



Painim Aut Na Luksave

Understanding Gender-Based Violence to Secure Sustainable Development in Papua New Guinea





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DEPARTMENT FOR COMMUNITY DEVELOPMENT

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Acronym List

CBO	Community Based Organisation
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organisation
DCD	Divisions of Community Development
DfCDR	Department for Community Development and Religion
DFAT	Department of Foreign Affairs and Trade
DSP	Development Strategic Plan
EGBV	Ending Gender-Based Violence
FBO	Faith-Based Organisation
FHI	Family Health International
FSVAC	Family Sexual Violence Action Committee
GBV	Gender-Based Violence
GEEW	Gender Equality and the Empowerment of Women
GESI	Gender Equity and Social Inclusion
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HR	Human Resources
HRD	Human Rights Defenders
INGO	International Non-Governmental Organisation
IPV	Intimate Partner Violence
LLG	Local Level Government
NCD	National Capital District
NDOH	National Department of Health
NCW	National Council of Women
NGO	Non-Governmental Organisation
ODW	Office for the Development of Women
PFSVAV	Provincial and District Family and Sexual Violence Action Committee
PNG	Papua New Guinea
SDG	Sustainable Development Goals
UNDP	United Nations Development Programme
WHO	World Health Organization

Introduction

Gender-based violence (GBV) is one of the most pervasive violations of women's human rights across the globe. Everyday, millions of women and girls experience violence around the world. We know that GBV stems from oppressive and entrenched systems of gender inequality. Such violence is not only directly harmful to individual women, but also impedes achieving a range of development outcomes.

The costs of GBV, both direct and indirect, are a staggering burden for households, communities, institutions and economies.

As GBV is a complex and multifaceted problem, it cannot effectively be addressed by standalone interventions. Rather, a large-scale and coordinated strategy is needed to effectively address the interlocking root causes of this phenomenon.

Definition for Gender Based Violence

Physical, emotional, psychological and sexual abuse directed against a person because of his or her gender in a society or culture including, but not limited to, acts committed with force, manipulation or coercion and without the informed consent of the survivor, to gain control and power over them.

The term GBV does not detract from the necessary and important focus on family or the domestic sphere as key sites needing positive and transformational change. Additionally, it does not intend to distract from incidents of Violence Against Women and Girls, which we know is the most prevalent form of GBV. Rather, naming 'Gender' reminds us that we also need to address the root causes of violence: the gendered and unequal relations of power in intimate, family, workplace and societal relationships which perpetuate discrimination.

Common forms of GBV include rape/penetration, sexual assault, physical assault, trafficking/abduction, sorcery related violence, forced and/or early marriage, denial of resources, opportunities and services, psychological/ emotional abuse, and removal or damage of property.

The different forms of GBV can take place in different contexts, such as within the family, the community, the workplace, public spaces, as well as within conflicts such as tribal or ethnic warfare. As such perpetrators can therefore be family members, partners, friends, employers, people in authority (teachers, police, etc.), and unknown members of the communities. GBV can also result from legislations, policies, and structures that reinforce gender inequality.²

Source: NATIONAL STRATEGY TO PREVENT AND RESPOND TO GENDER-BASED VIOLENCE 2016–2025

¹ GBV also includes violence perpetrated against men and boys. In certain settings this can include sexual violence, forced conscription, and sex-selective massacre.

² Department of Community Development and Religion (2016) Papua New Guinea National Strategy to Prevent and Respond to Gender-Based Violence 2016-2025. UNDP; DFAT; Department for Community Development and Religion.

The purpose of the report

This work on GBV is being carried out under the leadership of the Department for Community Development and Religion (DfCDR) with technical support from the United Nations Development Programme (UNDP), and finance from the Department for Foreign Affairs and Trade (DFAT). This report presents data and key findings from a recent baseline study in Papua New Guinea (PNG)³ and a literature review on GBV in PNG,⁴ both commissioned by DfCDR with technical support from UNDP-PNG.

This report tells an important story.

It first presents the global data on the nature and causes of GBV, and what the evidence tells us works to effectively prevent and respond to this epidemic. We then consider the situation in PNG. We review all of the important work done so far, but also note that the existing data points to the fact that GBV remains a serious and pervasive problem. From here we ask, why, given all the concerted efforts by many stakeholders across the country, does the situation remain so dire for many women and girls (and in some cases also men and boys)? The answer to this question lies in the findings of the Baseline Survey, which highlights the current challenges in GBV work in PNG. But the story is ultimately one of hope, because there is a clear solution and way forward. The new National Strategy to Prevent and Respond to Gender-Based Violence 2016-2025 (National GBV Strategy) in the international context of the Sustainable Development Framework, sets out the need for a long-term, comprehensive and integrated approach to prevent and respond to GBV in PNG. This evidence-based approach to address the root causes of GBV, if implemented effectively, will result in better outcomes for women and girls as a priority, and society as a whole.

FIGURE 1.



³ Cox, E (2015). Gender-Based Violence Baseline Mapping Survey across Papua New Guinea. Compiled for the joint Gender-based Violence Project, led by the Office for the Development of Women (ODW)/Department for Community Development and Religion; Family and Sexual Violence Action Committee/CIMC; and civil society partners, with support from the Australian Department of Foreign Affairs and Trade (DFAT) and the United Nations Development Programme (UNDP) in Papua New Guinea.

⁴ Sepoe, O (2015). Gender-based Violence in Papua New Guinea; A Review of Literature and Interventions, 1975 – 2015. Compiled for the joint Gender-based Violence Project, led by the Office for the Development of Women (ODW)/Department for Community Development and Religion; Family and Sexual Violence Action Committee/CIMC; and civil society partners, with support from the Australian Department of Foreign Affairs and Trade (DFAT) and the United Nations Development Programme (UNDP) in Papua New Guinea.

This report covers the following key topics:

- What we know about the prevalence of GBV globally and regionally
- What we know about the complex causes of GBV globally
- What works to prevent GBV
- The current situation of GBV in PNG
- The key challenges in addressing GBV in PNG
- The way forward in the context of the National GBV Strategy and Sustainable Development Goals

Who the report is for

The report aims to provide easily accessible data for the diverse range of stakeholders who have a role to play in preventing and responding to GBV in PNG. This includes government, civil society, the private sector and international organisations, as outlined in Figure 2. The report also provides valuable information in support of the rollout of the National GBV Strategy by the Government of PNG. At the same time information presented in the report can provide the baseline against which to measure progress in implementing this National GBV Strategy.

FIGURE 2.



Gender-Based Violence Globally

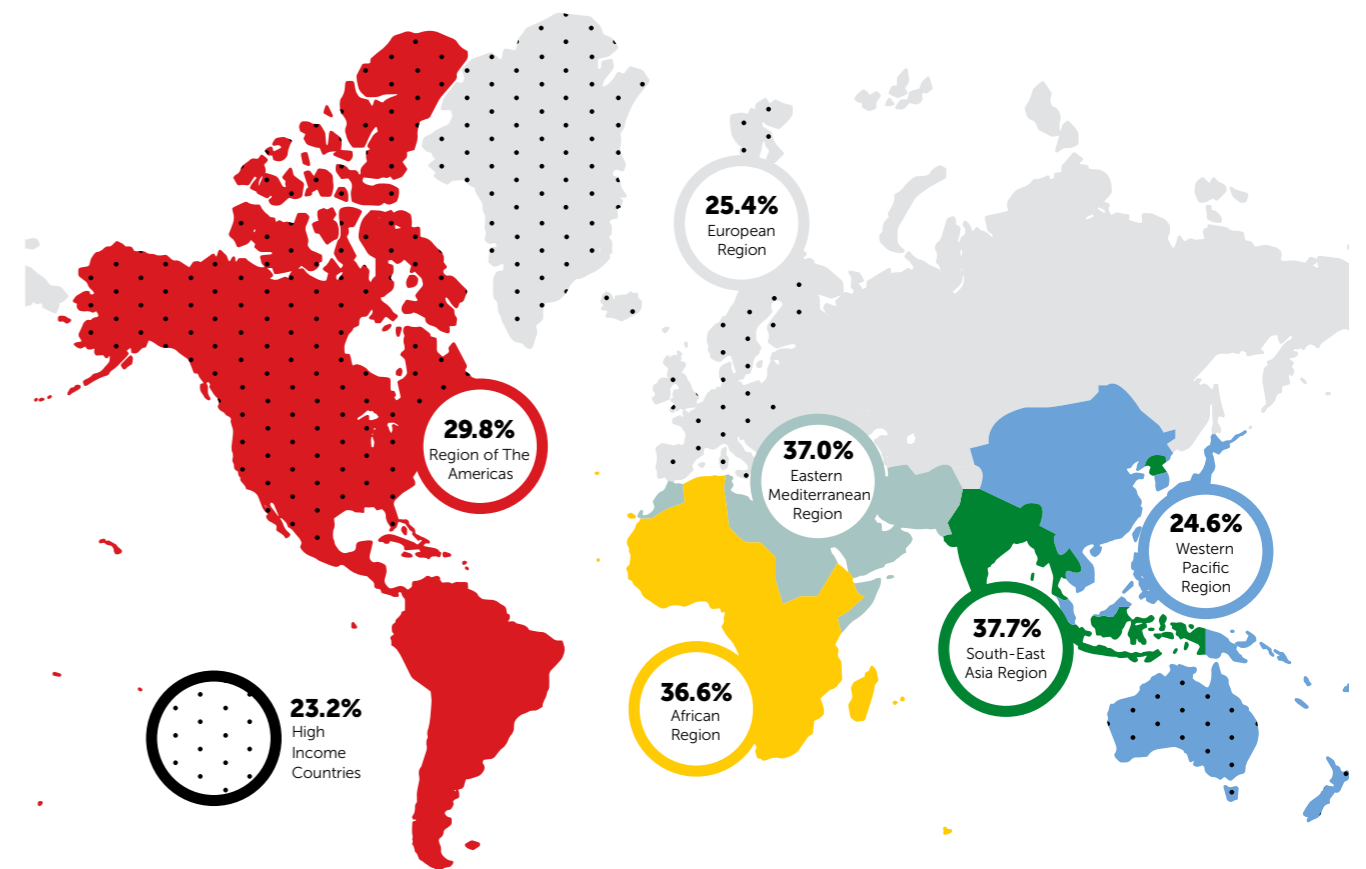
Gender-based violence is prevalent in every corner of the globe

GBV is prevalent in every corner of the globe. Research has shown that the phenomenon is rooted in unequal power relations between men and women, and occurs across various cultures, socio-economic statuses, ethnicities, and other demographic categories.

Obtaining accurate prevalence data on GBV is often difficult due to non-reporting, under-reporting, and under-documentation. Nevertheless, the staggering numbers on GBV across the globe indicate that the problem remains pertinent and prevalent as a current development challenge. The WHO estimates that more than 30% of women worldwide have experienced either physical or sexual violence by an intimate partner in their lifetime, while 7% of women worldwide have experienced non-partner sexual assault.⁵

FIGURE 3.

1 IN 3 WOMEN THROUGHOUT THE WORLD WILL EXPERIENCE PHYSICAL AND/OR SEXUAL VIOLENCE BY PARTNER OR SEXUAL VIOLENCE BY A NON-PARTNER



MAP SHOWING PREVALENCE OF INTIMATE PARTNER VIOLENCE BY WHO REGION.

⁵ World Health Organization. (2013) Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Italy: World Health Organization, London School of Hygiene and Tropical Medicine and South African Medical Research Council

While GBV is certainly a global phenomenon, it presents particular characteristics and challenges depending on the specific context in question. The Asia-Pacific region has more than half the world's population and records high levels of various forms of GBV, although with significant variation among countries and regions.⁶

According to a number of different studies, about one third of women in China and Viet Nam, and more than half of women in PNG and Vanuatu reported experiencing physical partner violence.⁷

Gender-based violence is a global public health problem of epidemic proportions

According to the WHO, GBV constitutes a "global public health problem of epidemic proportions".⁸ Women's health and well-being can be affected by this violence in many ways, including physical and mental trauma, increased vulnerability to HIV/AIDS, and sexual and reproductive health problems.

GBV can lead directly to serious injury, disability, or death. It can also lead indirectly to a variety of health problems, such as stress-induced physiological changes, as well as substance use and abuse.

Specific types of GBV also lead to unique health problems for women. For example, women who experience sexual violence by a partner or non-partner are likely to have higher rates of unintended pregnancies and abortions, sexually transmitted infections including HIV, and mental disorders such as depression, anxiety, and sleep disorders.⁹

GBV also has serious health consequences for children and men. For instance, intimate partner violence (IPV) may also damage the health and well-being of children in the family. Men may experience a range of negative health impacts from GBV, ranging from psychological trauma to being victims of physical violence by other men.¹⁰

⁶ World Health Organization. (2010) Preventing intimate partner and sexual violence against women: taking action and generating evidence. Geneva: World Health Organization and London School of Hygiene and Tropical Medicine.

⁷ Fulu, E., Warner, X., Miedema, S., Jewkes, R., Roselli, T. and Lang, J. (2013) Why do some men use violence against women and how can we prevent it? Quantitative findings from the United Nations Multi-country study on men and violence in Asia and the Pacific. Bangkok: UNDP, UNFPA, UN Women and UNV; General Statistics Office of Viet Nam, MDG Achievement Fund, AECID, and United Nations-Viet Nam. (2010) Results from the national study on domestic violence against women in Viet Nam. Hanoi: MDG Achievement Fund; Garcia-Moreno, C., Jansen, H.A.F.M., Ellsberg, M., Heise, L. and Watts, C. (2005) WHO Multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses. Geneva: World Health Organization; and Vanuatu Women's Centre, AusAID, and NZAID. (2011) Vanuatu national survey on women's lives and family relationships. Port Vila: Vanuatu Women's Centre.

⁸ Samarasekera, U. and Horton, R. (2014) Prevention of violence against women and girls: a new chapter. The Lancet, November, p.1.

⁹ World Health Organization. (2010) Preventing intimate partner and sexual violence against women: taking action and generating evidence. Geneva: World Health Organization and London School of Hygiene and Tropical Medicine.

¹⁰ Samarasekera, U. and Horton, R. (2014) Prevention of violence against women and girls: a new chapter. The Lancet, November.

Intimate partner violence is the most common form of gender-based violence

IPV is the most prevalent form of GBV across countries.

IPV

IPV is defined as behaviour within an intimate relationship that causes physical, sexual or psychological harm. This includes acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours.

