



ENDING VIOLENCE AGAINST WOMEN AND CHILDREN IN PAPUA NEW GUINEA

OPPORTUNITIES AND CHALLENGES FOR
COLLABORATIVE AND INTEGRATIVE APPROACHES

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Individuals shown in the photos are not necessarily survivors of gender-based violence or child abuse. No images that identify survivors have been used.

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DEFINITION OF KEY CONCEPTS

Violence against children (VAC) refers to “all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse” against any person under age 18 (United Nations Convention on the Rights of the Child, 1989).

Violence against women (VAW) refers to “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (Declaration on the Elimination of Violence against Women, 1993). In general, the term “women” is assumed to refer to females of all ages. Some institutions specify a focus on violence against women and girls (VAWG) to emphasize the inclusion of girl children in their work on VAW.

ABBREVIATIONS AND ACRONYMS

CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
CSO	civil society organization
DHS	Demographic and Health Survey
ESP	essential services package
EVAW	ending violence against women
FPA	Family Protection Act 2013
FSCs	Family Service Centres
FSVUs	Family and Sexual Violence Units
GBV	gender-based violence
LPA	Lukautim Pikinini Act 2015
NGO	non-governmental organization
UN	United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
VAC	violence against children
VAW	violence against women
VAWG	violence against women and girls
WHO	World Health Organization

EXECUTIVE SUMMARY

Background

While the fields working to end VAC and VAW have largely developed separately, recent reviews and analyses of large datasets have identified multiple intersections between VAC and VAW including: co-occurrence, shared risk factors, similar underlying social norms, common consequences, intergenerational effects, and the period of adolescence as unique period of heightened vulnerabilities to both types of violence. These intersections suggest that collaboration between the sectors is essential to a more effective prevention and response. Integration of certain aspects VAC and VAW prevention and response across services, programmes, and policies may also be advantageous. However, there are key areas of divergence between the traditional approaches in the VAC and VAW fields that have created challenges to collaboration and may suggest some disadvantages to fully integrative approaches. To date there are no evidence-based or widely accepted integrative models.

This multi country study, commissioned by UN Women, UNICEF and UNFPA, explored existing examples of collaboration and integration of VAC and VAW policies, services, and programmes, as well as challenges and future opportunities in the East Asia and Pacific region, with a focus on four countries – Cambodia, Papua New Guinea, the Philippines, and Viet Nam.

Key research questions

This research initiative sought to answer following overarching questions through dialogues and interviews with relevant stakeholders in each country:

1. What are the existing VAW and VAC policies, action plans, programmes (prevention) or services (response/support)?
2. What are some examples of policies, action plans, programmes, or services where there is some evidence of VAW and VAC integration (i.e.: addressing both VAW and VAC at the same

time)? Include any efforts to try to develop cohesive strategies or plans or collaboration.

3. How do VAW-focused and VAC-focused stakeholders collaborate or interact? How do donors drive the VAW-VAC agenda?
4. What are the areas of tension between VAC and VAW work? How do various stakeholders address areas of tension between VAW and VAC?
 - a. Under what circumstances are boy-children accommodated in places of safety?
 - b. How are adolescents' complex needs met and rights protected?
 - c. How are mothers viewed and "processed" in VAC cases?
5. What are some opportunities within the existing policies, action plans, programmes or services where integration and/or collaboration could be introduced or enhanced?

Key findings

Violence against children (VAC) and violence against women (VAW) affect the lives and welfare of millions of people around the world. Women and children in Papua New Guinea suffer high levels of violence. The multiple negative sequelae of this violence can be long-lasting throughout the lifespan and across generations as well as impacting on individuals, relationships, communities, and broader society.

Agenda and priorities

- There are no reliable national or provincial prevalence data nor systematic, cohesive administrative data on either VAC or VAW available in Papua New Guinea.
- There is heavy reliance on donor funding for VAC and VAW services and programming and therefore much of the VAC and VAW agenda is driven by donor priorities.
- It appeared that capacity building and resources from international donors or organizations were seldom sustained in various types of VAC and VAW services or programmes.

Government, legislation and policy

- There is no policy or legislation that takes an integrative approach. The Family Protection Act 2013 (FPA) is the primary VAW legislation and the Lukautim Pikinini Act 2015 (LPA) focuses on child protection legislation.
- Despite many of the same government department representatives serving on VAC and VAW-related committees or commissions, there seems to be little collaboration or efforts to integrate the work on these two large and complex issues.

Access to justice

- The Village Courts are tasked to maintain peace and order in communities primarily through mediation. The majority of VAC and VAW cases are heard at District and Family Courts. Very few survivors seek legal assistance in order to pursue cases in the formal justice system.
- Survivors can apply for protection orders; however, beliefs around men's entitlement to their wives as property is a hindrance to survivors seeking this judicial remedy.
- The police established Family and Sexual Violence Units approximately a decade ago but they are not yet established in all provinces. These Units will see both VAC and VAW survivors and some officers from these units have received training in interview techniques for child survivors; however, some officers may still act more in accordance with their personal beliefs and dominant social norms than with a human rights approach.

Response and support services

- The referral directory for VAW and VAC services needs to be updated which presents a key opportunity for an integrative approach to develop a cohesive document for both VAC and VAW services.
- Family Service Centres are one stop crisis centres offering free services for VAC and VAW survivors and are usually based within hospitals but some are run by non-governmental organizations (NGOs). There are only 15 such centres in the country and most operate only during regular business hours so their reach is limited. They provide medical and social work services as well as referrals to safe houses.

There is no formal or protocol-driven integrative approach to services of the centres but rather such would be provided on an ad-hoc basis depending on the reports of the presenting survivor and the approach of individual service providers.

- There appears to be a critical gap in ensuring linkages to care for both VAC and VAW survivors as well as few specialized skills necessary for VAC cases. Most skills are gained through on-the-job experience.
- Women survivors are encouraged to seek shelter with extended family. Only if such accommodation is impossible will service providers try to find placement in a safe shelter facility. Safe houses will usually only accommodate young children of women who seek shelter at the facility and older boys are accommodated only on a case-by-case basis. These safe houses are primarily run by NGOs or faith-based organizations. There do not appear to be any integrative approaches to VAC and VAW within shelters.
- Humanitarian emergencies have led to coordinated and joint responses for VAC and VAW, but this work had not been pursued outside of the emergency context.

Prevention programming

- Awareness-raising and communication campaigns appear to be the most common approaches to both VAC and VAW prevention though there were few examples of integrated VAC-VAW prevention work. It should be noted that more capacity in effective, evidence-based prevention programming is needed because research has shown that awareness raising alone is ineffective in prevention of violence against either women or children.
- There were few rigorous evaluations available in order to understand the impacts of prevention programmes so future prevention programming should invest in high quality monitoring and evaluation to understand the changes, impact, and process of change of these efforts.
- Promising evidence-based strategies have not yet been expanded or scaled up and additional pilot projects are currently being planned to adapt international models that have proved to be effective for Papua New Guinea context.

