



NATIONAL PARLIAMENT OF PAPUA NEW GUINEA

REPORT TO PARLIAMENT: PART 1 INQUIRY INTO GENDER-BASED VIOLENCE IN PAPUA NEW GUINEA



Special Parliamentary Committee on Gender-Based Violence

9 August 2021

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Abbreviations

ANU	Australian National University
AROB	Autonomous Region of Bougainville
CBO	Community-based organisation
CCA	<i>Criminal Code Act</i>
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CLRC	Constitutional Law Reform Commission
CPO	Child Protection Officers
CRC	Convention on the Rights of the Child
CSO	Civil society organisation
DfCDR	Department for Community Development and Religion
DHS	Demographic and Health Survey
DJAG	Department for Justice and the Attorney General
DPM	Department of Personnel Management
DPMNEC	Department of Prime Minister and National Executive Council
DPP	Director of Public Prosecutions
DSIP	Direct Services Improvement Program
DW	Divine Word University
FBO	Faith-based organisation
FPA	<i>Family Protection Act 2013</i>
FSC	Family Support Centre (Ministry of Health and HIV/AIDS)
FSV	Family and Sexual Violence
FSVAC	Family and Sexual Violence Action Committee
FSVU	Family and Sexual Violence Unit (RPNGC)
GBV	Gender-based violence
GESI	Gender Equality and Social Inclusion
GoPNG	Government of Papua New Guinea
IPO	Interim Protection Order
IPV	Intimate partner violence
JJA	<i>Juvenile Justice Act</i>
LPA	<i>Lukautim Pikini Act</i>
M&E	Monitoring and evaluation
MAN	Male Advocacy Network
MOH	Ministry of Health
MOJ	Ministry of Justice
MP	Member/s of Parliament
MSF	Médecins San Frontières
NAP	National Action Plan
NCD	National Capital District
NDOE	National Department of Education
NDOH	National Department of Health
NEC	National Executive Council
NGBVS	National Gender-Based Violence Secretariat

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NGOs	Non-government organisation
NOCFS	National Office of Child and Family Services
NPS	National Public Service
NRI	PNG National Research Institute
OPP	Office of Public Prosecution
PGBVS	Provincial Gender-based Violence Secretariat
PHA	Provincial Health Authorities
PO	Protection Order
PSIP	Provincial Services Improvement Program
PWD	People with Disabilities
RPNGC	Royal PNG Constabulary
SARV	Sorcery Accusation Related Violence
SGBV	Sexual and Gender-based Violence
SLOSH	Social, Law and Order (Department) Heads
SOP	Standard Operating Procedure
SOS	Sexual Offences Squad, RPNGC
TOR	Terms of Reference
TSM	Temporary special measure
UNFPA	United Nations Population Fund
UPNG	University of Papua New Guinea
VCA	<i>Village Courts Act</i>
WHO	World Health Organisation

Executive Summary

Gender-based violence (GBV) is ravaging our country, with women and children bearing the brunt of the epidemic of violence which seems to increase every year. PNG's Demographic and Health Survey (DHS) 2016-2018 found that 56 per cent of women aged 15-49 have experienced physical violence, and 28 per cent have experienced sexual violence. Eighteen per cent of women experienced violence during pregnancy. Sixty-three per cent of married women between the ages of 15 and 49 have experienced spousal physical, sexual, or emotional violence at some point in their life. Among the women who reported any form of physical and/or sexual violence, and who sought help from anyone, a mere five per cent sought help from the police, five per cent from medical services and just three per cent from social services. The DHS data indicated that 28 per cent of adolescent girls aged 15-19 years had experienced sexual violence. Data from the National Health Information System Data Base states that from 2018-2020,¹ medical care was provided to a total of 18,759 sexual violence cases. Of these, boys under 16 years old accounted for 2,279 cases (12 per cent). In one study in the National Capital District (NCD), around 60 per cent of children who went to a women's shelter in Port Moresby had been abused.²

The impact of GBV on women, men, boys and girls across the country is hard to describe, with a growing feeling amongst communities across the country that violence is increasingly raging out of control with perpetrators facing little accountability. In this context, it must be recognised that the impact of GBV disproportionately affects women and children. The costs of violence are not only seen at a household and community level, but also affect the economy. A study from 2015 carried out with a number of PNG firms found that the impact of family and sexual violence resulted in the loss of 11 days on average for every staff member every year, with a cost to those businesses of between two and nine per cent of their payroll.³ GBV reduces the ability of women to participate in social and economic activities, increases the likelihood of job loss due to absenteeism as a result of violence, and negatively impacts on women's income generating power.⁴

In the last two years, COVID19 has also exacerbated GBV. The disproportionate impact of COVID-19 on women's social, political and economic wellbeing across the globe has been well-documented,⁵ as women's unpaid care and domestic workload increased with school closures and the need to care for sick relatives, funding for sexual and reproductive health services was diverted, women's economic security worsened considerably⁶ and GBV increased exponentially.⁷ Findings from the PNG GBV

¹ This data comes from the [Submission from the National Department of Health](#), 30 June 2021.

² ChildFund, *Stop violence against women and girls in Papua New Guinea* (2013).

³ IFC: World Bank (2015) [Case Study: Addressing Gender-Based Violence With Companies in Papua New Guinea](#); Emily Darko, William Smith and David Walker (2015) [Gender violence in Papua New Guinea: The cost to business](#), Overseas Development Institute: London.

⁴ UPNG Political Science Department, [Submission related to Committee TOR \(a\) and \(h\)](#), 30 June 2021.

⁵ UN Women and United Nations Secretariat (2020) *UN Secretary-General's policy brief: The impact of COVID-19 on women*, UN: New York: <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406>.

⁶ An assessment of the impact of COVID-19 on market vendors, conducted by UN Women PNG in May and June 2020 highlighted an income loss of up to three quarters for women vendors in district markets as a consequence of 'lockdown' measures: (UN Women PNG Country Office (May 2020) COVID-19 Market Assessment, unpublished report referenced in UN Women (2020) Gender Alert On Covid-19 In Papua New Guinea, 5 August, <https://asiapacific.unwomen.org/-/media/field%20office%20esasia/docs/publications/2020/08/gender%20alert%20on%20covid19%20in%20png%20%20isue%201.pdf?la=en&vs=1942>)

⁷ (2020) *Guidance: Covid-19 and Its Impact on Violence Against Women & Girls*, Spotlight Initiative: New York, https://www.spotlightinitiative.org/sites/default/files/publication/KM_Spotlight_Initiative_Guidance_COVID-19_and_its_impact_on_violence_against_women_girls_V2_1.pdf; María-Noel Vaeza (2020) "Addressing the Impact of the

subcluster in 2020 revealed a 31 per cent decrease in the number of clients accessing GBV services pre- and post-COVID19's impact.⁸ In addition to the impact of COVID-19 on GBV, there have also been concerns raised by NGOs that COVID-19 has heightened the risk of sorcery accusation related violence, as deaths from COVID-19 have been attributed to sorcery and brutal violence has followed.⁹

In recognition of the enormity of the GBV problem facing the country, on 24 August 2020, a "High Level Meeting on Gender-Based Violence" was organised in Port Moresby, co-chaired by Governors Powes Parkop and Allan Bird. The meeting resulted in the formal establishment of the Coalition of Parliamentarians to End GBV, who endorsed a *Resolution on Addressing GBV* (see Annex 1).¹⁰ Under the leadership of the Coalition Co-Chairs, the Coalition organised the first ever National Gender-Based Violence Summit which was held from 8-10 November 2020. At the conclusion of that meeting, the members of the Coalition endorsed the *GBV Summit Outcome Statement* (see Annex 2),¹¹ which commits them all to working to address GBV across the nation. The Coalition now comprises 20 of the 111 members in the National Parliament.

"The prevalence and increasing rate of Gender Based Violence in Papua New Guinea in its many forms is cause for great concern.

To fully understand the issue, it has to be viewed within the context of the wider issue of the acceptance of violence as a response to social issues at a community or individual level in our country.

The examination of the broader underlying causalities of this are not the subject of this report, however if I were to point out one critical element that drives the disempowerment, poverty, family instability, violence cycle - it would be the inability of the woman to plan the timing of and number of children she has."

*Hon Charles Abel MP
Chair, Special Parliamentary Committee on GBV*

One of the concrete outcomes of the Coalition's advocacy was the establishment of this Special Parliamentary Committee on GBV. This Committee is chaired by Hon Charles Abel and has six other members, Hon Allan Bird, Hon Powes Parkop, Hon Michael Dua, Hon Aiye Tambua, Hon Ginson Saonu and Hon Allan Marat. Hons Abel, Bird, Parkop, Dua and Saonu are also members of the Coalition. The Terms of Reference (TOR) for the Committee is attached at Annex 3.

The Members of this Committee wish to thank the Parliament for the mandate they have been given, to examine the current national response to GBV and identify recommendations for addressing the gaps and weaknesses in the current approach. The report is based on the testimony given at public hearings held from 24-25 May 2021, written submissions provided to the Committee and research and technical advice sourced by the Committee Secretariat.

When drafting this Report, the Committee sought to produce a document which would provide guidance to the Government on taking decisive action to deal with, reduce and hopefully eliminate GBV, and equally to inspire the people to embrace gender equality and help the country to realize the

COVID-19 Pandemic on Violence Against Women and Girls", UN Women: New York, <https://www.un.org/en/addressing-impact-covid-19-pandemic-violence-against-women-and-girls>.

⁸ PNG GBV Sub-Cluster Group (June 2020) *The State of Gender-Based Violence during the COVID-19 Crisis and State of Emergency*, UNFPA PNG: Port Moresby.

⁹ Natalie Whiting and Bethanie Harriman (2021) "Fears of COVID-19 'time bomb' in PNG as unexplained deaths spark sorcery claims, torture and murder", *ABC News*, 26 June, <https://www.abc.net.au/news/2021-06-26/coronavirus-a-time-bomb-in-png-amid-sorcery-allegations/100227350>.

¹⁰ https://019c6425-665f-436e-a27d-cf729793144f.filesusr.com/ugd/7f0c06_dad0cb0a375447f08e1def0bdf632e4.pdf.

¹¹ https://019c6425-665f-436e-a27d-cf729793144f.filesusr.com/ugd/7f0c06_6618e8502e594b009d0f8b9cde069b9b.pdf.

fundamental human rights and aspirations that are the foundation stone of the National Constitution. A nation and people without values, virtues or vision will fail in its endeavours to deliver prosperity and high quality of lives for its citizens. This work to address GBV is central to the effort to return to the values and virtues that are important for successful nation building – namely, integral human development through equality, inclusive participation, and self-reliance. The Committee has done its utmost to produce a Report that will withstand time and criticism and will help the country by inspiring colleagues in Parliament and Government to take immediate action.

This Report contains more than 70 recommendations, directed towards the National Government for action. The Committee has tried to be as specific as possible in developing recommendations, to ensure that officials know clearly what the Committee expects of them. The Committee anticipates holding a second set of hearings in late 2021, which will follow up on the implementation of these recommendations as well as investigating additional lines of inquiry which have been identified during the current process.

The Committee recognises that this Report contains a large number of recommendations but notes that submissions received at the public hearings and in writing reinforce the reality that addressing GBV is a complex undertaking, requiring a multi-partner, multi-sectoral response. The Committee's recommendations are therefore directed at a range of different actors, who must all be resourced and capacitated to do their jobs properly.

The Committee takes this opportunity to stress our deep concern at the increasing levels of violence across the country. Committee Members discussed this at the public hearing, querying why violence has become the first response of many PNG people when they have disagreements or face problems. Key questions for the Committee include: Why do so many people think they can assault – oftentimes extremely brutally – their fellow human beings, who are commonly their own family members, as a response to their own unhappiness? Why do so many people think they can commit these acts with impunity? Why are so many communities willing to overlook these unacceptable acts? The Committee has sought to understand these issues in order to formulate concrete responses and recommendations to implement. It is important to understand the root causes of violence in order to more effectively tackle those root causes, and to prevent, rather than just respond to violence.

Recommendations for Immediate Action by Parliament and Government

The Committee's recommendations cover a very wide range of issues; all these issues must be addressed by the Government if there is to be any real change. That said, in this Executive Summary the Committee wishes to highlight some of those most critical issues in the Report to draw the attention of the Government to addressing these *immediate* priorities:

- **Permanent GBV Committee:** This Committee should be made permanent. Once a final report is submitted to Parliament, this Special Parliamentary Committee will cease to function. However, the Committee has already received considerable positive feedback from numerous stakeholders who appreciated the ability of this Committee to hold government officials to account for the national GBV and facilitate a national conversation on how everyone can work together to better address GBV. Parliament should establish this Committee as a permanent parliamentary committee, with a broad TOR to ensure oversight of the GBV response across the country (*Recommendation 1*).
- **National GBV Secretariat:** The National Gender-Based Violence Secretariat (NGBVS) should be immediately staffed and resourced by the Government. Staff should be recruited who have specific GBV expertise and the capacity to proactively drive the national GBV response. Sufficient

funding – no less than Kina 5 million per year – should be provided to the NGBVS, to support their coordination activities, as well as their efforts to support provincial and non-government stakeholders to address GBV across the country (*Recommendations 6, 7, 8, 9 and 11*).

- **Sorcery Accusation Related Violence:** The Sorcery Accusation Related Violence (SARV) National Action plan should be resourced in order to address the worrying increase of SARV cases around the country. In addition, specific examination should be given to the role of glasmen/glasmeri in inciting SARV cases, to identify whether law reform is necessary and to address the lack of prosecutions of SARV cases and of glasmen/glasmeri (*Recommendations 25-30*).
- **Counselling services:** Better counselling services (both in-person and by telephone) should be funded by the Government, across the country. Counselling can help prevent GBV, it is a critical crisis response, and it is useful as part of efforts to rehabilitate perpetrators. However, counselling services are currently severely under-funded (*Recommendation 38*).
- **Support for family planning:** Empowering women to have control over their own bodies is an essential part of gender equality. Family planning services are a critical to ensuring reproductive health rights. In PNG, population growth is outstripping economic growth, which impacts at the macro level, but also causes strain at the community and family levels, which can exacerbate GBV. GBV can also lead to unintended pregnancies which contribute to lower educational and employment potential and poverty for both mothers and their children, a cycle that can trap generations. In response, and in line with the National Population Policy 2015-24, the Committee has called for the National Department of Health (NDOH) to be properly resourced to provide family planning and reproductive health services to all women and girls across the country, free of cost and in safe, non-judgemental spaces which ensure that women and girls feel empowered. Such services should also include education on family planning, which should be tailored to reach both women and men (*Recommendation 43*).
- **Access to justice:** Law enforcement in relation to GBV should be immediately improved, in particular, through better police responses and investigation of GBV cases (*Recommendations 51-54*), more effective and timely prosecutions of alleged GBV perpetrators (*Recommendations 55-56*), and survivor-centred court processes (*Recommendations 57-64*). The Committee was interested in a proposal to establish a Family Court stream and has recommended that a proper concept and proposal be developed in advance of their next hearings (*Recommendation 63*).
- **Reserved seats for women:** The Government should immediately finalise legislation to introduce reserved seats for women in the Parliament, in sufficient time for laws to be enacted/amended in advance of the 2022 National General Election. The Committee does not ever again want PNG to have no women in the National Parliament and supports reserved seats as a temporary special measure to address this risk (*Recommendation 70*).

Summary of Committee Recommendations

Leadership to End GBV

Recommendation 1: Parliament should establish this Committee as a permanent parliamentary committee, with a broad TOR to ensure oversight of the GBV response across the country.

Recommendation 2: The NEC should add “Implementation of National GBV Strategy – Progress Report” as a standing agenda item on the NEC Agenda, with the Minister responsible for the NGBVS having responsibility for reporting back to the NEC at each meeting.

Recommendation 3: Every Governor and every Open Member of Parliament (MP) are encouraged to allocate funds from the Provincial Services Improvement Program (PSIP) and Direct Services Improvement Program (DSIP) respectively to support GBV prevention and crisis response in their home communities, in line with their relevant provincial GBV strategy and in support of provincial GBV structures. Where these do not yet exist, Governors and MPs are encouraged to work with the NGBVS and other partners to establish such frameworks.

Recommendation 4: Every MP is encouraged to work at their local level to build and support coalitions of government and non-government stakeholders who can work together to more effectively prevent and respond to GBV.

Recommendation 5: Government and non-government leaders across the country must make clear statements against GBV and should work with their communities to educate them to improve their behaviours towards each other and to provide support to GBV survivors.

Coordination to Address GBV

Recommendation 6: The Government must urgently provide skilled personnel and sufficient financial resources to the NGBVS to ensure they can effectively drive the implementation of the National GBV Strategy with government and non-government partners.

Recommendation 7: The Government is encouraged to consider moving the NGBVS to sit under Department of Prime Minister and National Executive Council (DPMNEC) to increase its ability to drive coordination and/or to review the level of independence and rank of leadership given to the NGBVS to ensure that it can function effectively as a leader of the national GBV response.

Recommendation 8: In line with the requirements of the National GBV Strategy, Provincial Governments should establish their GBV Provincial Coordination Secretariats as an immediate priority, and provide them with the powers and resources to coordinate, drive and monitor provincial GBV activities.

Recommendation 9: Provincial Governments are encouraged to develop Provincial GBV Strategies through inclusive and participatory processes. These Strategies should be integrated into provincial planning processes, funded through provincial budgets, and related staff should be added to provincial establishments.

Recommendation 10: The Department for Personnel Management (DPM) should take a proactive approach to ensuring that all government departments, state-owned enterprises, and provincial and Local Level Government administrations develop and implement workplace GBV policies as required

by the National GESI Policy. These workplace GBV policies should explicitly require that adhering to the GBV policy is part of the conditions of employment of all employees of the State.

Recommendation 11: The NGBVS should establish the GBV Advisory Group envisaged by the National GBV Strategy as a priority with a TOR to share good practice and lessons learned and to improve the coordination of GBV prevention and response activities. Representatives should include a mix of people from across the country representing non-government organisations (NGOs), community-based organisations (CBOs), faith-based organisations and the private sector.

Recommendation 12: The Committee will continue to use its inquiry powers to examine how donor funding has supported GBV activities and will use subsequent public hearings and reporting to provide more detailed analysis.

Recommendation 13: The National Office of Child and Family Services (NOCFS) and NGBVS must coordinate more effectively to ensure that GBV prevention and response activities are joined up, while still respecting and protecting the specific rights of mothers and children suffering from violence. NOCFS should coordinate with the NGBVS, the Department for Education and the DJAG Juvenile Justice Unit.

Recommendation 14: The NOCFS must appoint, gazette and resource sufficient Child Protection Officers to be deployed across the country to properly address violence against children.

Recommendation 15: Women with disabilities have largely been invisible in GBV policy and planning. The Department for Community Development and Religion (DfCDR)/NGBVS should ensure that women with disabilities are represented on all GBV policy-making and working committees and that current GBV policies and strategies are updated to be more inclusive of people with disabilities (PWDs).

Funding for GBV

Recommendation 16: The Government must allocate substantially more funding to support GBV efforts across multiple sectors (cross-reference recommendations below for specific sectoral funding recommendations). At a minimum, it is clear that the annual national budget should allocate at least Kina 20 million per year across key sectors and agencies (i.e., NGBVS, Royal PNG Constabulary (RPNGC), Ministry of Health (MOH), Department for Justice and the Attorney General (DJAG), courts) to ensure sufficient funding to meet current needs.

Recommendation 17: The Government should provide funding to the NGBVS to establish and manage a CSO Fund to Prevent and Respond to GBV which would provide CSOs with a more reliable source of national funding for their critical work and enable the NGBVS to better coordinate CSOs services to help encourage even service coverage across the entire country.

Recommendation 18: The Government should amend the PSIP and DSIP regulations and guidelines to require that a minimum budget allocation is directed towards GBV prevention and response initiatives, such as support for GBV coordination, local safe houses and counselling services.

GBV Research and Data

Recommendation 19: Recognising that the NGBVS has the official responsibility for coordinating data collection, under the National GBV Strategy, the Committee urges DfCDR/NGBVS to immediately convene key partners – in particular from DJAG, the RPNGC, NOCFS, Magisterial Services and

provincial representatives – to discuss and agree a practical strategy for developing and rolling out an integrated GBV data collection and management system.

Recommendation 20: Even in the absence of an integrated GBV data collection and management system, each of the key agencies responsible for addressing GBV – namely, the National Department of Health (NDOH), RPNGC, Magisterial Services – should publish a quarterly report, including data, of the number of GBV cases to which they have responded and the current case status. The NGBVS and each Province (through their Provincial Gender-based Violence Secretariat or other unit) should also produce a quarterly report on their GBV response.

Recommendation 21: The Government should provide specific funding to the NGBVS to support research on key topics relevant to GBV, such as bride price, polygamy, alcohol and drug abuse and the specific needs of GBV survivors with disabilities.

GBV Prevention and Education Approaches

Recommendation 22: Significantly more Government funding should be provided to support NGOs, the churches, and CBOs to undertake GBV prevention activities through values-based education and awareness raising, including through activities that specifically promote behaviour change (such as sports-based activities). The work of the private sector to support GBV prevention should also be acknowledged and built upon. The NGBVS is encouraged to produce a specific proposal for consideration by the Government, Treasury, and this Committee, including a budget, on how to roll out and manage civil society small grant funding for this work.

Recommendation 23: The National Department of Education (NDOE) should review all PNG school curriculum from kindergarten to Grade 12 to assess how key human rights values including gender equality and ‘*respectful relationships*’ concepts can be integrated into the curriculum. The NDOE is encouraged to produce a specific proposal for consideration by the Government, Treasury, and this Committee, including a budget, on how to roll out such a curriculum.

Recommendation 24: The NGBVS is encouraged to convene organisations working on male advocacy and/or male GBV perpetrator programmes to identify good practice and lessons learned. This knowledge can be used to inform the development of new programmes and/or the scaling up of existing programmes to work with men and boys to prevent GBV.

Sorcery Accusation Related Violence (SARV)

Recommendation 25: DJAG and DfCDR should collaborate to reinvigorate the SARV National Action Plan (NAP) Committee and fund implementation of the SARV NAP, including funding to:

- (1) support local human rights defenders and organisations to carry out community awareness on the laws relating to SARV, GBV and human rights to increase understanding that violence is against the law;
- (2) update and rollout training for health providers, village courts magistrates and police to increase understanding of impacts of SARV, laws against SARV and their duties and responsibilities; and
- (3) collaborate with churches to encourage them to implement their SARV strategy.

Recommendation 26: DfCDR should explore options for establishing an emergency fund to support SARV survivors to escape violence and support the safe and long-term reintegration of victim/survivors of accusations back into their communities. This work could connect back into similar efforts being developed in support of GBV survivors under the National GBV Strategy.

Recommendation 27: Small grant funding should be made available by the Government to support CSOs and CBOs to design and rollout locally contextualised activities which aim to educate and support communities to address SARV in locally appropriate ways. Any such grant funding should be supported by a proper monitoring and evaluation (M&E) framework to ensure lessons are captured and shared.

Recommendation 28: Key government agencies – namely the MOH and RPNGC – should review their existing SARV response mechanisms to ensure they have proper personnel and processes in place to respond in a timely manner, including:

- (1) dedicating specific personnel in provinces where SARV rates are high to dealing with SARV complaints; and
- (2) developing Standard Operating Procedures (SOPs) and providing training to strengthen responses to SARV cases.

Recommendation 29: RPNGC and DJAG officers responsible for SARV cases should be given training on existing laws available to prosecute *glasman/glasmeri* as accessories in SARV cases and be supported and overseen by their senior managers to ensure they are applying the law properly.

Recommendation 30: DJAG should review current laws to assess whether they are fit-for-purpose in relation to criminalising all SARV offences, including the actions of *glasman/glasmeri*.

GBV Law Reform

Recommendation 31: Reflecting on the specific needs of women and children suffering from GBV, DJAG's current review of the *Family Protection Act 2013* (FPA) should be broadened to include all key GBV laws, regulations and supporting processes. DJAG should assess their effectiveness in practice and make recommendations for action, in relation to law reform, new/amended regulations and the production of SOPs/guidance notes to assist service providers to apply the law properly and consistently. The review should be participatory and should draw on advice and experience from the Constitution and Law Reform Commission as appropriate, and from GBV service providers to ensure that it reflects operational experience from the field.

Recommendation 32: DJAG should specifically review the *Criminal Code Act* (CCA) to:

- (1) align the CCA with the FPA and *Lukautim Pikini Act* (LPA);
- (2) ensure that assault offences used to charge GBV offences have proper maximum penalties; and
- (3) simplify the provisions relating to offences against the person as they are currently scattered throughout the CCA and may be contributing to confusion.