Estimates indicate that 30% of women over the age of 15 have experienced physical or sexual violence by an intimate partner at least once in their lifetime.¹¹ However, the level of IPV varies greatly between countries and even within countries. For example, within the Asia-Pacific region, data on men's perpetration of IPV varies from 26% in a rural Indonesian site to 80% in the Autonomous Region of Bougainville, PNG.¹²

IPV IS THE MOST COMMON FORM OF VIOLENCE IN WOMEN'S LIVES (EVEN IN AREAS OF CONFLICT)

Health effects of violence are long term and cumulative

Types of violence (physical, sexual, emotional) frequently overlap

"Life Burden" of violence

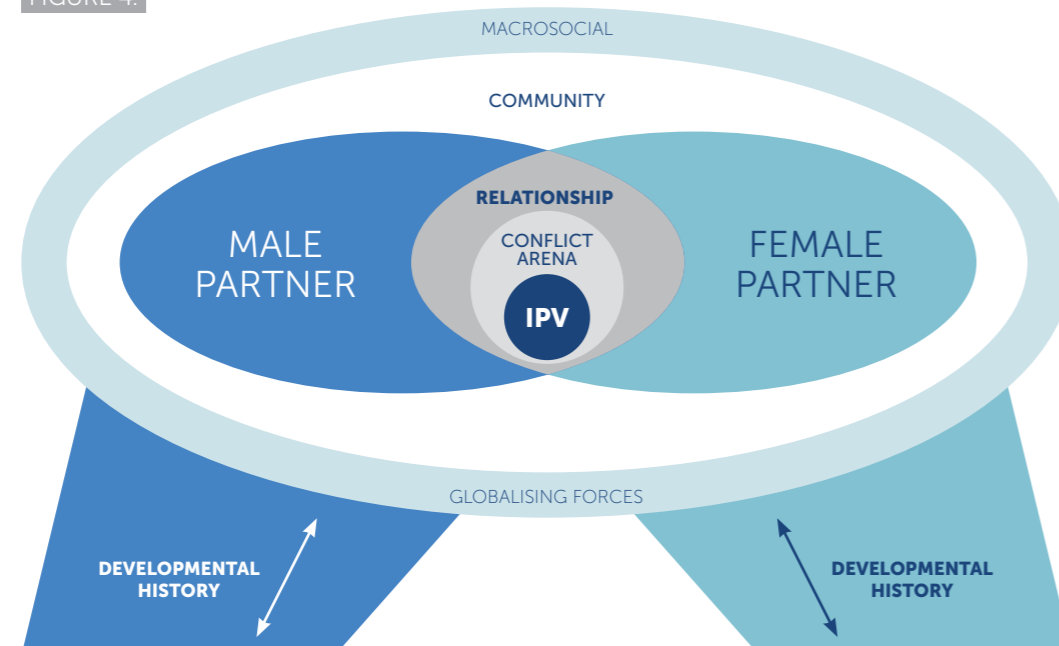
¹¹ World Health Organization. (2013) Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Italy: World Health Organization, London School of Hygiene and Tropical Medicine, and South African Medical Research Council

¹² Fulu, E., Warner, X., Miedema, S., Jewkes, R., Roselli, T. and Lang, J. (2013) Why do some men use violence against women and how can we prevent it? Quantitative findings from the United Nations Multi-country study on men and violence in Asia and the Pacific. Bangkok: UNDP, UNFPA, UN Women and UNV.

Gender-based violence is caused by a complex model of intersecting factors

GBV is a manifestation of unequal gender relations, however how violence plays out in specific settings is caused by a complex interplay of factors that operate at multiple levels of society. This model is referred to as the socio-ecological model, as illustrated in Figure 4.

FIGURE 4.



SOCIO-ECOLOGICAL MODEL FOR INTIMATE PARTNER VIOLENCE, SOURCE: LORI HEISE

Individual- and family-level factors exist within, and are formed by, broader macro-social structures and community norms that propagate gender inequality. These societal- and cultural-level structures include various concrete and invisible forces such as the law, media, religious teachings, and many more.

While the specific drivers of violence vary in different cultural contexts, research has found some factors that are common across countries and point to the underlying causes of GBV.

Individual- and population-level drivers of gender-based violence

Individual-level factors increase the likelihood of a woman experiencing GBV or a man perpetrating GBV. Some common individual-level risk factors include:

- experiences of child abuse;
- witnessing violence as a child;
- holding beliefs that violence against women is acceptable or justified under some circumstances;
- lower levels of education;
- alcohol or substance abuse; and
- depression or other mental health problems.

These are not necessarily causal, but point to larger underlying drivers. Drivers that have been found to account for the prevalence of violence at a country or population level include:

- rigid gender roles;
- stereotyped constructions of masculinity and femininity;
- male authority over women;
- male sexual entitlement over women;
- limits to women's independence;
- norms that emphasise women's purity and family honour;
- cultures that condone men's aggression and violence against women; and
- women's access to formal wage employment.

CAUSES OF VIOLENCE VERSUS ASSOCIATED FACTORS

Individual factors found to be correlated with GBV cannot be interpreted as providing 'causes' of violence. While one factor, such as childhood experiences of violence may be strongly correlated with violence perpetration, not all men who experience child abuse will go on to perpetrate GBV.

However, clusters of strongly correlated factors point to broader underlying causes, such as gender inequality. If the multiple associated factors, and the societal forces that influence them, are addressed, it is likely that a decrease in the rates of GBV may result.

Gender-Based Violence is Preventable

Addressing gender-based violence requires both prevention and response

GBV is preventable. However, to address GBV effectively we need a comprehensive and holistic approach that involves prevention efforts linked with response mechanisms.

PREVENTION refers to stopping GBV before it happens by addressing gender inequality and the drivers of violence at all levels of the social ecology.

Prevention is a long-term goal that involves working across the population to challenge norms, practices and structures that drive GBV.

RESPONSE refers to the measures taken after violence has occurred at a population- or individual-level to reduce the harm resulting from the violence. Responses to violence include service provision such as policing, crisis counselling, access to justice, or shelter provision.

Response services can also have preventive effects: stopping early signs of violence from escalating, preventing reoccurrence of violence, or reducing longer-term harm. They also provide the foundation stone of primary prevention by sending a message that violence is not acceptable.

Well-designed and properly implemented services for victims will continue to be vitally important. However, the sheer magnitude of the problem means that preventing IPV and sexual violence before it occurs will be crucial not only in reducing the burden of suffering but also in reducing the long-term human, economic and public health costs of such violence.¹³

In terms of stopping violence before it starts by addressing the root causes of violence, there have been impressive gains in the last ten years. There are several rigorous impact evaluations of programs in low- and middle-income countries that show success in preventing GBV, as illustrated in Figure 5.

FIGURE 5.

SASA! UGANDA

52%

COMMUNITY MOBILISATION PROGRAM BASED ON PROMOTING SHARED POWER BETWEEN WOMEN AND MEN **REDUCED IPV BY 52% OVER THREE YEARS**

STEPPING STONES, SOUTH AFRICA

38%

COMMUNITY REFLECTION GROUPS **REDUCED PHYSICAL VIOLENCE PERPETRATED BY MEN BY 38% AT TWO YEARS POST-INTERVENTION**

GIVE DIRECTLY, KENYA

30-50%

CASH TRANSFER PROGRAM LED TO A **30-50% REDUCTION IN REPORTS OF PHYSICAL IPV AND A 50-60% REDUCTION IN FORCED SEX WITHIN MARRIAGE**

UJAAMA, KENYA

62%

GIRLS WHO PARTICIPATED IN SELF-DEFENSE AND EMPOWERMENT TRAINING HAD **62% LOWER RATE OF RAPE** THAN NON-PARTICIPANTS, 10.5 MONTHS POST INTERVENTION

¹³ World Health Organization. (2013) Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Italy: World Health Organization, London School of Hygiene and Tropical Medicine, and South African Medical Research Council.

What works to prevent gender-based violence¹⁴

The prevention of GBV remains a new area that requires innovation. However, the global evidence points to a number of best-practice interventions. Figure 6 presents a summary of the evidence for different types of interventions to prevent GBV.

FIGURE 6.



RELATIONSHIP-LEVEL INTERVENTIONS:

These interventions work with couples to address relationship dynamics, encourage critical awareness of gender roles and norms, and challenge the distribution of resources and duties between men and women. Fundamentally, these interventions seek to educate individuals about the power relationships between genders. An example is the Stepping Stones program in South Africa.



MICROFINANCE COMBINED WITH GENDER-TRANSFORMATIVE APPROACHES:

These interventions seek to build women's economic resources, particularly in terms of assets and income, while also empowering women to transform gender relationships in their lives. The use of gender-transformative approaches alongside economic interventions greatly increases the efficacy of the intervention in combating GBV, as seen in the IMAGE project.



COMMUNITY MOBILISATION:

Community mobilisation interventions attempt to empower women, engage with men, and change gender stereotypes and norms at a community level. They can take the form of community workshops, peer training, and localised creative campaigns aimed at shifting attitudes and behaviour by challenging prevalent norms. SASA! is a notable example of community mobilisation.



PARENTING PROGRAMS:

Parenting programs generally target new parents or those who have abused or neglected their children, or who are at risk of doing so. Such interventions aim to improve relationships between parents and their children, and teach positive parenting skills. These interventions can consist of home visits, individual counselling, role-play or videotape modelling of positive parenting behaviours. The Nurse Family Partnership is one such program.



GROUP EDUCATION TARGETING BOYS AND MEN (WITH WOMEN AND GIRLS):

These interventions usually train small groups of boys and men, often recruited through schools or communities, to mobilise others. The training sessions are facilitated by trained facilitators or peers, and implemented at varying lengths ranging from a few days to over six months. Group education methods are used, often based on existing curricula and material, such as in Programme H or the White Ribbon Campaign Education and Action Kit.

¹⁴ This whole section is based upon: Fulu, E. and Kerr-Wilson, A. (2015) What works to prevent violence against women and girls evidence review. Paper 2: interventions to prevent violence against women and girls. DFID.

On the other hand, there is insufficient evidence to recommend some other types of programs for GBV prevention. Currently, there is insufficient evidence to recommend single component communication campaigns, such as awareness raising as a means of preventing GBV. The evidence that does exist suggests that these are not intensive enough to prevent violence against women and girls.¹⁵

Alcohol reduction programs show promise in high-income countries, but more evidence is required from low- and middle-income countries; and it appears that such interventions should be combined with broader prevention initiatives in order to be of most use in the prevention of GBV.

There is conflicting evidence on the effectiveness of bystander programs. Although the influence of coaches, religious or community leaders, or other 'classic' male role models (such as sports stars) may be useful, such interventions must ensure that they do not unintentionally reinforce male power and domination.¹⁶ Bystander strategies will be most effective when they exist as one component of a broader approach or of a multi-level program in one setting.¹⁷

FIGURE 6.

IMPACT OF INTERVENTION ON REDUCING GBV	FAIR EVIDENCE	INSUFFICIENT EVIDENCE
EFFECTIVE	<ul style="list-style-type: none"> • Microfinance/gender transformation • Relationship-level interventions • Group education with outreach • Community mobilisation 	<ul style="list-style-type: none"> • Alcohol reduction programs (limited evidence from low- and middle-income countries)
PROMISING	<ul style="list-style-type: none"> • Parenting programs 	<ul style="list-style-type: none"> • Whole-school interventions • Counselling, therapy and psychological support
CONFLICTING	<ul style="list-style-type: none"> • Bystander interventions • Perpetrator programs 	
INEFFECTIVE		<ul style="list-style-type: none"> • Single component communication campaigns • WASH interventions in schools

WHAT WORKS TO PREVENT VIOLENCE AGAINST WOMEN AND GIRLS

¹⁵ Fulu, E. and Kerr-Wilson, A. (2015) What works to prevent violence against women and girls evidence review. Paper 2: interventions to prevent violence against women and girls. DFID.

¹⁶ Fulu, E. and Kerr-Wilson, A. (2015) What works to prevent violence against women and girls evidence reviews. Paper 2: interventions to prevent violence against women and girls. DFID, p.17.

¹⁷ Fulu, E. and Kerr-Wilson, A. (2015) What works to prevent violence against women and girls evidence reviews. Paper 2: interventions to prevent violence against women and girls. DFID, p.47.

Elements of successful programs

Despite the diversity of prevention interventions, the evidence reveals a number of key elements that are necessary for successful programming. This is illustrated in Figure 8.

FIGURE 8.



ELEMENTS OF SUCCESSFUL PROGRAMS

WHAT WORKS



LONG-TERM AND INTENSIVE

As the root causes of GBV are deeply entrenched in social and community structures, long-term and intensive interventions are needed to create lasting change. Genuine social change often takes a number of years and may need to be addressed over generations. Short-term projects are less likely to create such sustainable change.



STRONG THEORY OF CHANGE

Programming should be informed by well-documented evidence and theories of change that address the complexity of individual and social change processes. Interventions that have a clear theory of change can address one or more links in the hypothesised pathway between GBV and proposed solutions.



ADDRESSES THE ROOT CAUSES OF VIOLENCE

To prevent violence against women and girls it is important and necessary to address the underlying causes of the problem. This means addressing gender inequality and harmful social norms around gender, violence and power, and understanding the drivers of violence as they occur at each level of society.



MULTI-COMPONENT AND MULTI-LEVEL INTERVENTIONS

It is well documented that multi-component interventions are more effective than stand-alone projects. This is because the causes and contributing factors of GBV occur at multiple levels. The interventions to address this phenomenon also need to work at various levels to address both environmental factors and individual factors. In this way, a larger strategy for coordination is essential for promoting more effective interventions. For example, livelihood programs alone have significantly less impact than interventions that combine economic interventions with gender training.



WORKING ACROSS MULTIPLE SECTORS

The various sectors (health, justice, faith, etc.) should work together and use diverse strategies to achieve meaningful change within social and political structures and for individuals and communities.



GENDER TRANSFORMATIVE

Gender transformative approaches work to address the specific gendered drivers of GBV. By targeting these drivers, they actively seek to challenge and transform the gendered norms, practices and structures that perpetuate gender inequality. These holistic interventions are more effective than those that aim only to impact specific individual behaviours or attitudes.



ENGAGES BOTH MEN AND WOMEN

Group or relationship-level interventions that engage both genders together allow for unique opportunities to challenge gender inequalities and power dynamics between men and women. There is emerging evidence that interventions working with both genders are more effective than single-sex interventions. Rather than distinct interventions that target women's empowerment and men's perpetration, working with both groups together simultaneously or sequentially can better address gender relationships.



TAILORED TO THE TARGET AUDIENCE

GBV prevention interventions should be specified to target their particular intended target group. This means different interventions should be tailored for the various segments of a population. For example, interventions should vary according to the age group that they are targeting. Programs for youth need to address the particular characteristics and risk factors for this demographic. Also, interventions should consider targeting more vulnerable groups of the population and those particularly at high risk.