Recommendations

- Invest in collection of good quality national and provincial violence data for VAC and VAW through prevalence surveys to support data-driven strategies and decisions for policy, services, and programming.
- Invest in evidence-based prevention programming that addresses the underlying drivers of both VAC and VAW. These programmes should have strong monitoring and evaluation systems to understand the contributions they are making to meaningful violence prevention.
- Invest in sustainable capacity strengthening and support to service providers to improve the quality of care available to VAC and VAW survivors.
- Given the service providers' workload, nature of work, and their own traumatic experiences, provide mental health support to these frontline responders in order to improve and sustain services for VAC and VAW survivors who present for care.
- Fully update the referral directory in an integrative way. This approach may provide the initial framework for effective collaboration for VAC and VAW case management and services.



INTRODUCTION

Violence against children (VAC) and violence against women (VAW) are global epidemics inhibiting the fulfillment of human rights and optimal development at the individual, family, community, and society levels. This violence affects millions of women, girls, men, and boys across the world with many long-lasting and wide-ranging health, economic, and well-being consequences¹. There are international legal frameworks protecting children and women, including the United Nations Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). The Sustainable Development Goals include targets and indicators for the elimination of VAW (under Goal 5) and VAC (under Goal 16). Although these fields have historically developed separately, growing research has recognized the multiple intersections between VAC and VAW including shared risk factors, common underlying social norms, co-occurrence, intergenerational effects, similar consequences, and the adolescent developmental period as a unique time of intersection of both VAC and VAW.² These multiple and inextricable links suggest that the response to and prevention of one is necessarily connected with an effective response to and prevention of the other.

While policies, programmes, and services have developed to address both VAW and VAC, to date there are no evidence-based best practice models that integrate these. Concerns about either women's or children's needs and rights overshadowing the other, a nuanced understanding of the context and abilities to fulfil parental duties, a developmentally

sensitive approach to adolescents, and how to serve and engage with boys are some of the tensions in pursuing integrative and/or collaborative VAW and VAC policies, programmes, or services.

VAC and VAW in Papua New Guinea

High rates of all types of VAC in Papua New Guinea are widely discussed but no national prevalence study has been conducted to understand the actual extent of this violence.³ Various reports have documented various types of VAC cases ranging from emotional abuse and neglect to physical abuse and sexual exploitation.⁴ A study conducted in Bougainville found that 58% of women and 86% of men experienced physical abuse during childhood; and 13% of women and 38% of men experienced sexual abuse during childhood.⁵ Further, 85.6% of fathers surveyed reported beating their children and 75% reported that their wife or partner also beat their children.⁶ Service providers reported that more than half of patients presenting for post-rape care were under the age of 16 years.⁷

The Western Pacific lifetime prevalence of physical and/or sexual intimate partner violence is 24.6%.⁸ Non-partner sexual violence affects approximately 6.8% of women in the Western Pacific.⁹ To date there has been no national VAW prevalence survey conducted in Papua New Guinea. The most recent

1 WHO (2013). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. Geneva. Available at https://apps.who.int/iris/bitstream/handle/10665/85239/9789241564625_eng.pdf;jsessionid=1943FBB5E348D6C99D7FA9F5F062A917?sequence=1.

2 Guedes, A., S. Bott, C. Garcia-Moreno and M. Colombini (2016). Bridging the gaps: a global review of intersections of violence against women and violence against children. *Global Health Action*, vol. 9, Issue 1, Special Issue: Gender and Health Inequality - intersections with other relevant axes of oppression.

3 ChildFund (2013). *Stop violence against women and children in Papua New Guinea*. Australia; and Save the Children (2015). *The child protection system in Papua New Guinea: an assessment of prevention and response services for children and families*. Australia: Save the Children.

4 *Child protection system in Papua New Guinea*. Save the Children.

5 Jewkes, R., E. Fulu, and Y. Sikweyiya (2015). *Family, health, and safety study: Autonomous Region of Bougainville, Papua New Guinea*. Bangkok: Partners for Prevention. Available at www.partners4prevention.org/sites/default/files/p4p-bougainville-report.pdf.

6 Ibid.

7 *Stop violence against women and children in Papua New Guinea*. ChildFund.

8 *Global and regional estimates of violence against women*. World Health Organization.

9 Ibid.

Demographic Health Survey (DHS) 2016-18 data revealed that 58.3% of women experienced physical and/or sexual violence by an intimate partner in their lifetime.¹⁰ A prevalence study conducted in Bougainville, a post-conflict setting, found that 67.5% of ever-partnered women had suffered physical and/or sexual intimate partner violence in their lifetime¹¹ which provides some insight into the extremely high levels of VAW. Some widely accepted estimates claim that violence occurs in more than two thirds of families with many service providers noting the high proportion of child victims accompanying their mothers to a shelter.¹²

Many interviewees described pervasive gender norms that condone men's violence against women as well as violence against children particularly through violent discipline practices. Stakeholders noted that even in matriarchal communities in Bougainville there were still high levels of VAW perpetrated by men. Further, the norms around communal rather than individual accountability together with the culture of retribution between family groups or clans fuels ongoing violence. According to all interviewees, VAW and VAC primarily take place within the family and people consider family issues to be private matters and so are reluctant to report violence in this context.

The paucity of reliable national prevalence data on both VAC and VAW makes it difficult to understand the extent and nature of violence, and the intersections between VAC and VAW within the context of Papua New Guinea.

Mandate of United Nations agencies

UNICEF, UNFPA and UN Women are sister agencies in the One UN system, and they are all committed to a human rights-based approach to development. From this perspective, human rights which include both women's and children's rights, are interdependent and indivisible, and serve to reinforce each other. UNICEF has an express mandate to promote the implementation of both the CRC and CEDAW; UN Women leads and coordinates the UN system's work on gender equality and carries out programming in relation to ending violence against women and girls (VAWG); and UNFPA works to prevent and respond to gender-based violence (GBV) (including VAWG) and helps to engage men and boys to advance gender equality.



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10 *Papua New Guinea Demographic and Health Survey*, National Statistical Office, Papua New Guinea, 2016-2018 <https://dhsprogram.com/pubs/pdf/FR364/FR364.pdf>

11 *Family, health, and safety study*. Partners for Prevention.

12 *Stop violence against women and children in Papua New Guinea*. ChildFund.

METHODOLOGY

UNICEF East Asia and Pacific Regional Office (EAPRO), UNFPA Asia Pacific Regional Office (APRO), and UN Women Regional Office for Asia and the Pacific (ROAP) partnered to undertake this study to explore the ways in which VAC and VAW intersect and how policies, action plans, programmes, or services take an integrative and/or a collaborative approach to address these intersections for prevention and response. Field missions were conducted in Cambodia, Papua New Guinea, Philippines, and Viet Nam as part of this regional study. This report discusses the study and findings for Papua New Guinea.