Recommendation 33: DJAG should review the Criminal Code Act defence of provocation to align it with current concepts related to the defence of '*battered wife syndrome*'.

Recommendation 34: DJAG, in collaboration with the NDOH and other interested stakeholders, should review existing provisions of the CCA which impact on women's sexual health and reproductive rights and enact a Women's Health Protection Bill to align national laws with PNG's obligations under the *Convention on the Elimination of all forms of Discrimination Against Women* (CEDAW).

Recommendation 35: The Committee will continue to use its inquiry powers to examine whether and how to address issues related to GBV and: (i) the criminalisation of sex between men; (ii) the impact of the Adultery and Enticement Act 1988; and (iii) polygamy, in particular the introduction of criminal sanctions; and (iv) the illegal use of bush knives, including through law reform if necessary.

GBV Crisis Response Services for Survivors

Recommendation 36: More Government funding should be provided to establish and support GBV counselling services for women, men and children across the country, whether in person or through telephone/online approaches. To ensure efficiencies, the NGBVS is encouraged to convene existing providers of GBV counselling services, both in-person and online, to assess the current service offering, identify good practice and lessons learned, and develop an Action Plan and budget for addressing the current gap in counselling. The Action Plan should include recommendations to address the current lack of accredited and/or trained counsellors within PNG.

Recommendation 37: Recommendation 37: Significantly more Government funding should be provided to establish secure, accessible, properly designed and equipped safe houses across the country. At a minimum, every province should have at least one safe house, but many more facilities are needed to shelter GBV survivors across the country. Existing safe house providers should be brought together to assess the current service offering across the country, identify good practice and lessons learned, and develop an Action Plan and budget for addressing the current gap. Safe house SOPs and minimum benchmarks should also be endorsed and rolled out to ensure that adult and child GBV survivors are provided with adequate and safe shelter.

Recommendation 38: The NGBVS should work with other government and non-government partners to:

- (1) identify good practice examples of women's economic empowerment activities from across the country; and
- (2) explore options for developing government programmes and/or supporting non-government activities which support women's economic development, including specific support for GBV survivors.

Health Responses to GBV

Recommendation 39: The Government should provide sufficient funding to the NDOH to ensure that trained health providers are available to GBV survivors across the country to provide timely and quality care, including through properly resourced and staffed Family Support Centre (Ministry of Health and HIV/AIDS) (FSC) in all provincial hospitals and the integration of Sexual and Gender-based Violence (SGBV) services in lower-level facilities.

Recommendation 40: NDOH should direct specific funding and/or other assistance towards Provincial Health Authorities (PHA) to support the efforts to decentralise health services and improve accessibility at the district and village level. PHAs need to take ownership over FSCs and to make sure that SGBV response services are accessible down to the local level. PHAs are encouraged to recruit Provincial GBV Health Response Coordinators to coordinate FSC services and GESI integration into the PHA workforce.

Recommendation 41: NDOH should use its training and other awareness-raising channels to make clear that no fees are to be charged to GBV survivors in practice, in line with previous NDOH directives. Where part or all clinical services in response to GBV are provided through other clinics/wards, those services should also be provided free of charge.

Recommendation 42: NDOH needs to review its policy directives and training strategies to ensure that it is building an inclusive health service, with properly trained officials, capable of catering to the needs and realities of diverse populations, including young people, PWDs and people of diverse sexual orientation and gender identity.

Recommendation 43: NDOH should be properly resourced to provide family planning and reproductive health services to all women and girls across the country, free of cost and in safe, non-judgemental spaces which ensure that women and girls feel empowered. Such services should also include education on family planning, which should be tailored to reach both women and men.

Recommendation 44: NDOH should prioritise strengthening the health workforce capacity to provide survivor-centred specialised GBV services and adolescent and youth-friendly sexual and reproductive health care. This covers accurate, non-judgemental, non-discriminatory, age-appropriate information and services, including family planning. In support, the NDOH should update and fully implement the Adolescent Health Policy in line with recommendations provided by the CEDAW Committee to the PNG Government.

GBV and Access to Justice

Recommendation 45: RPNGC officers across the country need to be trained on the process for supporting GBV survivors to apply for Interim Protection Orders (IPOs) and Protection Orders (POs).

Recommendation 46: Additional resources should be allocated to support law enforcement agencies to ensure survivors have appropriate access to IPOs within the first 24 hours of making an application.

Recommendation 47: Village Courts and the Magisterial Services must collect data regarding how many IPOs are being processed by each court, within how many days of the application and whether a PO is subsequently processed. This data should be broken down per location and routinely published on each of their websites.

Recommendation 48: Consideration should be given by DJAG and the Magisterial Services to establishing some form of complaints mechanism to allow victims to provide feedback about the promptness of Village Courts and District Courts respectively in issuing orders, hearing cases and other areas of concern.

Recommendation 49: DJAG should produce SOPs and/or other guidance to law and justice officials on how IPOs and POs can be used to protect GBV child survivors, including how to balance the interests of the child and the parent in such cases.

Recommendation 50: DJAG and the RPNGC should collaborate to design some form of locally appropriate witness protection system which would ensure the protection of GBV survivors and other witnesses, including through legislation, official guidelines and/or specific funding mechanisms for safehouses.

Recommendation 51: The staff of the RPNGC FSVUs must be included in the official RPNGC establishment, with clear command and reporting structures. The Government should provide sufficient funding to the RPNGC to ensure that sufficient officers are trained on GBV issues to provide timely and proper responses to GBV survivors across the country. Specific effort must be made to ensure that proper police services are available to GBV survivors outside of PNG's major towns

Recommendation 52: The RPNGC must ensure proper training on GBV response and investigation processes for all new police candidates and refresher training for officers at all levels to ensure they understand their duties under the Criminal Code, FLA, LPA and Evidence Act.

Recommendation 53: The RPNGC must implement a zero-tolerance policy towards GBV amongst its own ranks. To this end, the RPNGC must ensure that there is a process for complaints to be made against police officers alleged to have perpetrated GBV offences, that such a process operates independently and effectively to investigate such allegations and that proper punishment is imposed where complaints are upheld (including termination and charges being laid).

Recommendation 54: RPNGC officers must implement the existing '*no-drop policy*' for GBV complaints consistently and properly. They must also reject community or family efforts to coerce them or the complainants they have a duty to support to accept reconciliation or compensation.

Recommendation 55: The Director of Public Prosecutions (DPP) is encouraged to produce a specific proposal for consideration by the Government, Treasury, and this Committee, including a budget, on how to address weaknesses in the current capacities of the Office of Public Prosecutions (OPP) to prosecute GBV cases in a timely and effective manner, with a particular focus on ensuring services across the country. Such a proposal should be developed in collaboration with the RPNGC to integrate activities to strengthen the capacities of Police Prosecutors to run GBV cases in lower courts.

Recommendation 56: The RPNGC and DPP should develop independent complaints mechanisms to enable members of the public to make complaints regarding inadequate and/or slow investigations or prosecutions. Any such process should include transparency requirements, including regular reporting on complaints received and how they have been handled.

Recommendation 57: The Village Courts Secretariat and the Magisterial Service, in collaboration with the OPP (who operate as victim-advocates within the court system), should work together to examine how to more effectively provide victim support services to GBV survivors during the court process and produce concrete recommendations for action. These strategies should also address the specific needs of GBV survivors with disabilities.

Recommendation 58: All Village Court magistrates and officials must be made aware, and make clear to everyone that comes before them, that there are no fees to be charged by Village Courts.

Recommendation 59: The Village Courts Secretariat in DJAG should collaborate with other parts of the justice system to design and roll out a coordinated package of training and guidance materials for Village Court officials to ensure that they have a strong understanding of gender equality and child protection principles, key GBV laws and good practice, locally appropriate approaches to protecting women and children from violence.

Recommendation 60: The Village Courts Secretariat should develop a data collection and case monitoring system (in collaboration with other parts of the system) to enable better oversight of their operations, including audits and spot checks of decision-making.

Recommendation 61: The Government needs to work with the Magisterial Service to agree a strategy for resourcing District and Family Courts to enable them to properly discharge their mandates and dispense justice to adult and child GBV survivors. At a minimum, the Government must provide funding support to fill existing magistrate vacancies to reduce the current backlog in cases and ensure timely justice for GBV survivors.

Recommendation 62: All Magistrates should be required to participate in annual continuing legal education trainings on gender equality, GBV concepts, the Criminal Code, FPA, LPA and related regulations, the Evidence Act (in particular, the provisions related to testimony from survivors), and good practice approaches to ensuring survivor-centred justice approaches.

Recommendation 63: The Magisterial Service is encouraged to produce a specific proposal for consideration by the Government, Treasury, and this Committee, including a budget, on how to address weaknesses in the current legal framework, staffing and infrastructure of the District and Family Courts, with a particular focus on providing recommendations aimed at ensuring efficient justice services which are accessible to GBV survivors across the country. Such a proposal could be developed in collaboration with the Village Courts Secretariat to integrate joined-up activities to strengthen the capacities of these courts as well. Any proposal should also consider lessons learned from the Madang “Family Safe Court” pilot currently underway.

Recommendation 64: The National Court Registry is encouraged to review the Courts’ internal case management rules and processes to ensure that GBV cases are designed to be survivor-centred, including by ensuring trials are managed in the most timely way possible.

Recommendation 65: The NGBVS should work with Government and civil society partner GBV service providers to:

- (1) undertake a systematic review of existing case management approaches to identify good practice and problems and produce action-oriented recommendations;
- (2) GBV service providers should collaborate to develop SOPs, including a Code of Conduct, to guide case management; and
- (3) the NGBVS should support a GBV Services One-Stop-Shop pilot to identify whether and how this concept could be adapted for PNG’s context.

Recommendation 66: The Social, Law and Order (Departmental) Heads (SLOSH) working group should drive efforts to better coordinate the justice sectors GBV response and its coordination with other sectors, including the NGBVS, NOCFS, MOH and civil society.

Recommendation 67: Justice sector actors should collaborate to develop and roll out coordinated capacity development activities, which draw on lessons learned from existing ‘*train the trainer*’, mentoring and accompaniment models. Training should cover issues such as GESI principles, GBV concepts, legal frameworks, the rights of children and the rights of PWDs.

GBV Services for Perpetrators

Recommendation 68: The NGBVS should work with Government partners and CSOs to:

- (1) gather information about good practice activities focused on GBV perpetrators and lessons learned, including the specific approaches to rehabilitation and reintegration;
- (2) examine specific issues related to juvenile justice and rehabilitation; and
- (3) use that knowledge to scale up efforts to work with GBV perpetrators.

Recommendation 69: The Corrective Services Commission is encouraged to produce a specific proposal for consideration by the Government, Treasury and this Committee, including a budget, on how to develop and implement effective rehabilitation programmes for inmates convicted of GBV and/or for all inmates. This could be implemented as a pilot, from which lessons could be learned. Specific activities could be included for specific prisoner groups, such as women, juveniles and PWDs.

Reserved Seats for Women

Recommendation 70: In principle, the Committee supports the 2011 proposal to reserve 22 seats for women. However, while the Committee would prefer a greater number of seats to be reserved for women, the Committee will support a smaller number of women's seats if these can be implemented in time for the 2022 National General Election. The Committee urges the Government to urgently table a draft Bill in the National Parliament to create reserved seats for women.

Recommendation 71: The Government must ensure that women are able to participate in politics and decision-making meaningfully and safely across the country. Recognising the practical barriers still faced by many women who wish to engage in politics and decision-making, the Government should develop legal, policy and programming responses to empower women to be more effectively engaged in these processes.

This Report and its recommendations are endorsed by the Members of this Committee:



Hon Charles Abel, MP
Member for Alotau
Committee Charman



Hon Allan Bird, MP
Governor, East Sepik
Deputy Chairman



Hon Powes Parkop, MP
Governor, National Capital District
Committee Member



Hon Aiye Tambua, MP
Member for Goroka
Committee Member



Hon Michael Dua, MP
Governor, Chimbu
Committee Member



Hon Allan Marat, MP
Member for Rabaul
Committee Member



Hon Ginson Saonu, MP
Governor, Morobe
Committee Member

1. Introduction

1. Gender-based violence (GBV) impacts every single person in Papua New Guinea (PNG), whether as a survivor, a perpetrator or a witness. GBV has long been a challenge that successive PNG Governments have sought to tackle, but there has been little sustained progress and testimony from GBV survivors across the country suggests that the problem is getting worse. In recognition of the enormity of the GBV problem facing the country, on 24 August 2020, a "High Level Meeting on Gender-Based Violence" was organised in Port Moresby, co-chaired by Governors Powes Parkop and Allan Bird. The meeting resulted in the formal establishment of the Coalition of Parliamentarians to End GBV, who endorsed a *Resolution on Addressing GBV* (see Annex 1).¹² Under the leadership of the Coalition Co-Chairs, the Coalition organised the first ever National Gender-Based Violence Summit which was held from 8-10 November 2020. At the conclusion of that meeting, the members of the Coalition endorsed the *GBV Summit Outcome Statement* (see Annex 2),¹³ which commits them all to working to address GBV across the nation. The Coalition now comprises 20 of the 111 members in the National Parliament.

2. One of the concrete outcomes of the Coalition's advocacy was the establishment of this Special Parliamentary Committee on GBV. The Special Parliamentary Committee on Gender-Based Violence was established in 2020 by the National Parliament. This Committee is chaired by Hon Charles Abel and has six other members, Hon Allan Bird, Hon Powes Parkop, Hon Aiye Tambua, Hon Allan Marat, Hon Michael Dua and Hon Ginson Saonu. Hons Abel, Bird, Parkop, Dua and Saonu are also members of the Coalition of Parliamentarians to End GBV. The TOR for the Committee is attached at Annex 3.

3. In furtherance of the Committee's TOR, on 3 May 2021, the Committee launched an inquiry into GBV, following a decision made at a Committee Meeting held on 30 April 2021. Advertisements were placed in national newspapers inviting written submissions to the Committee and publishing the Committee TOR to provide more guidance to the public. The deadline for written submissions was 30 May 2021. These submissions can be found on the Committee's webpage.¹⁴

4. As part of the inquiry, the Committee held the country's first-ever public hearings on gender-based violence on Monday 24 May and Tuesday 25 May 2021. The public hearings were held at APEC Haus, as COVID-19 restrictions were in place regarding use of committee rooms within the National Parliamentary Precinct. A Summary Report of the public hearings is attached at Annex 4. The focus of the hearings was on trying to better understand the challenges currently impacting the national effort to address GBV, in order to identify concrete recommendations for improvement. In advance of the public hearings, the Committee agreed that their focus would be on:

- Examining the amount and use of funding provided by the Government to address GBV;
- Understanding the delay in establishing the National GBV Secretariat and how to activate that body to be more effective;
- Identifying the challenges with investigating and prosecuting GBV cases across the country and how to address them; and
- Clarifying the Government of Papua New Guinea's current proposals to implement women's reserved seats, as part of a broader commitment to ensure women can co-lead the national GBV response

¹² https://019c6425-665f-436e-a27d-cf729793144f.filesusr.com/ugd/7f0c06_dad0cb0a375447f08e1def0bdf632e4.pdf.

¹³ https://019c6425-665f-436e-a27d-cf729793144f.filesusr.com/ugd/7f0c06_6618e8502e594b009d0f8b9cde069b9b.pdf.

¹⁴ <https://www.unitedforequalitypng.com/2021gbvinquiry>.

5. This Committee Report is Part 1 of the Committee's findings. The Report is based on the testimony given at the public hearings, the written submissions provided to the Committee and research and technical advice sourced by the Committee Secretariat. This Report included concrete recommendations which the Committee expects to be considered and actioned by the relevant Government bodies to whom they are directed.

6. During the public hearings and review of the written submissions, it was clear to the Committee that more examination of these issues remains to be done to properly understand the Government's efforts to address GBV, and more specifically, the reasons why those efforts are still falling so far short of what the people of PNG deserve. The Committee anticipates that a further set of public hearings will be held in the second half of 2021, which will be used to answer some of the questions that remain unanswered following the current inquiry. Those hearings will also be used to track the Government's progress implementing the recommendations in this Report. The Committee expects Government officials to come prepared to answer specific questions regarding each recommendation and/or to provide written responses to the Committee over the coming months, advising the Committee of any relevant progress.

2. Background: GBV in PNG

7. The impact of GBV on women, men, boys and girls across the country is hard to describe, with a growing feeling amongst communities across the country that violence is increasingly raging out of control with perpetrators facing little accountability. In this context, it must be recognised that the impact of GBV disproportionately affects women and children. This reflects more general challenges protecting and promoting the rights of PNG's women and children. PNG has a Gender Inequality Index value of 0.725, ranking it 161 out of 162 countries in 2019,¹⁵ and 155 out of 189 countries on the Human Development Index. The Committee's assessment is that gender inequalities which play out in the political, economic, and social sectors are reflected in the violence which is directed towards women and girls across the country.

Definition of gender-based violence in the National GBV Strategy

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

¹⁵ This is the latest data available: see <http://hdr.undp.org/en/indicators/68606#>.

authority (teachers, police, etc.), and unknown members of the communities. GBV can also result from legislations, policies, and structures that reinforce gender inequality.

2.1. The Impact of GBV Across the Country

8. PNG's Demographic and Health Survey (DHS) 2016-2018 found that 56 per cent of women aged 15-49 have experienced physical violence, and 28 per cent have experienced sexual violence. This rate combines violence by intimate partners and others ('non-partners'). A staggering 18 per cent of women experienced violence during pregnancy. Sixty-three per cent of married women between the ages of 15 and 49 have experienced spousal physical, sexual, or emotional violence at some point in their life. Among the women who reported any form of physical and/or sexual violence, and who sought help from anyone (about 1/3 of abused women), only five per cent sought help from the police, five per cent from medical services and just three per cent from social services.

9. The DHS study also found that women with at least one child are more likely than those with no living children to have experienced physical violence: 60 per cent of women with one or two children have experienced physical violence compared to 41 per cent of women not living with any children. Childhood and adolescence pose heightened risk of violence. The DHS data indicated that 28 per cent of adolescent girls aged 15-19 years had experienced sexual violence. In one study in the NCD, around 60 per cent of children who went to a women's shelter in Port Moresby had been abused.¹⁶ A study from 2020 of complaints made to the two Sexual Offences Squads (SOS) found that: over a 19-month period, the Boroko SOS in Port Moresby averaged 27 complainants per month, 90 per cent of whom were female, and 74 per cent of whom were aged under 18; records from the Lae SOS over six years found that 93 per cent of complainants were female and 69 per cent were aged under 18.¹⁷ A 2016 report from Médecins San Frontières (MSF) drew conclusions from more than 3,000 encounters between MSF workers and those experiencing of family and sexual violence in 2014-15. It found that 94 per cent of patients treated were female, 5 per cent of sexual violence survivors were children, and 1 in 6 of those (1 per cent) were under the age of five.¹⁸ One in 10 adult women reported experiencing repeated sexual violence (10 per cent) and for children, this increased to 2 in 5 (38 per cent).¹⁹ Adolescent girls are also at risk of child and forced marriages. The DHS data indicates that 8 per cent of girls are married before the age of 15 years and 27.3 per cent are married before the age of 18 years.²⁰ Most of these marriages occur outside of formal registration systems.²¹

10. Data from the National Health Information System Data Base states that from 2018-2020,²² medical care was provided to a total of 18,759 sexual violence cases. Of these, boys under 16 years old accounted for 2,279 cases (12 per cent). The total number of cases of intimate partner violence (IPV) which required medical care accounted for 20,609 survivors reporting at health facilities. The specific breakdown of cases is:

- In 2018 a total of 6,056 sexual violence survivors were provided medical care.

¹⁶ ChildFund, *Stop violence against women and girls in Papua New Guinea* (2013).

¹⁷ Judy Putt and Sinclair Dinnen (2020) *Sexual Violence Against Children in Papua New Guinea: What the Criminal Justice Data Tells Us*, Department of Pacific Affairs: Canberra, http://bellschool.anu.edu.au/sites/default/files/publications/attachments/2020-09/dpa_in_brief_2020_23_putt_and_dinnen.pdf.

¹⁸ Angelika Herb (2016) "Women and Children in PNG Forced to Return to Abusers", MSF: PNG, <https://msf.org.au/article/statements-opinion/women-and-children-png-forced-return-abusers>.

¹⁹ Ibid.

²⁰ PNG National Statistical Office, *Papua New Guinea Demographic and Health Survey 2016 – 2018* (2019), p. 66.

²¹ Girls not brides: Papua New Guinea: <https://www.girlsnotbrides.org/child-marriage/papua-new-guinea/>

²² This data comes from the [Submission from the National Department of Health](#), 30 June 2021.

- In 2019 a total of 7,672 sexual violence survivors were provided medical care, whilst 4,373 survivors of physical violence were provided medical care.
- In 2020 a total of 5,031 sexual violence survivors were provided medical care, whilst 16,213 survivors of physical violence were provided medical care.

11. The costs of violence are not only seen at a household and community level, but also affect the economy. A study from 2015 carried out with a number of PNG firms found that the impact of family and sexual violence resulted in the loss of 11 days on average for every staff member every year, with a cost to those businesses of between two and nine per cent of their payroll.²³ GBV reduces the ability of women to participate in social and economic activities, increases the likelihood of job loss due to absenteeism as a result of violence, and negatively impacts on women's income generating power.²⁴

12. The PNG *National Policy on Disability 2015-2025* estimates that at a minimum, PNG's disability population estimates match or exceed the World Health Organisation (WHO) global estimates that around 15 per cent of any population have some form of disability. There is no known data on the number of women with disabilities in PNG. However, according to UN Women of the estimated more than one billion people in the world experiencing some form of disability, the average prevalence rate in the female population (18 years and older) is 19.2 per cent, compared to 12 per cent for males, representing about 1 in 5 women. Women with disabilities experience double discrimination due to both their gender and their disability, which makes women with disabilities much more vulnerable to being victims of family and sexual violence and impedes their ability to seek justice and support. The consequences of family and sexual violence against women and girls with disabilities can be severe, therefore they require more specialised intensive support when they experience violence and seek assistance.²⁵ However, existing programmes meant to prevent GBV often do not take into account the unique threats and challenges faced by women with disabilities.

13. The disproportionate impact of COVID-19 on women's social, political and economic wellbeing across the globe has been well-documented,²⁶ as women's unpaid care and domestic workload increased with school closures and the need to care for sick relatives, funding for sexual and reproductive health services was diverted, women's economic security worsened considerably²⁷ and GBV increased exponentially.²⁸ Findings from the PNG GBV subcluster in 2020 revealed a 31 per cent

²³ IFC: World Bank (2015) [Case Study: Addressing Gender-Based Violence With Companies in Papua New Guinea](#); Emily Darko, William Smith and David Walker (2015) [Gender violence in Papua New Guinea: The cost to business](#), Overseas Development Institute: London.

²⁴ UPNG Political Science Department, [Submission related to Committee TOR \(a\) and \(h\)](#), 30 June 2021.

²⁵ The information in this paragraph comes from Isabel Kila Foundation, [Submission on GBV issues](#), received 29 June 2021. The Northern Coalition for Disability Rights Oro, [Submission on GBV issues](#), received 29 June 2021 also provided useful information on GBV survivors with disabilities.

²⁶ UN Women and United Nations Secretariat (2020) *UN Secretary-General's policy brief: The impact of COVID-19 on women*, UN: New York: <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406>.

²⁷ An assessment of the impact of COVID-19 on market vendors, conducted by UN Women PNG in May and June 2020 highlighted an income loss of up to three quarters for women vendors in district markets as a consequence of 'lockdown' measures: (UN Women PNG Country Office (May 2020) COVID-19 Market Assessment, unpublished report referenced in UN Women (2020) Gender Alert On Covid-19 In Papua New Guinea, 5 August, <https://asiapacific.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/08/gender%20alert%20on%20covid19%20in%20png%20%20isue%201.pdf?la=en&vs=1942>)

²⁸ (2020) *Guidance: Covid-19 and Its Impact on Violence Against Women & Girls*, Spotlight Initiative: New York, https://www.spotlightinitiative.org/sites/default/files/publication/KM_Spotlight_Initiative_Guidance_COVID-19_and_its_impact_on_violence_against_women_girls_V2_1.pdf; María-Noel Vaeza (2020) "Addressing the Impact of the

decrease in the number of clients accessing GBV services pre- and post-COVID19's impact, as transport limitations, increased caregiving and domestic responsibilities, and a lack of information on COVID-19 raised barriers to survivors accessing vital services.²⁹ In addition to the impact of COVID-19 on GBV, there have also been concerns raised by NGOs that COVID-19 has heightened the risk of sorcery accusation related violence, as deaths from COVID-19 have been attributed to sorcery and brutal violence has followed.³⁰

2.2. Key National GBV Laws and Policies

14. The data above suggests that the fight to end GBV is currently overwhelming the country, with women and children bearing the brunt of this failure of the national response. The poor state of the National Government efforts worries the Committee deeply; at the same time, it is clear from the feedback from NGOs and concerned officials at the May 2021 public hearings and in the written submissions to the Committee that there are useful lessons to be learned from previous efforts that show that PNG can make progress to end GBV, if only Government officials start doing their jobs. As one submission to the Committee highlighted, the PNG Government was ahead of its time in identifying and working to address GBV in the 1980s and 1990s,³¹ with pioneering research produced by the PNG Law Reform Commission on domestic violence in 1992.³² However, the national GBV response over the last two decades has somehow lost its way, with funding reduced, political commitment waning and violence across the country spiking, including violence against women and children.