Gender-Based Violence in Papua New Guinea

Considerable work has been undertaken to address gender-based violence since 1975

PNG has to date made significant progress in addressing prevention and response to GBV. It has drafted a number of legislative measures, policies, aspirational statements, and recommendations from official reports related to GBV, which date back to its independence.

In 1983, PNG took a leading role in GBV research with the landmark Law Reform Commission prevalence study on domestic violence. This report remains the most comprehensive resource for rates of GBV in PNG. The PNG Government also signed several international commitments, including the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) in 1995.

More recently, as a member state, PNG is also bound to the goals set out in the 2015-2030 Sustainable Development Goals, and in particular Goal 5 which specifically calls for the elimination of all forms of violence against women and girls.

PNG has consistently demonstrated an effort to mainstream gender at national, provincial and local levels through police, courts, health workers, public servants, non-government organisations (NGOs), and faith-based organisations (FBOs). In the health, law and justice, and public and local government sectors, rights-based and gender responsive approaches to service delivery and development have become official government policy complete with comprehensive training for individuals and departments involved in combatting GBV. The establishment of the national Family Sexual Violence Action Committee (FSVAC) in 2000 created a significant opportunity to decentralise GBV intervention policy and more effectively coordinate at the provincial and district levels. Since its inception, the FSVAC has lobbied and advocated for government legislative, policy and procedural reforms in law, justice and health sectors in order to better address the prevention and response to GBV.

Under the Development Strategic Plan (DSP) 2010-2030, gender has been given strategic significance. The DSP strongly promotes equality for all citizens including gender equality, and equal opportunities to participate and benefit from development. Strategic focal areas include gender empowerment; addressing violence against women and children (family violence); and equal access to literacy, higher education, and paid employment. In regards to GBV, the DSP further advocates for the development of the capacity and effectiveness of enforcing agencies and institutions to better protect victims and survivors of GBV.

Furthermore, over the past two decades in particular several key sectors of government have reformed laws and formulated excellent gender policies. Good examples are the National Department of Health (NDOH) gender policy, the National HIV and AIDS gender policy, and the Gender Equity and Social Inclusion (GESI) Policy. Further strides in law reform were made with the outlawing of polygamy, the criminalisation of marital rape in 2003, and introduction of the Human Trafficking Law in 2014. In addition, in 2012 the PNG Sorcery Act was repealed; the Department of Justice and Attorney General and the Consultative Implementation and Monitoring Council have collaborated on a National Action Plan to Address Sorcery Accusation-Related Violence in PNG. Finally, the implementation of the Lukautim Pikinini Act in 2015 further directed effort towards the specific protection of children and girls.

Whilst progress has been made at the policy and legal level, we know that institutions and organisations mandated to provide the much needed programs and services to prevent and respond to GBV still struggle to deliver the quantity and quality required to support survivors and bring real behavioural change among perpetrators.

Despite the struggles, champions across a number of communities have initiated interventions reflecting how leading actors made choices in their lives because they strongly believed in creating safer and stronger communities. They set out to protect those that are vulnerable to violence and empower community members to break with embedded cultural and social attitudes around gender roles and norms, which often inform violence and more so GBV.

Those interventions were captured at the time of conducting the baseline survey and were subsequently further explored through processes of action research and the use of participatory creative media. The trust built amongst these champions and researchers allowed for stories to reveal emotions and values which drive the commitments by members of communities to make a real change to the lives of the people impacted by their interventions. At the same time, they demonstrate best practice processes (as outlined above) within the PNG context.

An in-depth understanding of what drives those champions as well as what tools and capacities they hold to be trusted and respected by their communities, can strengthen the development of policies, legislations and programs. This in turn can bring the impetus needed to sustain interventions for behavioural change across the nation driven by those local leaders.¹⁸

Some of their individual and collective stories are captured in the Yumi Kirapim Senis photobooklet and DVD. The four stories that follow from the Yumi Kirapim Senis Photobooklet feature the components of best-practice interventions as mentioned earlier, but contextualise these within PNG and people's experiences.

¹⁸ Kauli, J., Thomas, V., Munau, L. (2016 forthcoming) Yumi Kirapim Senis – understanding journeys of change. Centre for Social and Creative Media and United Nations Development Programme, Papua New Guinea.



AMANDA

Mi Sanap Strong

I went through many problems in my marriage. One day, reluctantly, I had to leave my three children behind and came back to my village.

Although I was home I was stranded with no way to access land. I had no hope. Land belongs to my father and my brothers so when I left my husband and returned to the village I had no right to it, but my brother felt sorry for me and gave me a little land on which I live.

I knew how to live in the village. I had some skills and knowledge on how to grow food on the land and so with my little knowledge I planted vegetables on the land my brother gave to me. In that I found I could make money and pay the school fees for the children my husband kept from me.

Over time I knew how to do this well, and I then became a trainer, training mothers to plant vegetables. Because of my experience with violence I knew the value of being strong and growing food, earning a living. This helped me to talk to women who had similar problems in their marriage or those who were widows. I teach them to grow food telling them the earth is our mother and it can help us stand strong, that the soil is our life.

ANNA

Hand in hand

A young girl and her five siblings were regularly abused by their father. The older one knew of the work I did in protecting the rights of children and came to find me one morning telling me about her father's abusive behaviour towards her and her siblings.

She described how abusive her father gets and in moments of rage severely beats her. She told me it was hard staying in the same home with her father. I told her it was okay for her to stay with me at the Crisis Centre.

One morning during her stay her father arrived at my home around six o'clock in the morning carrying with him a one-metre bush knife and started shouting at me. I told him this is not the first time his daughter came here looking for me, she has been here five times before, now is the sixth time so why was he shouting about it now. If he looked after her she would not run away to the centre.

I told him that his daughter has rights and because this was the sixth time I had seen this case I was taking it to court with my village court magistrate, my peace officers, and other similar kind people present to sit and hear her case.

The hand shows how I have a network that includes holding personal counselling, mediation and ensuring paralegal support in the village court at the Crisis Centre. Because of working together, the village court gave a ruling to restrain the father from being abusive to the young girl and her siblings.



THOMAS

Walk with me

I am someone whose life was not good before. I was taking drugs, drinking alcohol and at the same time I went out with lots of women. That was my biggest downfall to the point where I left my family – my wife and two children. I got another woman and gave her a child. But after that I left her too and got another woman again. Because of this, relatives of the woman that I had a child with were angry and came to beat me up badly at my work place. They did not kill me but they beat me up badly; I nearly died.

I recognised that this was not the kind of life I wanted. I thought about my first family, my wife and children. I decided to go back to my family again after 5 years; I discussed with my wife and she took me back. When I came back, I felt strongly about helping children in the process of reaching adulthood.

So when we introduced a sport association in our community, I saw it as one good way through which I could work closely with youth. Before they were involved in activities like drugs and home brew. They would follow older boys to town and engage in petty crimes like pickpocketing and those things. But when they are involved in sporting activities, and receive some advice about how to manage their lives as well as their future, it gets them thinking about how to manage their decisions.

I recognise this and it gives me courage to continue to do this work. The picture you see is of a mature man, he walks ahead of children.



MARY
Power connections

I joined the police force in 1986. I married a man from my village. I thought that he was a good man but he shot me with a gun and hit me with the jack handle of a car, he broke my head, and also broke my hand. I fell and I was taken to emergency.

Because of this continuous violence I left. I told myself "I am a policewoman but how is it that I am being beaten up all the time?" I found the courage to arrest my husband and then I took him to court.

I know what it feels like to be beaten up by your husband. So at the police station when women's cases come and policemen say it's a private problem, I think that it is not a private problem. We police must deal with it. I put myself into their shoes. I share tears with them.

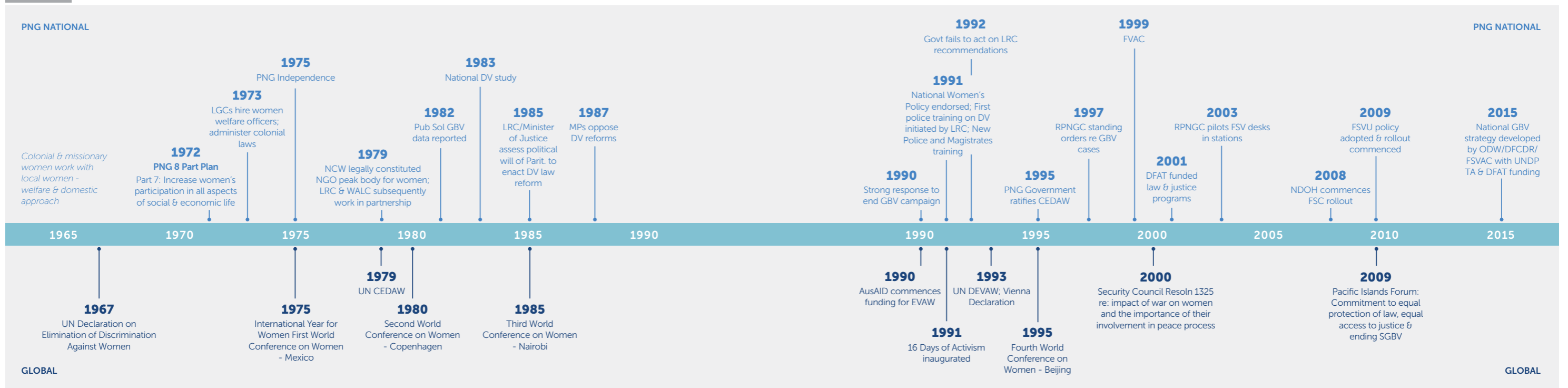
We find it difficult to obtain a medical report for mothers beaten up. This was a very slow process and we lost mothers who gave up trying to take their respective husbands to court. Doctors in the hospitals charged fees to mothers beaten by their husbands. Mothers had no money to pay for the medical reports. I wanted to help.

So then we formed a Family Sexual Violence Action Committee (FSVAC). We have representatives from the courthouse, CIS also came, Education came, and some others from the provincial headquarters here in Simbu came on board. From there we put a Family Support Centre in the hospital, and at the police station we set up a women and children's desk. The officers working at the desk made sure that whoever hits a woman must go to court and must receive some kind of punishment because of what they have done to women and children.

This picture of mine shows a power post standing with all wires coming together on this power post. Before I had no power but now all our networking partners refer their case to me.



FIGURE 9.



Key actors

Everyone has a role to play

FIGURE 10.



PNG's development scene and actors have changed a great deal over recent decades. There is currently a diverse range of organisations and governmental bodies working at multiple levels across PNG to prevent and respond to GBV. At the national level, the Department for Community Development and Religion (DfCDR) is the main body responsible for the promotion and protection of the rights of children and women. DfCDR is responsible for fulfilling the PNG Government obligations for the implementation and reporting on CRC, CEDAW and CRPD. The PNG Government established the Office for the Development of Women (ODW) in 2005 as a sub-department of DfCDR to give greater visibility to gender and development policy and planning. Although it is currently a division under the DfCDR, the framework has been laid out for the ODW to be established as an independent entity, mandated to lead, coordinate and monitor the implementation of the Strategy.

Alongside DfCDR, Provincial Divisions of Community Development (DCD) and Local Level Government (LLG) coordinate provincial and district level GBV strategy.

In addition to the PNG Government, there are a number of civil society organisations (CSOs) working to tackle GBV in the country. The presence, participation and influence of CSOs at national, provincial, district and community level is very important for effective work on GBV. CSOs include local NGOs, FBOs, and community based organisations (CBOs). However, the number and efficacy of CSOs is very uneven across the country.¹⁹

There are also some organisations and corporations in the private sector working to reduce GBV. This can vary from large-scale mining companies, to agribusiness, digital and telecommunication providers, security companies, construction companies, and smaller scale foreign and locally owned trading companies. However, the private sector still has very limited involvement in combatting this issue.

International organisations also have a large part to play in PNG. These include multilateral organisations like the UN, bilateral partners like DFAT, and various international non-governmental organisations (INGOs). UN agencies have substantial presence and GBV programming in PNG. The Australian Government (DFAT) stands out among the bilateral partners in contributing financial and technical support, as well as in its significant contribution to capacity development and accountability. Over the last decade, PNG has seen an increasing presence and participation of INGOs in national and provincial development programming.

¹⁹ Human Rights Defenders and community volunteers also play a significant part in GBV prevention in PNG, and are included in the National GBV Strategy to advance GBV prevention in their own communities by changing behavioural norms and attitudes.

Existing data points to the fact that gender-based violence remains a serious, pervasive problem in PNG

Although the limitations of data, as discussed in Section 6, are a problem for analysing GBV in PNG, data does exist and it all points to similar conclusions. Namely, that GBV is a widespread and serious concern and needs to be addressed.

Survey data

There is currently no national prevalence data on GBV in PNG. Nevertheless, recent studies give indications about the rates of GBV. Gangster-Breidler's study in 2009-2010 found that 65.3% of 200 women surveyed in rural and urban areas in Coastal, Highland and Islands provinces were survivors of domestic violence. This rate of violence largely confirmed the Law Reform Commission work done during the 1980s.²⁰

FIGURE 11.



The UN Multi-Country Study on Men and Violence conducted a population based household survey in the Autonomous Region of Bougainville between 2012 and 2013. The study was conducted with a representative sample of 864 men and 879 women aged 18-49 years. Bougainville is a unique cultural setting, and has experienced recent conflict, therefore it cannot be seen as representative of other areas of PNG. Nevertheless, the study found that 80% of men interviewed in Bougainville reported having perpetrated physical or sexual violence or both against an intimate partner in their lifetime. Two in five men interviewed reported that they had perpetrated rape against a woman who was not their partner at some point in their lifetime. 14% of men reported that they had participated in gang rape. The same study found that 24% of women also reported experiencing sexual violence from their partner in the previous year, and 22% of men disclosed perpetrating this violence.²¹

²⁰ Gangster-Breidler, M. (2010) Gender-based violence and the impact on women's health and well-being in Papua New Guinea, Contemporary PNG Studies, Vol 13, November.

²¹ Fulu, E., Warner, X., Miedema, S., Jewkes, R., Roselli, T. and Lang, J. (2013) Why do some men use violence against women and how can we prevent it? Quantitative findings from the United Nations Multi-Country Study on men and violence in Asia and the Pacific. Bangkok: UNDP, UNFPA, UN Women and UNV.

FIGURE 12.