Key research questions

This project seeks to explore the following overarching questions through dialogues and interviews with relevant stakeholders in each country:

- What are the existing VAW and VAC policies, action plans, programmes (prevention) or services (response/support)?
- What are some examples of policies, action plans, programmes, or services where there is some evidence of VAW and VAC integration (i.e.: addressing both VAW and VAC at the same time)? Include any efforts to try to develop cohesive strategies or plans or collaboration.
- How do VAW-focused and VAC-focused stakeholders collaborate or interact? How do donors drive the VAW-VAC agenda?
- What are the areas of tension between VAC and VAW work? How do various stakeholders address areas of tension between VAW and VAC?
 - Under what circumstances are boy-children accommodated in places of safety?
 - How are adolescents' complex needs met and rights protected?
 - How are mothers viewed and "processed" in VAC cases?
- What are some opportunities within the existing policies, action plans, programmes or services where integration and/or collaboration could be introduced or enhanced?

Research methodology

This exploratory study used a variety of qualitative methods including document review, group discussions and dialogues, and individual interviews with a variety of stakeholders in the Papua New Guinea. These meetings and discussions were held either in-person or via phone. A full list of stakeholders and documents is available in Annex 1.

A flexible inquiry guide formed the basis for all discussions:

- A review of the current status quo on VAC and VAW policies, plans, programming, and/or services from the perspectives of the stakeholders in each meeting.
- Insights into typical VAC and VAW cases with exploration into the manifestations of various intersections between these types of violence.
- Discussion and debate of examples of integration between VAC and VAW within policies, plans, programming, and/or services including key strengths and gaps.
- Discussion of tensions between VAC and VAW work including specific case illustrations.
- Recommendations and ideas from stakeholders about integration.

Both consultants took notes throughout each meeting or discussion and these notes were combined and analysed thematically to prepare for presentation in a report. Feedback on the findings, recommendations, and report overall was sought from country offices.

All interviews and discussions were voluntary and participants were free to decline to answer any or all questions. All participants were fully informed about the study prior to their participation and gave their consent to participate.

FINDINGS

VAC and VAW agenda and priorities in Papua New Guinea

Data from the 2016-2018 DHS, a nationally representative survey, contributed to better understanding of the prevalence, nature and consequences of domestic violence and substantiated the widespread perception of extremely high and severe levels of violence in Papua New Guinea including both VAC and VAW. Of note, the survey reported several intersections between VAC and VAW including increased help-seeking behavior for intimate partner violence by women with children (34-40%) compared to women without children (27%); and reported the highest rates of spousal violence (physical, sexual, and/or emotional) among females aged 15-19 years old. The vast cultural and ethnic diversity of the country makes it difficult to make generalizations about the whole country but the DHS report provides estimates of key indicators for the four regions and 22 provinces.

Additional good quality data that are locally owned will be an important first step in understanding the complexities of VAW and VAC in Papua New Guinea, which can then be used to inform national planning, programming, and services. Papua New Guinea would greatly benefit from both a national VAC study and a national VAW study. Given the sociocultural and geographical complexities of the country, it would be beneficial to ensure that any national prevalence study is designed to also obtain valid and reliable provincial level findings.

Both UNICEF and UNFPA reported working on projects to collate administrative data on violence and make it accessible, but this has not yet been rolled out nationally. However, these projects seemed to be separate efforts so there would be benefit in partnerships in this area.

In the spirit of integration and collaboration, it may be of interest to plan these two studies together and explore how best to investigate VAW-VAC

intersections through these studies. These studies are necessary for data-driven decision-making in policies, programmes, budgets, and plans for both VAC and VAW.

According to government representatives, policies are meant to be reviewed every five years in order to address new problems as they arise. Without reliable national and provincial data on VAC and VAW it is unclear how policies are revised to address this situation and needs related to this violence.

There is very heavy reliance on donor funding for VAC and VAW work, which influences approach and engagement. Almost all of the work that is currently happening in relation to VAC and VAW appears to be shaped by the Australian Department of Foreign Affairs and Trade (DFAT) funding agenda, as they are the largest donor in Papua New Guinea. DFAT has decided to take a strategic focus on VAW, with some smaller VAC-related projects as part of the overall VAW strategy. An interview with a manager of a DFAT-funded programme noted that it took many decades for donors and governments to give attention to VAW and rather than diluting the focus or trying to do too much it is more strategic to keep a specific focus. That said, there is VAC work that is considered strategic for the VAW agenda such as parenting supporting programmes, trauma healing work, and work with adolescent girls. There is some funding for other matters from the Department for International Development of the United Kingdom, and China provides some funding to strengthen the police. The Canada Fund for Local Initiatives also provides some funding out of the Canadian High Commission in Australia, for projects in Papua New Guinea for gender equality and the empowerment of women and girls. Additional large-scale donor funding is likely from the European Union's Spotlight project which, in the Pacific, will bring together UN agencies and partners to collaborate on ending intimate partner violence and domestic violence.

Another major source of funding for public services comes from the mining sector, which accounted for 26 per cent of GDP in 2017. The mining sector funds

services related to “health, education, law and order, and agriculture infrastructure as well as numerous health-care and medical outreach programmes, scholarships and student support, agriculture outreach, and law and justice programmes”¹²

The reliance on donor funding was also apparent, especially for the delivery of services. Service providers noted that while they appreciated expert training, support, and funding from international NGOs, this support inevitably stopped and the service would halt, with local staff and institutions not feeling empowered or being able to sustain these services. It is unclear what the main obstacles to sustained service delivery is other than funding.

None of the donors are driving a VAC-VAW integrative agenda and thus very little formalized integrative work is taking place in Papua New Guinea.

Government structure, policy and legislation

The following descriptions of various government departments’ roles in VAC and VAW were provided by government representatives in a group meeting:

