187 countries. It also performs extremely poorly on measures of gender equality, including the [Gender Inequality Index](#), where it ranked 134 out of 148 countries in 2012. At present, PNG is not on track to meet any of the Millennium Development Goal targets by 2015 (Pacific Islands Forum 2013).

Evidence shows that family and sexual violence in PNG has a wide range of flow-on effects that are both consequences of and contributors to these low levels of human and economic development. Family and sexual violence also has serious impacts on the human rights of women and children. For example, there have been demonstrated links between both intimate

partner violence and child sexual abuse and rates of HIV in PNG, leading to an increasing ‘feminisation’ of HIV/AIDS (Lewis et al 2008; Lewis 2012). Gender-based violence impacts on the already low levels of maternal health in PNG, as demands and restrictions imposed on women and girls, as well as the threat of violence, limit their access to even the most basic of reproductive health services (Hinton and Earnest 2010). Such violence is of itself also a significant burden on an already overstretched health system, with one study finding more than 90% of female trauma admissions to a rural hospital were due to domestic violence (Fox 2011).

Fear of violence and sexual assault disproportionately keeps girls and young women out of school and other forms of education and training (UNICEF 2008). Unsafe public spaces, including markets and public transport, limit women’s ability to participate in the economy (Amnesty International 2006).

In addition to this, the poor quality and limited nature of health, legal and other services denies women and children their rights to security, justice, health, education, economic participation and dignity.

***Recommendation 1:** Family and sexual violence must be recognised as a long-term human rights problem and constraint on development that requires sustained and serious engagement and investment from aid donors, including Australia, and the PNG government.*

4. A culture of impunity: limited access to justice, safety and services for survivors

Survivors of FSV need a range of services, from emergency medical and psychosocial care to emergency shelter, police protection, legal recourse, and vocational training. With growing awareness and resourcing, there are more services now available (at least in some locations) for survivors. However, accessing these is complex, most services are not functioning properly and are under-resourced, and there is little case management. As a result, despite the heroic efforts of individual service providers in different sectors, the outcomes for survivors are all too often tragic.

In a speech at The Australian National University in May 2013, Ume Wainetti, the chair of PNG’s Family and Sexual Violence Action Committee (FSVAC), outlined the scale of the family violence problem in PNG and the desperate need for more support:

We need more facilities to help women and families. We can’t just look to developed countries for examples, we need to look at what we can offer ourselves. Right now, we have established Family Support Centres (FSCs) where battered women and children

can go for immediate medical treatment and psychosocial support. There are now about 15 of these centres in the country and we have seen around 12,000 women come through them in six years. But this only counts those who are willing to come, and these centres are not available everywhere. We have safe houses (*Meri Seif Haus*), but there are only two in Port Moresby and they can take up to ten women. There is one in Alotau that can take four women, while in Lae, there is room for one woman only. With all the problems we are seeing, we do not have enough services. It makes it more difficult for us to reach our people and to give them the support they need.

Wainetti particularly highlighted the lack of integrated case management for survivors of family and sexual violence:

We are getting support to roll out FSCs and *Meri Seif Haus* across the country, but what is really lacking are our skills to manage cases so that good and proper assistance is given to survivors. We have stories of so many of our women who we have been treated at FSCs and kept at safe houses, and then when we send them home they have been murdered. That is because we lack the facilities and skills to manage the cases properly so that proper assistance is given to these women before they are resettled in their communities.

Medecins sans Frontieres (MSF) has been providing medical and psychosocial support to survivors of family and sexual violence at two Family Support Centres in Lae and Tari since 2007. In a 2011 report on their work and the family and sexual violence epidemic, MSF highlighted that these services are “needed, used and valued when available” and that there are “glaring gaps” in the provision of such services across the country.

It also noted that “a lack of clear leadership, guidance and medical expertise” has meant that the role and function of the Family Support Centres “has been interpreted differently by different actors”. This has resulted in a variety of services being provided that do not meet minimum standards of care. i.e. Some FSCs are staffed by people who are not medically qualified or properly trained, while others do not offer medical or psychosocial care at all (MSF 2011).

While some FSCs, such as those supported by MSF, have been successful in delivering quality medical and psychosocial care, this success has served to highlight the weaknesses in other sectors, and the lack of integrated case management that survivors need in order to protect themselves and their families against repeated incidences of violence.

Worldwide, it is recognised that effective management of FSV requires a criminal justice response, as well as a range of support services. At the service delivery level, linkages between the police, courts, hospitals, women's refuges, health and domestic and family violence support services are required to ensure the appropriate delivery of a full spectrum of services. Coordination across multiple sectors and organisations plays an essential role in effective service provision. This type of case management is largely missing in PNG for survivors of family and sexual violence.

Case study: prosecution of sexual violence cases in Lae National Court

The low levels of prosecution of cases of sexual violence is evidence of the culture of impunity surrounding family and sexual violence in PNG, the limited capacity of the justice system to protect and serve survivors and the barriers facing survivors in pursuing justice through the courts.