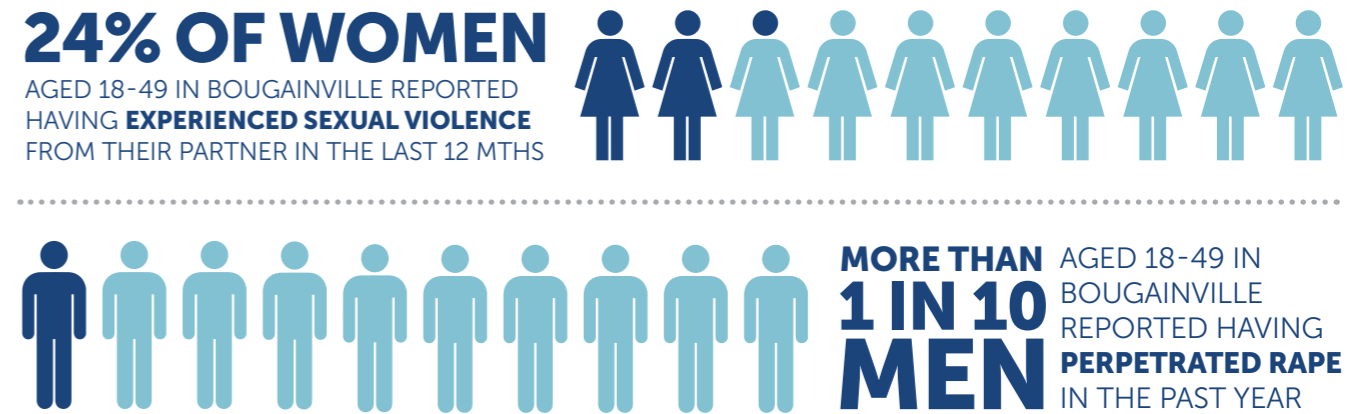
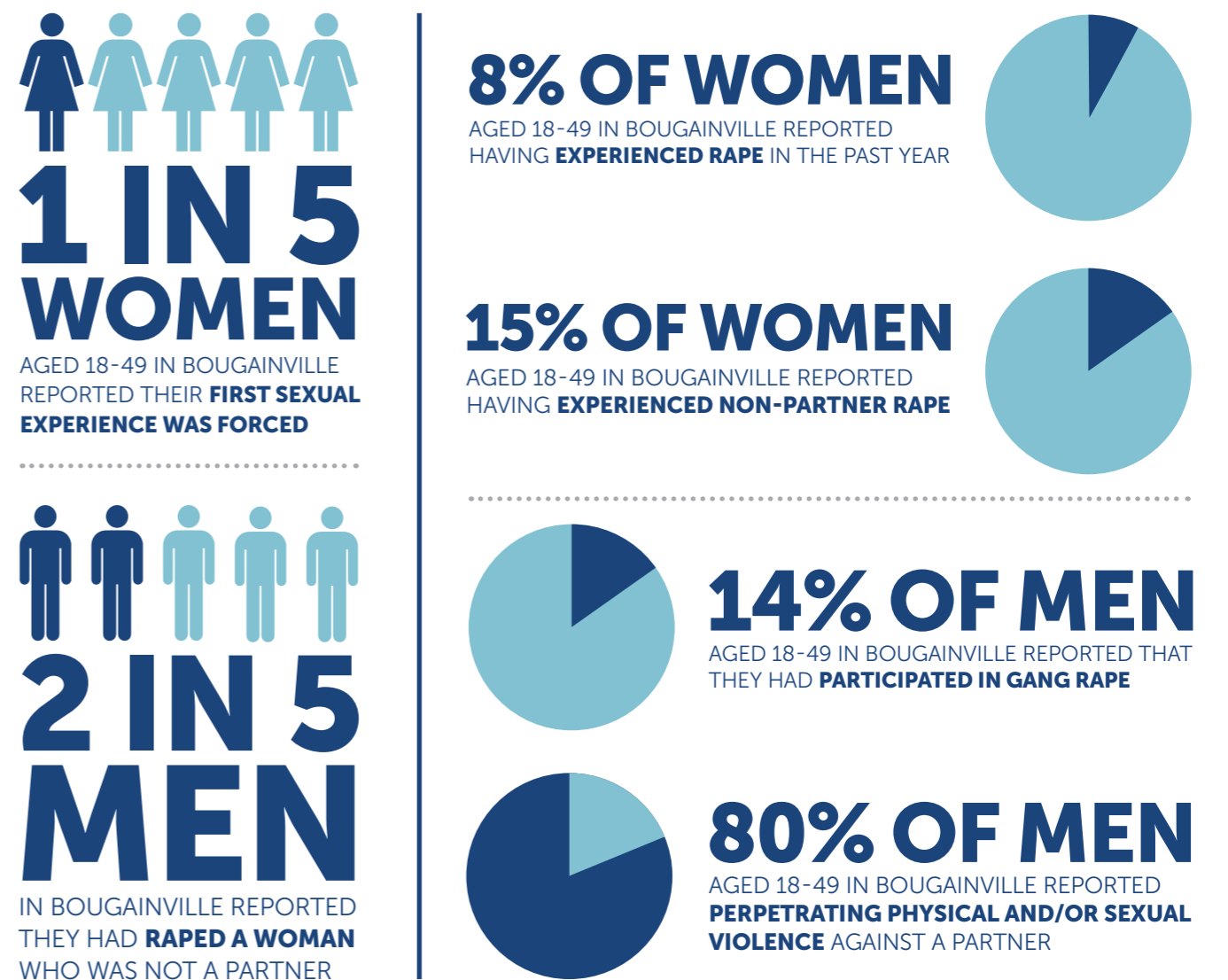


FIGURE 13.



Administrative data

Administrative data provides data on GBV that is collected through formal or official channels such as justice and health services, and confirms that family and sexual violence is a major problem in PNG. This data is not representative of the whole population, but provides insights into the nature of GBV and the experiences of those who use formal services.

For example, according to administrative data from the provinces, **women are five times more likely to be victimised at home than on the street**, and in around 50% of the most serious crimes, the victim knew the perpetrator. 72% of the offences prosecuted by the Office of Public Prosecution in the National Capital District (NCD) were perpetrated by family members or someone known to the victim.²²

Between 2007-2014, 130 cases of family and sexual violence were treated per month at Family Support Centres in Tari, Maprik and Port Moresby with 58% of these being for rape. While these findings are not necessarily representative of other provinces, they indicate the current severity and nature of GBV.

Furthermore, **children form a large part of the victims of GBV**. 62% of reported sexual abuse cases in the NCD during 2012 involved children.²³ A UN-Habitat survey of young people in Port Moresby found that 44% of sexual abuse victims under the age of 15 are boys.²⁴

FIGURE 14.

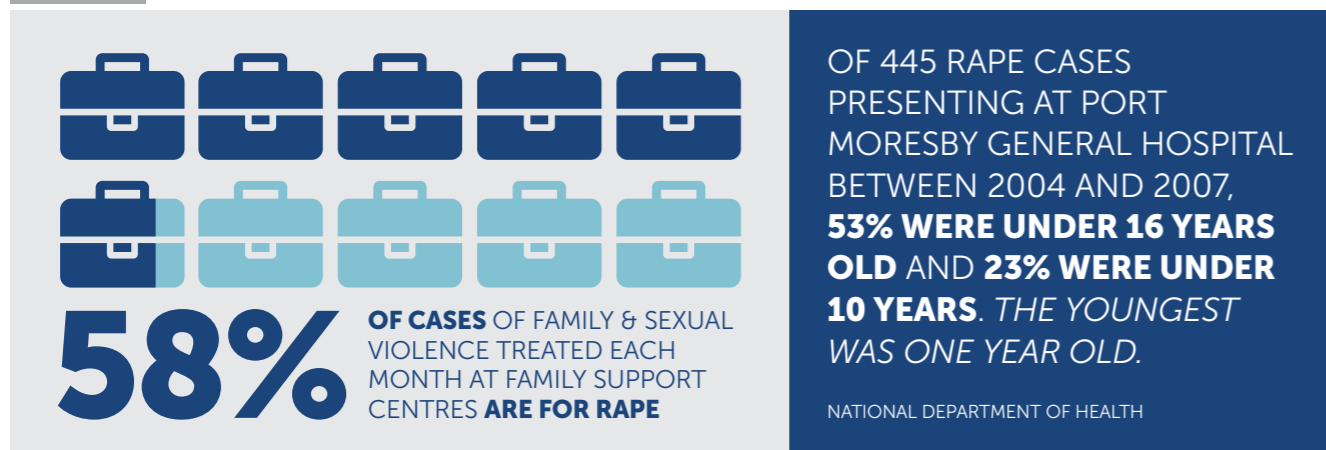
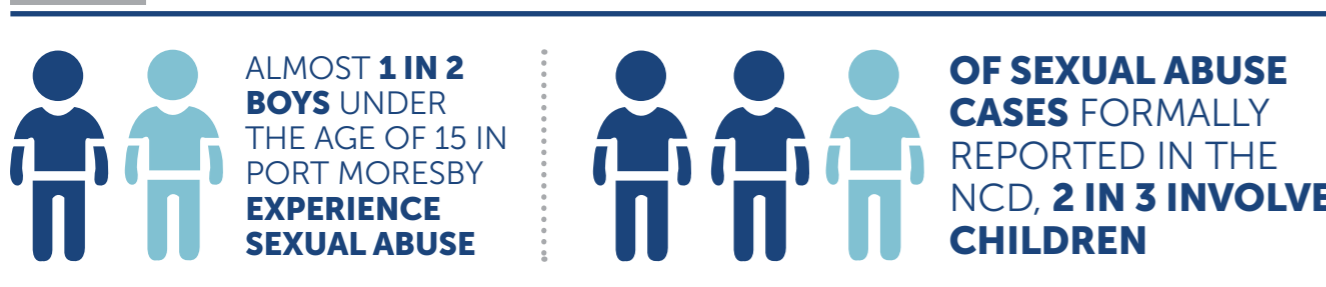


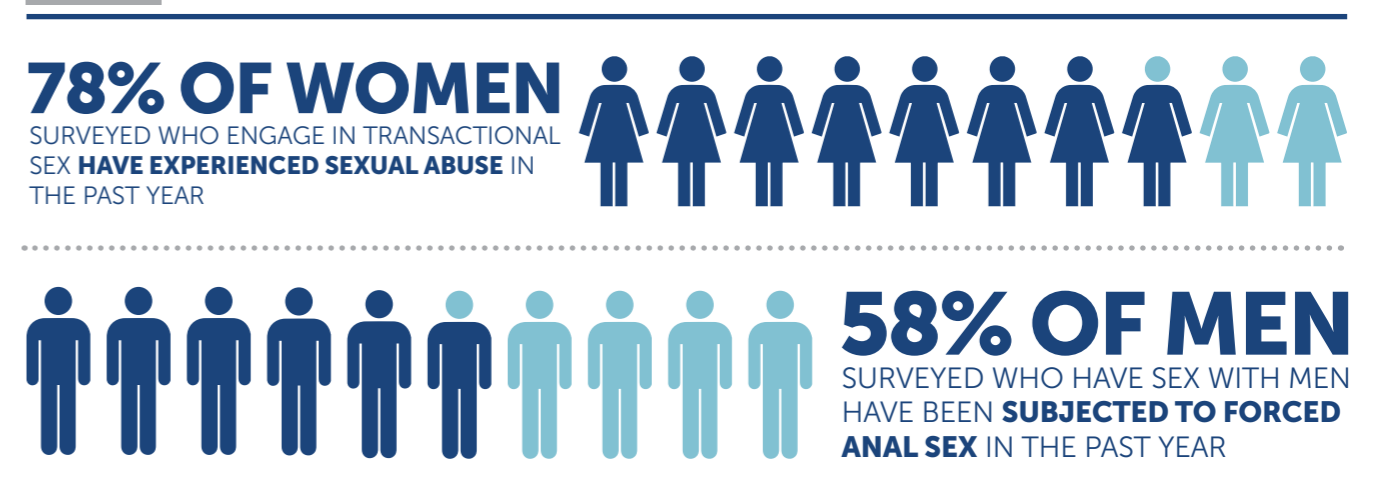
FIGURE 15.



²² Lakhani, S. and Willman, A.M. (2014) Trends in crime and violence in Papua New Guinea, World Bank: Research and dialogue series: the socio-economic costs of crime and violence in Papua New Guinea Paper no.1, p. 10.
²³ Office of the Public Prosecutor statistics for 2012; Minister for Justice and the Attorney General. (2013) Second reading speech on the Family Protection Bill 2013, Papua New Guinea Parliament.
²⁴ Lakhani, S. and Willman, A.M. (2014) "Trends in Crime and Violence in Papua New Guinea," World Bank: Research and Dialogue Series: The Socio-economic Costs of Crime and Violence in Papua New Guinea Paper no.1, p. 10.

Marginalised populations and those at higher risk for HIV infection are at particularly high risk of GBV. A survey conducted by FHI 360 found that 78% of surveyed women engaging in transactional sex had been sexually abused in the previous year and 58% of men having sex with men had been subject to forced anal sex in the previous year.²⁵

FIGURE 16.



Although not all cases of sorcery are GBV related, **administrative data shows that sorcery allegations are still a major cause of extreme GBV cases.** Figures from the Highlands Human Rights Defenders Network show that 24 out of 25 relocation cases were due to sorcery-related allegations and violence.²⁶ In the province of Simbu alone, witchcraft accusations result in around 150 cases of violence and killings each year.²⁷

FIGURE 17.



²⁵ Norbetus, M. (ND – 2010 research) Link between gender-based violence (GBV) and most at risk populations (MARPs), PowerPoint presentation, FHI360.
²⁶ Oxfam. (2015) Annual update: eliminating violence against women in PNG, p2.
²⁷ UN Special Rapporteur. (2013) Report of the Special Rapporteur on violence against women, its causes and consequence, Rashida Manjoo. Mission to Papua New Guinea (18-26 March 2012), United Nations A/HRC/23/49/Add.2, p.9.

Baseline Report

In order to address the high rates of GBV in PNG, a coordinated strategy is needed. To prepare for such an approach, an intensive rapid investigation and analysis of the current situation of organisations and interventions working around GBV in PNG was conducted. This baseline mapping was a collaborative effort between the DfCDR, the Family and Sexual Violence Action Committee, and Civil Society Partners, with support from the UNDP in PNG and DFAT.

The objectives of the study were to:

- **obtain data on the existing interventions and their effectiveness;**
- **map existing interventions for a gap analysis; and**
- **create a baseline for the new National GBV Strategy.**

The baseline mapping was intended to assess the types of organisations and sectors involved in GBV work, the extent of their investment and contribution, their ownership and accountability, their capacity and contributions, their areas of specialisation and comparative advantage, the strategies, tools, methods and materials that they need, the outreach and targets of their work, and more.

FIGURE 18.