15. There is much that can be learned from past efforts and still considerable work that can be built upon, including key laws and policies which are now in place and serve to guide the national response. The *Criminal Code Act 1974* is the foundation law which criminalises the different forms of violence which comprise GBV, including assault, grievous bodily harm, manslaughter, and murder. This Act has been amended a number of times, most notably through the *Criminal Code (Sexual Offences and Crimes Against Children) Act 2002*. This Act was originally complemented by very old legislation on juvenile justice and child welfare, but these laws have been updated over the last decade or so to bring them into line with international and national human rights standards.

16. In the 2000s, the then-Minister for Community Development, Religion and Youth, Hon Dame Carol Kidu, was a strong advocate within the Government for more action to be taken, through law reform, increased funding and better coordination of efforts at all levels. Strong advocacy from the Minister, supported by civil society efforts across the country resulted in the enactment of the *Lukautim Pikini Act* (LPA), which was first passed by Parliament in April 2007, updated in 2010,³³ and then substantially updated again in 2015, which is the date of the LPA now in force. The Act needs to be read alongside the *Juvenile Justice Act* (JJA). These two laws aimed to design a national child

COVID-19 Pandemic on Violence Against Women and Girls", UN Women: New York, <https://www.un.org/en/addressing-impact-covid-19-pandemic-violence-against-women-and-girls>.

²⁹ PNG GBV Sub-Cluster Group (June 2020) *The State of Gender-Based Violence during the COVID-19 Crisis and State of Emergency*, UNFPA PNG: Port Moresby.

³⁰ Natalie Whiting and Bethanie Harriman (2021) "Fears of COVID-19 'time bomb' in PNG as unexplained deaths spark sorcery claims, torture and murder", *ABC News*, 26 June, <https://www.abc.net.au/news/2021-06-26/coronavirus-a-time-bomb-in-png-amid-sorcery-allegations/100227350>.

³¹ HELP Resources Wewak, [Submission on GBV issues](#), received 2 July 2021.

³² PNG Law Reform Commission, (1992), *Final Report on Domestic Violence*, Report Number 14, Boroko, Papua New Guinea.

³³ Sullivan, N. (2013) *Desk Review of Child Protection Services in PNG Today*, World Vision: Port Moresby, https://www.academia.edu/7076340/Desk_review_of_child_protection_services_in_PNG_today_for_World_Vision.

protection regime in line with obligations under the Convention on the Rights of the Child. They increased the emphasis on prevention and family strengthening, rather than institutional care.³⁴

17. While the LPA was being enacted and reformed, at the same time, there was a strong push to develop a stand-alone family protection law which could focus more targeted attention on what was referred to as ‘domestic violence’ crimes. The advocacy of Minister Kidu and civil society advocates came to fruition with the *Family Protection Act 2013* (FPA) which created and criminalised a new crime of ‘domestic violence’.³⁵ The FPA also introduced a new system of family protection orders: a form of emergency Interim Protection Order which could be approved for 30 days and extended another 30 days; and a 2-year Protection Order which could be in force to prevent potential harm in the longer-term. These orders work alongside the Preventive Orders that can be issued by Village Courts under the Village Court Act.

Figure 1: Summary of National GBV Strategy outcomes and outputs

Objectives	ONE	TWO	THREE	FOUR
	To ensure that by 2025 the Government of PNG has a functioning GBV governance and institutional structure supporting the achievement of zero tolerance towards GBV, aligned with the PNG Development Plan, Papua New Guinea Vision 2050, and with the Sustainable Development Goals 2016-2030.	To standardize and institutionalize data collection, and facilitate ongoing in-depth research to support evidence-based planning, budgeting and programming to end gender-based violence and contribute to national and international reporting commitments.	To ensure quality, continuity and sustainability of coordinated responses, referrals and service delivery for survivors of gender-based violence.	To scale-up, decentralize, and standardize inclusive, quality initiatives and messaging for prevention of gender-based violence at all levels and in all sectors of society to influence behavioural change required to achieve zero tolerance towards GBV.
	STRATEGY: Improve governance and institutional framework, policy and regulatory framework, finance and infrastructure, planning and administration for national gender-based violence interventions.	STRATEGY: Improve collection, analysis and use of data and research to enhance Gender Based Violence prevention and response efforts.	STRATEGY: Improve quality and effective processes, procedures and services to prevent GBV and support survivors of gender-based violence.	STRATEGY: Improve prevention and advocacy interventions for reducing gender-based violence at all levels and in all sectors of society.
	<p>Output 1.1: The Office of Development for Women, as the national women's machinery, is capacitated to lead, coordinate and monitor the implementation of the National Strategy to Prevent and Respond to GBV (2016-2025).</p> <p>Output 1.2: High-level coordination and accountability, to enhance multi-sectoral GBV prevention and strengthen quality services for survivors, is secured through the effective work of the National GBV Secretariat, Ministerial GBV Committee, and National GBV Advisory Committee.</p> <p>Output 1.3: Provincial and District GBV Action Committees are strengthened to support effective coordination in promoting prevention and providing quality GBV responses at the sub-national-levels.</p> <p>Output 1.4: The provincial GBVAC Secretariats and District GBVAC Focal Points are established and operational to support coordinated and long-term quality delivery of interventions and prevention, with the support of both the Provincial and District Administrations.</p> <p>Output 1.5: Funding for effective and sustained interventions by government and non-government stakeholders, needed to achieve transformational change, is secured through existing and new funding mechanisms.</p>	<p>Output 2.1: GBV research is identified and integrated within the funded national research plan through an operational Research Advisory Committee.</p> <p>Output 2.2: Knowledge management and sharing is enhanced through the establishment of an effective National Research Network linking together researchers working on GBV across the nation, the region and the globe.</p> <p>Output 2.3: A National Gender Based Violence database is established and operational to ensure coordinated and holistic evidence-based planning.</p> <p>Output 2.4: Evidence-based planning, learning and accountability is assured through an inclusive GBV Monitoring and Evaluation Framework, which captures risks, opportunities, mitigation strategies and lessons learned, informing the work of all stakeholders.</p>	<p>Output 3.1: Capacity development plan for quality services is developed and implemented to enhance quality services for survivors and perpetrators.</p> <p>Output 3.2: A National Gender Based Violence Secretariat has endorsed short-term (three year), and mid-term (five year) plans of action and budgets to facilitate coordinated and sustained quality interventions across departments and other stakeholders.</p> <p>Output 3.3: Provincial GBV Action Committee Secretariats (PGBVACS) and District GBV Focal Points (DGBVAC-FP) have endorsed short-term (three year), and mid-term (five year) plans of action and budgets to ensure coordinated and sustained interventions at community-level.</p> <p>Output 3.4: Survivors of Gender Based Violence and their dependents are supported in their reintegration through effective social and economic empowerment interventions.</p> <p>Output 3.5: GBV stakeholders and partners efficiently share knowledge to inform effective interventions and avoid duplication.</p>	<p>Output 4.1: Coordinated prevention and advocacy plan designed to support an effective behavioural change campaign, based on best practices and informed by local realities.</p> <p>Output 4.2: Gender Based Violence prevention and advocacy materials are developed and informed by appropriate evidence-based analysis and new communication mediums to increase effectiveness of messages to instigate and sustain behavioural change.</p> <p>Output 4.3: Human Rights Defenders (HRDs) and Community Volunteers are capacitated to effectively advance GBV prevention in their communities through championing behavioural change.</p>

18. The enactment of the FPA and LPA were followed by the development of PNG’s first National GBV Strategy, which was launched in 2016 and covers the decade from 2016 to 2025 (see the summary at Figure 1). The National GBV Strategy is intended to provide a roadmap for Government to end GBV. The Committee commends the Government for endorsing a national GBV strategy but wishes to flag that the Committee believes that the Strategy could benefit from review and revision. Already, the Committee wishes to register a concern that the Strategy focuses heavily on institutional structures (including for example, working through the National Council of Women, despite this body have only

³⁴ Ibid.

³⁵ A person commits an act of domestic violence if he or she does any of the following acts against a family member: (a) assaults the family member (whether or not there is evidence of a physical injury); or (b) psychologically abuses, harasses or intimidates the family member; or (c) sexually abuses the family member; or (d) stalks the family member so as to cause him or her apprehension or fear; or (e) behaves in an indecent or offensive manner to the family member; or (f) damages or causes damage to the family member's property; or (g) threatens to do any of the acts in Paragraphs (a), (c) or (f).

very limited programmatic capacities for some years) and directs very little funding or focus towards GBV prevention. The Committee is concerned at the heavy institutional structures currently envisaged in the Strategy and queries whether GBV secretariats down to the district level are justifiable on a cost-benefit basis. Once the National GBV Secretariat is established, the Committee encourages the Secretariat to use online tools more proactively for coordination purposes, in order to reduce infrastructure and personnel costs, which can free up more funding for front-line government and non-government GBV service providers who are already doing excellent work. The Committee will continue to use its review powers to analyse the National GBV Strategy and its implementation in more detail over the next six months.

2.3. Relevant Regional and International Standards

19. International human rights law makes very clear that any form of GBV is a human rights violation. Specifically:

- The *Convention on the Elimination of All Forms of Discrimination Against Women* (CEDAW) called on States Parties to address discrimination against women. PNG ratified CEDAW in January 1995. The last report by PNG to the UN on implementation of CEDAW was in May 2009. Another report was due in July 2014 but has been overdue for many years now.³⁶

In 1992, the UN CEDAW Committee adopted General Recommendation 19 (GR19) on violence against women, which asks States to collect data on the incidence of violence against women, the provision of services for victims, and legislative and other measures taken to protect women against violence in their periodic reports to the UN. GR19 was followed in 1993 by the *UN Declaration on the Elimination of Violence against Women*, which defined violence against women as, “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.”

- The *Convention on the Rights of the Child* (CRC) requires that “States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.” PNG signed the CRC in September 1990 and ratified CRC in March 1993. PNG’s last report to the UN on implementation of the CRC was in April 2002. Another report was due in September 2008 but has been overdue for many years now,³⁷ although it is understood that work has now commenced in May 2021 to start the process of developing the State Party report.³⁸

20. The 2004 Concluding Observations from the Committee on the Rights of the Child stated that the Committee was “concerned at the use of violence against children by the police and by personnel in institutions” and included a number of recommendations for action by the Government.³⁹ Subsequently, the 2010 report from the CEDAW Committee on PNG expressed “deep concern at the persistence of violence against women, including sexual violence at the domestic and community levels”. The Committee made a range of recommendations; the call for comprehensive domestic

³⁶ https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/countries.aspx?CountryCode=PNG&Lang=EN

³⁷ https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/countries.aspx?CountryCode=PNG&Lang=EN

³⁸ (2021) “Government of Papua New Guinea leads the way in reporting Child Rights under the Convention on the Rights of the Child”, UNICEF Press Release, 3 May, <https://www.unicef.org/png/press-releases/government-papua-new-guinea-leads-way-reporting-child-rights-under-convention-rights>

³⁹ CRC/C/15/Add.229, <https://www.ohchr.org/en/countries/asiaregion/pages/pgindex.aspx>.

violence legislation was met with the enactment of the FPA but most of the recommendations remain unimplemented, including the call for:

*“the State party to ensure that women and girls who are victims of violence have access to immediate and effective means of redress and protection, including shelters and safe houses. The Committee recommends the implementation of training for the judiciary and public officials, in particular law enforcement personnel and health-service providers, in order to ensure that they are sensitized to all forms of violence against women and can provide adequate support to victims”.*⁴⁰

21. In 2012, the UN Special Rapporteur on Violence Against Women, Its Causes and Consequences undertook a special visit to PNG as part of her mandate. The Rapporteur made a range of recommendations for action by the Government after making the following critical observations:

“Most of the programmes and initiatives that have been launched by the Government in Port Moresby, with the technical and financial support of development partners and donor agencies, have not reached the majority of the population who live outside the capital. In these regions, women’s access to justice and protection is still impeded by generalized impunity, limited access to services and shelters, lack of or insufficient legal representation and limited awareness of their rights. Other factors include economic dependency and societal reluctance to recognize numerous forms of violence against women as crimes and human rights violations that require serious attention...The clear disconnect between the capital and the regions is worrying, as new social forces and economic interests, driven by the development of the country’s extractive industries, reach new and more isolated communities, in which rural women and girls face greater risks of experiencing exploitation, violence and abuse.”

22. In 2015, the elimination of violence against women and girls was included under UN Sustainable Development Goal 5: Gender Equality. PNG has endorsed the SDGs. Specifically, SDG-5 has three targets of direct relevance to GBV:

- Target 5.1: End all forms of discrimination against all women and girls everywhere
- Target 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
- Target 5.3: Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

23. During the period of this inquiry, the UN Human Rights Council endorsed a *Resolution on the Elimination of Harmful Practices Related to Accusations of Witchcraft and Ritual Attacks* on 13 July 2021.⁴¹ The Government is encouraged to review the new Resolution and draw on its guidance to protect SARV victims across the country.

3. Leadership To End GBV

24. A consistent message from stakeholders across the country is the need for strong, sincere commitment by PNG national and local leaders to end GBV. People want to hear from their MPs, but also their provincial, community and church leaders that GBV is unacceptable in PNG, will not be tolerated, and that perpetrators will be held accountable for their actions. In reality, this will require actions at multiple levels.

⁴⁰ CEDAW/C/PNG/CO/3, <https://www.ohchr.org/en/countries/asiaregion/pages/pgindex.aspx>.

⁴¹ A/HRC/47/L.9, <https://undocs.org/A/HRC/47/L.9>.

3.1. Parliamentary Leadership

25. This Committee was established as a Special Parliamentary Committee during the term of the current 10th Parliament of PNG. As a ‘special’ Parliamentary Committee, the Committee’s term is limited to this 10th Parliament only. In addition, the Committee is restricted to investigating and reporting on the TOR we are given. Once a final report is submitted to Parliament, the Committee will cease to function. Following the instigation of this inquiry and our public hearings in May 2021, we have heard positive feedback from numerous stakeholders who appreciated the ability of this Committee to hold government officials to account for the national GBV and facilitate a national conversation on how everyone can work together to better address GBV.

26. To ensure proper parliamentary oversight of the national GBV response and implementation of the National GBV Strategy, Parliament can pass a resolution in accordance with s.3 of the *Permanent Parliamentary Committees Act 1994* to establish the current Committee as a permanent parliamentary committee. That resolution could reflect the current TOR of this Committee.

Recommendation 1: Parliament should establish this Committee as a permanent parliamentary committee, with a broad TOR to ensure oversight of the GBV response across the country.

3.2. National Executive Council Leadership

27. The National GBV Strategy proposed the establishment of a Ministerial Committee comprised of key Ministers, who would be responsible for reviewing progress made implementing the National GBV Strategy. This Ministerial Committee has not yet been set up. Recognising that GBV is an issue affecting all sectors of society and virtually all aspects of Government operations, and also cognisant of the need to avoid setting up multiple new structures, it would be more efficient and effective to include ‘Progress implementing the National GBV Strategy’ as a standing item on the agenda of the National Executive Council. This would send a strong message that ending GBV is the responsibility of all Ministers. It would also avoid institutional siloing of responses and help to ensure that GBV work is joined up and well-coordinated, from the highest levels down.

Recommendation 2: The NEC should add “Implementation of National GBV Strategy – Progress Report” as a standing agenda item on the NEC Agenda, with the Minister responsible for the NGBVS having responsibility for reporting back to the NEC at each meeting.

3.3. Members of Parliament

28. A number of submissions to the Committee made specific recommendations directed at Members of Parliament (MPs), both in relation to their role as leaders, but also with respect to the funds they manage as Governors through the Provincial Services Improvement Program (PSIP) funds and as constituency members through the District Services Improvement Program (DSIP) funds. The Committee recognises that every single MP can use their status as leaders, as well as their government funds, to proactively drive GBV actions in their home provinces and districts.

29. At a practical level, MPs are encouraged to work in partnership with provincial and local-level GBV institutional structures, which usually bring together government officials and civil society (including church-based organisations) working to address GBV. Where the coordination structures do not exist or are weak, MPs can use their convening power to build strong anti-GBV coalitions with ward councillors, local businesses, community and church organisations, and the people of their province and district to develop and implement locally-based methods of prevention and GBV survivor

support. MPs also engage with provincial/district administrators and planners to encourage the inclusion of GBV activities in provincial planning, budgeting and implementation systems.

30. As relevant to each MP's home context, MPs are also encouraged to take responsibility for monitoring, mediating and resolving community conflicts in their district, including sorcery-related accusations (see below for more on SARV) and tribal conflict. As community leaders, it is important that MPs speak out when cultural practices are misused and harm vulnerable people and the community.

Recommendation 3: *Every Governor and every district MP is encouraged to allocate funds from the PSIP and DSIP respectively to support GBV prevention and crisis response in their home communities, in line with their relevant provincial GBV strategy and in support of provincial GBV structures. Where these do not yet exist, Governors and MPs are encouraged to work with the NGBVS and other partners to establish such frameworks.*

Recommendation 4: *Every Member of Parliament is encouraged to work at their local level to build and support coalitions of government and non-government stakeholders who can work together to more effectively prevent and respond to GBV.*

3.4. Provincial and Local Leaders

31. While high-level leadership is critical to ensuring proper action is taken by national ministries, at the same time, it is critical that leaders at every single level of government, as well as leaders across PNG's diverse communities, step up and commit to ending GBV through their own actions in their communities. This means that provincial MPs, local councillors, and local officials must show leadership, but church leaders, village chiefs and community leaders (for example, leaders of sports clubs, youth clubs, prayer groups, market groups) also need to show leadership by calling out GBV where they see it and by encouraging their communities to reject GBV as acceptable behaviour.

Recommendation 5: *Government and non-government leaders across the country must make clear statements against GBV and work with their communities to educate them to improve their behaviours towards each other and to provide support to GBV survivors.*

4. Coordination to Address GBV

32. Coordination remains one of the most fundamental issues undermining the effective use of PNG's limited human and financial resources to end GBV across the country. Numerous intervenors during the May 2021 public hearings and in written submissions to the Committee highlighted poor coordination as a critical problem that results in duplication of effort, wasted resources, and poorly designed and implemented activities and services. This must be addressed as an urgent priority.

4.1. Coordination Across National and Provincial Bodies

33. The National GBV Strategy recognises that coordination is critically important. Outcome 1 of the Strategy focus on ensuring that: *"by 2025 the Government of PNG has a functioning GBV governance and institutional structure supporting the achievement of zero tolerance towards GBV..."*. To this end, the Strategy called for the establishment of a NGBVS which would be responsible for coordinating efforts to implement the Strategy across all levels of government and in collaboration with civil society partners and development partners. The NGBVS was to be established within the DfCDR in order to enable the NGBVS to coordinate with many of the existing units within DfCDR and the bigger Ministry, such as Gender, Development and Human Rights, Religion Disability and Elderly

and the National Office of Child and Family Services. The NGBVS was also envisaged to coordinate across other national government departments and bodies. In that context, it should be noted that other sectoral coordination bodies also exist (as discussed further in later sections), including the Social, Law and Order (Departmental) Heads (SLOSH) working group, which is led by the DJAG, and the GBV Technical Working Group which is led by the NDOH. The NGBVS should also be actively partnering and/or coordinating with these mechanisms.

34. The NGBVS is still not yet properly established, staffed or funded by the Government. There are only 3 interim staff in the NGBVS, including an Interim Director, and only approximately Kina 2 million has been received in funding since the National GBV Strategy was launched in 2016. At the May 2021 public hearings, the Committee was extremely concerned to hear how little progress has been made both to set up the NGBVS but also to progress any coordination work even through the small existing staff seconded into the office. It is absolutely imperative that the Government urgently address this problem. It is also vital that the NGBVS have strong, dynamic leadership and a cohort of staff with specific GBV and gender expertise. It may be that such leadership must be found outside the public service to ensure the best mix of leadership, skills, and drive.

Recommendation 6: The Government must urgently provide skilled personnel and sufficient financial resources to the NGBVS to ensure they can effectively drive the implementation of the National GBV Strategy with government and non-government partners.

35. There have been suggestions made to the Committee that the NGBVS should be moved out of the DfCDR if it is to have sufficient clout within the national public service (NPS) to be able to effectively coordinate implementation of the National GBV Strategy. Notably, at the May 2021 public hearings the head of the DPMNEC, Ambassador Ivan Pomaleu, raised the possibility that the NGBVS could be moved to sit inside that Department, but noted that no specific work had been done to explore that option. This Committee supports the idea that the NGBVS needs to have proper status within the public service and would encourage the Government to explore this option.

Recommendation 7: The Government is encouraged to consider moving the NGBVS to sit under DPMNEC to increase its ability to drive coordination and/or to review the level of independence and rank of leadership given to the NGBVS to ensure that it can function effectively as a leader of the national GBV response.

36. A National GBV Secretariat is critical to ensuring horizontal coordination across national ministries and vertical coordination with provincial partners, but the National GBV Strategy also envisaged that some form of Provincial GBV Secretariat (PGBVS) or GBV Focal Point would be established in each province, the Autonomous Region of Bougainville and the NCD. The PGBVS would be responsible for coordinating GBV-related activities within each province, including amongst government bodies (working at both provincial levels and in the districts), CSOs and any other relevant stakeholders. PGBVS have already been established in the NCD, Morobe and East New Britain. Milne Bay also recently committed to set one up. They have different names and approaches but serve similar purposes. Eastern Highlands, East Sepik, Southern Highlands and West New Britain Provinces have also identified GBV Coordination Officers. The Committee encourages other provinces to establish and resource similar PGBVS, learning from the local good practice from other provinces. At the very least, one officer should be identified and resources to act as a Provincial GBV Coordination Officer who will be the focal point for work with the NGBVS, provincial and district partners, CSOs and any other interested partners.

Recommendation 8: *In line with the requirements of the National GBV Strategy, Provincial Governments should establish their GBV Provincial Coordination Secretariats as an immediate priority and provide them with the powers and resources to coordinate, drive and monitor provincial GBV activities.*

37. To guide the work of PGBVS, some provinces have also developed specific Provincial GBV Strategies, which are intended to identify specific local GBV prevention and response priorities and approaches, which can then be funded as part of provincial budgets. Provincial GBV Strategies are currently in place in the NCD (2020-22), East New Britain (2015-20, extended to 2021) and West New Britain (2020-25). Jiwaka and Enga are currently updating their strategies. Eastern Highlands, Milne Bay, Morobe and West Sepik each had Provincial GBV Strategies at some point, but they have now expired. While the Committee does not want to over-burden GBV stakeholders with unnecessary process and paperwork, nonetheless, the Committee sees value in developing locally owned and contextualised strategies which can then feed into provincial planning and budgeting processes.

Recommendation 9: *Provincial Governments are encouraged to develop Provincial GBV Strategies through inclusive and participatory processes. These Strategies should be integrated into provincial planning processes, funded through provincial budgets, and related staff should be added to provincial establishments.*

4.2. Coordination of GBV Efforts with GESI Commitments

38. As part of White Ribbon Day activities in 2011, the DPM made a commitment to the NPS that it would develop policy on domestic violence in the workplace. This resulted in domestic violence provisions being included in the Fourth Edition Public Service General Orders in 2012.⁴² The Government launched its first-ever NPS Gender Equality and Social Inclusion (GESI) Policy in January 2013,⁴³ which aimed to integrate GESI principles across and within every single Government department. This reflected the reality that the public service is PNG's biggest employer, with 94,000 employees, 38 per cent of whom are women.⁴⁴ The policy applies to all National Government Departments, Provincial, District and Local Level Government Administrations and other agencies. In June 2014, every Government agency was required to appoint GESI focal points in their staffing establishments and include them in their budgets, in accordance with DPM Circular Instruction 8/2014.⁴⁵ In September 2014, the GESI Policy was integrated into law, through the enactment of the new *Public Services Management Act 2014*. One outcome is that GESI performance indicators for department heads are now being included in all new contracts.