- Department for Community Development, Youth and Religion is the primary custodian of social issues including both VAC and VAW and are at the forefront of addressing most issues on family and children including leading in presenting matters before the court. This department is the mandated custodian for the Family Protection Act (FPA) and the Lukautim Pikinini Act (LPA). Within this department, the Office for Child and Family Services fulfills the statutory functions on Child and Family Services by implementing the LPA and the Child Protection Policy. Some of the core activities include providing support to victims and presenting cases in court.
- Department of Health’s primary role is in response and support services through management of Family Support Centres. In addition, they have activities such as a Safe Motherhood programme and a men’s health programme that includes some sensitization to “women’s issues” though it was unclear whether VAW or VAC are addressed in these activities.
- Department of Justice and Attorney General has secretariat roles in the Family Protection Act and the Village Court Secretariat including the coordination, monitoring, and implementation of these systems. The Office of the Public Prosecutor and Office of the Public Solicitor prosecute VAC and VAW cases including providing victim support by victim liaison officers.
- Department of Personnel Management are custodians of the Public Service, Gender Equity, and Social Inclusion policy of which one component addresses domestic violence, so this department engages in advocacy for VAW complaints to be processed. They will additionally advocate for VAC cases when women reporting domestic violence cases also report that their children have been victims of violence. This policy also deals with sexual harassment and discrimination in the workplace. This department will conduct awareness raising about the complaint process, process complaints, make referrals, and monitor the success of cases. At this time they do not collect data on these activities.
- Department of Education have a Behaviour Management Policy that address VAC and there are efforts to train teachers on how to approach children’s behavioural problems without resorting to violence. A review of the Behaviour Management Guide for Schools revealed that gender and gender equality are not directly addressed other than cursory mentions of the importance of gender equity. There is Gender Equity in Education Policy however it is unclear to what extent educational institutions are supported in implementing it or what monitoring or sanctions there are for inadequate implementation. In addition, the Department is providing GBV training for teachers (“Protect-Connect”) and have completed this training in seven provinces thus far but no evaluation report was available.
- Department of Treasury have a gender policy and oversee budget allocations.

¹² See www.pngreport.com/mining/news/1309081/26-png-gdp-mining.

- Department of Foreign Affairs and Trade are the treaty body responsible for reporting on CEDAW, CRC, CRPD. They work primarily with the Department of Justice and the Attorney General to compile reports.
- Department of Provincial Level Government have a Star Meri (Super Woman) programme that raises awareness on rights of women and girls.
- Department of Labour and Employment deals with child labour issues including harmful practices and exploitation of children.

In addition, various commissions and committees play a role in VAC and VAW work:

- The Family and Sexual Violence Action Committee is housed within the Consultative Implementation and Monitoring Council and primarily focuses on coordination of services and referrals.
- The National Lukautim Pikinini Council is a coordination mechanism for child protection.
- The National Capital District Committee (a provincial administration body) has a Family and Sexual Violence Action Committee and coordinate a programme for women's safety in cities and market-places.
- National Youth Development Authority addresses youth (15-25 years) issues in Papua New Guinea and primarily engages in awareness raising work related to VAC and VAW. The focus of the National Youth Policy they have drafted is on youth resilience, skills, and empowerment and not on VAC or VAW.
- The Constitutional Law Review Reform Commission (CLRC) is working on codification of customary law but it is unclear how this will affect VAW or VAC cases.
- CLRC is also working on the Women Health Protection Bill to address accessibility constraints of VAW survivors including the addition of sexual and reproductive healthcare to vital services. The Bill is yet to be tabled in the Papua New Guinea Parliament.
- CLRC is heading the work of Sorcery accusation related killings with the Churches in Papua New Guinea.

There are two primary pieces of legislation covering VAC and VAW in Papua New Guinea. The Family Protection Act 2013 (FPA) focuses on VAW legislation

and the Lukautim Pikinini Act 2015 (LPA) focuses on child protection legislation.

UNICEF primarily supports implementation of the LPA and Juvenile Justice Act including development of protocols, training manuals and strategies for effective implementation via the two committees responsible for each Act.

According to several interviews with international donors and analysis in donor reports (e.g., Save the Children), the LPA is a comprehensive piece of legislation but implementing it is challenging because of a lack of resources and adequate capacities which means that services for children may be constrained because they cannot meet the criteria and processes set out in the LPA. There was a lot of pessimism that adequate resources would be made available to fully implement all aspects of the law. There was a commonly repeated phrase of VAW or women's issues "overshadowing children" that grew out of discussions about policies and programming related to the LPA; however, it is unclear where this attitude grew from and whether it will influence programming or services. Currently it appears that stakeholders are primarily calling for specialized staff roles (and presumably training) to serve child survivors.

VAW is addressed under the FPA. There were some reports that several aspects of the FPA (e.g., GBV council or national GBV strategy) have not yet been implemented. While the national GBV Strategy was developed in 2016, the extent of implementation was not clear from consultations with stakeholders. It is interesting to note that VAW has been labelled as a family issue – it is uncertain the extent to which this might affect women who do not have children themselves or are not part of a traditional family but still experiencing VAW, even if this group of women is a minority in Papua New Guinea. It is also unclear when family needs and ideals might take precedence over women's needs and rights. Given the focus on family reconciliation, couples counselling, and/or compensation practices, in addition to the impact of bride price that sees women as property, it appears that the family role will often take precedence.

UN Women is working with the Law Commission to ensure that all laws are gender equal and promote women's rights as part of efforts to build gender equality which will contribute to prevention of VAW.

For example, they are reviewing the Marriage Act and Matrimonial Courses Act to ensure that divorce and property division is more equal. UNFPA has worked with the CLRC and the National Health Department on law reform to improve accessibility to vital sexual and gender-based violence and sexual and reproductive health-related services (e.g., Women Health Protection Bill) as well as addressing sorcery-related violence.

At the policy and legislation level there were no examples of VAC-VAW integration. Even the FPA focuses more on women and VAW than on children. In VAW cases, it is assumed that children will accompany mothers but there do not appear to be specific considerations given to these children under the FPA.

Given that the current legislation is comprehensive and that policies appear to be similarly comprehensive yet unfeasible to implement, policy reform does not appear to be a strategic area of investment of integrative VAC-VAW work in Papua New Guinea.

Access to justice

From a human rights-based perspective, and as the basis of a strong rule of law, the State is the primary duty bearer with the responsibility to implement the law on behalf of rights holders in the population. State actors, including police, lawyers, judges, magistrates and court officials, are all duty bearers within the criminal and civil justice systems. Police officers are duty bearers with a mandate to implement the criminal law, in accordance with international treaties that Papua New Guinea has ratified. Judges and magistrates also have duties under the law once criminal or civil cases are referred to them. However, access to formal justice is limited in Papua New Guinea's plural legal system, and actors within the informal justice system may not clearly understand their mandate under the law.

Justice and legal services

The Village Courts' role is to maintain peace and order in communities and they primarily use mediation and deal with customary law or other non-criminal cases. The District and Family Courts are the next level in the court system and they hear the majority of VAW

and VAC cases unless they are an emergency and the case is heard at National Court or Human Rights Court. The Human Rights Court will only hear VAC and VAW cases if they are exceptional, an appeal, or some child alimony cases. The highest court in Papua New Guinea is the Supreme Court.

The Ombudsman Commission may also hear gender and human rights leadership complaints. The human rights branch could include processing VAW complaints and, according to government representatives, children are "automatically included" in VAW cases. They may refer cases to the public prosecutor's office but it is unclear when such referrals would take place.

Justice remedies for VAC and VAW survivors

The most commonly used remedy for domestic violence is an application for an interim protection order under the Family Protection Act. However, a number of factors make these difficult to enforce including the wantok (clan) system, and the common belief amongst men and their families that they have purchased ownership of their wives through paying the bride price, which entitles them to discipline the woman and to have her living with them regardless of the man's behavior. Thus, it is only in very severe cases that this solution is pursued.