ORGANISATIONS	STAFF	FUNDING	INTERVENTIONS
Regions	Gender	Amount	Impacts
Provinces	Training	Sources	Data collection
Sector	Pay	Security of funding	Case study preparation
Organisation type	Experience and role	Budgets	Referrals and follow-up

BASELINE MAPPING SURVEY

Methodology

The research was conducted in 16 out of the 22 total provinces in PNG in late 2014. The data was collected by conducting workshops²⁸ and disseminating survey questionnaires for organisations providing GBV interventions across the country. The survey was 38 pages in length and consisted of a General Survey and Activity Stock Take as illustrated below.

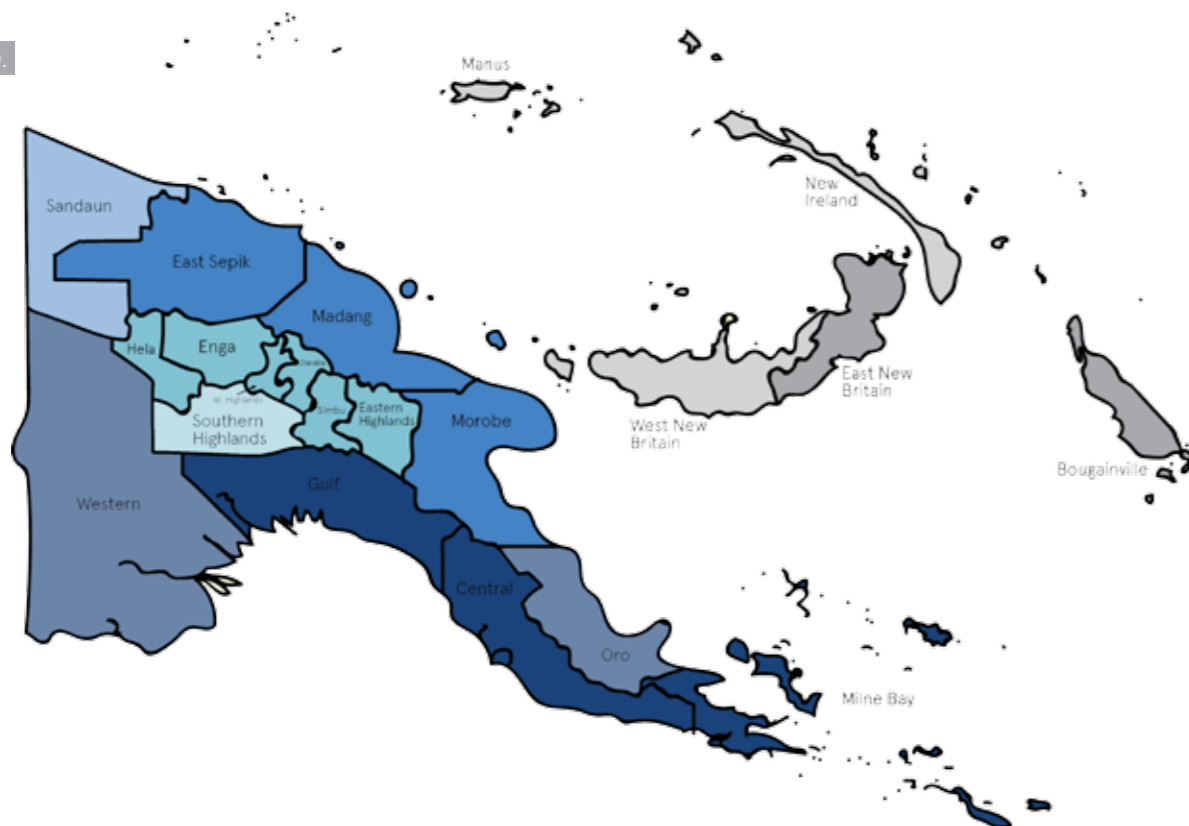
A total of 147 organisations participated in the data collection for the baseline mapping with a total of 602 staff.

²⁸ Workshops were held to maximise participation; provide assistance to participating organisations in completing the survey; and support networking between organisations within provinces and across provincial boundaries to further promote long-term collaboration.

FIGURE 19.



FIGURE 20.



Part 1 - The General Survey

Section number; section description; questions

1. Organisation name, contact and segmentation details; 1–10
2. Worker details; 11
3. GBV work, funding and location; 12–23
4. Target groups; 24–25
5. Impacts; 26
6. Challenges; 27
7. Provincial Family and Sexual Violence Action Committee (PFSVAC); 28–33
8. Referrals; 34–35
9. Frameworks; 36–38
10. Data collection and accountability; 39–40
11. Gender and ethics policies; 41–42
12. Capacity development; 43–46
13. Case studies; 47–48
14. Resources; 49

Part 2 – The Activity Stock Take

- GBV basic awareness and EGBV campaigns
- Primary prevention
- Urgent action
- Safe accommodation/shelter
- Medical tests, treatment and healthcare
- Psycho-social services
- Law and justice and support services
- Lobby and advocacy
- Capacity development
- Research and evidence building
- Knowledge building and sharing
- Relocation and integration

The complete survey is shown in the main report.²⁹

²⁹ Department for Community Development and Religion (2016) Papua New Guinea National Strategy to Prevent and Respond to Gender-Based Violence 2016-2025. UNDP; DFAT; Department for Community Development and Religion

Strengths and weaknesses in data collected

While the baseline mapping was successful in collecting a mass of useful data, the research process also faced certain limitations. The provincial workshop participation was lower than desired due to difficulties in identifying and engaging appropriate organisations. Also, the survey design faced the ubiquitous trade-off between detail and participation. While it was desirable for the survey to collect as much information as possible, the extended length of the questionnaire may have been a factor in deterring participating organisations from completing the surveys. The inclusion of open-ended questions resulted, not surprisingly, in the submission of data that was difficult to analyse statistically.

What we know: summary of the participating organisations

This section provides a brief overview of the participating organisations in the baseline mapping and with basic findings on their GBV interventions. While overall 147 organisations were surveyed, the number of respondents that answered each specific question varied. It is also important to keep in mind that participating organisations means those that submitted data that could be used in this analysis. The participating organisations in this baseline mapping do not necessarily represent the full range of organisations working on GBV prevention in these provinces or regions. Nevertheless, the data collected serves as a useful tool for creating a preliminary snapshot of GBV organisations, interventions, and challenges across PNG.

Participating organisations by region and province

The number of participating organisations varied across the four main regions. As illustrated in Figure 20, 34 were from the Southern Region, 45 from the Highlands, 47 from Momase, and 21 from the Islands.

TABLE 1.

REGION	NO. OF PARTICIPANTS
Southern	34
Highlands	45
Momase	47
Islands	21
NATIONWIDE	147

WORKERS - FEMALE AND MALE, PAID AND UNPAID - NATIONWIDE

TABLE 2.

REGION	NO. OF PARTICIPANTS
Western	0
Gulf	7
Central	5
National Capital District	10
Milne Bay	12
Oro	0
Southern Highlands	0
Hela	2
Enga	6
Western Highlands	2
Jiwaka	10
Simbu	8
Eastern Highlands	17
Morobe	10
Madang	13
East Sepik	24
West Sepik	0
Manus	0
New Ireland	9
East New Britain	5
West New Britain	0
A R Bougainville	7
NATIONWIDE	147

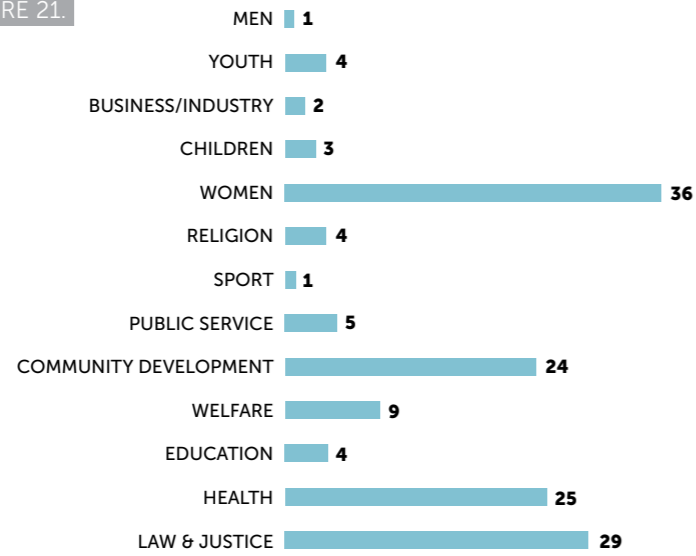
PARTICIPANT VISITS AND WORKSHOP ATTENDANCES BY PROVINCE

The number of participating organisations also varied greatly over the provinces, ranging from a minimum of two (Hela and Western Highlands) to 24 (East Sepik).

Note: In all tables on this page 'participants' means participating organisations

Types of organisations: tallied by sector and type

FIGURE 21.



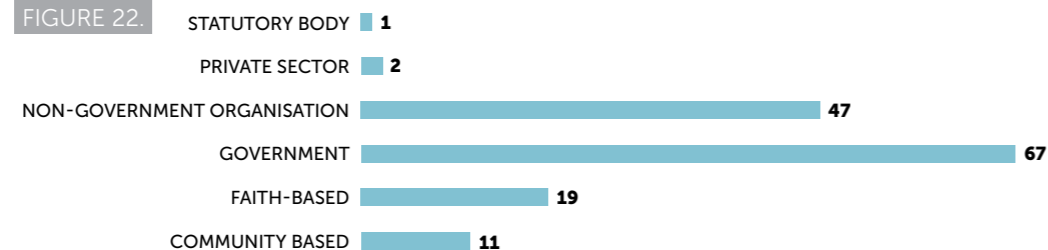
PARTICIPANTS BY SECTOR - NATIONWIDE

The sector of work with the highest number of participating organisations was the 'women' sector with a total of 36 organisations nationwide. This consisted of mainly women's organisations or organisations working primarily for women. The sectors with the next highest number of participating organisations were 'law and justice' (29 organisations), 'health' (25 organisations) and 'community development' (24 organisations). The 'welfare' sector had the next highest level of participating organisations, though with the considerably lower number of only nine organisations across the 16 participating provinces.

The range and relative levels of participating organisations working in different sectors varied across regions and provinces. The relatively higher level of participation of organisations working in the 'women' sector stood out in all regions, except in the Islands Region, where law and justice and community development government officials were the main participants.

For data on participating organisations by sector across regions and provinces see the main report.

FIGURE 22.



PARTICIPANTS BY ORGANISATION TYPE - NATIONWIDE

When participating organisations are tallied by 'organisation type', the majority of the participants surveyed were government organisation (67). Participating government organisations were mainly police, court officials (including village courts), health workers, welfare workers and child protection officers. After government organisations, most participants were from NGOs (47), followed by FBOs (19), and CBOs (11). This data indicates that non-state actors were also undertaking important roles in PNG in combatting GBV.

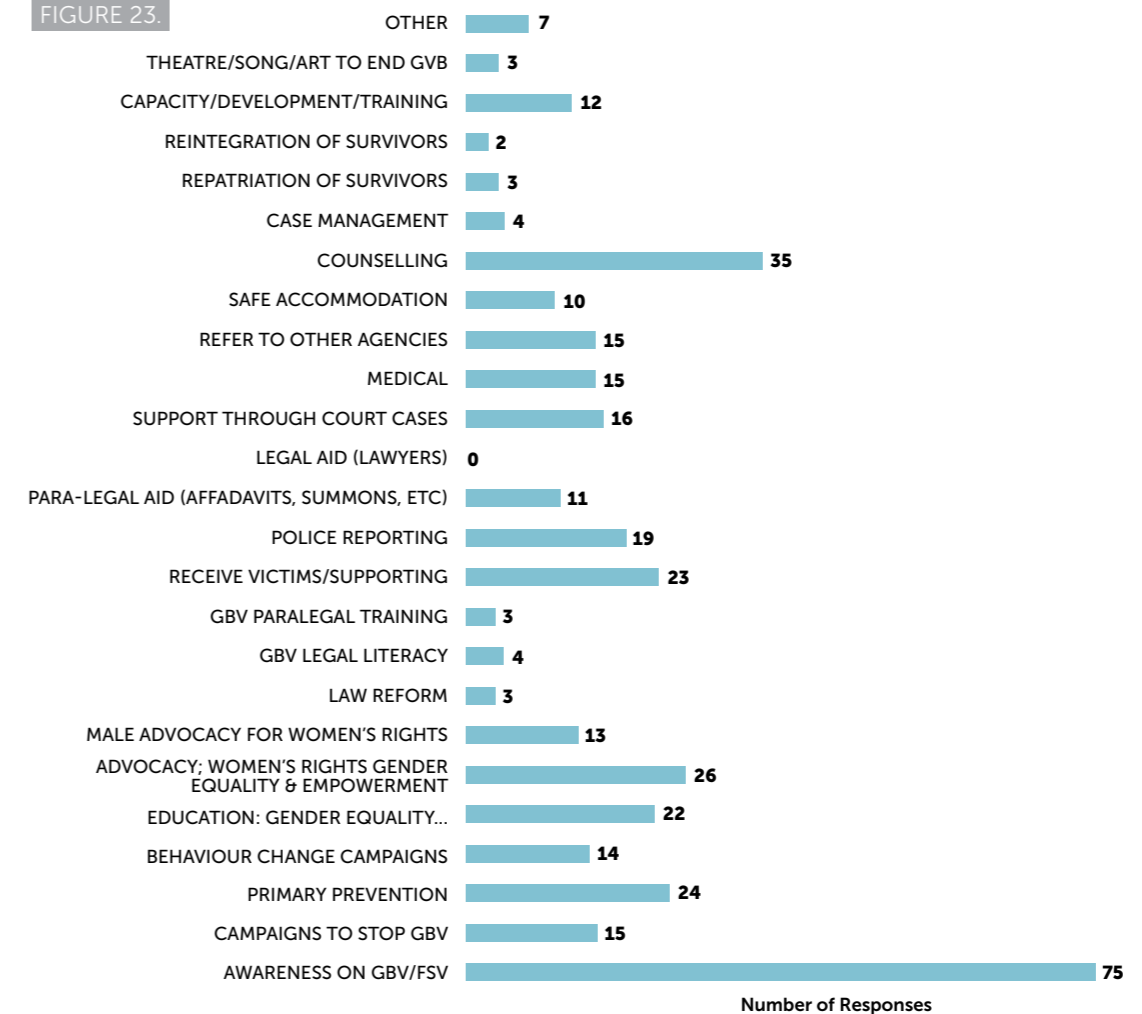
There was a broadly similar make up of participants by organisation type across all regions. One noteworthy exception is the absence of any participating CBOs in the Islands Region.

For data on participating organisations by organisation type across regions and provinces see the full report.

Interventions

All participating organisations were asked to rank their three main areas of work in GBV prevention or response, which were tallied to create an overall picture of the GBV work being undertaken by participating organisations. Out of 147 participating organisations only 87 answered this question fully and listed the type of GBV work done.

FIGURE 23.