39. The GESI Policy has a strong focus on ensuring a safe workplace for women, as well as contributing to efforts to address GBV more broadly. The GESI Policy identifies 11 Action Areas: Action Area 6 focuses on GBV. It calls for the development of a local workplace gender violence plan for each workplace unit by Quarter 2, 2014.⁴⁶ The Committee does not have sufficient information at this time to assess the effectiveness of the GESI Policy in pushing public service agencies to address GBV in a workplace context, in particular by investigating and disciplining alleged perpetrators. The Committee

⁴² https://pngdpm-web.s3.amazonaws.com/documents/doc_GESIPolicyv14210113.pdf

⁴³ Ibid.

⁴⁴ https://devpolicy.org/Events/2015/2015-PNG-Update/Presentations/Day-1/Gender_Davies.pdf

⁴⁵ <https://www.aph.gov.au/DocumentStore.ashx?id=323e77b7-e117-46e9-92d4-d3b2e354a666>

⁴⁶ The plan should focus on: Best practice responses from management; How to respond to reports of workplace harassment and assault; Liaison points with local support and law and justice professionals; Adequate referral to support agencies; Strong leadership and responses taking appropriate action on complaints; Appropriate discipline or legal actions against perpetrators; Managing the workplace environment to best prevent harassment or assault and protection of workers from perpetrators.

welcomes advice from DPM on this issue and envisages calling DPM to provide an update at the next public hearings held by the Committee in late 2021. The Committee believes that it is critically important that the Government use its power as an employer to send a strong message of zero-tolerance to GBV perpetrators.

40. The GESI Policy has been used as a platform to develop a network of male advocates for gender equality.⁴⁷ There is now a Male Advocacy Network (MAN) which comprises men in the public service who advocate for women's human rights and for the elimination of violence against women. Since MAN's establishment, DPM has hosted and coordinated training for men in 26 agencies and affiliated NGOs.⁴⁸ The Committee welcomes more information being provided by DPM to the Committee regarding the activities of male advocates and the impact of this Network.

41. One submission to the Committee from a GESI Officer who is also a male advocate encouraged the Government to use the GESI Policy as an opportunity to strengthen its response to GBV.⁴⁹ The submission encouraged the *"creation of a new role for a National Public Service GBV / GESI Director-General to drive the policy, including through the production of a gender and disability report and monitor to be tabled in parliament annually"*. (Note: this submission also argued that more attention needs to be provided to addressing the needs of people with disabilities under the GESI Policy.) The Committee does not have sufficient information on which to base any recommendations in this regard but encourages DPM to consider this suggestion and to provide advice to the Committee on options for more effectively providing human and financial resources to implement the GESI Policy, in particular as it relates to addressing GBV.

Recommendation 10: The Department for Personnel Management should take a proactive approach to ensuring that all government departments, state-owned enterprises, and provincial and Local Level Government administrations develop and implement workplace GBV policies as required by the National GESI Policy. These workplace GBV policies should explicitly require that adhering to the GBV Policy is part of the conditions of employment of all employees of the State.

4.3. Coordination With Civil Society Organisations

42. Numerous contributions made at the public hearing and through written submissions stressed the crucial role that NGOs and church-supported organisations are playing in supporting GBV prevention and crisis response activities across the country. The Committee wishes to specifically commend these groups and individuals for their efforts and to thank them on behalf of a grateful country. The Committee is very concerned that substantial gaps in the Government's responses have led to these CSOs taking on roles that should be filled by Government, including in relation to supporting counselling, setting up safe houses, assisting GBV survivors to obtain legal assistance and undertaking GBV education and awareness-raising. The Committee is also concerned about submissions it received from CSOs which suggested that they are not only not receiving proper funding support from Government, but also often feel under-appreciated and even resented for the role they end up playing. For example, one submission noted that:

"GBV service providers include CSOs, Church and semi-government agencies like CIMC. These entities usually have their own funds from external sources but when the donors move on their involvement in addressing GBV and FSV [family and sexual violence] issues on the ground stop as

⁴⁷ <https://devpolicy.org/2019-PNG-Update/Papers/Parallel-4A-Male-Advocate-Roles-and-Male-Advocate-Responsibilities-in-a-Changing-World-Joelson-Anere.pdf>

⁴⁸ <https://www.aph.gov.au/DocumentStore.ashx?id=323e77b7-e117-46e9-92d4-d3b2e354a666>

⁴⁹ Joelson Maodina Anere, [Submission on GBV issues](#), dated 10 June 2021. Joelson is a Senior Gender, Equity and Social Inclusion Officer (Male Advocate), Department of National Planning and Monitoring.

well. They go through stressful process to acquire resources from external sources to continue the good work that they have started. Most often the CSOs and FBOs are misunderstood and ignored by government agencies which often refuse to work with CSOs and have a negative perception of them”.⁵⁰

43. While the Government must step up its response to addressing GBV, the Committee recognises the important ongoing role that CSOs will continue to play in supporting GBV prevention and response activities across the country. In that regard, the Committee believes that the Government should more systematically work with CSOs to tap into their expertise and better coordinate work. The National GBV Strategy proposed establishing a CSO Advisory Group, which would serve this purpose, but this body has not yet been established.

Recommendation 11: The NGBVS should establish the GBV Advisory Group envisaged by the National GBV Strategy as a priority with a TOR to share good practice and lessons earned and to improve the coordination of GBV prevention and response activities. Representatives should include a mix of people from across the country representing NGOs, CBOs, faith-based organisations and the private sector.

4.4. Coordination with Development Partners

44. During the May 2021 public hearings, the Committee heard from multiple government agencies who testified that while Government funding had not necessarily been forthcoming to support GBV activities, donors and development partners had to some extent filled the gap. In particular, the Committee was told by the Treasurer that the Australian Government has provided millions of dollars in funding for GBV activities over more than a decade, but the Committee remained unclear exactly what programmes had been funded and what their impact has been. It is understood that the European Union and United Nations are currently implementing the UN-EU Spotlight Initiative to Eliminate Violence Against Women and Girls, with approximately US\$17 million.

45. Subsequent to the May 2021 public hearings, the Committee received a letter from the Australian High Commission in PNG which provided information about funding provided by Australia to PNG for GBV activities since 2016.⁵¹ Australia has provided funding to the DfCDR, the law and justice sector, the UN and CSOs. As part of its ongoing inquiries, the Committee has written to the Australian High Commission in PNG to request a further breakdown of the detail of their funding, to enable the Committee to better track how money was spent and its impact. The Committee is keen to ensure that donor funding is being used most effectively and is being properly coordinated and managed by key Government agencies.

Recommendation 12: The Committee will continue to use its inquiry powers to examine how donor funding has supported GBV activities and will use subsequent public hearings and reporting to provide more detailed analysis.

⁵⁰ Eastern Highlands Family Voice and Other Partners in the Human Rights Network Committee in Eastern Highlands Province, [Submission on GBV issues](#), received 30 June 2021.

⁵¹ Australian High Commission PNG, [Letter to Committee regarding DFAT budget for GBV activities in PNG](#), dated 28 May 2021.

4.5. Coordination of Services for Women and Children

46. The National GBV Strategy explicitly states that it responds to the PNG *Development Strategic Plan (2010-30)* which states that “PNG cannot reach its potential if inequality continues to exist ... Our target is zero tolerance of violence against women and children.” The PNG *Child Health Policy and Plan 2009-2020* also states that “Domestic violence against mothers and physical and sexual abuse against children destroys families and destroys the psychological, emotional, spiritual and physical developments that are necessary in childhood and adolescence.” One of the principles included in National GBV Strategy is also that it must be “sensitive to the needs of different groups such as children, young people, people who face physical and/or mental challenges, and key affected populations – no one is left behind.”

47. While it is clear that GBV prevention and response efforts must include children, there remain coordination gaps, as well as legal and process gaps which hamper this work (see below for more). The NOCFS sits within the DfCDR and is responsible for protecting the rights of children and addressing the welfare issues of families by implementing the *Lukautim Pikinini Act (LPA)* and the Child Protection Policy. The NOCFS manages Child Protection Officers (CPOs) across the country, who are responsible for assessing and addressing the welfare of vulnerable children under the LPA.

48. It is imperative that the NOCFS coordinates closely with the NGBVS and vice versa. The establishment of the NGBVS in the same department as the NOCFS was supposed to assist with such coordination but it is not clear whether these two units are collaborating effectively, either nationally or at the provincial level. This must be addressed. Likewise, the Department of Education, which has the most widespread and consistent contact with school-aged children, has a key role to play in ensuring children who at-risk and/or suffering from violence can access protection services. The Committee did not have sufficient information available to assess how well the NOCFS and Department of Education coordinate to protect children, nor how either of these bodies connect back into provincial GBV coordination mechanisms. DJAG also has a Juvenile Justice Unit whose mandate and work intersects with other bodies’ child protection mandates, who should also be involved in coordination efforts.

49. It is also important that CPOs who are deployed across the country participate as part of provincial GBV coordination units, to ensure that the needs of mothers and children suffering from GBV are being met through joined-up responses. Responses need to recognise and protect the specific rights of each group while ensuring efficient, streamlined GBV services are provided to both. The rights and needs of parents and children suffering from violence requires a complex balancing of interests, which takes into account the cultural context of PNG which places value on supporting mothers and children to live together if possible.

Recommendation 13: *The NOCFS must appoint, gazette and resource sufficient Child Protection Officers to be deployed across the country to properly address violence against children.*

Recommendation 14: *The NOCFS and NGBVS must coordinate more effectively to ensure that GBV prevention and response activities are joined up, while still respecting and protecting the specific rights of mothers and children suffering from violence. NOCFS should also coordinate with the PGBVS, the Department for Education and the DJAG Juvenile Justice Unit.*

4.6. Coordination of Services for People with Disabilities (PWDs)

50. A number of submissions made specific reference to the needs of people with disabilities (PWDs) who suffer from GBV,⁵² calling for GBV prevention activities and support services to be better tailored to ensure accessibility for PWDs. It was noted that sign language is the official fourth language of PNG, but there are insufficient trained sign language interpreters and there is a very little access to such services for GBV survivors. One submission stated the case for more attention to be directed to address the needs of PWDs who are GBV survivors, stating that:

“Access to justice and support services for women with disabilities is very limited due to insufficient infrastructure and assistive devices. For example, there are a very small number of sign-language interpreters trained and qualified in sign-language despite this being one of the official languages of PNG. There [are] very limited funds allocated to providing a sign-language interpreter in courts, police stations, legal services and hospitals. Because of this, people who are speech or hearing impaired are unable to participate in critical legal processes such as making a police statement, or being a witness in court. Survivors of family and sexual violence already face enormous stigma, shame and re-traumatisation when sharing their stories with legal and support services. For women with disabilities, this is multiplied by the lack of accessibility which not only causes significant logistical problems but also compounds the trauma of the situation.”⁵³

Recommendation 15: Women with disabilities have largely been invisible in GBV policy and planning. DfCDR/NGBVS should ensure that women with disabilities are represented on all GBV policy-making and working committees and that current GBV policies and strategies are updated to be more inclusive of PWDs.

5. Funding for GBV

51. Ensuring proper funding to address GBV has been a priority for the Committee throughout this inquiry. It was a common theme raised during the May 2021 public hearings by CSOs and by government officials themselves and it was also raised in most of the written submissions to the Committee. We recognise that COVID-19 has impacted the Government’s revenue streams. Nonetheless, we also recognize that PNG is a resource rich country which can source sufficient funds to address GBV if only we commit to it. Quite simply, our public service must use our national wealth more effectively and efficiently.

52. We strongly urge the Government to use the national budget to ensure a more joined-up response across multiple key agencies. The NGBVS, RPNGC, DJAG (in relation to prosecutors and legal aid lawyers) and Magisterial Services all indicated in their testimonies to the Committee during the May 2021 public hearings that they lacked sufficient funding to address GBV properly and the National Department of Health expressed similar concerns in their written submission. These agencies are critical to the national response and must be properly funded.

Recommendation 16: The Government must allocate substantially more funding to support GBV efforts across multiple sectors (cross-reference recommendations below for specific sectoral funding recommendations). At a minimum, it is clear that the annual national budget should allocate at least Kina 20 million per year across key sectors and agencies (i.e. NGBVS, RPNGC, MOH, DJAG, courts) to ensure sufficient funding to meet current needs.

⁵² Isabel Kila Foundation, [Submission on GBV issues](#), received 29 June 2021; Northern Coalition for Disability Rights Oro, [Submission on GBV issues](#), received 29 June 2021; Joelson Maodina Anere, [Submission on GBV issues](#), dated 10 June 2021. Department of National Planning and Monitoring.

⁵³ Isabel Kila Foundation, [Submission on GBV issues](#), received 29 June 2021.

53. Multiple submissions to the Committee indicated that the Government could improve its engagement with CSOs implementing GBV activities by supporting them more financially. At the moment, they are mainly reliant on ad hoc donor funding and/or funding from the church. To address this gap, the Government could consider establishing some form of CSO Fund to Prevent and Respond to GBV, which would enable CSOs to apply for longer-term grants and that would empower them to deliver reliable services as part of a well-coordinated network of Government-supported activities rolled out across the country.

Recommendation 17: The Government should provide funding to the NGBVS to establish and manage a CSO Fund to Prevent and Respond to GBV which would provide CSOs with a more reliable source of national funding for their critical work and enable the NGBVS to better coordinate CSOs services to help encourage even service coverage across the entire country.

54. As discussed in paragraphs 36-37 above, work at the provincial level to address GBV is absolutely critical to ensuring a proper GBV response and must be better coordinated. It also must be better funded. As noted in paragraphs 28-30 above, in addition to channelling funds to the provinces through grants from the NGBVS, some submissions noted that Governors and MPs have access to PSIP and DSIP grants respectively, which can also be used to fund GBV activities. A number of Governors and MPs have already demonstrated their commitment to addressing GBV by using their PSIP/DSIP funds to contribute to provincial GBV activities. While this has been discretionary to date, the Committee believes that there is value in compulsorily requiring Governors and MPs to allocate part of their PSIP/DSIP funds towards addressing GBV.

Recommendation 18: The Government should amend the PSIP and DSIP regulations and guidelines to require that a minimum budget allocation is directed towards GBV prevention and response initiatives, such as support for GBV coordination, local safe houses, and counselling services.

6. GBV Research and Data

6.1. GBV Data Management

55. The National GBV Strategy prioritised GBV data management as a critical priority for the NGBVS under Outcome 2. Data is vital for ensuring that Government policies and programmes can be better calibrated and targeted to the populations and areas of most need. However, the Government has not yet established a standardized national system to collect and disseminate official administrative data related on GBV. The national FSVAC has previously sought to coordinate provincial and sectoral data collection but inadequate funding from the Government, as well as low capacity, hampered success. The NOCFS (with support from UNICEF) is in the process of establishing a national case management data base that will provide data on violence against girls and boys.

56. Ending GBV is a multi-sectoral issue, but there remains a serious challenge with sharing data across sectors and ministries, as well as further strengthening the data collection and quality of data in each sector. Only the RPNGC Family and Sexual Violence Unit in Port Moresby is connected to a central data system, which has potential to connect with service providers and track referrals from the police.⁵⁴ One submission noted that the RPNGC is not collecting data systematically; “all other FSVUs collect their data on paper and send it to the FSVU Directorate in Port Moresby which compiles and consolidates this data. To date there has not been any report of the incoming data in terms of

⁵⁴ This work aimed to create a pilot database system for the RPNGC to track and monitor GBV cases. Support was funded through UNDP in 2020, to inform broader GBV data collection and coordination efforts.

*showing what type of GBV is prevalent and where. No form of data disaggregation is produced... Another government institution at the forefront is the health system... There is an obvious disconnect between health institutes and the FSVU. No mechanism of referral or data sharing is available between these two government agencies.”*⁵⁵ Administrative data systems exist in some form or another, but there is a clear lack of consistent data collection and analysis processes, and mechanisms for safe and ethical management and sharing of sensitive data, such as information sharing protocols. A scoping exercise in 2016 found that out of 145 organizations surveyed, 90 collected some sort of quantitative data on gender-based violence, and 67 collected qualitative data.

57. Numerous intervenors during the May 2021 public hearings and in written submissions to the Committee highlighted the importance of addressing the major GBV data gap that currently exists. The Committee understands that one of the most critical practical challenges is that different agencies prefer different data collection systems and/or are reluctant to share data with other agencies. Some GBV crisis response service providers are also reluctant to share case management data because confidentiality protocols are not in place to ensure the information will be safely managed and stored. Anecdotally, it is understood that some providers are territorial about data because information about their programmes could be used by others to impact their funding. There is also the practical problem of provincial internet connectivity which has inhibited the ability to successful rollout technology-based solutions to data collection, which have proven effective in other countries. The Committee has insufficient information on data systems to provide concrete recommendations at this stage but is very concerned at the ongoing lack of coordinate data collection and sharing across multiple agencies. This must be urgently addressed.

58. When any integrated GBV data collection and management system is developed, it is important that data is disaggregated. At a minimum it should be disaggregated by sex, age and province (ideally down to the ward level). Data should also be collected on whether the person has a disability, their socio-economic status (if possible, to better understand the intersect between income and violence) and their education level.

Recommendation 19: Recognising that the NGBVS has the official responsibility for coordinating data collection, under the National GBV Strategy, the Committee urges DfCDR/NGBVS to immediately convene key partners – in particular from DJAG, the RPNGC, NOCFS, Magisterial Services and provincial representatives – to discuss and agree a practical strategy for developing and rolling out an integrated GBV data collection and management system.

Recommendation 20: Even in the absence of an integrated GBV data collection and management system, each of the key agencies responsible for addressing GBV – namely, the NDOG, RPNGC, Magisterial Services – should publish a quarterly report, including data, of the number of GBV cases to which they have responded and the current case status. The NGBVS and each Province (through their PGBVS or other units) should also produce a quarterly report on their GBV response.

6.2. GBV Research

59. The National GBV Strategy including support for GBV research as a specific output under Outcome 2. Very little of that research agenda has been progressed through Government funding, but a number of national and international academic institutions and think-tanks have conducted very useful GBV research. The Committee encourages Government bodies to make more use of such research.

⁵⁵ John Kuri, Optimax, [Submission on GBV data management](#), 17 June 2021.

60. A number of submissions identified areas that would benefit from more research to help inform policy and programming responses. For example, the NGO, Voices for Change, suggested that research should be undertaken into ‘*bride price*’ and polygamy to better understand how these customs were practiced traditionally, how they have changed over recent decades and what may now usefully be done in response to negative changes. Voices for Change also raised the issue of alcohol and drug abuse in the country and the impact they both have in triggering GBV (with drugs also potentially contributing to SARV cases too). Research could be valuable to help better understand problems with enforcing the Liquor Act, as well as how ‘*good health*’ programmes and addiction programmes have been effectively implemented locally (by churches and NGOs). Submissions related to PWDs also noted that there is a lack of knowledge and understanding of the specific needs to GBV survivors with disabilities, which needs to be addressed in order to inform more effective policy and programming.

Recommendation 21: *The Government should provide specific funding to the NGBVS to support research on key topics relevant to GBV, such as bride price, polygamy, alcohol and drug abuse and the specific needs of GBV survivors with disabilities.*

7. GBV Prevention and Education Approaches

61. PNG can be proud to have maintained its cultural heritage, but the Committee is aware that cultural practice needs to evolve to ensure it maintains respect for every human beings safety and basic rights. This is in accordance with PNG’s own Constitution which states in Schedule 2:

“Sch 2.1 – Recognition, etc., of custom.

(1) Subject to Subsections (2) and (3), custom is adopted, and shall be applied and enforced, as part of the underlying law.

(2) Subsection (1) does not apply in respect of any custom that is, and to the extent that it is, inconsistent with a Constitutional Law or a statute, or repugnant to the general principles of humanity.”

62. Taking into account the Constitution’s own demand that custom cannot be applied where it is repugnant to principles of humanity, the Committee acknowledges that certain cultural practices in relation to GBV need to shift if women, men, and children are to be able to peacefully and safely live as equal and respected members of PNG society. For example, Committee members remain concerned that despite polygamy already being illegal, nonetheless, the practice continues and can still often trigger violence, both between husbands and wives and between two alleged wives.⁵⁶ Similarly, the cultural practice of bride price - which is still legal – was also raised as a concern in some submissions. Research has noted that, “*bride price sends a message that women are property, and cuts women off from their family’s help, as custom dictates that bride price must be repaid if the wife leaves her husband—even in the event of abuse, and many families cannot afford to return the funds.*”⁵⁷ A submission from the University of Papua New Guinea (UPNG) Political Science Department stated that:

“GBV is one of the results of societies and communities that does not see the two genders (male and female) as equal. This is usually the case in patriarchal societies where it is normal and accepted for men to hit their wives. According to the research conducted in 2020 some victims of

⁵⁶(2014) “Papua New Guinea moves to ban polygamy, enforces registration of customary marriages”, *ABC News*, 29 May, <https://www.abc.net.au/news/2014-05-29/png-polygamy-ban/5486248>

⁵⁷ (2015) *Bashed Up: Family Violence in Papua New Guinea*, Human Rights Watch: NYC, <https://www.hrw.org/report/2015/11/04/bashed/family-violence-papua-new-guinea>.

IPV [intimate partner violence] experienced violence due to lack of submission to their partners since it was against the social norm where women must submit to men regardless.”⁵⁸

63. The committee appreciates the role the local cultures and traditions are contributing to the development of the country. However, culture is not fixed; rather it is fluid and constantly changing.⁵⁹ In this context, the Committee notes that it is necessary for certain negative practices to be adapted or ended if PNG is to ensure that all of its people can live safe, health lives free of fear. Two submissions provided good analysis of the negative impact culture can have on the context of GBV, stating:

“...the man must always be the head of the clan, tribe and everyone including children and women must adhere to the clan leaders’ commands. If a clan leader or man wants something it should be rendered to him – without argument or debate. This is where Entitlement comes in where when a man wants sex, he must have it without delay. These are very strong views which have mellowed over the years, but the residual contents still are lodged in the minds of succeeding generations.”⁶⁰

“Misunderstanding and corruption of some traditional practices, such as bride price, polygamy, and sorcery perpetuate structural discrimination and contribute to family and sexual violence. Abuse of such traditional practices is common in many communities and severely disadvantages women and girls. Bride price is often used as a justification for violence against women and children, and sorcery accusation related violence affects women and girls disproportionately. In some communities there is a general acceptance that violence is an acceptable response to conflict or disagreement. Jealousy is often used as a justification for violent behaviour.”⁶¹

64. The Committee is strongly of the view that the Government needs to work with and invest in more effective, GBV prevention and education activities as a matter of urgency. While GBV crisis response is still of critical importance, in the long term, achieving a zero-tolerance approach to GBV requires a change in people’s mindsets, to ensure that every person in PNG recognizes that violence is never the answer to managing their problems and to advance towards a culture that respects that every person has the right to live safely and peacefully in their communities and their homes.

7.1. Funding Civil Society to Undertake GBV Education and Awareness-Raising

65. The National GBV Strategy dedicated the whole of Outcome 4 to prevention and education work, but the National GBV Implementation Plan only costed this at Kina 2.6 million over ten years. This amount of money was never sufficient; but even this small pot of funding has not been provided. In the absence of any Government funding to the NGBVS for education and awareness raising, other have stepped in to fill the gap. Multiple submissions to the Committee, in writing and at the May 2021 public hearings, shared the important work that CSOs, the churches and private sector are doing to support GBV education and awareness raising activities. The Committee wishes to specifically acknowledge and thank these organisations for their contribution.

66. The written submissions received by the Committee, combined with numerous GBV research reports and Project Documents, highlight the incredible value of properly resourced education and awareness-raising activities as a core part of GBV prevention. It is not the only answer, but it must be a key part of the solution. Submissions shared a range of activities that are already being implemented

⁵⁸ UPNG Political Science Department, [Submission related to Committee TOR \(a\) and \(h\)](#), 30 June 2021.

⁵⁹ Ibid.

⁶⁰ Eastern Highlands Family Voice and Other Partners in the Human Rights Network Committee in Eastern Highlands Province, [Submission on GBV issues](#), received 30 June 2021.