Lae's main government hospital, Angau Hospital, is home to PNG's most successful Family Support Centre (FSC), which provides medical support and psychosocial care to survivors of family and sexual violence. In the last five years the FSC has provided care to more than 11,500 patients. In 2010, the Centre attended to 530 survivors of sexual violence. Of these, 338 were adults (above 16) and the other 192 were children. Of the 338 adult cases, 322 were cases of rape. Of the 192 child cases, 149 were of rape. In 2012, there were only eight prosecutions of cases in the Lae National Court involving sexual offences, seven where the victim was a child, and one where the victim was a woman. The average time from committal to finalisation of the case was 24 months (Howes and Lokuge 2013).

By comparing these two data sources – prosecutions from 2012 and sexual violence cases from 2010 – the probability of a sexual violence case in Morobe leading to a National Court conviction where the victim is an adult can be estimated at 1:338. The actual probability is even lower because not all victims of sexual violence in Lae or Morobe, the region from which the Lae National Court draws its cases, would visit the FSC. The probability for a sexual violence case involving a child leading to a National Court conviction, similarly estimated, is better, but still very low at 4:192 (Howes and Lokuge 2013).

The incredibly low number of adult sexual violence trials suggests that the rape of a woman is not seen as a crime. The lack of punishment for perpetrators is a clear indicator of the lack of protection and leverage available to survivors.

***Recommendation 2:** Support and services for survivors of family and sexual violence are desperately needed. Integrated case management for survivors is largely absent in PNG and is an area of particular need, identified as such by both national and international organisations working on the ground. Long term investments by Australia and other donors, in partnership with the PNG Government, in the development and strengthening of services for survivors of family and sexual violence have the potential to provide direct, immediate and concrete outcomes.*

5. Responding to family and sexual violence: capitalising on investments in cultural, attitudinal and broader societal change

Investing in changing the underlying attitudes and cultural practices that persist in PNG society and that act as drivers and enablers of gender-based violence is one part of the solution. Efforts have been made in this regard by the Australian aid program, as well as national and international NGOs. While these efforts have increased, not enough has been done simultaneously to provide services and support to survivors, including through the justice system. Strengthening this aspect of the response to family and sexual violence is critical for three reasons:

- There is limited evidence on the effectiveness of many of the approaches to prevention being used in PNG and their ability to change community norms (ODE 2008).
- Even if effective, it will take decades, or perhaps even generations, to change attitudes. Survivors need support now.
- An essential component of intervention in preventing future abuse in high-risk groups, in limiting intergenerational transmission of patterns of violence and in demonstrating community intolerance of family and sexual violence, is ensuring effective services for survivors (Flood and Pease 2006). It is therefore clear from settings with effective responses to family and sexual violence that if prevention messages are to be transformative, they must be accompanied by effective services.

It is also important to note, given the terms of reference of this inquiry and the increasing focus of the Australian aid program on economic diplomacy, that economic development and women's economic empowerment in isolation will not address family and sexual violence, and that findings from other settings may not necessarily translate to PNG. Financial dependency has not been shown to be a major factor in cases of violence against women in Papua New Guinea (Ganster-Breidler 2010). While women's economic empowerment is an important development aspiration in its own right, and has the potential to improve gender equality and participation over the longer-term, it can have unintended consequences and risks. For

example, microfinance and other initiatives that increase women's command over financial resources can expose women to increased levels of conflict and domestic violence, as men may react with increased aggression if they feel their control over the household is under threat (Eves and Crawford 2014; ODE 2008).

***Recommendation 3:** There is a need for donors to support the development of services for survivors of family and sexual violence in order to fully capitalise on investments in other sectors such as behaviour change, education and economic empowerment aimed at improving the status of women and girls in PNG.*

6. National NGOs and civil society as critical actors

The Family and Sexual Violence Action Committee (FSVAC) was established in Papua New Guinea in 2000. Headed by Ume Wainetti, it works across various sectors and comprises 81 member organisations. Since its establishment, it has been successful in raising the profile of the FSV issue among decision-makers, which has led to some positive developments in legislation, policy and national planning.

In a context of limited government leadership on FSV and low levels of female political representation, groups such as FSVAC are taking an important lead on coordination and response at the local, district and national levels.

This was acknowledged by Rashida Manjoo, UN Special Rapporteur on violence against women, during her 2012 visit to PNG. In her report to the UN General Assembly, she noted that in PNG "it was clear... that the limited support and other relevant services that exist for women victims of violence were being provided largely by the civil society sector, with the assistance of development partners" (UN 2013).

This investment in civil society is particularly vital when addressing the rights of survivors of family and sexual violence. Rights are only meaningful if they are enforceable by those who hold them. Experience from many settings, in the Pacific and beyond, provides evidence that civil society supported services such as case management are essential in ensuring that legislative and policy change to improve the status of women and girls subject to violence translates to meaningful rights in practice.