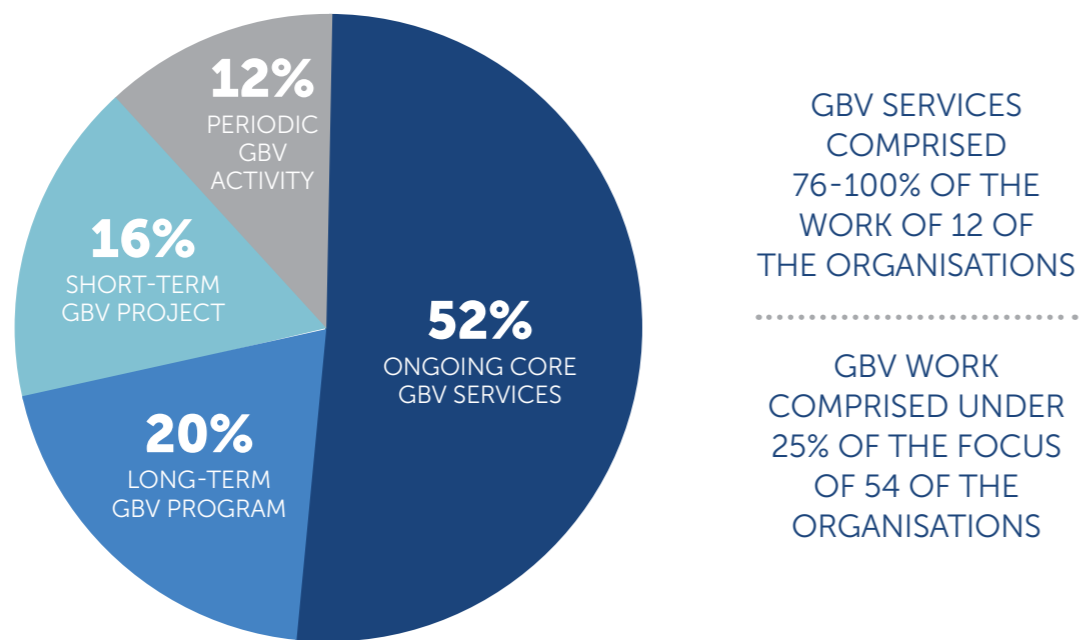


ALL ORGANISATIONS' MAIN GBV WORK NATIONWIDE - ALL RANKINGS

Over 70% of the participating organisations reported awareness raising as one of their top three types of work. Counselling was the next most commonly provided response, nominated by more than 30 organisations. Receiving victims was the next most cited type of intervention, followed by work on GBV prevention. However, fewer than 20% of organisations reported providing assistance with support through court cases, referrals to other agencies, police reporting, medical assistance, campaigns to prevent GBV, and behaviour change campaigns. These findings suggest that the majority of work done on GBV was awareness raising, which is discussed later in terms of challenges.

Nature of gender-based violence work: services, program, project or periodic

FIGURE 24.



TYPES OF GBV WORK - ALL ORGANISATION TYPES

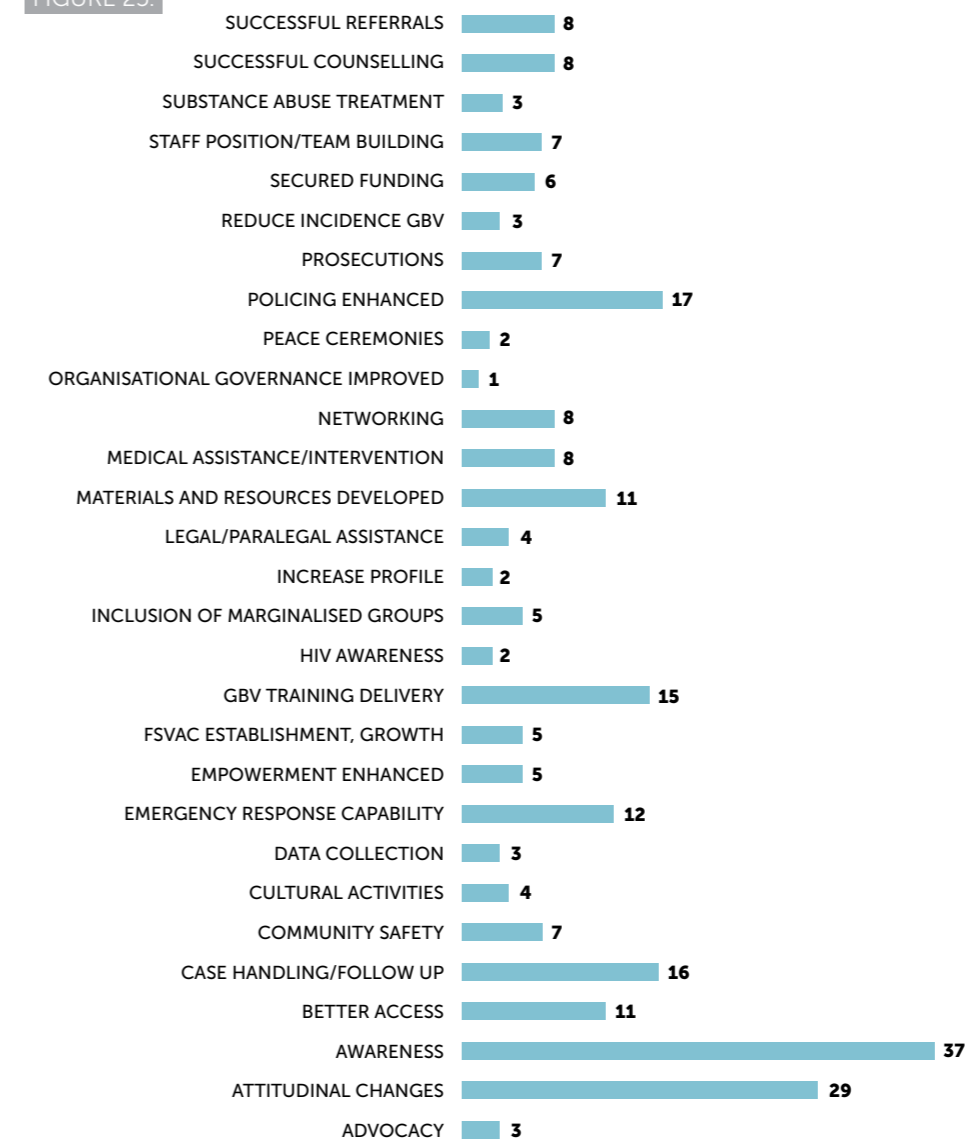
All organisations were asked if their GBV work was best described as ongoing services, a long-term GBV program, short-term GBV project(s) or periodic GBV activity. Out of 147 participating organisations, only 85 provided responses. Most participating organisations (52%) were engaged in ongoing GBV services. Further, 20% of participating organisations were running long-term GBV programs and 16% were running short-term GBV projects. However, 12% of participating organisations were doing only periodic GBV activities.

Impacts of interventions

Participating organisations were asked to list and rank three key impacts of their GBV work, which were tallied to provide a full picture of the GBV impacts by participating organisations. A total of 104 out of 147 participating organisations listed one or more impacts to provide a total list of 264 impacts. The question was open-ended, and responses were classified into one of 30 categories. This question was included to trigger the importance of thinking about impact when rolling out interventions and reporting about them. So it is important that we take care when considering and interpreting the impacts reported by organisations, as nearly all of the reporting is self-assessed and therefore highly subjective.

Nevertheless, we can consider some salient points found from the impacts reported:

FIGURE 25.



37 (25%) PARTICIPATING ORGANISATIONS REPORTED INCREASED AWARENESS OF GBV. 70% OF ALL PARTICIPATING ORGANISATIONS REPORTING THIS WERE IN THE MOMASE REGION.

29 (20%) PARTICIPATING ORGANISATIONS REPORTED IMPROVED ATTITUDES TOWARDS WOMEN AND FAMILY LIFE. HALF OF THESE REPORTED IMPACTS WERE IN THE HIGHLANDS REGION.

17 (12%) PARTICIPATING ORGANISATIONS REPORTED IMPROVED POLICE RESPONSE TO GBV. THESE REPORTS WERE SPREAD EVENLY ACROSS ALL REGIONS.

16 (11%) PARTICIPATING ORGANISATIONS REPORTED IMPROVED HANDLING AND FOLLOW-UP OF CASES. MOST WERE REPORTED IN MOMASE, AND THEN IN THE HIGHLANDS REGION.

IMPACTS REPORTED

THE FINDINGS POINT TO THE NEED FOR MORE SYSTEMATIC EVALUATIONS TO BE ABLE TO VERIFY AND TRACK SUCH IMPACTS OF GBV PROGRAMMING.

Why does Gender-Based Violence remain so prevalent in PNG?

As outlined above, the PNG Government, civil society, and the international community has invested considerably in addressing GBV over the past year. However, GBV remains serious and pervasive.

The baseline identified a number of challenges, especially in the context of what we know works to prevent GBV. These help to explain why the prevalence of violence remains high despite the concerted efforts of numerous key actors over the past few decades.

Challenges in gender-based violence programming

The following challenges outlined in this section are not discrete. Rather they are intertwined and impact upon each other. This further points to the need for a nationally coordinated strategy which is discussed further in Section 7.

1. Most gender-based violence interventions focus on awareness raising

Awareness raising currently comprises the bulk of all intervention work in PNG. 75 out of 147, or about half, of all participating organisations reported performing awareness work and for 76% of them it was their main work. Furthermore, 37 (25%) participating organisations reported increased awareness of GBV as a key impact of their work. Awareness work was reported to be the primary type of intervention for both government organisations and NGOs in PNG. CBOs, on the other hand, were equally involved in education of 'gender equality and the empowerment of women' as they were in general awareness raising.

Four community based organisations reported being involved in each of **'behaviour change campaigns'**, **'primary prevention'** and **'campaigns to end GBV'** - all three being important areas of prevention.

Awareness raising is important to help get the issue of GBV on the agenda or to share information about how survivors can access support services. However, it is only the first step in addressing GBV. The evidence shows that awareness raising alone is not effective in reducing rates of violence. This is because it does not address the root causes of violence, for example by challenging norms and attitudes that perpetuate gender inequalities. Further, effective prevention takes place at multiple levels – the structural and institutional level, the community level and individual level.

In addition, the baseline found that few participating organisations are prioritising the more technical areas of GBV prevention work. For example, engagement in male advocacy for women's rights, primary prevention, use of the arts to end GBV, and GBV campaigns remain extremely low.

A notable neglected opportunity to improve GBV prevention lies in school-based programming. There is currently a lack of interest in involving education institutions in primary prevention initiatives, whereas the evidence shows whole-of-school prevention approaches to be very promising.

Finally, there is no indication that current awareness initiatives are standardised or coordinated. Such work needs to be carefully devised and regulated as it can serve to promote the very thing it is trying to prevent. In order to decrease inefficiency and repetition in prevention and awareness work across PNG organisations, areas of specialisation and comparative advantages of existing organisations need to be identified. In this way, a more effective, complementary and collaborative strategy can be devised. To improve the efficacy of overall GBV prevention, clear goals, resources, legislation, and support needs to be provided to relevant organisations.

2. Comprehensive services for survivors of violence are lacking

As explained in the previous section, the focus of organisations and service providers in PNG tends to be on promoting awareness rather than providing needed services. This is true of government and NGOs as well as CBOs and FBOs who have become more active in addressing GBV over the past five to ten years.

The main service work reported by participating organisations was receiving survivors, which was reported by approximately 7% of organisations. Counselling and medical responses were the next most common, followed by the provision of safe houses.

Within the top three types of work undertaken by participating organisations, counselling was the most commonly provided service, nominated by more than 30 out of 147 organisations. However, it is concerning that many people working in GBV organisations do not yet have adequate training to provide quality, appropriate counselling. Currently there is a considerable number of untrained or only partially trained people who are attempting to provide GBV counselling.

There is currently a huge unmet demand for GBV services across PNG. Support services for survivors of violence continue to be insufficient in quality and quantity in urban areas, and too often non-existent in rural areas. Key services in health, justice, and social services are under-funded and under-resourced and perform unevenly because effective measures of accountability are absent.³⁰ Survivors remain in dire need of services, across the entire spectrum from medical and socio-psychological treatment, to legal and justice services, and shelters. By global standards, the availability of appropriate services for survivors of GBV in PNG is considered negligent.

PUBLIC SOLICITOR LIMITATIONS: The Office of Public Solicitor's (OPP) is, in principle, available for citizens to seek free legal advice, but in reality this service is restricted because of resource limitations and practical constraints such as difficulties presented by terrain, communication, transport and even the basic knowledge to access this service.³¹

A coordinated strategy is needed to provide a comprehensive and effective system for detection and response, and provision of safety, security and access to justice for all survivors.

³⁰ UNDP. (2013) Rapid assessment of institutional readiness to deliver gender-based violence and HIV/AIDS in five provinces of Papua New Guinea, p.73.

³¹ Sepoe, O (2015). Gender-based Violence in Papua New Guinea; A Review of Literature and Interventions, 1975 – 2015. Compiled for the joint Gender-based Violence Project, led by the Office for the Development of Women (ODW)/Department for Community Development and Religion; Family and Sexual Violence Action Committee/CIMC; and civil society partners, with support from the Australian Department of Foreign Affairs and Trade (DFAT) and the United Nations Development Programme (UNDP) in Papua New Guinea.

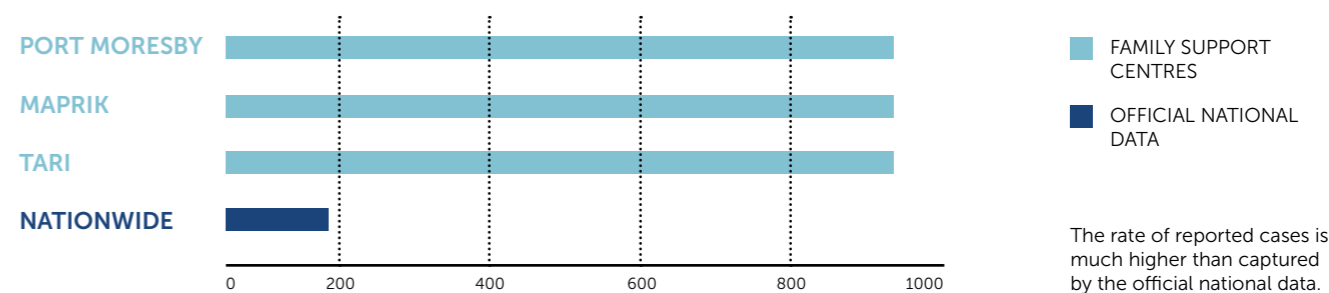
3. Inaccurate, scattered, and inaccessible data

General Data Issues

There are currently a number of issues surrounding GBV data in PNG. There is a lack of up-to-date data, and no national system for compiling and disseminating data. There is also no institutionalised method for the collection of administrative data on GBV, which has led to inaccurate and unreliable data collected by police and health centres. For example, while the official administrative data recorded 130 reported rape cases nationally over the year of 2013³², approximately 900 rape cases were reported to each of the Family Support Centres in Port Moresby, Maprik and Tari in the same year³³. One can confidently conclude that rates of reported rape are in fact much higher than captured by official national data.