⁶¹ National Family and Sexual Violence Action Committee, [Submission on GBV issues](#), 30 June 2021.

across the country, usually by NGOs, churches, and community groups, as well as the private sector to some extent. One submission highlighted that *“actions around GBV are learnt behaviours. We need to provide the space for people, in particular young people, to learn good behaviour, and we can do this by strengthening the availability of appropriate resources and systems that support positive change within communities. The complexity of GBV and SARV requires approaches that can respond to local contexts and relations while providing evidence-based strategies to inform solutions.”*⁶² Some submissions shared information about specific prevention activities being implemented with and for young people and male perpetrators and allies. Sporting activities were identified as a particular opportunity for promoting community role models and for building cohorts of sports participants who can also be taught good practice in relation to respectful behaviour and zero-tolerance for GBV. One submission called for specific sensitisation and awareness programmes to be run on the rights and needs of survivors with disabilities. Multiple submissions to the Committee called for greater funding by the Government to support prevention activities by NGOs, churches, and community groups, all of whom work more closely to the people and have a useful understanding of their specific needs and understandings.

Recommendation 22: Significantly more Government funding should be provided to support NGOs, the churches and CBOs to undertake GBV prevention activities through values-based education and awareness raising, including through activities that specifically promote behaviour change (such as sports-based activities). The work of the private sector to support GBV prevention should also be acknowledged and built upon. The NGBVS is encouraged to produce a specific proposal for consideration by the Government, Treasury, and this Committee, including a budget, on how to roll out and manage civil society small grant funding for this work.

7.2. Schools-based Education

67. Multiple submissions to the Committee, in writing and at the May 2021 public hearings, stressed the importance of education as one of the most important GBV prevention approaches that the Government should invest in. The Committee strongly agrees with this; educating the next generation that women and men should show each other respect at all times and that GBV is unacceptable is essential to building a community which has zero-tolerance for GBV. As the submission from the UPNG Political Science Department stated:

*“One measure that could lead to behavioural change of the future generations is to educate the upcoming generations in all schools both private and public on principles and values surrounding gender equality. This will hopefully help to alter the patriarchal norm where men will tend to see and appreciate women as an equal partner needed in the development process of the country, who are supposed to be loved and respected and not abused. Just like how social values shape an individual, values and principles taught in schools can also shape and mould an individual.”*⁶³

68. A number of submissions suggested that the national curriculum be reviewed to identify how to most appropriately integrate values-based, respectful relationships principles in the education given to children throughout their formal schooling. Some submissions suggested that in addition to specific education about gender equality, it would be important to develop education materials on topics such as family life, value systems, respectful relationships and standards for peaceful and

⁶² Yumi Sanap Strong Initiative, Submission on GBV issues, 30 June 2021. The submission from Dr Susan Merrell also provided useful analysis of PNG culture as it affects GBV (see [Submission on GBV reforms](#), 21 May 2021).

⁶³ UPNG Political Science Department, [Submission related to Committee TOR \(a\) and \(h\)](#), 30 June 2021.

harmonious community living.⁶⁴ One submission also highlighted the importance that such education of young adolescents can have on addressing unequal gender norms in other areas, noting that such education can also help young girls to see themselves as national leaders in the long run.⁶⁵ Once the education curriculum, resources, information kits and text books are developed, the Department of Education and NGBVS could work with CSOs, churches and other government partners at the provincial and district levels to roll out such the materials, both through the formal system but also through activities designed for out-of-school children and young people.

Recommendation 23: *The National Department of Education (NDOE) should review all PNG school curriculum from kindergarten to Grade 12 to assess how key human rights values including gender equality and ‘respectful relationships’ concepts can be integrated into the curriculum. The NDOE is encouraged to produce a specific proposal for consideration by the Government, Treasury and this Committee, including a budget, on how to roll out such a curriculum.*

7.3. Prevention Programs Targeted at Men And Boys

69. The Committee is committed to strengthening efforts to engage men and boys as allies and champions of gender equality who stand against any form of gender-based violence. There is a plethora of male advocacy programs at the community level, within the public service and the private sector, which seek to engage with men as champions and advocates. For example, the FSVAC Male Advocacy Programme, UN Women's *Sanap Wantaim*, SASA!, FHI 360's *Komuniti Lukatim Ol Meri*, Care Coffee, and the Nazareth Centre's Men's Hub all aim to engage men and boys in positive ways as partners alongside women and girls in violence prevention.⁶⁶ These programmes encourage accountability to women's groups. Derived from its successful male advocacy programme, the FSVAC has been developing guidelines to promote best practices for working with men to end GBV.

70. There have been some concerns raised that some male advocacy programs do not incorporate global good practice. In those approaches, there little accountability to the women's movement, or to groups working on family and sexual violence in the country; in fact, a number of the men who participate in these groups are known perpetrators. Some male advocacy programs also work primarily with perpetrators or as stand-alone projects, which is not considered best practice. Some of these programmes do not reflect gender equality principles, i.e., men still assume they can lead women, rather than working alongside women or supporting feminist messaging. Some of the male advocacy programs also perpetuate the same cultural norms that cause GBV.

Recommendation 24: *The NGBVS is encouraged to convene organisations working on male advocacy and/or male GBV perpetrator programmes to identify good practice and lessons learned. This knowledge can be used to inform the development of new programmes and/or the scaling up of existing programmes to work with men and boys to prevent GBV.*

8. Sorcery Accusation Related Violence (SARV)

71. The Committee is deeply concerned about Sorcery Accusation Related Violence (SARV). This type of violence is absolutely unacceptable: it is not excusable as part of PNG's culture but rather, arises from the misunderstanding (and sometimes the deliberate manipulation) of traditions and

⁶⁴ Eastern Highlands Family Voice and Other Partners in the Human Rights Network Committee in Eastern Highlands Province, [Submission on GBV issues](#), received 30 June 2021; Mr Henry Gioven, [Submission on values-based education](#), 30 June 2021.

⁶⁵ Southstar Sports Development Association Mendi, [Submission on GBV issues](#), received 22 June 2021.

⁶⁶ EU-UN Spotlight Project Document, October 2019.

religion to harm innocent people, in particular women and children. Although the Committee is aware that men are also sometimes victims of SARV, the large majority of SARV cases occur against women and children. SARV against women is often particularly brutal and sexualised, with the violent acts specifically targeting the victim's womanhood. During the period of the inquiry, the Committee Chair wrote to the Police Commissions to request information regarding what systems are in place to guide the RPNCG's response to SARV cases, including what oversight mechanisms are in place which compel senior commanders to ensure a proper response (see Annex 5). At the time of writing, the Police Commissioner has spoken to the Committee Chair regarding the response to specific SARV cases, but no written response has been received.

72. Two written submissions were made on SARV (by the UPNG Political Science Society and the SARV Research Team comprised of the PNG National Research Institute (NRI), Divine Word University (DW) and Australian National University (ANU) (NRI/DW/ANU)), and a number of CSO participants at the public hearings also spoke at length on this topic. The UPNG Political Science Society submission analysed the different terminology used across the country and posited a difference between good and bad sorcery. The submission noted:

*"[sorcery is referred to] in various languages and parts of the country, as witchcraft, magic, enchantment, puri, mura mura dikana, vada, mea, sanguma or malira, whether or not connected with or related to the supernatural. Papua New Guinea is diverse culturally and [in] custom, therefore, sorcery seems to differ to each culture. Not all sorcery is seen to be wicked, some sorcery are very helpful and others are helpless. The wicked sorcerers are called malevolence. They are harmful and caused violence; such as sanguma, masalai, malira, stone and other not listed above also are wicked and violating human. They are spiritual and cannot be seen and provide evidences. Benevolence [sic] sorcery is the spirit of kindness and humanity; it does not cause much destruction to the life. These forms of sorcery are found in nature and traditional wisdom reveals through dream, gifts and traditional wisdom of plants uses."*⁶⁷

73. The NRI/DW/ANU submission found that both women and men are accused and subjected to violence but reinforced the Committee's analysis that the impact of SARV is significantly higher on women than on men. Women are nearly twice as likely to end up dead, are significantly more likely to sustain serious physical harm (other than death and permanent physical injury) and to be displaced from their homes than men. SARV also impacts the children of those accused, has devastating impacts on entire communities, leads to psychological trauma, erosion of trust and catalyses violent reprisals. There is no reliable national baseline data on SARV as those suffering most are often afraid to let authorities such as hospitals and police know they have been accused for fear of further stigmatization or violence.

74. The NRI/DW/ANU submission drew on their research to provide data on SARV cases. An average of 388 people are accused of sorcery each year in the 4 provinces combined. A third of these led to physical violence or property damage. Amongst those accused, 65 were killed, 86 suffered permanent injury and 141 survived other serious assault and harm, such as burning, cutting, tying or being forced into water. Overall, 93 cases involved torture: 20 lasted several days and 10 lasted a week or even longer. The submission used that data to estimate the number of violent SARV incidents between the year 2000 and June 2020 to be over 6000, resulting in an estimated 3000 deaths nationally. The available data means a reasonable estimate of the national harm caused by SARV is

⁶⁷ Political Science Society of Papua New Guinea Consultancy Agency Incorporation, [Submission related to Committee TOR \(e\) and \(f\)](#), received 29 June 2021.

that 12 people are killed and a further 14 suffer serious harm, including permanent injury as a result of SARV across PNG each month.

75. The Government approved the SARV National Action Plan (NAP) in July 2015. The NAP set out a comprehensive and holistic approach to addressing SARV. A SARV NAP Committee was established in 2015 under the leadership of DJAG. Government funding to support the SARV NAP (PGK 3 million) was never provided. However, for the first 5 years of after the NAP was endorsed, there was progress made in terms of: networking stakeholders working on the SARV across the country; keeping the issue on government and donor agendas; supporting development partners and DJAG to conduct training in some parts of the country on SARV for the police and village court magistrates; developing the terminology of SARV to enable the issue to be discussed without confusion. Since 2020 however, the work of the SARV NAP Steering Committee has stalled and funding has still not been forthcoming.

76. Under the leadership of the Constitutional Law Reform Commission (CLRC), the National Churches Strategy to address SARV was developed and signed in 2019 by representatives of the four groups of churches in the country – the mainline churches, Pentecostal churches, Evangelical Alliance and Body of Christ. The strategy affirmed the Christian duty to addressing SARV as follows: speak strongly against accusations of Sorcery that causes fear, loss, pain, and death with key messages from God's word that outline that only God can: place judgement; take a life; and give deliverance, salvation, peace, and good order. It sets out a detailed strategy but there is little evidence of implementation.

77. There are a wide range of CSOs and individuals around PNG working hard to prevent and respond to SARV. In the words of one of these individuals *"We are doing the government's job"*. The NRI/DW/ANU submission to the Committee stated however that there is a *"noticeable erosion in the resilience of these organisations"*. These people also face real risks to their own personal safety and mental health, as well as their increased frustration at the lack of support and leadership by government departments and agencies.

Recommendation 25: DJAG and DfCDR should collaborate to reinvigorate the SARV NAP Committee and fund implementation of the SARV NAP, including funding to:

- (1) support local human rights defenders and organisations to carry out community awareness on the laws relating to SARV, GBV and human rights to increase understanding that violence is against the law;**
- (2) update and rollout training for provincial government officials, health providers, village courts magistrates and police to increase understanding of impacts of SARV, laws against SARV and their duties and responsibilities; and**
- (3) collaborate with churches to encourage them to implement their SARV strategy.**

Recommendation 26: DfCDR should explore options for establishing an emergency fund to support SARV survivors to escape violence and support the safe and long-term reintegration of victim/survivors of accusations back into their communities. This work could connect back into similar efforts being developed in support of GBV survivors under the National GBV Strategy.

78. A submission from Yumi Sanam Stap, a collective of CSOs working on GBV issues, noted that experience of SARV varies from one community to another; their research showed that SARV must be understood within the context and histories of each cultural group and province. For example, they noted that experiences of SARV are different in communities in the Simbu province with a history of tribal fights, in contrast to communities in Bougainville where the civil war needs to be considered when understanding the causes and impacts of SARV. They encouraged education and awareness activities to be developed and supported as community-led responses; this will make it possible to

identify more accurately the links between GBV and SARV, and to analyse how these problems might be dealt with together, or differently, in particular communities and areas of PNG. To enable such locally contextualised approaches to be implemented, grant funding should be provided by the Government to support CSOs and CBOs to develop and trial locally appropriate approaches to addressing SARV, supporting by a proper monitoring framework to enable lessons to be learned, collected and shared.

Recommendation 27: Small grant funding should be made available by the Government to support CSOs and CBOs to design and rollout locally contextualised activities which aim to educate and support communities to address SARV in locally appropriate ways. Any such grant funding should be supported by a proper M&E framework to ensure lessons are captured and shared.

79. At the May 2021 public hearings, a number of CSO representatives called for basic standards for police and health workers on how they respond to SARV. They noted that health and police responses to SARV are very variable and often deficient, with survivors being left to wait for long hours and even days to get help. Concerns were raised that SARV cases are not being investigated in a timely enough manner with too few people arrested by the RPNGC, even though entire communities are often witnesses to these alleged acts. This issue was discussed at length at the Committee's public hearings. Ms Ruth Kissam from the Tribal Foundation which works on SARV issues called for more resourcing for police to attend to cases, noting that: 'Police are outnumbered, to save a victim of SARV, you must have 20 to 30 policemen to arrest since it's a community sanctioned activity'. Multiple intervenors at the public hearings called for more public action to be taken to punish SARV cases.

80. At the public hearings, multiple CSO representatives called for greater clarity on response times and approaches: how quickly do the police need to come to a village? What should they do when sorcery related violence is alleged? What services should accused people be receiving from health service providers and police officers? They shared stories of health services turning down SARV victims because they are worried about what might happen to them if they helped and noted that the police often do not provide a proper response, taking many hours or even days to help victims. Part of the problem possibly relates to resources, with FSV Units often having insufficient fuel or manpower to respond properly to cases.

81. While concerns were raising by CSOs regarding the deficiencies regarding police investigations and prosecutions, conversely the research from the NRI/DW/ANU team found that there was an average of five SARV convictions each year from 2000-2010, a figure that leapt to an average of 19 convictions per year from 2010-2020, making the average across the two decades 12 convictions per year. Whilst this figure falls well beyond a satisfactory number given the high rates of this form of violence, it is an important corrective to the popular narrative that such prosecutions do not occur at all. However, there is almost no general knowledge about these convictions. This has contributed to a sense of impunity with regard to SARV, as there are frequently no negative consequences for accusing others of sorcery. Lack of education and awareness-raising about the amendments to the law in 2013, namely the repeal of the Sorcery Act 1971 and the new s.299A offence in the Criminal Code has also contributed to widespread confusion.

Recommendation 28: Key government agencies – namely the MOH and RPNGC – should review their existing SARV response mechanisms to ensure they have proper personnel and processes in place to respond in a timely manner, including:

- (1) dedicating specific personnel in provinces where SARV rates are high to dealing with SARV complaints; and***
- (2) developing SOPs and providing training to strengthen responses to SARV cases.***

82. In June 2021, the NRI, DW, and ANU held a conference on SARV issues. Subsequently, the NRI has released a report on SARV in PNG titled, “The Role of Glasman/Glasmeri as Catalysts of Accusation and Violence” which has highlighted the troubling roles that *glasmen/glasmeri* are playing in SARV cases. This focus on *glasman/glasmeri* tied in with testimony heard during the Committee public hearings in May 2021. Mr Gary Bustin from the Tribal Foundation discussed concerns regarding the role of *glasman/glasmeri* at some length, stating that: “*What is happening to women and children in sorcery related violence is beyond what one animal would savagely do to another. We need to go after the “glass men”, the witch doctors who are playing on local fears to make money.*” There was a call by some to specifically criminalise the role of *glasman/glasmeri*, but others noted that such efforts have previously resulted in more confusion, as such provisions require very careful drafting, investigation, and prosecution.

83. The NRI research report found that the involvement of a *glasman/glasmeri* in an accusation of sorcery significantly increases the likelihood of a violent response. The research indicated that many *glasman/glasmeri* operate in ways that generate financial advantages for themselves, though some no doubt genuinely believing they wield supernatural powers. The research found that even under current laws it is possible to charge *glasman/glasmeri* as accessories in cases of SARV that amount to criminal offences if it can be proved that they aided and abetted or incited the crime. It is also possible that when Village Courts and other courts hear about sorcery allegations, they can issue specific preventative orders to stop *glasman/glasmeri* from making statements.

Recommendation 29: RPNGC and DJAG officers responsible for SARV cases should be given training on existing laws available to prosecute glasman/glasmeri as accessories in SARV cases and be supported and overseen by their senior managers to ensure they are applying the law properly.

Recommendation 30: DJAG should review current laws to assess whether they are fit-for-purpose in relation to criminalising all SARV offences, including the actions of glasman/glasmeri.

9. GBV Law Reform

84. As noted in Section 2.2 above, there are three key laws which address GBV, in addition to the supporting laws which establish the powers of various support institutions and the courts. The three laws which define GBV and put in place criminal and civil processes for addressing GBV are:

- ***Criminal Code 1974 (including amendments):*** Several provisions of the criminal code relate specifically to GBV, including child sexual assault, definitions of rape and the criminalization of marital rape. The Criminal Code (Sexual Offences and Crimes against Children) Act of 2002 introduced a series of new offences to the Criminal Code extending the scope of sexual offences. The offences are graded according to the seriousness of the harm and incorporate the ways in which women are sexually violated. The marital immunity that had previously protected husbands from a charge of rape was removed, and the requirement for corroboration was removed.
- ***Family Protection Act 2013 (FPA):*** This law explicitly criminalises “domestic violence” and seeks to prevent and deter violence by ensuring that there is adequate legal protection for victims of domestic violence. The inclusion of domestic violence offences was primarily designed to allow the victim to have immediate protection from the perpetrator, who is a family member, and to be issued an Interim Protection Order. The *Family Protection Regulations 2017* set out the processes for applying for (interim) protection orders.
- ***Lukautim Pikinini Act 2015 (LPA):*** This law is based on the United Nations Convention on the Rights of the Child. It extends protection to all children, including those sexually and physically

exploited, children affected by conflicts, children with disabilities, and those infected/affected by HIV/AIDS. It guarantees protection of rights and respect for dignity of all children, in particular child in need of protection and children with special needs.

85. The FPA and LPA were both enacted after considerable lobbying by committed officials and civil society advocates, supported and led for a long time by Minister Dame Carol Kidu who was a fearless advocate for women and children in her role as Minister for Community Development, Youth and Religion. These frameworks were intended to operate together and provide complementary support to (mostly) women and children GBV survivors. They were also intended to align PNG's national laws with international human rights commitments under CEDAW and the CRC. With some years of implementation to learn from now, there have been concerns raised by some child protection advocates that the operational processes that have been developed around these laws – by the police, supporting officials and the courts – need to be articulated more clearly to balance the protections to be given to mothers and children. Both women and children need to be protected from violence, but in some cases (for example, where a mother is unable to protect her child against violence) they may have competing claims of protection.

86. The Committee understands that the FPA is currently being reviewed by DJAG to ensure that its provisions appropriately address all forms of GBV and include sufficient penalties. The current national legal framework will benefit from such review, which should ensure that the entire legal framework works together to work most effectively to protect women and children. This review could be informed by relevant international standards,⁶⁸ as well as actual practical from service providers in PNG. The review should cover not only the Criminal Code, FPA and LPA and supporting regulations, but should include the Marriage Act, Adoption of Children Act, Child Welfare Act, the Criminal Code (Sexual Offences and Crimes Against Children) Act 2002 and amendments to the Evidence Act to protect GBV survivors when giving evidence. The review should not only review the letter of the law but should assess how the law is being implemented in practice. The review should produce recommendations for action, in relation to law form, regulations and the production of SOPs and guidance notes to assist service providers to apply the law properly more consistently. One written submission to the Committee suggested that any such legal review could compile a list of all legislation relevant to the protection of women and children which could be captured in a simple booklet that could be used by Government and CSO service providers and used to educate people about the laws intended to protect them and their children.⁶⁹

Recommendation 31: Reflecting on the specific needs of women and children suffering from GBV, DJAG's current review of the FPA should be broadened to include all key GBV laws, regulations and supporting processes. DJAG should assess their effectiveness in practice and make recommendations for action, in relation to law reform, new/amended regulations and the production of SOPs/guidance notes to assist service providers to apply the law properly more consistently. The review should be participatory and should draw on advice and experience from the Constitution and Law Reform Commission as appropriate, and from GBV service providers to ensure that it reflects operational experience from the field.

⁶⁸ Convention on the Rights of the Child, Convention on the Elimination of all forms of Discrimination Against Women, United Nations Economic and Social Council, A framework for model legislation on domestic violence, 2 February 1996, E/CN.4/1996/53/Add.2, Article 2, Section B, Article 3.

⁶⁹ Nazareth Centre for Rehabilitation Buka, [Submission on GBV issues](#), received 29 June 2021.

87. Any FPA review will need to ensure that it also harmonises offences and penalties with the CCA. The CCA itself could also benefit from review to simplify/streamline its provisions and structure. Under the current laws of PNG, the following are some of the most relevant GBV-related offences:

- A specific definition is provided in the FPA of ‘domestic violence’ with a maximum penalty of a fine of Kina 5,000, two years imprisonment or both (s.6(1) FPA);
- Wilful murder is punishable by the death penalty and murder is punishable by life imprisonment (s.300 CCA);
- Intending to cause grievous bodily harm attracts a penalty of life imprisonment (s.315 CCA);
- Grievous bodily harm attracts a maximum penalty of 7 years (s.319 CCA);
- The offence of “wounding” is a misdemeanour and attracts a maximum penalty of 3 years (s.322 CCA);
- Common assault is a misdemeanour and attracts a maximum 1-year penalty (s.335 CCA);
- Indecent assault on males is a misdemeanour and attracts a maximum penalty of 3 years (s.337 CCA);
- Assault occasioning bodily harm attracts a maximum penalty of 3 years (s.340 CCA);
- Rape is punishable by a maximum penalty of 15 years and aggravated rape by a penalty of life imprisonment (s.347 CCA);
- Sexual assault is punishable by a maximum penalty of 5 years and aggravated sexual assault by a penalty of 10 years (w.349 CCA).

88. An anonymous submission to the Committee noted that these penalties are “very unfair” and stated that “GBV violence must be treated as attempted murder. We must have zero tolerance of GBV related violence be it physical, emotional, psychological or spiritual”. The Committee believes that the current penalties for GBV in the law need to be approved to ensure they are appropriate for the harm inflicted. The penalties in the CCA and the FPA for domestic violence should also be better aligned.

Recommendation 32: DJAG should specifically review the Criminal Code Act to:

- (1) align the CCA with the FPA and LPA;
- (2) ensure that assault offences used to charge GBV offences have proper maximum penalties;
- (3) simplify the provisions relating to offences against the person as they are currently scattered throughout the CCA and may be contributing to confusion.

89. Section 226 of the CCA currently provides a defence of ‘provocation’, which effectively empowers an alleged GBV perpetrator to claim that they lost self-control because they were provoked by their victim to commit a violence act. Historically, this defence has favoured male GBV perpetrators.⁷⁰ At the same time, the defence of ‘battered wife syndrome’, which is based on the concept that women sometimes kills their violent abusers after being provoked over a long period of time, is usually not covered by the defence of provocation which involves some element of immediate loss of control in response to the provocation.⁷¹ These gendered defences need to be reconsidered at law and relevant provisions updated and amended.

Recommendation 33: DJAG should review the Criminal Code Act defence of provocation to align it with current concepts related to the defence of ‘battered wife syndrome’.

⁷⁰ Catherine Baksi (2019) “Landmarks in law: the case that shone a spotlight on domestic violence”, *The Guardian*, 18 June, <https://www.theguardian.com/law/2019/jun/18/landmarks-in-law-the-case-that-shone-a-spotlight-on-domestic-violence>.

⁷¹ (2016) *Women who kill in response to domestic violence: How do criminal justice systems respond?*, Linklaters & Penal Reform International: London https://cdn.penalreform.org/wp-content/uploads/2016/04/Women_who_kill_in_response_to_domestic_violence_Full_report.pdf.

90. The National Department of Health and United Nations Population Fund (UNFPA) both made submissions regarding the enactment and implementation of the Women's Health Protection Bill.⁷² The Bill would operate to align national laws with the PNG's obligations under CEDAW for the promotion and protection of women's and girls' full and equal rights to healthcare, bodily autonomy and to live free from violence. CEDAW calls for national laws to guarantee women's rights "to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights" (Article 16.e) through their full and equal access to health information and services, including family planning.