The Family Services Centre staff refer survivors to the Legal Training Institute for legal help with their cases. However, the interviewees stated that very few survivors will seek legal help. They hypothesized that it was owing to women not having funds to cover the bus fare to go to the offices or not wanting to report their husbands because they lack economic security and to make a report would "spoil the family name". Women may be put off by "the hassle" of making multiple appearances in court and case postponements.

The other local practice that has an effect on justice and support for both VAC and VAW survivors is the widely practiced but informal compensation system. Families may decide to divert out of the formal legal and support system in order to secure and settle through compensation. It appears that survivors have little direct say or benefit from this compensation and it is instead the relatives or extended family who negotiate and receive the compensation.

Based on stakeholder opinions, only very few VAC and VAW matters that make it to court are successful in reaching a conviction. It takes such a long time to go through the justice system (2-4 years) that often people lose hope, motivation and perseverance.

The village courts are accessed more than the formal court system at a local level. Village courts are based on restorative justice and not on accountability – the aim is for everyone to return to a peaceful family unit so the victim is treated and then encouraged to return home. In 2017 the United Nations Special Rapporteur on VAW emphasized that States are required to protect women from violence by State and non-State actors under the due diligence principle under international law.¹³ It is incumbent on States to be aware of the decisions of informal justice systems and ensure that such decisions do not breach women's human rights under national or international law.

All legal systems, including customary and religious justice systems tend to uphold the values of the societies in which they are embedded, including attitudes of stigma and acts of discrimination. This can also sometimes be said for statutory legal systems, for instance where judges refuse to recognise marital rape for cultural reasons, in spite of the law clearly criminalizing such acts.¹⁴ In 2015, the Committee on the Elimination of Discrimination against Women issued a general recommendation on women's access to justice notes that alternative dispute resolution processes may lead to further rights violations and impunity for perpetrators where they operate with patriarchal values. It is therefore recommended by the Committee that States guarantee that alternative dispute resolution procedures do not restrict women's access to judicial and other remedies in all areas of law, and ensure that cases of VAW are under no circumstances referred to any alternative dispute resolution procedures.¹⁵

Within the formal justice system there appears to be no integrative VAC-VAW work other than the same courts hearing both types of cases. These cases are drawn out over long periods and have high levels of attrition according to stakeholders interviewed for this project so it seems few cases are processed

through the formal criminal justice system. It does not seem that this system takes a survivor-centred approach. Given the inefficiencies of the system it is unlikely that an integrative approach would be feasible.

It is already well recognised by the UN and many international human rights organizations that as well as the establishment of a protective legal and policy framework that promotes women's rights, there is also a strong need for implementation of those laws. This need was emphasized by the 2011 Progress of the World's Women Report, 'In Pursuit of Justice', which also highlighted the importance of the informal justice sector. Due to the overwhelming reliance of women in Papua New Guinea on informal legal systems, there is a need for a dual focus by the State to access to justice for women in both the formal and informal legal contexts.

Law enforcement

During field research for this study, the police were named as the primary entry point for domestic violence and child sex abuse cases, through the Family and Sexual Violence Units (FSVUs) which were established about 10 years ago and have not yet been established in all provinces. The FSVUs will deal with both VAW and VAC cases related to FPA and LPA violations, but, according to stakeholders, more VAW cases than VAC cases come to the FSVUs. In most VAW cases, officers will enquire about how children are affected while taking the survivor's statement. According to an FSVU interviewee, children under age 7 years are not allowed to give evidence so someone has to do it on their behalf such as the mother or another witness. The FSVU officers have had a workshop on interview techniques for child survivors. There is a Juvenile Justice desk that deals specifically with minors in conflict with the law but not VAC cases. In addition, the Sexual Offences Unit and the Sorcery Related Crime Unit deal with specific types of VAW and, we were told, would take the children related to these cases into account on a case-by-case basis. Access to these units appears to be through referral by general police officers at the front desk. The police then make referrals on to hospitals and child welfare officers.

13 Human Rights Council, Report of the Special Rapporteur on violence against women, its causes and consequences, 6–23 June 2017, (A/HRC/35/30, chap. III, sect. C.

14 UN Women, UNICEF and UNDP (2012). Informal Justice Systems: Charting a Course for Human Rights-Based Engagement. p. 372.

15 CEDAW/C/GC/33. chap. IV, sect. B.

The Papua New Guinea Defence Force has very limited capacity and reach with an estimated total of 7,000 law enforcement officers for a population of 8.25 million spread across 600 islands. Of these 7,000 officers, 107 are FSVU officers. The Papua New Guinea police force is reported to be under-resourced and mistrusted by local communities due to lack of training, police brutality and corruption.¹⁶

Some interviewees asserted that women are sometimes turned away by the police especially if they come to make a VAW complaint repeatedly. Further, they described that there were not always private spaces for women to go through the process of laying a charge with the police. In addition, being asked a lot of personal questions in front of many people made women reluctant to open a case.

It was also reported by some interviewees that there was no effective reporting system within the police for flagging abuse to children. Unless a family member brings a child to the police, a child would rarely report to the police on their own. The Australian Federal Police felt that there is a need for education for mothers, families and teachers to facilitate reports of VAC to the police.

The police force in Papua New Guinea does not seem to currently have the capacity to fulfil their role as duty bearer to victims of VAC and VAW, either in terms of human resources or in terms of officers trained and available to handle sensitive cases involving sexual and gender-based violence. While the Australian Federal Police had trained 120 officers on interviewing child victims and witnesses and 388 officers on gender awareness, it was not clear the extent to which these trainings had translated into improved services or skills to deal with VAC or VAW to date.

Furthermore, it seems that social norms that condone VAC and VAW are deeply ingrained in society, and even though some officers have been trained in dealing with such cases, they appear to act more in accordance with their personal beliefs and align with broader sociocultural norms driven by the wantok system. In addition there have been reports of police

perpetrating acts of VAW and VAC themselves; for example Human Rights Watch reported in 2011 that Papua New Guinea police officers were regularly implicated in incidents of torture and rape, and therefore people are reluctant to turn to them for help.¹⁷ In discussions with FSVU representatives, there was no evidence of a more sensitive approach or specialized process for VAW and VAC cases compared to other types of interpersonal crimes.

It must also be noted that the police are rights holders themselves as State employees, and their capacity to implement the law is hindered when their rights to sufficient human and other resources necessary to do their jobs are not fulfilled. It was reported that in Port Moresby there is only one mobile telephone for the whole FSVU team, and this is kept locked in an office due to past misuse. There is a lack of basic stationery to take statements and make notes during investigations. There are a very limited number of police vehicles to allow officers to respond to reported crimes, and there is often insufficient funding for fuel for those vehicles.