Compounding the problem of inaccurate, scattered, and inaccessible data, GBV is often under-reported, or not reported at all.

FIGURE 26.



REPORTED RAPE CASES (2013)

FIGURE 27.

PNG organisations and data-from baseline

TALLY OF ORGANISATIONS COLLECTING DATA BY ORGANISATION TYPE	QUANTITATIVE DATA		QUALITATIVE DATA	
	YES	NO	YES	NO
Community based	4	5	3	4
Faith based	9	10	9	10
Government	47	18	31	30
Non-government organisation	28	18	23	22
Private sector	2	0	1	1
Statutory body	0	1	0	1
	90	52	67	68

NUMBERS OF ORGANISATIONS COLLECTING DATA - BY ORGANISATION TYPE

³² Sepoe, O (2015). Gender-based Violence in Papua New Guinea; A Review of Literature and Interventions, 1975 – 2015. Compiled for the joint Gender-based Violence Project, led by the Office for the Development of Women (ODW)/Department for Community Development and Religion; Family and Sexual Violence Action Committee/CIMC; and civil society partners, with support from the Australian Department of Foreign Affairs and Trade (DFAT) and the United Nations Development Programme (UNDP) in Papua New Guinea.

³³ This figure is an extrapolation of monthly data provided by MSF. Médecins Sans Frontières (MSF), Family Support Centres between December 2007 and September 2014, see Post Courier, November 25, 2013. These statistics were confirmed by the MSF Port Moresby office, following the National GBV Strategy validation workshop held in October 2014.

The number of organisations collecting quantitative and qualitative data from their GBV work varied based on organisation type. Figure 27 shows proportionately more government organisations (70%) collected quantitative data than other organisation types. The organisation types that most frequently collected qualitative data were NGOs (49%), FBOs (47%), and government organisations (46%).

Apart from qualitative and quantitative data collection, the collection and dissemination of case studies is also incredibly important. The preparation of case studies and the sharing of those case studies within and between organisations can be an effective means of sharing lessons learned and identifying effective strategies. However, only 24% of participating organisations indicated they prepare case studies.

Monitoring and evaluation

Implementing monitoring and evaluation as a part of all GBV work, in both prevention and response, is essential to track and improve intervention outcomes. Monitoring refers to the continuous assessment of an intervention as it is being implemented to collect information and make any improvements necessary. Evaluation, often done mid-way and at the end of a project, examines the effectiveness, impacts, and outcomes of an intervention. Together, monitoring and evaluation provide a basis for measuring the success of GBV interventions, and any lessons to be learned. Monitoring and evaluation needs to be institutionalised as a part of the data collection system in PNG to ensure interventions are effective and moving forward.

Data/knowledge coordination and sharing

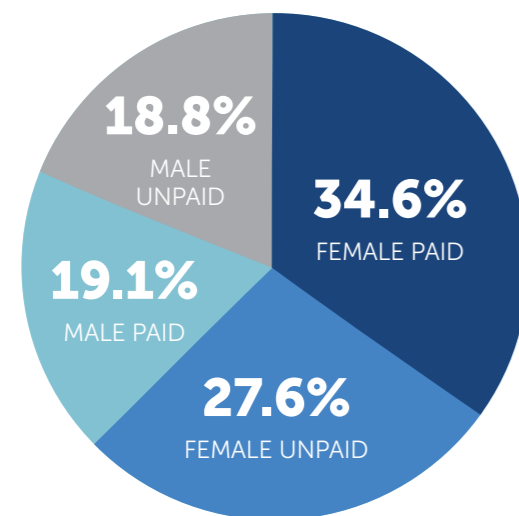
The PNG Government is yet to establish a comprehensive standardised system for reporting, data collection, and analysis (see Section 7). The nature, incidence and severity of GBV would be better understood if data was standardised and systematically collected by agencies and compiled into a reliable national system. The baseline mapping indicated that many participating organisations reported a willingness to share knowledge about interventions as well as other data resources.

4. Human resource challenges

There are significant human resources challenges for GBV organisations in PNG.

Remuneration: over 45% of workers in GBV are not paid or remunerated

FIGURE 28.



WORKERS - FEMALE AND MALE, PAID AND UNPAID - NATIONWIDE

Organisations participating in the baseline mapping provided detailed information on up to eight of their organisation's staff. 62% of the GBV workers in participating organisations were female and just over half of them were paid. 38% of GBV workers in participating organisations were male and, again, just over half of them were paid. These results show that more than 45% of GBV workers were not paid for their work.

While this high incidence of unpaid workers is not an unexpected finding, it warrants serious attention. The huge unpaid GBV workforce raises concerns about the capacity and sustainability of staffing. It is important to ensure that the unpaid workforce is sufficiently motivated, trained, knowledgeable, and performing well, and is not subjected to hardship and risk, without due recognition and support.

Training is not systematic

Participating organisations were also asked to provide information on the level of relevant training attained by staff. Whilst 11% of paid workers have had no training at all, over 21% of unpaid workers have had no training. Even amongst the workers that received some training, there were significant discrepancies between the type and quality of training that paid and unpaid workers received. 41% of unpaid workers only received training through short courses and 14% through online courses. This is significantly higher than the 20% of paid workers who received either of these forms of training. 10% of participating organisations reported 'lack of training for key staff' as their biggest challenge. Out of the 12 organisations reporting this challenge, only two believed that they could solve this problem while seven reported that they could not.

While there is training available, particularly in the law and justice, and health sectors, GBV training in PNG is not necessarily systematic, planned or equitable. There is also a distinct lack of resources, manuals and personnel available to support effective training, which undeniably limits the effectiveness of GBV work in prevention and response services.³⁴ The type and quality of training can be expected to vary across organisations, which becomes problematic when dealing with issues as sensitive as GBV. Too many people either have no training or are seeking information online, which is a serious potential ethical and safety risk.

Counselling services were reported as the most provided service by participating organisations. While this should be a good thing, it is of concern given that many people working in GBV organisations do not yet have adequate training to provide quality, appropriate counselling. Currently, a considerable number of untrained or only partially trained people were attempting to provide GBV counselling. A 2008 AusAID report identified a need to improve service provision for women who have experienced violence, particularly in rural areas. The report also included a provision of standardised training for counselling women and children who have experienced violence.³⁵

An international expert in psychosocial counselling lamented that *'there have not been any success stories in the area of trauma counselling'*. The expert further noted that much of available (but still very limited services) focus on "crisis counselling" rather than offering proper "trauma counselling". Overall, it is clear that the needs of GBV survivors far exceed capacity in country.³⁶

³⁴ Amnesty International, (2006) 'Papua New Guinea: violence against women: not inevitable, never acceptable', AI Index: ASA 34/002/2006.

³⁵ Australian Agency for International Development, Office of Development and Effectiveness. (2008) Violence against women in Melanesia and East Timor: building on global and regional promising approaches. Canberra: Australian Agency for International Development.

³⁶ Sepoe, O (2015). Gender-based Violence in Papua New Guinea; A Review of Literature and Interventions, 1975 – 2015. Compiled for the joint Gender-based Violence Project, led by the Office for the Development of Women (ODW)/Department for Community Development and Religion; Family and Sexual Violence Action Committee/CIMC; and civil society partners, with support from the Australian Department of Foreign Affairs and Trade (DFAT) and the United Nations Development Programme (UNDP) in Papua New Guinea.

5. Organisations need technical capacity building

Organisations working on GBV in PNG require technical capacity building to improve their fundamental capabilities in both operation and interventions. The baseline mapping identified four main areas in which participating organisations want to build their capacity:

1. Foundation training in gender equality and the empowerment of women (GEEW), human resources (HR) and ending gender-based violence (EGBV)—reported by 84 organisations
2. Paralegal training and services—reported by 44 organisations
3. Counselling—reported by 27 organisations
4. Project design and management, administration, leadership and governance reported by 22 organisations

The baseline mapping sought to identify the capacity that development organisations need to make their GBV work more effective and to identify what resources may already exist to help meet their needs. It is noteworthy that some areas of capacity development that were in demand were also listed by several organisations as areas in which they could provide support. This is the case regarding foundation GEEW/HR/EGBV training, paralegal training and counselling. On the other hand, other areas of capacity development were in demand, but few organisations felt able to offer assistance. Chief among these was project design and management, administration, leadership and governance. These areas will likely require the use of outside expertise through channels such as the national government, donors or INGOs. This information can be used to develop cost and time efficient, national and provincial plans for capacity development through training and more systematic knowledge building and sharing.

6. Lack of adequate and secure funding

Participating organisations were asked to provide information on:

- the source of funding for each of their three main areas of GBV work and intervention;
- the actual annual budget for 2014;
- whether future funding was secured; and
- the proposed 2015 budget.

Over 40% had an annual budget of less than K5,000, and around 21% had a budget of over K100,000.

The inescapable conclusion from the data presented in this table is that there is inadequate funding available for GBV work.

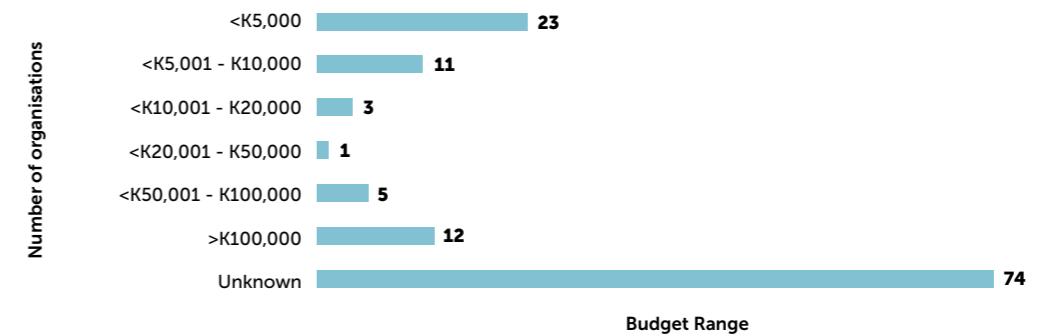
THE EXTREMES OF FUNDING

GBV awareness work was supported mainly with annual budgets of K5,000-K10,000.

Only three organisations reported 2014 budgets for their main activities in this field in the range of K10,000-K100,000 and only one over K100,000.

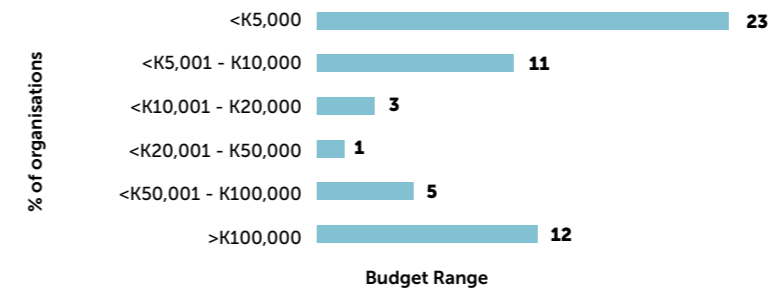
Counselling work was funded at a higher level. Despite only nine organisations nominating this as their main intervention, three organisations reported budgets ranging from K10,000-K100,000 and four over K100,000.

FIGURE 29.



BUDGETS FOR TOP-RANKED GBV WORK (INCLUDING UNKNOWN)

FIGURE 30.



2014 BUDGETS FOR TOP-RANKING GBV WORK (EXCLUDING UNKNOWN)

Funding is unknown

The very high percentage (74%) of organisations that either did not know, or did not report the budget allocated to their GBV work, is cause for concern.

This was across the board: 67% of the participating government organisations which nominated a main GBV intervention did not know or did not report their budget for that work. This was also the case for 47% of NGOs, 60% of FBOs and 45% of CBOs.

Some organisations may lack knowledge about their budgets because of top-down financing from international organisations. However, it is also likely that organisations lack capacity in strategic planning and budgeting.

Security of future funding

A further measure of an organisation's ability to plan ahead is the level of security felt with regard to current and future budgets.

Slightly less than one fifth of CBOs and NGOs have indicated their future budget for their main GBV intervention was secure.

For FBOs and government organisations, slightly more than one quarter were able to indicate security of their future budget.

Accessing funding was reported as a challenge by almost 60% of the organisations.

22% of participating organisations reported 'accessing funds' as their single biggest challenge. Only six out of 27 believed they could solve this problem themselves.

The evidence clearly demonstrates that effective violence prevention and response requires long-term, multi-component and comprehensive approaches. The inadequate and insecure funding for GBV work is very concerning and clearly contributes to the lack of success in reducing rates of violence.

7. A lack of multi-sectoral coordination

When we summarise the main work of all participating organisations by sector, taking into account the ranking of their first, second and third main areas of GBV work, we can see which sectors are most active and in what areas.

Women's organisations (the women sector) were currently the most involved in GBV work. Their main work was GBV awareness raising, but they were also significantly involved in advocacy on women's rights and in counselling. Participating organisations in the law and justice sector work mostly across the three main response areas of receiving victims, reporting cases to police and supporting survivors through court cases. Participating organisations in the health sector work mostly on awareness raising, then medical treatment, followed by counselling.

The community development sector (government and NGOs) works mainly on awareness. A few do counselling (only four) and four also do advocacy work on women's rights, and education on gender equality and the empowerment of women. FBOs are becoming increasingly involved and active and their main area of work was awareness, then primary prevention and campaigns.

The education sector was not very involved in GBV prevention or response. This is evident when we measure its participation in provincial FSVACs and in the provincial GBV baseline data collection and mapping exercise. Participating organisations in the welfare sector currently do very little work in GBV overall.

Organisations in sport and public service sectors (outside of law and justice, health and welfare) were hardly involved in GBV prevention or response. Further, very few private sector organisations were involved, or at least their contributions were not very evident through the collective work ongoing in provinces. Currently, very few organisations in the youth or men sector were active in GBV response.

Multi-sectoral coordination is beginning to emerge although it is still far from satisfactory. For example, referral pathways are still weak in areas where some effort in service delivery is made. Such services (referral pathways) were not available in most parts of the country.

This lack of multi-sectoral coordination is contributing to ad-hoc and disparate GBV work that has limited impact.