However, much Australian support for survivors and for prosecution of offenders goes to government: to better equip police and legal officers, for example. While these are commendable initiatives, investments in government institutions need to be complemented by investments in non-government organisations that will work with the state, put pressure on the

state to deliver, and, most importantly of all, will help survivors of family and sexual violence navigate the system and obtain the services they need.

In time, these non-government services should receive funding from the PNG government. In the interim, Australia can enable this process by providing support to these organisations while they establish a track record and demonstrated impacts.

***Recommendation 4:** There is a need to balance investment in government initiatives (i.e. the provision of health, legal and protection services by the government) with adequate investment in civil society initiatives that support survivors to meaningfully assert the rights and services granted to them through policy and legislative change. Past experience in all settings demonstrates the essential role such NGOs play in catalysing effective government action. Therefore it is critical for Australia and other donors to support national NGOs and civil society in their service provision and advocacy roles alongside their support to government.*

7. Case study: The PNG Family and Sexual Violence Case Management Centre

The PNG Family and Sexual Violence Case Management Centre (CMC) is a new PNG-based non-governmental organisation managed by a committee of PNG and Australian stakeholders, in partnership with Oxfam and The Australian National University.

In February 2014, Minister for Foreign Affairs Julie Bishop announced \$3 million of funding over three years from the Australian aid program to establish the CMC, which will be based in Lae.

The CMC will undertake three types of activities: case-management services for survivors of family and sexual violence; co-ordination with other service providers; and operations- and research-based advocacy.

The CMC project is an example of the critical role that well-supported national NGOs can play in service provision for survivors of violence and in advocacy. It will also add to the knowledge base on addressing FSV in a PNG context and provide the basis for a model that could be rolled out nationally. It builds on the success of MSF's work with the Family Support Centre in Lae.

The CMC will work with existing service providers in Lae – the Family Support Centre, the two Lae safe houses, the police, the prosecutors' office, the orphanage, government social workers, and other NGOs. By acting together, better outcomes for the protection and support of survivors will be able to be achieved.

CMC case managers will receive referrals from service providers, as well as self-referrals from women and children affected by family and sexual violence. The initial priority will be to ensure that any immediate threats to the safety and wellbeing of these survivors are addressed through access to appropriate emergency interventions. Once this is achieved, case managers will work with their clients to support them to achieve longer-term solutions.

The CMC also aims to have a national impact by working with those in other parts of the country engaged in similar endeavours, by offering training in case management, and disseminating good practice and lessons learnt.

The CMC is based on a unique set of partnerships.

- An experienced and representative Management Committee will oversee operations. The CMC will be led by a highly experienced international social worker and CEO and a team of Papua New Guinean staff.
- The Lae Advisory Council will represent stakeholders in the community, while a Technical Advisory Group of independent experts will provide guidance, free of charge.
- The Development Policy Centre and the National Centre for Epidemiology and Population Health at The Australian National University will provide institutional support and be responsible for monitoring and evaluation and related research. Funding for these services will come from the research funds of the academics involved and through separately raised funds.
- Oxfam, a leading donor in the family and sexual violence area in PNG, will be the implementing partner for the project, providing technical and financial management support.
- DFAT has announced that it will fund the CMC through the Australian aid program. All funding from the Australian aid program will be going toward direct service delivery for survivors and related support costs. All expert support (e.g. from ANU, the Technical Advisory Group and the Lae Advisory Council) will be provided free of charge.

Through resourcing, networking and lobbying, the CMC will strengthen the coalition of actors already resisting violence against women in Lae. This involvement will be made through the Lae CMC Advisory Council. Nationwide, the data, research, training and advocacy efforts of the CMC will strengthen the PNG coalition against violence. It will boost the evidence base on what works in this field and inform future interventions, clinical models and policy.

This work will not only improve outcomes for survivors at the individual level. It will also send a strong and clear message within communities and amongst decision-makers that gender-based and family and sexual violence is unacceptable and violates the rights of women and girls, that rape and abuse are crimes that must be taken seriously, and that survivors need to be supported.

The CMC is still in its early stages, but it is a promising example of the power of partnerships, especially between PNG and Australian organisations. Any initiative in this area which does not involve PNG organisations is unlikely to succeed in a sustainable manner. But Australia and Australians can help in partnership, not only through the provision of financial resources but through the direct contribution of expertise and organisational commitment. For example, a key contributor to the CMC is the former manager of the ACT Domestic Violence Crisis Centre, who is voluntarily sharing practical experience of what works and why. Likewise, ANU will be able to make a significant contribution in the area of monitoring and evaluation, critical for scaling-up.

***Recommendation 5:** Supporting and strengthening partnerships between organisations and individuals in Australia and PNG to tackle family and sexual violence has great potential, and should be further emphasised.*

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