It should be noted that this study only included field work in Port Moresby. In other areas of Papua New Guinea, such as in the Highlands, there are issues related to the interaction between police and private security, particularly in areas surrounding mining operations. It has been reported that security guards around mining areas frequently arrest women for illegal mining, and then extort sex (in the form of gang rape) from them in exchange for not going to prison or facing a fine. This understandably has reduced confidence in the police in those areas. Further, it is unclear how police fulfill their duties in more rural areas and islands of Papua New Guinea.

Private security officials

There are around 30,000 private security officers in Papua New Guinea,¹⁸ employed by individuals and private companies, especially from the extractive sector. The private security sector in Papua New Guinea has been listed as the third highest employer

16 Dinnen, S. (2017). Internal Security in Papua New Guinea: trends and prospects. Lowy Institute Available at <http://interactives.lowyinstitute.org/publications/PNGin2017/png-in-2017-internal-security-png-trends-prospects.html>.

17 <https://www.hrw.org/news/2011/02/01/papua-new-guinea-serious-abuses-barrick-gold-mine>, and see further: <https://www.hrw.org/report/2011/02/01/golds-costly-dividend/human-rights-impacts-papua-new-guineas-porgera-gold-mine>

18 See http://devpolicy.org/Events/2017/PNG%20Update%20Conference/Presentations/3b_Dinnen.pdf

in the country.¹⁹ Private security officials have a contractual duty to protect the individuals and companies who pay them to do so. While there is not reliable data documenting the prevalence of cases of VAC and VAW perpetrated by private security officials, there have been extensive such reports²⁰, especially in the context of mineral extraction. For example, the Porgera community in the Highlands alleged in 2015 that security guards and mobile police at a Barrick Gold mine had raped more than 200 women over the past two decades. Eleven of these women reached an out of court settlement with Barrick Gold in relation to alleged rapes, and in relation to the families of three people allegedly killed in violence at the mine.²¹ Barrick acknowledges that GBV was perpetrated by private security forces in Porgera but denies any liability for these. In these cases, private companies who hire security officials are duty bearers in relation to the victims of VAC and VAW and as such they have been required to pay compensation to certain victims, but only in extreme cases in the past.

A Child Rights and Security Checklist, prepared in 2016 by a multi-stakeholder working group comprising companies and Governments,²² UNICEF, civil society organizations and expert consultants, notes that physical security arrangements surrounding mining operations may result in elevated risks for GBV against girls and women. The checklist also notes the risk of children being recruited into private security forces.²³

For those who cannot afford private security, everyday security in Papua New Guinea in both rural and urban settings is provided for mostly by informal law enforcement, which can include church organizations, community leaders, extended families, village court magistrates and sometimes government employees as well.

Response and support services

Victims of VAC and VAW have rights to services to enable their recovery and reintegration. Health workers are also duty bearers with a mandate to ensure that the physical and mental health needs of victims of VAC and VAW are met, and to support police investigations where required.

Social workers and child protection officers are duty bearers in relation to victims of VAC and VAW, and they have a mandate to implement services according to the guidelines related to the FPA and LPA.

Stakeholders highlighted that there was a referral directory for VAW and VAC services²⁴. However, they also noted it needed to be updated, although this revision was not planned at the time.

Health and social welfare sector

This study found that the entry point for response and support services was primarily the Family Service Centres (FSCs). Services from the FSCs are free. Some FSCs are based within hospitals under the medical social work department.

UNICEF has supported the establishment of 9 out of 15 FSCs. UN Women has supported training of the staff working in FSCs in Bougainville. UNFPA, in partnership with the World Health Organization and the Department of Health, has provided training for healthcare providers on clinical management of rape cases and is currently exploring options for building local capacity to provide this training to reach more service providers to mainstream VAW-related health services. In an effort to broaden services available for survivors, UNICEF noted that future plans included training healthcare service providers in dealing with both VAW and VAC cases.

19 <http://interactives.lowyinstitute.org/publications/PNGin2017/png-in-2017-internal-security-png-trends-prospects.html>

20 See <https://www.hrw.org/world-report/2016/country-chapters/papua-new-guinea>; and the Report of the Special Rapporteur on violence against women, its causes and consequences, 2013 https://www.ohchr.org/Documents/Issues/Women/A-HRC-23-49-Add-2_en.pdf

21 Business and Human Rights Resource Centre (2015). Papua New Guinea women and Barrick Gold settle claims of sexual assault and violence at Porgera mine. Story Timeline. Available at www.business-humanrights.org/en/papua-new-guinea-women-and-barrick-gold-settle-claims-of-sexual-assault-and-violence-at-porgera-mine.

22 Companies included Barrick Gold Corp, Sherritt International, BP, Goldcorp and Avanzar. Governments included Canada, Colombia, Switzerland and the United States.

23 See www.unicef.org/csr/files/Child_rights_and_Security_Checklist_ENG.pdf.

24 A copy could not be obtained for review.

According to the **FSC at Port Moresby General Hospital**, when cases present at their centre, they are triaged and for sexual violence cases they investigate whether post-exposure prophylaxis could be administered, though this protocol was not well known to the interviewee. The service is only available from 8 a.m. until 4 p.m. If VAW or VAC cases present outside of these hours they go through the general emergency ward and rape survivors will be referred to the gynaecology unit. According to FSC staff, the medical team will ask VAW survivors about children and assess their risk. In VAC cases, the medical team will screen for multiple types of abuse. The same medical team will see both VAW and VAC cases. All survivors are offered a medical report to use as evidence in a potential legal case, however, many do not return to pick it up.

The FSC had a child counsellor on staff – which staff highlighted was not typical of all FSCs. The child counsellor will work with any patients under age 18, including adolescents who have their own children already. However, she would only see child survivors if they displayed signs of trauma (e.g., crying, separation anxiety). In these cases, the child counsellor “will normalize [the child] so that they can go to the medical examination.” The parent has to provide consent for the medical examination. Other than the counsellor’s room, there were no other child-friendly spaces in the FSC that the researchers visited. The staff noted that they would like to be able to give gifts to the child survivors who come to the centre but they do not have the resources to provide these.

Most cases are brought in by police, but some survivors will come directly to the FSCs. In a few cases, survivors had been referred by safe houses. At FSCs, counselling for adult or child survivors is scheduled to coincide with the medical visits. Counsellors for adult survivors (usually with a bachelor’s degree in social work) are based in other hospital units and do not have specialized training in working with VAW survivors. According to FSC staff, the focus of counselling with VAW survivors is planning ways to avoid being beaten by “looking at the cause of their abuse in the first place, such as because they are nagging or financial issues.” It is concerning to note the tone of victim blame in this description which is inappropriate and potentially harmful to VAW (and VAC) survivors. In addition, the counsellors provide opportunities for couples counselling referral to the welfare department because the hospital staff are overburdened. According to the FSC interviewees, some men agree to couples counselling if their wives have left them.