Conclusions and the way forward

GBV in PNG remains an epidemic. The baseline mapping highlights a number of serious challenges and limitations in the current approach to preventing and responding to GBV in the country. A more strategic and coordinated multi-sectoral response from all stakeholders is urgently needed.

PNG National Strategy to Prevent and Respond to Gender-Based Violence Strategy 2016-2025

The PNG National Strategy to Prevent and Respond to Gender-Based Violence 2016-2025 provides the necessary framework to address the challenges and limitations outlined above and move forward in an evidence-based and effective way. It is also a necessary tool to initiate and enhance the implementation of laws, policies, and plans to address GBV in a most coordinated and effective manner.

The National GBV Strategy was developed through the joint Government and UNDP project 'Coordinated and Sustainable Response to Gender-Based Violence and Family and Sexual Violence'. The consultation process was extensive and inclusive with collaboration of a wide range of stakeholders from academia, civil society (NGOs and FBOs), as well as government policy makers and service providers, at national and sub-national levels. Key international development partners and the private sector were also consulted.

Partners and stakeholders recognised that many important strategic steps have already been taken. However, they unanimously agreed that without government leadership sustainable and transformational change will not be achieved. National and provincial government has acknowledged that GBV is a serious development issue which must be prioritised in planning and budgeting processes.

The National GBV Strategy builds on a wide range of work to end GBV, initiated in many instances by CSOs. The past decade has seen significant progress in law, policy and practice reforms in law, justice and health services. FBOs have also come on board with complementary services. This National GBV Strategy seeks to institutionalise and harmonise these multi-sectoral and multi-level initiatives. It focuses on strengthening existing structures and interventions based on best practices at local, national, regional and global levels rather than reinventing previous work. The National GBV Strategy explicitly encourages and facilitates building and sharing of appropriate knowledge.

NATIONAL GBV STRATEGY

Vision

An inclusive, peaceful society where government, in partnership with its citizens, embraces diversity, equality and equity, recognises, respects and promotes the rights of all citizens, and secures just and sustainable development for all.

NATIONAL GBV STRATEGY

Mission

The Government of PNG, in partnership with all its key stakeholders, will prioritise prevention of GBV and secure quality support for victims and survivors of GBV to enable a quality life without fear of violence.

FIGURE 31.

1.

To ensure long-term, ongoing high-level national and sub-national government commitment and accountability to end gender-based violence aligned with the Mid-Term Development Plan 2011-2015, the Papua New Guinea Development Strategic Plan 2010-2030, and PNG Vision 2050.

Output 1.1:

National Council for Preventing and Responding to GBV is established and operational.

Output 1.2:

National Secretariat is established and operational.

Output 1.3:

Provincial and District Family and Sexual Violence Action Committees are established and/or formalised by respective authorities.

Output 1.4:

All Provincial and District Family and Sexual Violence Action Committees have Secretariats in place.

Output 1.5:

Funding mechanisms for implementation are in place.

Output 1.6:

Monitoring and evaluation framework is in place and rolled out.

2.

To standardise and institutionalise data collection, and facilitate ongoing in-depth research to support evidence-based planning, budgeting and programming to end gender-based violence.

Output 2.1:

Research Advisory Committee is established.

Output 2.2:

Research Network is established and operational.

Output 2.3:

National gender-based violence database is established and operational.

Output 2.4:

Monitoring and evaluation findings are reflected in new plans, budgets and programs

3.

To ensure quality, continuity and sustainability of coordinated responses, referrals and service delivery for survivors of gender-based violence.

Output 3.1:

National Gender-based Violence Council and Secretariat have endorsed short term (three year), and mid-term (five year) plans of action and budgets.

Output 3.2:

Provincial Family and Sexual Violence Action Committee Secretariats have endorsed short term (three year), and mid-term (five year) plans of action and budgets.

Output 3.3:

Capacity development plan is developed and implemented for quality services.

Output 3.4:

Effective knowledge sharing between GBV stakeholders and partners.

4.

To scale-up, decentralise, and standardise inclusive, quality initiatives and messaging for prevention of gender-based violence at all levels and in all sectors of society.

Output 4.1:

Relevant awareness and advocacy plan is designed and implemented.

Output 4.2:

Gender-based violence awareness and advocacy material informed by appropriate evidence-based analysis and new communication mediums.

Output 4.3:

Human Rights Defenders and gender-based violence champions are effectively advancing prevention in their communities.

The National GBV Strategy outlines four vital outcome areas that are needed for a comprehensive and holistic approach as outlined in Figure 31.

It will be vital for the PNG Government to coordinate the work of all stakeholders, secure adequate funding, monitor for quality service delivery, and facilitate ongoing sharing of knowledge and best practices. Through this approach there is genuine hope that great strides will be made in addressing GBV in PNG.

As such the National GBV Strategy is tackling a number of the key problem areas that have been identified as central to GBV prevention and response:

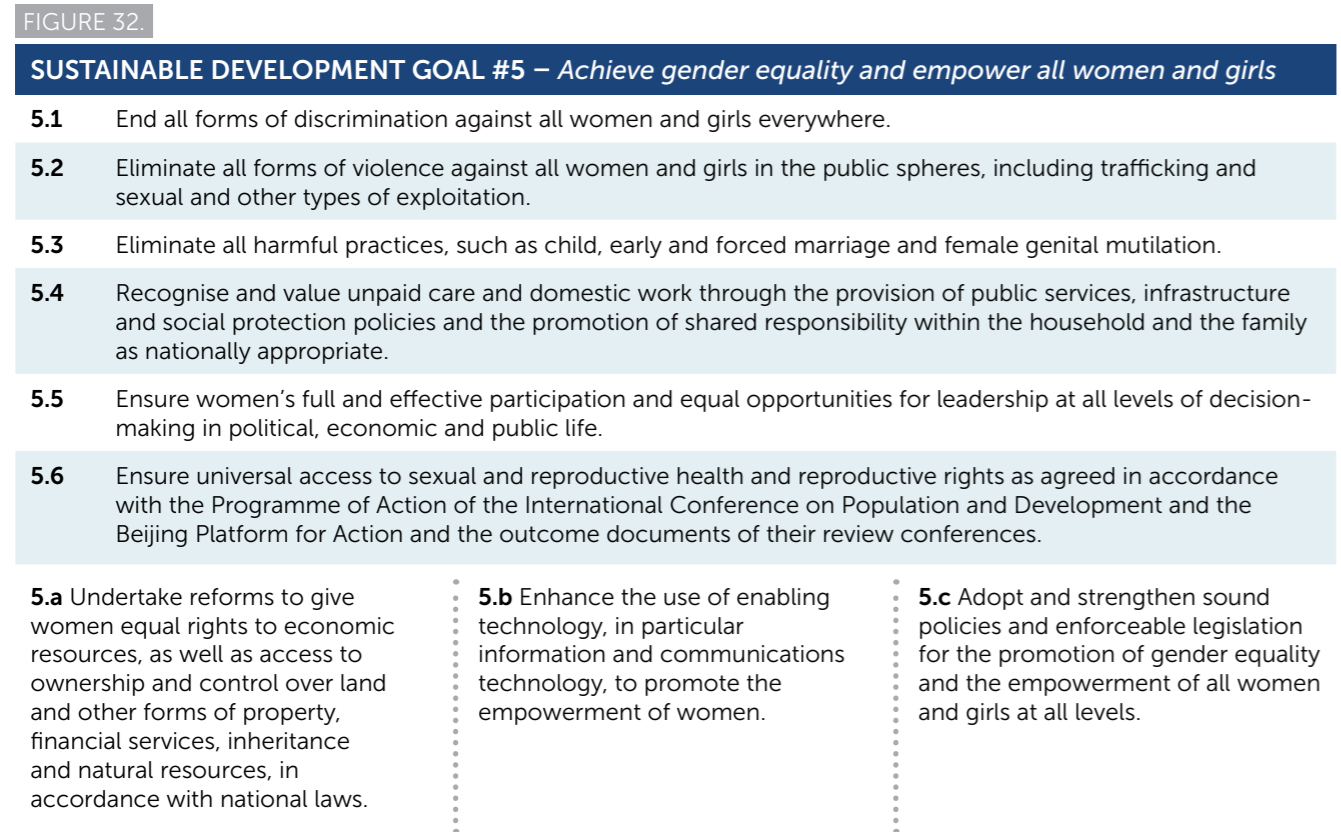
1. Quality improvements: in order to enhance quality services for survivors and perpetrators of violence, the Strategy advises the establishment of training centres that provide certified training to those in the fields of law, social services and health on issues and practices related to GBV. Decentralisation to secure access to services (district and provincial entities): to scale up, standardise and decentralise inclusive, quality initiatives and messaging for prevention of GBV, at all levels and in all sectors of society.
2. Coordination to increase effective prevention and responses: coordinated prevention and advocacy plans designed to support an effective behaviour change campaign, based on best practices and informed by local realities.
3. Data base: standardise and institutionalise data collection and facilitate ongoing in-depth research to support increased evidence-based planning, budgeting and programming to end GBV.
4. Monitoring and evaluation: to ensure evidence based planning, learning and accountability, the National GBV Strategy includes a comprehensive GBV monitoring and evaluation framework that captures risks, opportunities, mitigation strategies and lessons learned informing the work of all stakeholders.
5. Financial commitments: increase and expand existing and new funding for effective and sustained interventions by government and non-government stakeholders.

Sustainable Development Goals

The National GBV Strategy sits within the international context of the recently passed Sustainable Development Goals (SDGs). These 17 goals and 169 targets represent an ambitious new universal agenda for international development. The SDGs build on the Millennium Development Goals and seek to realise the human rights of all and to achieve gender quality and the empowerment of women and girls. All member countries, including PNG, are required to implement, monitor and report on progress against these goals.

This new agenda aligns very well with the National GBV Strategy, in that it also clearly outlines the need for an integrated approach to addressing gender inequality and GBV.

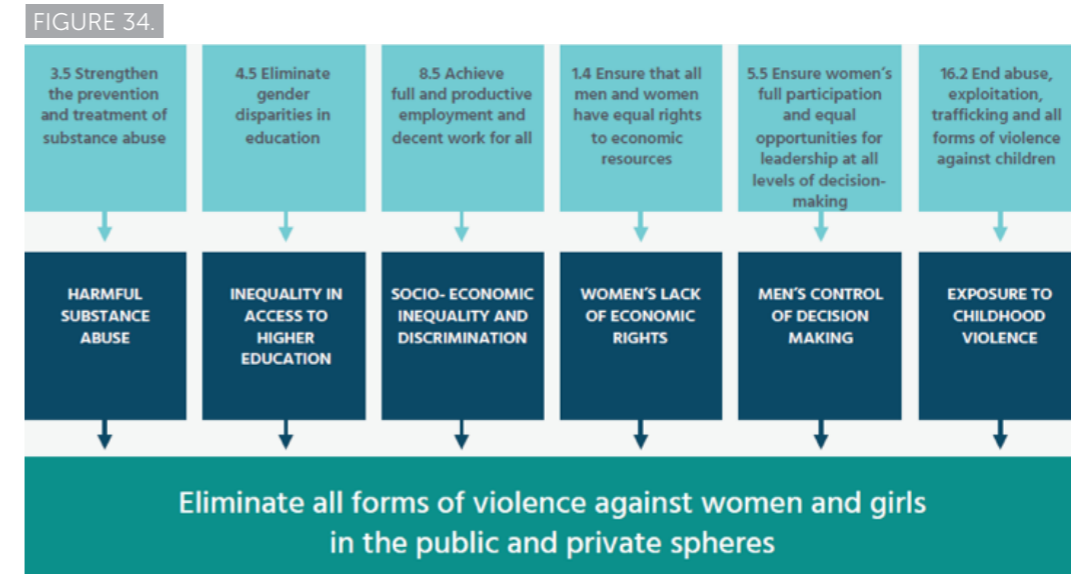
The SDGs now include a set of specific GBV related targets including the elimination of violence against women, trafficking of and violence and torture against children, sexual violence in conflict, and harmful practices. Goal 5 relates to achieving gender equality and provides both indicators and targets aimed at the elimination of violence against women and girls.



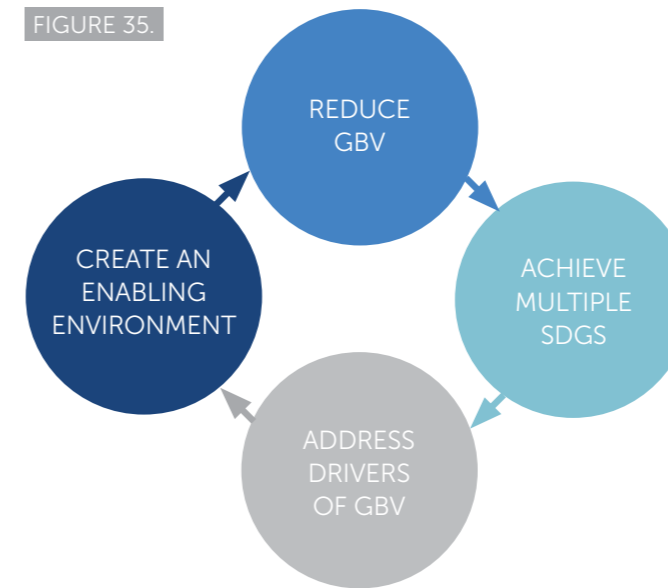
Other targets delineate the enabling environment for reducing GBV including gender equality and human rights, the rule of law, access to justice and strong institutions, peace-building and a reduction of generalised violence, equal access to health services, education, and productive assets, and more. Reducing GBV is a catalytic driver for achieving the SDGs, and is fundamental for the achievement of peace, economic productivity, rights and justice, and social cohesion. Less GBV means reduced risks of HIV, mental illness, substance abuse and crime, among a host of other benefits.



THE SDGS CANNOT BE ACHIEVED WITHOUT REDUCING VAW



MANY SPECIFIC TARGETS ADDRESS THE FACTORS THAT CONTRIBUTE TO GBV



TAKING A HOLISTIC APPROACH TO ENDING GBV

Getting to zero on GBV by 2030 – and achieving SDG five, SDG 16 and other violence related targets – requires new forms of collaboration and increased human and financial resources dedicated to ending GBV as is also recognised in the National GBV Strategy. Many of the SDGs cannot be achieved without addressing GBV. Similarly, meeting many of the other goals and targets will address the root causes of violence, and set the enabling environment which will contribute to reductions in GBV.

Broad-based and multi-sectorial approaches must be employed to address GBV in PNG. By implementing an evidence-based and holistic approach as outlined in the National GBV Strategy, and capitalising on the momentum set by the SDG agenda, **PNG is poised to make major gains in addressing GBV**. This will have immeasurable benefit predominantly for women and girls – but also for men and boys – and reducing GBV will trigger multiple social development gains for PNG.



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