91. Review and removal of punitive provisions regarding abortion to support women's and girls' full access to comprehensive sexual and reproductive health services

Recommendation 34: DJAG, in collaboration with the NDOH and other interested stakeholders, should review existing provisions of the CCA which impact on women's sexual health and reproductive rights and enact a Women's Health Protection Bill to align national laws with PNG's obligations under CEDAW.

92. In addition to the law reform issues identified above, the Committee also considered a number of additional issues with the current legal framework, which arguably contribute to GBV. At this point in time, the Committee has not

- The term "gender-based violence" refers to violence perpetrated against people as a result of negative social norms relating to gender. While in PNG, these social norms have often normalised violence against women and children, homosexual people are also vulnerable to violent attacks due to gendered norms which stigmatise their actions. In this regard, s.210 of the CCA currently criminalises 'unnatural acts' and s.212 criminalises 'indecent acts between males'. These provisions can be used to proactively harm homosexual men; their existence in the CCA also limits the ability of homosexual men to seek assistance from the police if they are attacked.
- Across the Pacific, PNG is unusual for still having a law punishing adultery. The *Adultery and Enticement Act 1988* allows spouses and their relatives to bring an action for compensation in relation to an act of adultery. This law does not accord with PNG's human rights obligations. It is predominantly used for purposes of harassment and serves no useful purpose.
- The National Civil Registry office made amendments to the *Civil Registration Act* to ban the practice of taking multiple wives in 2014, but it is well-known that polygamy still occurs across PNG and can be the causes of GBV between husbands and wives as well as between two wives. Although polygamy is not technically legally, it does not currently attract criminal sanctions. The Committee is interested in examining this issue in more detail to identify whether there are further criminal law reforms that should be enacted to address this issue.
- One of the written submissions to the Committee raised the issue of the use of bush knives to commit acts of violence against women and children, highlighting that ownership of such knives are unregulated but causing enormous harm. The Committee is well aware of this problem and has concerns that millions of Kina worth of bush knives and machetes are being imported every year. The Committee also has serious concerns about the continued failure to properly regulate firearms and the impact of such firearms on PNG communities.

⁷² [Submission from the National Department of Health](#), including [letter from the NDH Secretary](#), 30 June 2021; UN Population Fund (UNFPA), [Submission on health sector responses to GBV](#), 30 June 2021.

Recommendation 35: *The Committee will continue to use its inquiry powers to examine whether and how to address issues related to GBV and: (i) the criminalisation of sex between men; (ii) the impact of the Adultery and Enticement Act 1988; and (iii) polygamy, in particular the introduction of criminal sanctions; and (iv) the illegal use of bush knives, including through law reform if necessary.*

10. GBV Crisis Response Services for Survivors

93. The National GBV Strategy specifically recognise the importance of ensuring a coordinated “referral pathway” for GBV survivors, who often need to access services from multiple different agencies or organisations. Despite the recognition of the importance of building a coordinated network of services, one of the most common themes of the May 2021 public hearings and the written submissions is that there remains a severe lack of crisis response services available for GBV survivors, which is felt particularly acutely outside of the main city centres. As discussed in more detail in sections 11 and 12 below, the government health and justice sectors are both under-resourced to provide core services to survivors. This gap is even more severe in relation to services such as counselling and safe houses, which appear to have “fallen through the cracks” as a result of being covered under the mandate of the under-resourced National GBV Secretariat. In response to the lack of government action, NGOs and churches have taken a major role in providing these services. One submission noted:

Port Moresby and Lae have more services available to survivors and their families than other provinces. Beyond these two main centres, the nature and quality of available services differs significantly from one district and province to the next; this is a challenge for both survivors and service providers. The limited social services available to survivors outside of the main centres is provided through pastoral work of local churches and committed individuals in their own communities. These services are under-funded and under-supported and unregulated. The geographic remoteness of many communities makes access to quality services and support for survivors extremely difficult.⁷³

10.1. Counselling

94. Counselling services can be valuable both for GBV survivors and GBV perpetrators. The Family Protection Act specifically empowers the Family Court to refer parties to counselling, but there are not enough services. One submission noted that “49 [per cent] of the callers to the only telephone counselling service in PNG are men seeking information, assistance for loved ones who are abused and for themselves. There is huge demand by men for face-to-face counselling because of problems both family relationships and other issues that they face.”⁷⁴ Multiple submissions stressed the value of counselling for helping both women and men to deal with GBV, including by helping men to address their behaviours as a preventive/rehabilitation approach. One submission noted the urgent need to expand mental health and psychosocial support services from specialised clinical to community-led support, including ensuring counselling services for children who witness and experience violence and abuse.⁷⁵ Another submission noted:

Counselling is a missing link in services provided to survivors of family sexual violence and to the perpetrators [but] There are less than 10 qualified mental health doctors in PNG and we do have some mental health nurses, maybe one to each provincial hospital, this is not enough. In the area of counselling there are 38 diploma graduates, all trained under Australian Counselling

⁷³ National Family and Sexual Violence Action Committee, [Submission on GBV issues](#), 30 June 2021.

⁷⁴ PNG Counsellors Association, [Submission on GBV and counselling services](#), 30 June 2021.

⁷⁵ [Youth Submission for the Parliamentary Inquiry into Gender-Based Violence](#), 30 June 2021.

*Qualification. There could be around five to six people with a master's degree and may be two or three holding PHD in counselling gained overseas. The rest of the service providers in the FSV referral pathways are not trained counsellors but out of passion offer counselling services.*⁷⁶

95. The Committee received multiple submissions calling for more support for counselling services. One submission stressed the importance of community counselling centres, drawing on the experience of their group in piloting such centres in Mendi. The submission suggested that the Government could invest in pilot projects to train community volunteers who could undertake advocacy and provide counselling services. The submission shared the experience of their Skills PNG Program, which trained volunteers as skills coaches and Youth Reproductive Health Assistants, who then helped to educate and provide assistance to youth GBV survivors through the forum of the community counselling Centres, which also operated as a safe house for counselling and referrals for GBV to Family Support Centre (FSC) and to Family Sexual Violence Unit (FSVU) for police persecution.⁷⁷

96. Another submission highlighted the value of free telephone hotlines, which can provide information and support for anyone in PNG experiencing family violence or sexual violence issue.⁷⁸ Existing phone services have the capacity to provide information, referral to nearby service providers and to offer timely personal and confidential counselling. In light of the geographic challenge of offering in-person counselling services across the country, investing in phone-based counselling could be an efficient alternative. Any such development of more/extended crisis hotlines should be designed to allow for alternative forms of communication, including, for example, texting or other written formats, to accommodate people with hearing related disabilities.⁷⁹ Consideration should also be given to investing in hotlines that could offer 24/7 services; considering that GBV cases often happen after work hours and on weekends when families are in close contact, services which are only available during work hours are less helpful (though still necessary).

Recommendation 36: More Government funding should be provided to establish and support GBV counselling services for women, men and children across the country, whether in person or through telephone/online approaches. To ensure efficiencies, the NGBVS is encouraged to convene existing providers of GBV counselling services, both in-person and online, to assess the current service offering, identify good practice and lessons learned, and develop an Action Plan and budget for addressing the current gap in counselling. The Action Plan should include recommendations to address the current lack of accredited and/or trained counsellors within PNG.

10.2. Safe Houses

97. A safe house is a temporary protection accommodation for survivors of GBV, whose have an ongoing fear for their security and/or that of their children, usually because they have been made to feel unsafe in their own home. A 2016 MSF report noted that at that time there were only six domestic violence refuges in PNG, five in Port Moresby and one in Lae. They raised the concern that some safe houses only accommodate male children to the age of seven, which means that mothers with older children are often unable to use them as refuges.⁸⁰ In 2017, there were reports that the Family and Sexual Violence Action Committee was working with safe house partners in Madang, Morobe, West Sepik and East Sepik Provinces. That same report stated that the FSVAC was developing Safe House

⁷⁶ Ibid.

⁷⁷ Southstar Sports Development Association Mendi, [Submission on GBV issues](#), received 22 June 2021.

⁷⁸ 1-Tok Kaunselin Helpim Lain, [Submission regarding counselling helpline](#), 30 June 2021.

⁷⁹ Northern Coalition for Disability Rights Oro, [Submission on GBV issues](#), received 29 June 2021.

⁸⁰ Eric Tlozek (2016) "PNG domestic violence victims lacking safe houses, legal protection, Médecins Sans Frontières says", *ABC News*, 1 March.

Guidelines,⁸¹ but the Committee Secretariat has been unable to obtain more information on the status of those guidelines at this stage. It is imperative that basic SOPs and minimum service benchmarks for safe houses are in place and rolled out across the country as a priority, to ensure that proper protections are in place to ensure adequate, safe shelter to both adult and child GBV survivors.

98. Almost five years after the MSF analysis, there are still only a limited number of safe houses across the country, mostly run by faith-based communities.⁸² Although they perform a critical function for women whose lives may be in imminent danger, the centres are chronically underfunded and struggling to stay afloat. Information provided to the Committee indicated that there are 26 known safe houses in the country. In NCD, there are seven refuges for women and children (five safe houses and two home care centres). The Committee Secretariat research indicates that the Autonomous Region of Bougainville (AROB), East New Britain, East Sepik, Madang, Morobe, Western Highlands and West Sepik have safe houses, though these facilities are of very variable size and capacity, with some operating as little more than a basic room with a bed. In the seven provinces in the Highlands Region, there are only three shelters. One response has been the emergence of community-based safe houses, often a room in someone's house, maintained by women human rights defenders. The National FSVAC works with all the safe houses in the country, but the DfCDR is the Government body with responsibilities to support safe houses across the country.

99. Safe houses and their staff are the front-line response supporting GBV survivors in their most critical time of need. One submission highlighted this, noting that *“Safe houses are an essential welfare service. They do not receive any funding from the PNG Govt but receive donor funding as project funds rather than sustainable program funding. The government needs to provide adequate support to recognized safe houses.”*⁸³

Recommendation 37: Significantly more Government funding should be provided to establish secure, accessible, properly designed and equipped safe houses across the country. At a minimum, every province should have at least one safe house, but many more facilities are needed to shelter GBV survivors across the country. Existing safe house providers should be brought together to assess the current service offering across the country, identify good practice and lessons learned, and develop an Action Plan and budget for addressing the current gap. Safe house SOPs and minimum benchmarks should also be endorsed and rolled out to ensure that adult and child GBV survivors are provided with adequate and safe shelter.

10.3. Economic Support

100. The priority focus of the Committee during the first stage of this Committee inquiry has been on improving funding and coordination for activities to address GBV, with a focus on prevention activities and crisis response. However, the National GBV Strategy also included one output that still requires considerably more attention, namely *“Output 3.4: Survivors of Gender-Based Violence and their dependents are supported in their reintegration through effective social and economic empowerment interventions”*. The Committee recognises that the economic empowerment of women must be a part of any comprehensive response to GBV. The lack of economic autonomy faced by many women across PNG keeps them trapped in violent situations from which they simply cannot

⁸¹ PIR Editor (2017) “PNG Safe Houses To Have Standard Operation Procedures”, *Pacific Islands Report*, 19 March, <http://www.pireport.org/articles/2017/03/19/png-safe-houses-have-standard-operation-procedures>.

⁸² (2020) “CBC hosts first Safe House Workshop”, Catholic Church of PNGSI.

⁸³ Nazareth Centre for Rehabilitation Buka, [Submission on GBV issues](#), received 29 June 2021.

realistically leave. Their lack of economic independence has the practical effect of holding women and their children hostage to their own poverty.

101. Considerably more research and attention need to be paid to ensuring economic support for those most vulnerable in the community, to build their power and agency and provide them with real options. As one submission noted, in other countries, social safety nets and welfare payments from government give vulnerable women economic options that are not available to women in PNG.⁸⁴ Economic support for GBV survivors can enable women to be active in finding their own solutions rather than having to rely on short-term government or NGO crisis services. The National GBV Strategy envisages more specific economic livelihoods activities for GBV survivors, but this may be too small a vision. As PNG grows into a middle-income country, women need to be engaged much more deliberately as active participants in the economy, which could in itself drive bigger social and economic transformations. Empowering women economically needs to be developed as a long-term, more sustainable strategy for addressing GBV.

Recommendation 38: *The NGBVS should work with other government and non-government partners to:*

- (1) identify good practice examples of women's economic empowerment activities from across the country; and*
- (2) explore options for developing government programmes and/or supporting non-government activities which support women's economic development, including specific support for GBV survivors.*

11. Health Responses to GBV

102. The Committee wishes to specifically acknowledge the vital importance of health services as part of the national GBV response. During the May 2021 public hearings, the Ministry for Health and HIV/AIDS was invited and confirmed their attendance, but due to scheduling problems, the Committee was unable to call on them to provide testimony. This was an unfortunate oversight but was not intended to indicate any lack of importance or interest in their GBV response activities. The Committee thanks the National Department of Health (NDOH) for making the effort to subsequently provide a detailed written submission to the Committee. The Committee looks forward to a more thorough inquiry into the NDOH GBV responses at its next public hearings.

103. The NDOH is the national governing agency responsible for the provision of health care and treatment. Recognising they have duties to GBV survivors, NDOH has attempted to align the National Health Plan 2011-2020 (NHP) with the National GBV Strategy.⁸⁵ Key Result Area 7, Objective 7.1 commits to “increase health sectors response to prevention of injuries, trauma, and violence with an impact on families and the communities”, through “Priority Strategy 7.1.2: Increase the roll-out of and access to family support centres to reduce the impact of violence in the home and community”.⁸⁶ The NDOH submission notes that they have also aligned the NHP to the 2016 World Health Organisation (WHO) Global Plan of Action on Strengthening the Role of the Health System within a National Multisectoral Response, to address violence against women and girls and against children.

104. GBV survivors may have both acute and long-lasting medical and psychological needs. International good practice suggests that five services should ideally be offered to GBV survivors in

⁸⁴ Dr Susan Merrell, [Submission on GBV reforms](#), 21 May 2021.

⁸⁵ [Submission from the National Department of Health](#), 30 June 2021.

⁸⁶ Ibid.

one single session and represent the minimum level of care required.⁸⁷ The NDOH submission provided information on their efforts to promote a responsive, coordinated multi-sectoral response to supporting GBV survivors. It was unclear from the submission how effective their coordination activities have been, but the submission noted that:

The NDOH currently takes lead in building partnerships and coordinating the implementation of the Health Sector's Policy Response to addressing SGBV, institutionally and programmatically through the existing GBV Technical Working Group (TWG) comprising of NDOH as the Lead Agency, government sectoral agencies [and] inter-government agencies, non-government agencies (NGO's), development/ international partners and UN organizations etc. The Establishment of the Gender and Men's Health Program in 2012 under the Family Health Service Branch, Public Health Division was to coordinate the Health Sector Response to SGBV. The NDOH currently works with Department of Justice and Attorney General, The Office of Public Prosecution, Constitutional Law Reform Commission (CLRC), Department of Community Development, Youth and Religion and the National Office for Child and Family Service (NOCFS), Department of Police, the Law and Justice Sector, Provincial and District levels, development partners and other stakeholders.

11.1. Health Sector Funding

105. The submission from the NDOH provided information about the hospital-based Family Support Centres (FSC) which they have been setting up across the country to operate as 'One Stop Shops' to provide integrated GBV response health services to survivors. These FSCs were initially set up with development partner assistance, in particular, from the Australian Government and MSF. NDOH advised that FSCs have now been established in 18 strategic hospitals, with a mandate to provide essential medical services in response to GBV and sexual violence in their respective provinces, but that 6 provinces still urgently need to establish hospital-based FSCs – Manus, WNB, Oro, Gulf, Central and New Ireland Province.⁸⁸ NDOH also advised that they have supported the district roll-out of FSCs in 18 districts in 4 provinces (AROB, Chimbu, Southern Highlands and Hela). A submission from UNFPA highlighted that health services also need to be supported through the development of guidelines and SOPs, which would help ensure more consistent service delivery across the country. For example, the NDOH needs to develop and/or implement SGBV Clinic Guidelines and Family Support Centre SOPs to reflect those guidelines.⁸⁹

106. NDOH advised that they have been rolling out gender mainstreaming training for Health Managers since 2012, with 200 health managers trained in all four of the regions. A provincial-level rollout of this training began in 2020, which has trained 180 health care providers on integrating GBV responses in emergencies (including COVID-19) in the provinces of Morobe, East New Britain, Eastern Highlands, Southern Highlands, Hela, Manus and New Ireland Province. The submission provided considerable detail on a number of additional gender equality and GBV-focused activities by NDOH.⁹⁰

107. In their submission, NDOH raised their concerns about under-resourcing of the health sector, and the GBV response specifically. Under-resourcing of key government agencies responsible for the GBV response was a common theme heard by the Committee, and multiple submissions indicated that there remains a lack of health workers across the country, with rural communities remaining

⁸⁷ Namely: medical first aid; psychological first aid; vaccination against hepatitis B and tetanus; prevention of HIV and other STIs; emergency contraception to prevent unwanted pregnancies (the latter two services are required where sexual violence has occurred).

⁸⁸ Ibid.

⁸⁹ UN Population Fund (UNFPA), [Submission on health sector responses to GBV](#), 30 June 2021.

⁹⁰ [Submission from the National Department of Health](#), 30 June 2021, pages 3 and 4.

particularly under-served by the health system. A 2016 paper on GBV health services in PNG published by MSF stated that:

*For a population nearing 7 million, PNG has less than 400 doctors [with] only 51 [working] outside Port Moresby, despite 87 [per cent] of people living in rural areas. That's one doctor per 17,068 people, compared to one per 302 in Australia. There's also a critical shortage of health workers – just 0.58 per 1,000 people, compared to WHO's standards which specify 2.5:1,000 simply to maintain primary care.*⁹¹

108. The NDOH submission advised that “health expenditure has reduced from 22 [per cent] to 10 [per cent] of total [Government of Papua New Guinea (GoPNG)] expenditure. Clinical workforce population ratios have reduced 20-25 [per cent] to 0.9/1000, (WHO 2008). The situation needs to be reversed.”⁹² Access to health facilities/services remain a huge challenge, particularly for rural communities. More needs to be done to improve district hospitals, procure sufficient medical equipment and ensure health workers are available in facilities across the country. The NDOH has been implementing provincial health reforms, but these also require greater support to help provincial health authorities to accommodate GBV response in annual workplans and budgetary processes, including the establishment of GBV FSCs. The Committee is supportive of greater funding for GBV health services, although it notes the recent report of the Parliamentary Public Accounts Committee which had raised serious issues with corruption in health sector procurement. The loss of critical health resources to corruption is unconscionable and must be addressed as an urgent priority.

109. In the context of the COVID-19 pandemic, the under-resourcing of the health sector is of even greater concern. Data reported through the NDOH health information system shows that sexual violence and IPV escalated during the pandemic. This is borne out by global experience, which highlighted that the incidence of GBV rose substantially as a result of the COVID-19 pandemic, especially where stay-at-home orders were implemented. NDOH noted that consideration could be given to providing special funding allocations in emergency contexts such as COVID-19, recognising that emergencies often exacerbate GBV.

Recommendation 39: The Government should provide sufficient funding to the National Department of Health to ensure that trained health providers are available to GBV survivors across the country to provide timely and quality care, including through properly resourced and staffed FSC in all provincial hospitals and the integration of SGBV services in lower-level facilities.

Recommendation 40: NDOH should direct specific funding and/or other assistance towards Provincial Health Authorities (PHA) to support the efforts to decentralise health services and improve accessibility at the district and village level. PHAs need to take ownership over FSCs and to make sure that SGBV response services are accessible down to the local level. PHAs are encouraged to recruit Provincial GBV Health Response Coordinators to coordinate FSC services and GESI integration into the PHA workforce.

⁹¹ (2016) “Family and Sexual Violence in Papua New Guinea: a medical emergency”, Submission by Médecins Sans Frontières (MSF) to the Australian Government Inquiry into the human rights issues confronting women and girls in the Indian Ocean – Asia Pacific region.

⁹² Ibid.

11.2. Health Sector Fees

110. Multiple submissions raised concerns regarding the cost of accessing health services for many GBV survivors. One submission stated that survivors are still often being charged fees for Medical Reports, despite a bureaucratic directive aimed to remove such fees.⁹³ (Another submission also blamed a depleted workforce for problems with GBV survivors accessing medical reports to support their access to justice, as there remains a critical shortage of medical personnel authorised to issue medical reports at the district and sub-district levels.⁹⁴) Notably, the NDOH submission specifically endorsed the importance of providing fee-free services to GBV survivors, advising that “Three Circular instructions dated 12th December 2009 and reinforced on the 18th July 2016, [were issued as] directives from the Secretary for Health to all Provincial Health Authorities (PHAs) for the; (I) Removal of fee’s/charges for GBV, Sexual Violence and Child Abuse at all Hospitals, health centres and health facilities”.⁹⁵ Another submission noted problems with different fees being charged for different medical services from different service providers.⁹⁶ For example some FSCs themselves charge for medicines and consultations; where FSCs do not provide all services and make a referral to another ward, that ward may then also charge fees. Referrals to/from other services like police and safe houses also often incur transport fees which many GBV survivors cannot afford.

Recommendation 41: *NDOH should use its training and other awareness-raising channels to make clear that no fees are to be charged to GBV survivors in practice, in line with previous NDOH directives. Where part or all of clinical services in response to GBV are provided through other clinics/wards, those services should also be provided free of charge.*

11.3. Access to Health Care by Specific Groups

111. During the Committee Hearings, many participants acknowledged the important need for health services for GBV survivors, including mental health services. However, some witnesses also raised concerns regarding access to and quality of health care provided by health services. For example, when discussing the responses of the health service (and the police) to victims of SARV, one witness told the Committee that he has stories of health services turning down SARV victims because they are worried about what might happen to them if they provide assistance. They called for SOPs for how health (and police) officials, in particular, should engage with SARV victims, to ensure that officials knew their minimum duties.

112. While recognising the vast majority of GBV survivors are female, it remains critical to ensure that specialised GBV health services are available and appropriate for all GBV survivors, including males, adolescents, and children as well as PWDs, persons of diverse sexual orientation and gender identity, persons living with HIV/AIDs, persons in detention, persons who use drugs, persons who sell sex and persons in emergency contexts.

Recommendation 42: *NDOH needs to review its policy directives and training strategies to ensure that it is building an inclusive health service, with properly trained officials, capable of catering to the needs and realities of diverse populations, including victims of SARV, young people, people with disability and people of diverse sexual orientation and gender identity*

⁹³ Voices for Change, [Submission on ending GBV in Jiwaka Province](#), 30 June 2021.

⁹⁴ UN Population Fund (UNFPA), [Submission on health sector responses to GBV](#), 30 June 2021.

⁹⁵ [Submission from the National Department of Health](#), 30 June 2021.

⁹⁶ [Youth Submission for the Parliamentary Inquiry into Gender-Based Violence](#), 30 June 2021.

11.4. Reproductive Health Rights and Family Planning

113. In addition to ensuring that the NDOH has specific capacities to respond to GBV, it is also important that PNG's health services have programmes in place that contribute to preventing GBV and empowering women to have control over their own lives and well-being. Specifically, it is very important that the NDOH is properly resourced to provide family planning and reproductive health services to all women and girls. Studies from across the world have shown that “[u]nintended pregnancies can also lead to lower educational and employment potential and poverty for both mothers and their children, a cycle that can trap generations. GBV increases the risk of unintended or unwanted pregnancies and causes other severe maternal health complications, including increased likelihood of miscarriage, stillbirth, and early labour”.⁹⁷ UNFPA globally has been explicit in stating that:

“When sexual and reproductive health needs are not met, individuals are deprived of the right to make crucial choices about their own bodies and futures, with a cascading impact on their families’ welfare and future generations. And because women bear children, and also often bear the responsibility for nurturing them, sexual and reproductive health and rights issues cannot be separated from gender equality.”⁹⁸

114. The NDOH submission specifically noted the under-served needs of young people in relation to reproductive health rights, noting that “sexual and reproductive health services remain limited, especially for young people which places them at greater risk of violence and its consequences.” This tallies with one of the submissions to the Committee which raised concerns about the response of health workers to young GBV survivors seeking assistance:

There is a need for health workers to be sensitized properly on dealing with GBV cases including those involving adolescent survivors. Young people and adolescents experience high degrees of stigmatisation, judgment and in some cases, refusal of support by health service providers due to their age when trying to access GBV and sexual and reproductive health services. This places them at greater risk of experiencing repeated violence and the poor health outcomes. Youth-friendly services can be the difference between whether young people reach out for support or not.”⁹⁹

Recommendation 43: *NDOH should be properly resourced to provide family planning and reproductive health services to all women and girls across the country, free of cost and in safe, non-judgemental spaces which ensure that women and girls feel empowered. Such services should also include education on family planning, which should be tailored to reach both women and men.*

Recommendation 44: *NDOH should prioritise strengthening the health workforce capacity to provide survivor-centred specialised GBV services and adolescent and youth-friendly sexual and reproductive health care. This covers accurate, non-judgemental, non-discriminatory, age-appropriate information and services, including family planning. In support, the NDOH should update and fully implement the Adolescent Health Policy in line with recommendations provided by the CEDAW Committee to the PNG Government.*

⁹⁷ Emma Sampson (2020) “Gender-based Violence is Surging & Family Planning is Threatened. We can do better”, 5 November, *Family Planning 2020*, <https://www.familyplanning2020.org/news/gender-based-violence-surging-family-planning-threatened-we-can-do-better>.