For VAC cases, counsellors will work with parents on how to avoid future violence by suggesting they increase supervision of their children and prevent them from being exposed to sexual activity. Interviewees described that it was typical for children to see adults in the community having sex in the fields or in their one-room homes.

According to interviewees, FSC staff are not gazetted mandated reporters in VAC cases. Therefore, there may be VAC cases that present to FSCs for support services, but the cases will not be reported to the police or the Welfare Department. One example provided was in cases where the perpetrator or the perpetrator’s family have threatened violence against the victim and her family if the case is reported. The FSC staff felt that in such cases, the victims cannot be guaranteed safety so they provide health-care services and do not report the case. In VAC cases, where the mother was aware of but neither committed nor stopped the abuse, the mother will not be charged with a crime according to FSC interviewees. They highlighted that mothers may have been traumatized and often are victims of abuse themselves and in need of help.

In addition to VAW and VAC survivors, the FSCs provide services to men who are victims of sexual violence, domestic violence or other kinds of interpersonal violence.

In 2016 UNICEF commissioned an independent evaluation of FSCs in Papua New Guinea.²⁵ The evaluation found that overall, the FSCs approach provides a unique and critical service to survivors of family and sexual violence. In many sites there are high proportions of children attending (49-74% of

25 IOD PARC Australasia (2016). Independent Formative Evaluation of Family Support Centres in Papua New Guinea, Newport, Victoria, Australia. Available at www.unicef.org/evaldatabase/files/Independent_Formative_Evaluation_of_FSCs_in_PNG_2016-001.pdf.

cases of violence presenting at FSCs involve children under the age of 18). However, it was found that there is a large and currently unmet need to build the capacity of FSC staff to effectively support children.

There is a critical gap in capacity of duty bearers across the health and social welfare sectors in relation to skills to deal with children, with only some individual sites having a staff member trained and/or experienced in working with child survivors of violence. Even VAW services at FSCs rely greatly on general health service providers and do not have a full dedicated staff group nor the ability to provide a 24/7 service. Social workers primarily have adult female clients, and it is also usually women who bring in children to the FSCs. Social workers are generally under-resourced and do not always have specialized, in-depth training to deal with children and women separately. Their skills are mostly gained from on-the-job learning. Further, there are not very many social workers, and many people who study social work end up working in another sector (mostly mining) because there are no social work jobs available.

It is interesting to note that most of the response services available are under the umbrella term of “Family and Sexual Violence” suggesting some level of integration of VAW and VAC response services. However, integration is evident only in so far as these services are responding to whoever comes to seek help but there is no specifically designed or planned integrated service plan. Therefore, some of the areas of complexity between VAW and VAC are not systematically addressed but rather actions are decided on a case-by-case basis leaving a lot of variation. There is wide recognition that women and children are connected but only some social workers seem to routinely ask about the whole family when they see clients. Despite the reports that women and children are connected or “belong together,” how this belief is translated into action in programming, services or policy is unclear and there seems to be little interrogation of this belief and its implications for work on VAC, VAW, and children’s and women’s rights other than the commitment to addressing “family and sexual violence.”

Shelters and safe houses

Safe houses are available for women²⁶. There are no safe houses for children.

Some interviewees reported that safe houses for women will usually only take very young children and will not accept older boys. Other interviewees said that case-by-case decisions were made about admission of boy children and that girl children were almost always allowed to accompany their mothers in a shelter. If boys are not allowed to accompany their mother then they will usually be sent back to the father or, sometimes, another family member. Where shelters will not allow children to accompany their mothers, this has an impact on the safety of both women and children; women may return to an abusive home because she wants to stay with her children or may be forced to leave her older children at home.

Interviewees noted that the first option was always to send the mother and her children to stay with another relative rather than to a shelter. During these separations, the couple is often encouraged to engage in counselling with the goal of reconciliation. At times, women will return to their husbands with a protection order that is intended to prevent further violence including emotional violence and any type of violence against the children in the home.

UN Women supports safe houses run by a local faith-based organization in Bougainville. These safe houses will accommodate VAW and VAC cases including sorcery cases. They also have safe houses that accommodate men usually in relation to sorcery accusations.

It was reported that House Ruth received government funding in 2015 to create an area solely for children, with a view to clearing up the streets of street children prior to the Pacific Games which was NCD policy at that time. World Vision carried out some training at the same time to temporarily qualify the Australian Federal Police as welfare officers to interview children.

While some safe houses may accommodate children of mother’s seeking safe shelter, it does not appear that they provide services for these children even

²⁶ The researchers were unable to secure a visit to a safe house.

if they are also survivors of violence. Thus there does not appear to be integrative VAC-VAW services within safe houses and shelters and most of these services are for adult women.

Further, it was reported that there is no government body that will take ownership of the safe houses.

Emergencies

Humanitarian crises including those related to environmental disasters (e.g., earthquake in Hela in February 2018) prompted a joint response by UN Women, UNFPA, and UNICEF to provide integrative response and support for women and children including psychosocial support, case management, provision of dignity kits to women and girls, and awareness raising around VAW and VAC. It appears that this is an example of integrative VAC-VAW work insofar as the agencies collaborated to develop and deliver a plan that addressed both VAW and VAC issues. UNFPA also conducted trainings for health workers, police and other emergency response workers on GBV in Emergencies and Minimal Initial Service Package.

Prevention programming

The most commonly discussed prevention efforts by various NGOs and FSCs in the provinces focused on awareness raising. This approach in the form of communication and information campaigns has been shown to be ineffective in preventing violence against women and girls (What Works, 2015). Prevention efforts must move beyond awareness raising into social norm change.

There are some promising prevention initiatives including locally developed ones that have been piloted or trialed in different areas of the country and by different organizations. However, these efforts have not yet been taken to scale.

As part of the prevention work UNFPA has undertaken gender mainstreaming with health managers and police officers, and further assisted in developing the male advocacy curriculum on targeting male

community champions at the community levels as advocates for GBV prevention within their community²⁷.

UN Women supported a Safe Cities project to create safer markets and public transport for women in Port Moresby including anti-corruption measures related to rent in the markets and cashless payment systems.

Through the Partners for Prevention joint UN regional initiative, UN Women partnered with local Bougainville faith-based organization The Nazareth Centre for Rehabilitation to test a locally-developed prevention programme in southern Bougainville. This programme – called Planim Save Kamap Strongpela (Plant Knowledge Grow Strong) – is a community-based programme that engages men and women in community conversations on gender and human rights, GBV, peace-building and healing from trauma. It was found to have very promising results including decreases in both victimization and perpetration of VAW, decreases in harsh punishment of children by parents, increases in gender equitable practices in the home, increases in knowledge of where to access help for VAW, increases in community cooperation including on control around alcohol, helping the elderly with their food gardens and produce cooperatives.²⁸ This intervention was also found to be acceptable and valuable to communities despite dealing with very sensitive topics and all communities expressed a desire for the intervention to continue.²⁹ It should be noted that although this intervention directly addressed VAW, it also had an impact on VAC. It would be a key opportunity to expand the implementation of this intervention to other communities and to strengthen the VAC prevention component including more detailed evaluation of VAC-prevention outcomes.