⁹⁸ <https://www.unfpa.org/sexual-reproductive-health>

⁹⁹ [Youth Submission for the Parliamentary Inquiry into Gender-Based Violence](#), 30 June 2021.

12. GBV and Access to Justice

115. At the commencement of this inquiry, one of the Committee’s most important areas of focus was on law enforcement in relation GBV offences. While the previous two sections highlight the critical need to strengthen support services to GBV survivors, the Committee also believes that punishment for GBV offenders is one way of deterring such offences from being committed at all and thereby reducing the incidence of GBV harm and the need for crisis services. Unfortunately, testimony during the May 2021 public hearings and in written submissions consistently indicated that GBV law enforcement services need to be significantly strengthened to meet the needs of GBV survivors. At the public hearings themselves, when asked directly during their testimony to the Committee, both the Minister for Police, Hon Onglo, and Police Commissioner Manning admitted publicly that the RPNGC cannot currently keep the women and children of PNG safe. This must change.

12.1. Protection Orders (POs)

116. The FPA was ground-breaking when it was passed in 2012 as it set in place for the first time a system of protection orders that could be applied for by a GBV survivor or a person representing them. The advantage of family protection orders is that they can be issued promptly, upon application from the victim and that conditions can be sought that suit the circumstances of the applicant. A submission from researchers specialising in PNG’s system of Interim Protection Orders (IPOs) argued for targeted resourcing to improve access to IPOs and POs, with for example, the employment of more District Court magistrates and IPO clerks. The submission also stated that:

*“[their] research shows a high degree of compliance of the orders (in 70 per cent of cases, according to women we interviewed), and that perpetrators behaviour did change in the short term with the issuing of an interim protection order (IPO). The majority of women (81 per cent) who had an IPO issued, did feel safer as a result. However, not many of the women we interviewed, and some justice practitioners, were not aware that longer-term protection orders (POs) of up to two years can be issued by the District Court. For behavioural change to occur, it is important to increase awareness and understanding of the POs, and the process by which they can be obtained”.*¹⁰⁰

117. An anonymous submission from a worker in the field of law and justice indicated that there were “multiple experiences shared from women that indicated how Family Protection Orders, in particular Interim Protection Orders were not being issued on the same day and that the waiting process made them give up”.¹⁰¹ Police officers are expected to assist GBV survivors to apply for such IPOs and POs when they have made complaints, but anecdotal feedback suggests this often does not happen. During the public hearings in May 2021, feedback from members of the public responding to testimony on Facebook supported this assessment that IPOs are not being issued in a timely manner, that many women are waiting days for action and that some women are being charged fees to process IPOs and POs. There was also considerable confusion regarding fees for processing IPOs. During the public hearings in May 2021, after some questioning of the DJAG Village Courts Secretariat, it became clear that no fees should be paid for Village Court proceedings and the only monies collected should be fines.

118. The Village Courts and Magisterial Service both have mandates to issue IPOs, though it is unclear how many IPOs are being processed in District Courts in practice. During the public hearings

¹⁰⁰ Dr Judy Putt, Ms Lindy Kanan, Mr Sinclair Dinnen (Australian National University), [Submission related to Committee TOR \(b\), \(c\) and \(d\)](#), 30 June 2021.

¹⁰¹ Anonymous, [Submission on law and justice reforms](#), 26 May 2021.

in May 2021, the Committee requested data on how many IPOs are being processed by the courts and within how many days of the application, but this data was not available and was not provided. It is essential that the courts collect such data systematically, including data for court locations across the country, not just Port Moresby and Lae. This data is necessary for the Committee to better assess how effectively the IPO and PO system is actually working for GBV survivors. Noting the concerns raised by many members of the public providing online feedback to the Committee that the IPO process is not working as effectively as it should, consideration should also be given to establishing some form of complaints mechanism to allow victims to provide feedback about the promptness of the courts in issuing orders and other areas of concern.

119. Specifically, in relation to protecting GBV child survivors, there have also been concerns raised that the protection of children has not been properly addressed under the IPO and PO processes that are established by the FPA.¹⁰² The primary focus appears to be on adult GBV survivors, with children protected as adjuncts to their mothers. It is important that the duties to protect children under the LPA are harmonised with the protection processes established by the FPA (which was drafted before the LPA child protection framework was designed). Supporting regulations and/or SOPs for law enforcement and judicial officials could be developed to clarify the rights of children under the FPA and LPA and to provide guidance on how IPOs and POs can be issued to protect children. Training would then need to be provided to ensure all justice officials understood how the child protection framework worked alongside protections for adult GBV survivors. To ensure proper consideration of children's protection needs during such cases, consideration could be given to attaching CPOs to each District Court.

Recommendation 45: RPNGC officers across the country need to be trained on the process for supporting GBV survivors to apply for IPOs and POs.

Recommendation 46: Additional resources should be allocated to support law enforcement agencies to ensure survivors have appropriate access to IPOs within the first 24 hours of making an application.

Recommendation 47: Village Courts and the Magisterial Service must collect data regarding how many IPOs are being processed by each court, within how many days of the application and whether a PO is subsequently processed. This data should be broken down per location and routinely published on each of their websites.

Recommendation 48: Consideration should be given by DJAG and the Magisterial Service to establishing some form of complaints mechanism to allow victims to provide feedback about the promptness of Village Courts and District Courts respectively in issuing orders, hearing cases and other areas of concern.

Recommendation 49: DJAG should produce SOPs and/or other guidance to law and justice officials on how IPOs and POs can be used to protect GBV child survivors, including how to balance the interests of the child and the parent in such cases.

12.2. Witness Protection

120. A number of CSO witnesses at the May 2021 public hearings indicated that the work they are doing can be very risky, with communities and families sometimes threatening them with violence for the work they do to protect GBV survivors. In addition, the Committee is well-aware from the

¹⁰² Nazareth Centre for Rehabilitation Buka, [Submission on GBV issues](#), received 29 June 2021.

Members own experiences that many GBV survivors are fearful of reprisal if they make an allegation against their perpetrator. One submission called for some form of protection system for witnesses and Human Right Defenders (HRDs) to be introduced and enforced. The Committee is supportive of the need to protect witnesses. However, a fully-fledged witness protection system such as those used overseas is not feasible for PNG, which is a smaller country where communities are more likely to be able to track down witnesses and where people who move province for protection purposes are likely to be clearly identifiable as outsiders. The Committee therefore prefers a system which is aimed more at ensuring that GBV perpetrators (and their families and supporters) are kept away from GBV survivors and witnesses and are severely sanctioned if they make or carry out threats against witnesses.

Recommendation 50: DJAG and the RPNGC should collaborate to design some form of locally-appropriate witness protection system which would ensure the protection of GBV survivors and other witnesses, including through legislation, official guidelines and/or specific funding mechanisms for safehouses.

12.3. Police Responses

121. The RPNGC is the frontline of the GBV justice response, with a duty to provide services to protect GBV survivors and investigate and arrest alleged GBV perpetrators. Feedback to the Committee has been consistent that the RPNGC is not currently meeting these obligations to the public. It was highlighted that many cases in rural areas are not reported to and/or attended by the police due to the remoteness of villages from police services and the lack of police equipment to attend, namely vehicles and fuel. This affects the ability of the police to ensure medical reports are collected in a timely manner and contributes to the lack of prosecutions, because the perpetrator has gone into hiding by the time the police attend.

122. In an attempt to strengthen the RPNGC's response to GBV, the RPNGC set up Family and Sexual Violence Units (FSVUs) a decade ago, with support from the Australian Government, which are mandated to respond to and investigate domestic violence complaints. There are 26 units around the country and over 20 Family and Sexual Violence (FSV) Desks in police stations. These FSVUs have not yet been formalised into the RPNGC structure; this is despite a call in 2012 from the UN Special Rapporteur on Violence Against Women, its Causes and Consequences for FSVUs to be integrated into the RPNGC.¹⁰³ The RPNGC also has a Sexual Offences Squad (SOS), which is mandated to investigate sexual offences. These SOS are based only in Boroko and Lae. In other provinces, sexual offences are investigated by Criminal Investigation Division (CID) officers.

123. One of the submissions to the Committee, based on academic research on FSVUs, commented that *"it is a great advantage to have such expertise and sensitivity to the plight of the victim, but can result in FSV being marginalised and viewed as largely the purview of female police officers and court officials. Data collected from a range of the specialist police units – the Family and Sexual Violence Units (FSVUs) – indicate that only 10 [per cent] of cases result in arrests being made by FSVU officers"*.¹⁰⁴ The research also found that charges were rarely laid by the police for breaches of IPOs

¹⁰³ A/HRC/23/49/Add.2, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G13/121/19/PDF/G1312119.pdf?OpenElement>.

¹⁰⁴ Dr Judy Putt, Ms Lindy Kanan, Mr Sinclair Dinnen (Australian National University), [Submission related to Committee TOR \(b\), \(c\) and \(d\)](#), 30 June 2021.

and POs and that arrest rates in PNG are not high generally (approximately 50 per cent in 2012) across a range of offences.¹⁰⁵

124. There is currently little confidence amongst GBV survivors in the police response, in relation to the arrest of perpetrators of GBV and SARV. In reality, feedback suggests that officers throughout the RPNGC having limited knowledge and skills on arrest and investigation procedures and would benefit from specific training on how to best support GBV survivors during investigation processes, as well as practical capacity development regarding investigating GBV/SARV cases.¹⁰⁶ A submission to the Committee noted that the RPNGC has a Gender and FSV curriculum that is directed towards educating the General Constabulary, FSVU Officers and Supervisors. This curriculum is being taught by police trainers and senior FSVU officers to cadets and existing RPNGC officers.¹⁰⁷ The curriculum is currently being updated and will include stronger components on GBV, policing procedures and SARV components. The Committee encourages the RPNGC to invest proper resources to support the rollout of this curriculum; every RPNGC officer must be sensitised on GBV concepts, the law and the process for handling GBV cases. In this context, a couple of submissions also highlighted the importance of ensuring that new police cadets receive proper GBV training, and that even prior to this stage, cadets are properly vetted to ensure they are of good character before joining the RPNGC.¹⁰⁸

125. There are limited resources for all three of dedicated GBV units in the RPNGC, namely the FSVU, SOS and CID who investigate sexual offences and violence against women. There is a need for increased funding for vehicles, fuel allocation, printers and printing materials across all of these units. During the May 2021 public hearings, the Committee was provided with the RPNGC's budget for the FSVUs which requests funding support for 30 more officers in 2022 and 50 more officers each year after that for four years, increasing the FSVU budget from Kina 6.4 million in 2021 to Kina 16.6 million in 2026. Notably, any additional officers provided to these units must demonstrate an increase in the number of perpetrators charged for assault, domestic violence, sexual offences and/or breach of IPOs and Pos. Funding must be connected to improved performance. A couple of submissions also noted that greater investment needs to be made in ensuring police services are accessible to PWDs, including GBV survivors with disabilities. For example, police stations and police cars need to be designed to be accessible by GBV survivors with physical disabilities, and hearing-impaired GBV survivors need access to sign language interpreters.¹⁰⁹

126. There are existing bilateral programs which have been supporting the RPNGC to strengthen their response to GBV over the last decade. The Committee is keen to scrutinize this assistance more closely during their next set of public hearings, in order to better understand what donor support is being provided, and with what impact. It is the Committee's experience with development assistance that highly technically skilled experts are required if they are to successfully transfer knowledge and actually make a difference. It is also critical that duplication is avoided, and each new program does not '*reinvent the wheel*' but builds on existing good practice and lessons learned.

¹⁰⁵ Ibid.

¹⁰⁶ Anonymous, [Submission on law and justice reforms](#), 26 May 2021.

¹⁰⁷ Ibid.

¹⁰⁸ Anonymous, [Submission on law and justice reforms](#), 26 May 2021; [Youth Submission for the Parliamentary Inquiry into Gender-Based Violence](#), submission made by Beyond 3 Billion, Bougainville Youth Federation Associates, East New Britain Youth Wave, Equal Playing Field, Family Health Association Youth, Magna Carta, National Youth Development Authority, SANAP WANTAIM Campaign, SEA Women for Melanesia Youth, The Voice Inc., Tribal Foundation Senisim Pasin, Young Women's Christian Association, Youth Advocates & Representatives from 22 Provinces of PNG, Youth with Disability Network, supported by UNFPA and UN Women, 30 June 2021.

¹⁰⁹ Northern Coalition for Disability Rights Oro, [Submission on GBV issues](#), received 29 June 2021; National Family and Sexual Violence Action Committee, [Submission on GBV issues](#), 30 June 2021.

Recommendation 51: The staff of the RPNGC FSVUs must be included in the official RPNGC establishment, with clear command and reporting structures. The Government should provide sufficient funding to the RPNGC to ensure that sufficient officers are trained on GBV issues to provide timely and proper responses to GBV survivors across the country. Specific effort must be made to ensure that proper police services are available to GBV survivors outside of PNG's major towns.

Recommendation 52: The RPNGC must ensure proper training on GBV response and investigation processes for all new police candidates and refresher training for officers at all levels to ensure they understand their duties under the Criminal Code, FLA, LPA and Evidence Act.

127. It is a concern to the Committee that there are high rates of GBV within the RPNGC itself. In accordance with the law, with the National GESI Policy and with the RPNGC's own service standards, any act of GBV committed by an officer must be investigated immediately and be punished with severe consequences. The RPNGC cannot be an effective fighting force against GBV if it is allowing its own members to perpetrate such crimes and/or to collude with others to cover up such crimes. This requires ongoing training to challenge mindsets of police officers. The RPNGC also needs to establish an effective and safe complaints mechanism to enable other officers and members of the public to make complaints against police officers, including in relation to GBV and SARV cases, and to have those complaints properly and accountably investigated.

Recommendation 53: The RPNGC must implement a zero-tolerance policy towards GBV amongst its own ranks. To this end, the RPNGC must ensure that there is a process for complaints to be made against police officers alleged to have perpetrated GBV offences, that such a process operates independently and effectively to investigate such allegations and that proper punishment is imposed where complaints are upheld (including termination and charges being laid).

128. It is understood that there is a 'no-drop' policy for GBV cases, which means that once a complaint is lodged by a GBV survivor, the complainant themselves cannot decide to drop the case. However, Committee understands that this policy is often not applied, with pressure applied to complainants and cases dropped. Once written submission to the Committee noted, "Often, we see cases of perpetrators apprehended when charged but soon they are released when relatives storm up at the police station with excuses and even threaten the survivor to release the perpetrators."¹¹⁰ The practices of compensation and reconciliation are also reportedly still being used in many GBV cases, including for very serious crimes such as rape and serious injury against women and girls.¹¹¹ The Committee does not support such practices; they do not provide dignity or respect for GBV survivors and downplay the suffering they have endured.

Recommendation 54: RPNGC officers must implement the existing 'no-drop policy' for GBV complaints consistently and properly. They must also reject community or family efforts to coerce them or the complainants they have a duty to support to accept reconciliation or compensation.

12.4. Prosecution of GBV

129. During the May 2021 public hearings, the Committee heard testimony from the Director of Public Prosecutions (DPP), Mr Pondros Kaluwin. The DPP noted that the OPP has only 44 lawyers working in the entire team, 22 of whom are women. Within the OPP there is a Family and Sexual Offences Unit (FASOU), but that Unit is only based in Waigani. In some provinces, the OPP has only 1 lawyer stationed there, who is responsible for all cases, not just GBV. When asked by the Committee

¹¹⁰ Voices for Change, [Submission on ending GBV in Jiwaka Province](#), 30 June 2021.

¹¹¹ Ibid.

for recommendations on how to improve their GBV prosecution outputs, the DPP proposed stationing 5 lawyers in every major provincial centre, with another 3 prosecutors deployed into smaller towns. The DPP noted that Police Prosecutors can also assist with GBV prosecutions in some instances, but they are not permitted to appear in the National Court. In any case, the Committee has concerns that many Police Prosecutors are not adequately trained to properly handle GBV prosecutions.

130. Inputs from a written submission indicated that there is a high strike rate out of GBV cases at the committal hearing stage.¹¹² The DPP discussed a range of challenges; some women lodge a GBV case and then try to withdraw it despite the official ‘no-drop’ policy; there is interference with witnesses, sometimes by victims themselves or their families; witness and survivors often do not show up; and even where a summons is issued, witnesses sometimes just disappear.¹¹³ To enable a better understanding of the challenges facing prosecution services, the Committee needs data from the RPNGC and the OPP on the number of cases successfully committed to the District Court and National Court under the FPA, LPA and Criminal Code.

131. The DPP indicated that the OPP could develop the skills of Police Prosecutors alongside the OPP’s own staff, in particular, to assist them do their committal work and process summary cases. Police Prosecutors and police investigators could benefit from specialized training on how to litigate GBV cases at the committal stage, including through collaboration and shared learnings with the OPP and the FASOU. There is already training that is being implemented by RPNGC and OPP which could be scaled up. The training should focus on increasing the number of perpetrators prosecuted for domestic violence, breach of IPOs and POs and assault cases in the District Court and serious assault and sexual offences cases in the National Court.

132. There is no existing accessible public mechanism for complaints for ineffective investigation and prosecutions on GBV. Complementary to the recommendation above regarding a complaints-mechanism within the RPNGC regarding GBV allegations against officers, consideration needs to be given to establishing a complaints mechanism for the public to make complaints against RPNGC officers and OPP officers for their failure to take sufficient action on investigations and/or prosecutions respectively. Any such complaints mechanism should be independent of both the RPNGC and OPP, and that independent person or body should be required to produce a public report, provided to senior management and/or a parliamentary committee providing an update on complaints received and responses.

Recommendation 55: The DPP is encouraged to produce a specific proposal for consideration by the Government, Treasury and this Committee, including a budget, on how to address weaknesses in the current capacities of the OPP to prosecute GBV cases in a timely and effective manner, with a particular focus on ensuring services across the country. Such a proposal should be developed in collaboration with the RPNGC to integrate activities to strengthen the capacities of Police Prosecutors to run GBV cases in lower courts.

¹¹² Anonymous, [Submission on law and justice reforms](#), 26 May 2021.

¹¹³ This assessment is also borne out by research which found that “Based on the available data, we estimate that only six per cent of the complaints made to the SOS in Port Moresby ever reached the National Court. This was due in part to a high number of withdrawals and non-appearances by victims and witnesses, contributing factors to which include out-of-court compensation payments and/or threats from the perpetrator and/or relatives. In addition, there are often delays and long waiting times, especially for National Court trials. The backlog of cases means that two to three years can elapse between the arrest date and the completion of a trial.”: Judy Putt and Sinclair Dinnen (2020) “Sexual Violence Against Children in Papua New Guinea: What the Criminal Justice Data Tells Us”, ANU: Canberra, http://dpa.bellschool.anu.edu.au/sites/default/files/publications/attachments/2020-09/dpa_in_brief_2020_23_putt_and_dinnen.pdf

Recommendation 56: The RPNGC and DPP should develop independent complaints mechanisms to enable members of the public to make complaints regarding inadequate and/or slow investigations or prosecutions. Any such process should include transparency requirements, including regular reporting on complaints received and how they have been handled.

12.5. Court Responses

133. The courts have a critical role to play in dispensing justice, by providing support and protection to GBV survivors and providing punishment to GBV perpetrators. The courts system for GBV survivors can be complex to navigate with the Village Courts (which sit under DJAG) playing a role in issuing IPOs and dealing with minor cases and the District, Magistrates and Family Courts dealing with more serious cases under the LPA, FPA and Criminal Code. The Committee heard testimony and received submissions regarding the limited capacities of all of these courts, which has undermined confidence in the justice system.

134. One submission estimated that “approximately 6 per cent of sexual offences reported to police were successfully prosecuted through the courts in Port Moresby. Even though globally the rates of prosecution and conviction for sexual offences are low, this estimate suggests the situation is especially dire in PNG”.¹¹⁴ That same submission recognised that one practical piece of the puzzle that is missing is victim support. The submission noted that “in the whole country, there is only two government sector victim support and liaison officers in the formal justice sector, who are employed by the FASO office in public prosecutions. Much more could be done to support victims, which makes it more likely that witnesses and victim will continue to appear and stay engaged in the formal justice process”.¹¹⁵ In the same vein, support services need to be designed to be accessible by GBV survivors with disabilities. Greater investment needs to be made in ensuring that courts are accessible to PWDs, including GBV survivors with disabilities, and hearing-impaired GBV survivors need access to sign language interpreters.¹¹⁶

Recommendation 57: The Village Courts Secretariat and the Magisterial Service, in collaboration with the OPP who operate as victim-advocates within the court system, should work together examine how to more effectively provide victim support services to GBV survivors during the court process and produce concrete recommendations for action. These strategies should also address the specific needs of GBV survivors with disabilities.

12.5.a. Village Courts

135. Village Courts are given their statutory jurisdiction under the *Village Courts Act* (VCA). They exist only pursuant to statute and have only those powers that are expressly granted by statute. Section 57 of the VCA explicitly states that the primary role of the Village Courts is to ensure peace and harmony in the communities in which they operate. Section 57 also states that all Village Courts shall apply any relevant custom in its considerations, in accordance with the *Customs (Recognition) Act*. The use of custom by Village Courts has made many GBV survivors wary of its jurisdiction; experience has shown that custom can sometimes be misused to justify violence against family members, including wives and children. Where custom and the Constitution conflict, the Constitution takes priority. For instance, although it may be consistent with local custom to order that a woman

¹¹⁴ Dr Judy Putt, Ms Lindy Kanan, Mr Sinclair Dinnen (Australian National University), [Submission related to Committee TOR \(b\), \(c\) and \(d\)](#), 30 June 2021.

¹¹⁵ Ibid.

¹¹⁶ Northern Coalition for Disability Rights Oro, [Submission on GBV issues](#), received 29 June 2021; National Family and Sexual Violence Action Committee, [Submission on GBV issues](#), 30 June 2021.

returns to her husband against her will, such an order is unconstitutional.¹¹⁷ The Committee heard testimony from the Village Courts Secretariat, sitting within DJAG, that there are 18,480 Village Court officials; of these, 1,500 are women in accordance with the *Village Court Policy 2001* which requires that in every court area there must be at least one woman per Village Court. Lawyers are not allowed to represent parties in Village Courts. Village courts are also not supposed to charge any fees (and to only collect money imposed as fines) but the Committee has heard that fees are often charged to GBV survivors. Village Courts are not empowered to unilaterally impose fines or imprisonment; these must be reviewed and endorsed by a District Court Magistrate.¹¹⁸

136. In many areas of the country, the Village Courts are the most significant formal justice institution that is operational in communities. In recognition of this, the FPA authorised Village Courts to issue IPOs. One submission noted that Village Courts are less likely to issue IPOs under the FPA, because they have the power under s.51 of the VCA to issue ‘preventative orders’ to which are designed to stop fighting or other disturbances of the peace¹¹⁹ and are viewed as more powerful because they can be issued for longer periods and can be enforced locally.¹²⁰ There is no current, publicly available data on what offences are heard under the VCA and the outcomes of such cases. Considering the role that Village Courts can play in addressing GBV and impacting on the lives of community members, this lack of monitoring data is problematic and should be addressed.

137. Testimony at the May 2021 public hearings and written submissions indicate that the performance of Village Courts in supporting GBV survivors to obtain POs has been very variable. With almost two thousand officials deployed across the country, Village Court Magistrates have very variable capacities to make determinations, and not all may have the same understanding of and commitment to gender equality as required by the Constitution, the national GESI Policy and the National GBV Strategy. Considerably more investment needs to be given to capacity development for Village Court magistrates, through training as well the development of SOPs and simple guidance manuals. For example, guidance could be provided on how to take testimony from GBV survivors and how to ensure that the rights of children are properly assessed and represented in Village Court proceedings (including through protection or preventive orders). Submissions also suggested that there should be a much larger cohort of female Village Court Magistrates appointed; although there should be no assumption that all women support gender equality, nonetheless they will likely bring different and useful perspectives to Village Court hearings. It was also suggested that Village Court officials should have some minimum formal education standard to meet, including written capacities to produce proper judgements.