UNICEF has supported various prevention efforts including the Just Play project that partners with local football associations to engage with youth to deliver important messages which included a theme on ending violence through communication

27 Evaluation data on the outcomes and impacts of these trainings was not available at the time of the research.

28 Gevers, A., C. Marin, K. Taylor, A. Kelly-Hanku, L. Garasu and J. Otim (2017). A Quantitative Evaluation of Planim Save Kamap Strongpela: Understanding the effects. Bangkok: Partners for Prevention. Available at <http://partners4prevention.org/resource/quantitative-evaluation-planim-save-kamp-strongpela-intervention-prevent-gender-based-0>; and Kelly-Hanku, and others (2017). Planim Save Kamap Strongpela: A qualitative endline study of an intervention to build peace and reduce gender based violence in South Bougainville. Bangkok: Partners for Prevention. Available at <http://partners4prevention.org/resource/qualitative-endline-study-intervention-build-peace-and-reduce-gender-based-violence-south>.

29 Planim Save Kamap Strongpela: A qualitative endline study. Partners for Prevention.

and awareness-raising campaigns. The project report recorded an increase in acceptability of girls and women playing and coaching football but the violence prevention outcomes had not been measured at the time of the research. A Respectful Relationships programme engaged with older children in schools but no reports were available for review. In partnership with Pacific Women Shaping Pacific Development, the Catholic Church and the Governments of Australian and Papua New Guinea, UNICEF supported Parenting for Child Development. The evaluation showed reductions in intimate partner violence between parents, and decreases in verbal abuse and spanking of children.

There are upcoming efforts to adapt and pilot an effective prevention intervention from Uganda that has already been adapted in multiple diverse settings by Pacific Women Shaping Pacific Development. This intervention – SASA!³⁰ – takes a community mobilization, dialogue and activism approach. The

SASA! intervention specifically addresses VAW and, it does not seem that there are plans to adapt this intervention in order to integrate VAC prevention.

In conclusion, integrative work in the prevention sphere is not yet formalized or deliberate. However, prevention programming is a key opportunity for integrative VAC-VAW work in order to address the shared risk factors and break intergenerational cycles of violence. Initial findings from projects such as Planim Save Kamap Strongpela suggest that VAC and VAW can be successfully reduced in tandem even when programmes are not integrative. It is possible that with enhanced integrative VAC-VAW programming within prevention interventions the results could be even more effective in addressing both VAC and VAW, while acknowledging the complex ethnic and cultural landscape that need to be taken into consideration as interventions are taken to scale.



30 See <http://raisingvoices.org/sasa/>.

RECOMMENDATIONS

At the time of the study, there were few examples of formal VAC-VAW integrative policies, services or programming, effective collaboration or long-standing partnerships between organizations or agencies to address VAC and VAW in an integrative way in Papua New Guinea.

In terms of policy and legislation, there is limited VAC-VAW integration. The challenge at this level is that some policies, though comprehensive, appear to be unfeasible to implement within the limited resources and capacities in Papua New Guinea. Investment in integration at this level should not be prioritized. Instead it is recommended that budgets should be flexible enough for responsive programming and services that address VAC and VAW in collaborative and, where appropriate, integrative ways.

The FPA, FSVUs, and FSCs all provide some level of integration of VAC and VAW but by necessity rather than design, as both cases present to them (more so to FSCs than to FSVUs). However, in practice these services all appeared to be geared more toward VAW cases and this integration is on a case-by-case basis rather through a formalized protocol.

The most urgent challenge in Papua New Guinea appears to be providing quality services to the many VAW and VAC survivors in sustainable ways as well as transforming the social norms that drive both VAC and VAW through evidence-based prevention programming. Some priority activities should include:

- Provide training and more dedicated staff to FSCs so that they can provide quality medical, mental health and social welfare support to VAW and VAC survivors including inquiries and counseling that take an integrative approach. It is essential that service providers are trained in ethical and evidence-based care. Care should be taken to establish collaborative partnership across VAC and VAW stakeholders and organizations to support this work. Further, sustainability strategies should be developed

to ensure that skills are retained and quality services are provided for the long-term even beyond support from international donors or NGOs.

- Invest in care and support of the service providers themselves, given the traumatic nature of VAC and VAW response work, the case load, as well as the systemic challenges, to prevent vicarious trauma and compassion fatigue as well as help service providers heal from their own experiences of violence.
- Invest in evidence-based prevention programming that engages both men and women, and girls and boys. There are great opportunities for innovation around integration of evidence-base VAC and VAW interventions including rigorous integrative monitoring and evaluation strategies. Both locally-developed and internationally-tested models are available³¹. Again, this work creates important opportunities for establishing multi-sectoral partnerships and sustainable strategies to ensure that these programmes do not rely entirely on donor funding and expertise. A strong capacity development and innovative financing approach will be necessary to ensure sustainability.
- Update the referral directory for VAC and VAW on the basis of a thorough service and programme mapping exercise per province that will also help to identify gaps in response and support services as well as prevention work.
- Fund national prevalence studies on VAC and VAW including analyses of intersections between these types of violence. Coordinate the collection and sharing of good quality administrative data on VAC and VAW services, including through the UNFPA initiative, kNOwVAWdata³². Reliable data are essential for service and programming planning but it should be noted that administrative data cannot take the place of national prevalence data collected through a dedicated study.

31 Examples of evidence-based practices are available from Partners for Prevention; What Works to to Prevent Violence Against Women and Girls; the Sexual Violence Research Initiative www.svri.org

32 <https://asiapacific.unfpa.org/en/publications/sources-violence-against-women-data-knowvawdata>

■ ANNEX 1: STAKEHOLDER MEETINGS

1. Group meeting with staff representatives from UNICEF, UN Women, UNFPA
2. Group meeting with government partners (Dept of Justice and Attorney General; Dept of Personnel Management; CIMC; Office of Children and Family Services; Dept of Education; Dept of National Planning and Monitoring; Royal Papua New Guinea Constabulary)
3. Small group meeting with service provider/programme partners (OCFS; ChildFund; CIMC; Pacific Women; UNDP)
4. Phone calls with various Family Support Centres (Hela Provincial Health Authority; Western Highlands Provincial Health Authority; Catholic Archdiocese of Madang)
5. Meeting with FSC director (social worker) and child counselor at POM General Hospital
6. Meeting with FSVU representative at Port Moresby police station
7. Meeting with human rights defenders group
8. Phone call with Save the Children in Lae
9. Meeting with OHCHR
10. Meeting with Australian Federal Police at Boroko Police Station
11. Debriefing with UNICEF, UN Women, UNFPA