Recommendation 58: All Village Court magistrates and officials must be made aware, and make clear to everyone that comes before them, that there are no fees to be charged by Village Courts.

Recommendation 59: The Village Courts Secretariat in DJAG should collaborate with other parts of the justice system to design and roll out a coordinated package of training and guidance materials for Village Court officials to ensure that they have a strong understanding of gender equality and child protection principles, key GBV laws and good practice, locally appropriate approaches to protecting women and children from violence.

¹¹⁷ <http://pauli.austlii.edu.au/pg/Manuals/Magistrates/Part4Chap18.htm>

¹¹⁸ Ibid.

¹¹⁹ http://www.pauli.org/pg/legis/consol_act/vca1989172/

¹²⁰ Dr Judy Putt, Ms Lindy Kanan, Mr Sinclair Dinnen (Australian National University), [Submission related to Committee TOR \(b\), \(c\) and \(d\)](#), 30 June 2021.

Recommendation 60: *The Village Courts Secretariat should develop a data collection and case monitoring system (in collaboration with parts of the system) to enable better oversight of their operations, including audits and spot checks of decision-making.*

12.5.b. District and Family Courts

138. The Magisterial Service covers the District and Family Courts of PNG. There are 70 District Court locations across the country, which in theory also cover 400 circuit court locations.¹²¹ PNG's Family Court was established by the LPA in 2015, and that same Act confirms that all District Court magistrates are Family Court magistrates. Only the National Capital District has a designated Family Court building with specialised Family Court magistrates. Table 1 below is a summary of the different civil and criminal jurisdictions of Magistrates.¹²² While District Courts across the nation can sit in either their criminal or civil (for example, Family Court) jurisdiction depending on the matter being heard, the NCD Family Court in Port Moresby can only hear civil matters. So, when it comes to the FPA, the NCD Family Court can conduct FPO hearings but cannot hear criminal matters such as domestic violence offences.¹²³

Table 1: Domestic violence and family law: civil and criminal distinctions

	Civil	Criminal
Examples of types of matters	<ul style="list-style-type: none"> FPO issued under the FPA Adultery (Adultery and Enticement Act) Parenting order (child custody) (issued under the LPA) Maintenance order (child or spouse) (issued under the LPA) Adoption of child (LPA) 	<ul style="list-style-type: none"> Domestic violence offence (issued under the FPA) Breach of FPO (issued under the FPA)
Parties	Private citizen versus private citizen	State versus private citizen
Court	<ul style="list-style-type: none"> District Court sitting in Family Court jurisdiction NCD Family Court 	District Court sitting in criminal jurisdiction
Standard of proof	Balance of probabilities	Beyond reasonable doubt

139. A research paper published in February 2021 on *“Domestic Violence and Family Law in Papua New Guinea”* raised concerns regarding the complex jurisdiction issues facing GBV survivors – both adults and children – when seeking redress from the courts:

Given the high rates of domestic violence in PNG, and the experiences of other countries, it is likely that many citizens who are grappling with family law matters are also dealing with domestic violence. One FSVU officer-in-charge told us that 60 per cent of their domestic violence cases involve ‘adultery’ where the man has a new partner but continues to threaten and abuse the former partner. Where multiple issues are at play, for example a combination of domestic violence, adultery, and child custody, seeking support through the legal system is not

¹²¹ Lindy Kanan and Judy Putt, “Domestic Violence and Family Law in Papua New Guinea”, February 2021, ANU: Canberra, http://dpa.bellschool.anu.edu.au/sites/default/files/publications/attachments/2021-03/departement_of_pacific_affairs_fpo_lindy_kanan_judy_putt_domestic_violence_and_family_law_in_papua_new_guinea.pdf

¹²² Ibid.

¹²³ Ibid.

*straightforward and three separate legal processes would need to be initiated to seek recourse through a District Court. Village Courts in PNG comprise another tier of the justice system.*¹²⁴

140. During the May 2021 public hearings, the Chief Magistrate, Mr Mark Pupaka, gave testimony to the Committee that the Magisterial Service is under-resourced. In addition to the Chief Magistrate and Deputy Chief Magistrate, there are 124 paid magistrate positions, but 42 positions are unfilled because they have been unable to find sufficiently qualified candidates. The Chief Magistrate advised that it was necessary to restructure and reform lower courts, but effectiveness still depended on being able to staff those courts. A lack of housing for magistrates was a critical problem. Operationally, the Chief Justice identified a range of problems undermining conviction rates for GBV offences. For example, police officers responsible for cases do not always attend with the prosecutor to defend the file at the committal hearing, with incomplete complaint files undermining cases. He acknowledged that it would take some time to unravel which parts of the justice process are letting down GBV survivor but accepted that there are challenges with all parts of the process at the moment. He did note that it was clear that the police and prosecutors need to coordinate better to ensure prosecution files are complete and ready to go before the court.

141. In addition to challenges identified by the Chief Justice, a number of submissions noted the challenge for GBV survivors in accessing justice from the courts. Many victims feel intimidated by court process and by perpetrators when they are in court. A pilot is being run in Madang to trial a ‘*Family Safe Court Approach*’; lessons learned from this trial need to be collected and evaluated and the trial extended if successful. Lack of proper sentences also fail to deter offenders or send a clear message to the PNG public that domestic violence will not be tolerated. In fact, one submission noted that “*some men who are perpetrators are applying to get a protection order against the wife/partner, contrary to the intention of the FPA*”, as a means of punishing their spouse and/or intimidating them to drop their GBV case.¹²⁵ The same submission raised concerns that some magistrates lacked the sensitivity towards victims and themselves had only a limited understanding of domestic violence and GBV.¹²⁶

142. During the May 2021 public hearings, the Committee heard testimony that the Family Court should be established more clearly as a separate court, which would properly resourced and run as a dedicated stream of work, with specialised Magistrates. Just as there is currently a Deputy Chief Magistrate (Lands), there could also be appointed a Deputy Chief Magistrate (Family Protection), who would have responsibility for managing the family protection stream of work, including IPOs, POs and child protection. The Family Court would need to be designed to be a safe court with proper amenities for women and children, as well as PWDs.

Recommendation 61: The Government needs to work with the Magisterial Service to agree a strategy for resourcing District and Family Courts to enable them to properly discharge their mandates and dispense justice to adult and child GBV survivors. At a minimum, the Government must provide funding support to fill existing magistrate vacancies to reduce the current backlog in cases and ensure timely justice for GBV survivors.

Recommendation 62: All Magistrates should be required to participate in annual continuing legal education trainings on gender equality, GBV concepts, the Criminal Code, FPA, LPA and related

¹²⁴ Ibid.

¹²⁵ Anonymous, [Submission on law and justice reforms](#), 26 May 2021.

¹²⁶ Ibid.

regulations, the Evidence Act (in particular, the provisions related to testimony from survivors), and good practice approaches to ensuring survivor-centred justice approaches.

Recommendation 63: *The Magisterial Service is encouraged to produce a specific proposal for consideration by the Government, Treasury, and this Committee, including a budget, on how to address weaknesses in the current legal framework, staffing and infrastructure of the District and Family Courts, with a particular focus on providing recommendations aimed at ensuring efficient justice services which are accessible to GBV survivors across the country. Such a proposal could be developed in collaboration with the Village Courts Secretariat to integrate joined-up activities to strengthen the capacities of these courts as well. Any proposal should also consider lessons learned from the Madang “Family Safe Court” pilot currently underway.*

12.5.c. National Courts

143. The National Courts play a key role in adjudicating on GBV cases, with the most serious violent offences, including rape and murder, heard before these courts. Committal proceedings start in the District Courts, but after that step, cases are referred to the National Courts for a full hearing and decision. The Committee did not hear from a representative of the National Courts during the May 2021 public hearings but is aware of complaints that GBV cases take too long to come to trial; the Committee notes the maxim, “justice delayed is justice denied”. The Committee is not suggesting that the National Courts are primarily responsible for adjudication delays; as noted above, all aspects of the justice system must improve their timeliness in terms of investigating, prosecuting and processing cases for trial. However, the National Courts are nonetheless encouraged to review their own internal processes to ensure that GBV-related criminal cases are addressed in a timely manner. Notably in this respect, the very personal nature of GBV survivors often being made to live alongside the alleged perpetrator is a critical reason justifying priority processing for GBV cases.

Recommendation 64: *The National Court Registry is encouraged to review the Courts’ internal case management rules and processes to ensure that GBV cases are designed to be survivor-centred, including by ensuring trials are managed in the most timely way possible.*

12.6. Case Management

144. A number of submissions discussed case management services, highlighting deficiencies in the current processes related to GBV cases. One submission noted that “[c]ase management services are not available in the majority of locations across the country. Where they are available, service providers especially CSOs are overstretched and underfunded. There is also a need to invest in the technical capacity and quality of case management services.”¹²⁷ A couple of written submissions noted that the concept of a ‘One-Stop-Shop’ for GBV services could perhaps address some of the challenges of poor case management, by bringing together different service providers under one roof and thereby improving coordination and facilitating shared case files. This could also help mitigate risks associated with current referrals including cost and re-traumatization.

145. One submission also noted that “there are many examples of case workers releasing information without the consent of the survivor which places them at risk. Confidentiality protocols and the consequences of breaches in confidentiality are not being considered, with case workers in many instances being negligent or choosing to release information to a perpetrator and their family about a survivor’s whereabouts and reports.”¹²⁸ The Committee supports the call for accountability mechanisms for service providers, including a possible Code of Conduct that would apply to service

¹²⁷ [Youth Submission for the Parliamentary Inquiry into Gender-Based Violence](#), 30 June 2021.

¹²⁸ Ibid.

providers working with GBV survivors. Service providers must be trained and have a strong understanding of the survivor-centred approach, including the principle of confidentiality. Service providers who release information without the informed consent of the survivor should be held accountable.

Recommendation 65: *The NGBVS should work with Government and civil society partner GBV service providers to:*

- (1) undertake a systematic review of existing case management approaches to identify good practice and problems and produce action-oriented recommendations;*
- (2) GBV service providers should collaborate to develop SOPs, including a Code of Conduct, to guide case management; and*
- (3) the NGBVS should support a GBV Services One-Stop-Shop pilot to identify whether and how this concept could be adapted for PNG's context.*

12.7. Coordination Across the Justice System

146. A number of submissions to the Committee called for greater coordination amongst justice service providers, as well as better coordination by justice institutions with other parts of the GBV referral pathway. The Social, Law and Order (Departmental) Heads (SLOSH) working group could provide one forum for driving this coordination.¹²⁹ For example, there need to be more systematic links between health service providers and police investigators, between the police and prosecutors (one submission suggested that prosecutors be attached to FSVUs) and between CSOs providing support to GBV survivors seeking legal redress and the police, prosecutors and court officials overseeing their cases. There was also a call for improved communication flows regarding the progress of cases and their outcomes, within the police, between criminal justice agencies and with CSO service providers. Justice sector institutions could also collaborate with each other and with CSOs to develop public education and legal literacy materials that will help the public understand their rights and how to access the justice system.

Recommendation 66: *The Social, Law and Order (Departmental) Heads (SLOSH) working group should drive efforts to better coordinate the justice sectors GBV response and its coordination with other sectors, including the NGBVS, NOCFS, MOH and civil society.*

12.8. Capacity Development Across the Justice System

147. The previous sub-sections on access to justice raised a range of issues regarding the existing capacities of every actor in the law and justice sector with responsibilities for addressing GBV. There are very variable attitudes and levels of knowledge regarding GBV and gender equality principles (including as they relate to specific groups such as children and PWDs) amongst police officers, village court officials, prosecutors, magistrates, and justice officials working across the country. More resources need to be invested in systematically assessing the capacities of these actors, and dedicating resources towards systematically and cooperatively rolling out training to ensure that all actors have adequate capacities to ensure justice for GBV survivors. While some donors are currently providing support to this end, this agenda must be locally owned and driven, with leadership coming from the top-down to demonstrate zero-tolerance for GBV. This must also be integrated into the performance frameworks of justice sector officers at all levels; poor performers who do not address GBV issues

¹²⁹ <http://www.justice.gov.pg/index.php/2-uncategorised/274-social-law-order-sector-strategic-framework-2019-2022-take-back-png>

properly should be disciplined and those officials that demonstrate commitment to timely, impartial, and compassionate justice should be rewarded.

Recommendation 67: *Justice sector actors should collaborate to develop and roll out coordinated capacity development activities, which draw on lessons learned from existing ‘train the trainer’, mentoring and accompaniment models. Training should cover issues such as GESI principles, GBV concepts, legal frameworks, the rights of children and the rights of PWDs.*

13. GBV Services for Perpetrators

148. While the Committee recognizes that GBV can impact on men as well as women, in PNG it is clear that the vast majority of victims of GBV are women and children (girls and boys). In this context, without meaning to disrespect the needs of male survivors of GBV, the Committee may use gender-specific terminology in this section when referring to GBV perpetrators.

149. Some written submissions to the Committee specifically called for more work to be done with GBV perpetrators who may have committed acts of GBV but have not been charged or convicted of an offence. These men are often still living with their victim and/or are still part of their community. One submission noted that, *“preparators counselling is one of the best approaches [sic] to address men’s mental problem contributing to the increase in the GBV in PNG. Proper counselling can be used to help men control their emotional management system in dealing with women one of the contributing factors to GBV as well”*.¹³⁰ Another submission noted:

*There is limited support for and understanding of best-practice evidence-based restorative justice as well as perpetrator rehabilitation programs. There is a need for greater understanding of ‘what works’ in restorative justice and rehabilitation programmes amongst practitioners and linked to this, support for evidence based and well monitored interventions. It is critical to note that support for perpetrator interventions should not be at the expense of services for women, children and survivors in line with a survivor-centred approach.*¹³¹

150. Another written submission suggested that there should be *“holistic rehabilitation programmes established through the courts system for men perpetrators to undergo months long trade and life skill courses and trauma counselling”*.¹³² Specific suggestions on programming were also shared, with one submission noting that an approach they have found successful is to *“strengthen the Men-Men annual gatherings...to allow men to share freely and openly ways to help reduce GBV in the communities. NGOs [can] facilitate such gatherings to encourage perpetrator invention getting proper counselling support for managing behaviour change management. [Women-to-Women] conventions are also one of the ways to get through and views about how preparatory can be deal with or ways to avoid GBV through proper dialogue with Men.”*¹³³ Work with male perpetrators was also discussed in the section on GBV Prevention above.

¹³⁰ Southstar Sports Development Association Mendi, [Submission on GBV issues](#), received 22 June 2021.

¹³¹ [Youth Submission for the Parliamentary Inquiry into Gender-Based Violence](#), submission made by Beyond 3 Billion, Bougainville Youth Federation Associates, East New Britain Youth Wave, Equal Playing Field, Family Health Association Youth, Magna Carta, National Youth Development Authority, SANAP WANTAIM Campaign, SEA Women for Melanesia Youth, The Voice Inc., Tribal Foundation Senisim Pasin, Young Women’s Christian Association, Youth Advocates & Representatives from 22 Provinces of PNG, Youth with Disability Network, supported by UNFPA and UN Women, 30 June 2021.

¹³² Spotlight Initiative PNG Civil Society Reference Group, [Submission on GBV issues](#), received 29 June 2021.

¹³³ Southstar Sports Development Association Mendi, [Submission on GBV issues](#), received 22 June 2021.

Recommendation 68: The NGBVS should work with Government partners and CSOs to:

- (1) gather information about good practice activities focused on GBV perpetrators and lessons learned, including the specific approaches to rehabilitation and reintegration;**
- (2) examine specific issues related to juvenile justice and rehabilitation; and**
- (3) use that knowledge to scale up efforts to work with GBV perpetrators.**

151. During the May 2021 public hearings, the Minister for Corrective Services focused heavily on his concerns regarding the number of women who are being held in PNG jails who are themselves victims of GBV. A survey of more than 400 women prisoners showed that 86 per cent of women in prison had some negative experience of GBV but were later convicted of violent offences themselves. He shared that he often hears stories from women who had committed offences – commonly acts of violence against their husbands or their mistresses – who expressed their regrets at what they had done. He expressed his wish that there were a “*power of mercy*” that could be used to assist women, who often feel deep regret for their actions and whose actions may also be related to GBV and self-defence. He also noted that many women in prison are actually there on remand, still waiting to go to court. He said that the Courts often do not attend to them promptly and many women in jail wait to go to court 3 or 4 years (one lady is still waiting in jail after 8 years without ever going to court).

152. During the May 2021 public hearings, the Committee also heard from the Deputy Corrections Commissioner, Mr David Suagu, who discussed the Correction Services’ efforts to do more to help their inmates to deal with negative behaviours and support rehabilitation of prisoners. This was supported by a written submission to the Committee which called for “*support services for rehabilitation of perpetrators. The perpetrators require medical and spiritual support to reform their mindset and behavior therefore rehabilitation centers should be established either as part of the prison system or in the communities with the churches or NGOs.*”¹³⁴

153. The Deputy Corrections Commissioner also advised that he wants to look at the designs of their current prison facilities, not just to ensure they are safe, but to implement good practice approaches for prisoners who are juveniles, women, mothers and PWDs.

Recommendation 69: The Corrective Services Commission is encouraged to produce a specific proposal for consideration by the Government, Treasury and this Committee, including a budget, on how to develop and implement effective rehabilitation programmes for inmates convicted of GBV and/or for all inmates. Specific activities could be included for specific prisoner groups, such as women, juveniles and PWDs.

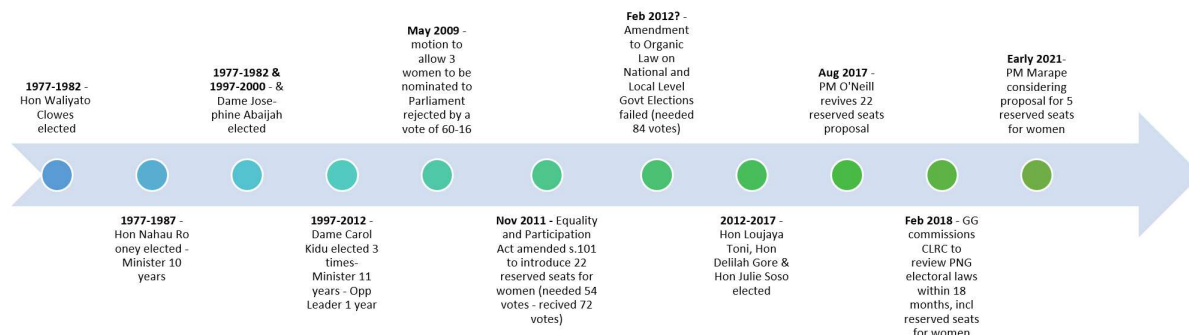
14. Reserved Seats for Women

154. The Committee’s Terms of Reference include examining “how women’s leadership can be more proactively supported to ensure that women can help lead the response to GBV, including by examining options for implementing temporary special measures for women in Parliament”. Including the issue of women’s leadership as an aspect of this inquiry into GBV recognised that violence against women and girls is a symptom of gender inequality, which is also reflected at the highest political levels of the country – demonstrated by the absence of any women at all in the Tenth National Parliament. In fact, only seven women have ever even elected to the National Parliament since Independence.

¹³⁴ Eastern Highlands Family Voice and Other Partners in the Human Rights Network Committee in Eastern Highlands Province, [Submission on GBV issues](#), received 30 June 2021.

155. The Committee is strongly of the view that without some form of temporary special measure for women, this inequality cannot be effectively addressed. Reserved seats in Parliament are a form of ‘*temporary special measure*’ (TSM). TSM is a term that is used in Article 4 of CEDAW, which PNG has ratified. TSMs recognise that many of the changes required to support women’s political participation require long-term, sustained efforts and TSMs are needed in the short-term to help jumpstart this process. In PNG, TSMs have been explored for almost 15 years (see Figure 2 below).

Figure 2: Summary of TSM efforts to date (UNDP/UN Women)



156. An early proposal to use TSMs to promote more women in the National Parliament was attempted in 2008-9, when there was a push to nominate three women to Parliament, using sections 101 and 102 of the Constitution. These sections of the Constitution allow for nominations if endorsed by a by a two-thirds absolute majority vote (74 out of 111 members). There was some resistance amongst MPs and the community to nominating women to Parliament and this proposal was eventually dropped. From 2009-12, the main proposal discussed was to establish 22 reserved seats for women. One new seat would be created for a woman in every province, and the NCD. Only women could nominate to those seats but all voters would vote for them. The seats were modelled on boundaries as provincial governors’ seats. Some progress was made with this proposal. The *Equality and Participation Law 2011* (Constitutional Amendment No.32) was passed in 2011 and acted to amend the PNG Constitution to allow for such seats. However, amendments to the *Organic Law on Provincial and Local-level Government* and the *Organic Law on National and Local-level Government Elections 1997* to create the new seats were never passed, in large part due to the high voting majorities required to amend the relevant Organic Laws (between 2/3 and 3/4 of the whole Parliament).

157. In 2021, Committee members (in their roles as members of the Coalition of Parliamentarians to End GBV) were given a briefing by the Registrar who leads the Independent Political Parties and Candidates Commission on the current proposals to support women’s political participation. The Registrar is pushing for amendments to the Organic Law on the Integrity of Political Parties and Candidates, to incentivise political parties to nominate more women candidates by providing them with an increase in funding if their women candidates achieve more than 10 per cent of the vote. The Registrar is also seeking to require that political parties must nominate at least 10 per cent women candidates or they will not be allowed to contest any candidates at all.

158. At the May 2021 public hearings, the Deputy Secretary of DJAG confirmed that the Government has also approved in principle a proposal to reserve 5 new seats in the National Parliament for women, but that this proposal is still being fleshed out and converted into a draft Bill. The regions for the five seats would be New Guinea Islands, Momase regions, Highlands, East Papua and West Papua regions. There will be a change to divide the Highlands and Papua regions into three regional seats for women: Highlands (Jiwaka, WHP, Enga, EHP, Simbu), the West Papua region (SHP,

Hela, Gulf, Western) and the East Papua region (NCD, Milne Bay, Oro). The Constitution will need to be amended to change section 101 to allow for 5 regional women's seats rather than 22 provincial women's seats. The Government is proposing to pass ordinary legislation to create these new reserved seats, rather than amending related Organic Laws. Ordinary legislation will only require the support of a simple majority of MPs (half of the one third of MPs, 38 MPs). In order to ensure that the Committee properly understands the proposal from the Government, the Committee Chair wrote to the Attorney General in June 2021 to request written details regarding the proposal (see Annex 6 attached). No response to that letter has yet been received.

159. There has been considerable concern raised by a number of women's groups that the current proposal does not serve women's interests and is a regression from the previous proposal for 22 women's seats. There is a concern that women in the 5 regional seats will have a much bigger area across which they need to campaign, and once elected, a much bigger constituency to serve than any other MP. It is also not clear how these regional MPs will engage with Provincial Governors and what mix of PSIP or DSIP funding they may need to service such large constituencies. The Committee understands these concerns but is of the view that it is imperative that some minimum number of reserved seats for women are created in advance of the June 2022 National Elections to ensure that the Parliament never again has no women in Parliament.

Recommendation 70: In principle, the Committee supports the 2011 proposal to reserve 22 seats for women. However, while the Committee would prefer a greater number of seats to be reserved for women, the Committee will support a smaller number of women's seats if these can be implemented in time for the 2022 National Elections. The Committee urges the Government to urgently table a draft Bill in the National Parliament to create reserved seats for women.

160. In addition to creating reserved seats for women, The Committee is well aware of the call by women across the country for their inclusion in decision-making bodies at all levels of Government. Addressing GBV depends on a community that respects women as equal members; the huge imbalance in women's representation in decision-making structures is indicative of the continued discrimination and lack of respect that women face across the country. The Government must improve women's access to and inclusion in decision-making and communities must support these efforts. To this end, women must feel safe to engage in public life. They must be safe to stand as candidates, safe as voters and safe as public leaders. At a practical level, women should also be supported to develop their knowledge and skills as leaders, in recognition of the reality that the majority of women (though of course not all) are not yet able to engage in politics and public life on an equal footing to men.

Recommendation 71: The Government must ensure that women are able to meaningfully and safely participate in politics and decision-making across the country. Recognising the practical barriers still faced by many women who wish to engage in politics and decision-making, the Government should develop legal, policy and programming responses to empower women to be more effectively engaged in these processes.