



# EAST NEW BRITIAN PROVINCE

Submission to the Special Parliamentary Committee on  
Gender-Based Violence in advance of the public  
hearings from 29th November to 1st December 2021

## ABSTRACT

The Provincial Administrator, on behalf of the East New Britain Provincial Administration would like to take this opportunity to thank the Chairman and members of the Papua New Guinea Special Parliamentary Committee on Gender-Based Violence for providing this forum for information to be shared about the work being done to address Gender Based Violence.

East New Britain Provincial  
Administration

## Introduction

Gender Base Violence in Papua New Guinea has attracted much attention in the last three decades both from the country's development policy makers and international development partners. While a lot of National Leaders have attributed this to PNG's development, citing it as an inevitable consequent of development and change, other critics may have attributed it to the country's inability to design deliberate development policies and programs that ensures a holistic approach. This development approach is people centred enabling all facets of development be considered in the pursuit of economic advancement.

This is an issue which manifests itself in all levels of society from those in the highest positions of authority to those living in the villages. It is a cross cutting issue that requires a response from all sectors to effectively begin to address the growing trends of GBV. This is an issue that everyone needs to both acknowledge and commit to changing for the collective good of our society.

### **1 Impacts of GBV on the people of your province, including data on the incidents of violence against women and children, and information about the current system in place to collect such data.**

In the East New Britain Province there are several impacts of GBV that have been recognised. When survivors are victims of violence this leads to absenteeism in their places of employment. When a survivor has physical signs of abuse this makes it difficult for them to attend to work or to go out in public, leading to them having to isolate until the physical signs have healed.

When a survivor accesses support at the safe house, particularly when they opt to stay for a period in the safe house, they can become isolated from their support networks. It is initially often necessary for a survivor to be separated from others for her own safety, while applications are being made for protection orders. This separation can at times include for her minor children. There have been cases when a child should have been uplifted and placed with the survivor and this has not been able to be affected by the appropriate agencies.

It appears that widely in the ENBP there is a lack of understanding about legislative rights granted to survivors. Practically this means survivors of GBV do not fully understand that they have legal protections and can apply for these and for support to stop the violence.

There are three key pieces of legislation the Family Protection Act (2013), Lukautim Pikinini Act (2015) and the Juvenile Justice Act (2014) that are used in supporting survivors of GBV. When the LPA came into force in 2015 it had the effect of softening the common law principle that applied to children born out of wedlock. Prior to the LPA these children were automatically under the full custody of their mothers, allowing for this person to make decision for the health and welfare of the child.

Now under the LPA both parents have equal rights to that child. In ENBP this has manifested itself in a way that is causing real harm to these children. When parents separate who are not legally married either parent can make an application for the custody of the child. When this is presented to the District Courts there is a clear process that needs to be followed.

A Child Protection Officer is required to make a visit to the home of the child and discuss with both the custodial and non-custodial parent to make a care plan for this child. The CPO then completes a Home Report that is submitted to the court, along with the care plan to assist in decision making for the child. In instances where the CPO conducts this home visit and there is evidence of risk or harm

to the child, they are required to make an application to the Court for an arrest warrant for this child.

Currently in ENBP there are only 2 gazetted CPO's, one based in Kokopo, and one based in Pomio. This is completely insufficient human resources to protect the welfare and safety of children. As there are only 2 CPO's there is currently not the ability to correctly follow the process and provide accurate information to court.

As a result of the lack of CPO's, inaccurate and incorrect information is being used by various parties attempting to gain custody of children. This has included false and misleading information being presented to staff not gazetted to investigate the case, cases being dealt with by way of a memo and no physical visit to the home situation and arrest warrants for children being asked for when they are not warranted causing distress the children and the parent who should have legal custody.

Due to this a decision has been made that all custody cases involving children born out of wedlock can only be held at the Kokopo District Court where the Judicial Staff are more familiar with the faults in the system to ensure that accurate information is being provided to safeguard the rights of these children.

There are several committees which have yet to be established in the ENBP including a Provincial Juvenile Justice Committee to oversee the rights and obligation of the Juvenile Justice Act and an ENB Provincial Lukautim Pikinini Council to address the rights of children. The practice here in ENBP is that if there are national government policies and legislations, the ENBPA gives recognition to this by way of a policy paper, to emphasise the need for this to be undertaken in ENBP. Discussions have been held regards the establishment of these committees however the policy papers have gone through the vetting process and gone back for further improvement.

There is limited data available to share with this submission as currently the ENBP does not have a standardized and centralised system for gathering and collating data. Each agency has various systems of gathering data internally and often this data is reported via these individual agencies towards national figures. However, this same data is not shared between agencies or with the Provincial Family and Sexual Violence Action Committee or Secretariat.

### Kokopo District Court

#### Total number of family court cases registered 2020 and 2021

Months	Total family court cases registered	Total custody cases registered	Total warrant cases registered	Total IPO cases registered	Total domestic violence cases registered (FPA)	Total juvenile summary cases registered	Total juvenile committal cases	Total
Jan to Dec 2020	119			84	67	05	07	282
Jan to Oct 2021	125			87	40	15	07	274
Total	244			171	107	30	14	556

#### Coupe Safe House

Months	Women supported	Children supported	Protection orders applied for	Protection orders granted	Counselling sessions	Mediation
Jan to Dec 19	33	48			9	
Jan to Oct 2020	30	16	30	8	9	6
Total	63	64	30	8	18	6

It has been identified that there are National MOU/MOA's that have been signed with key agencies such as Health, Police, and the Courts, however this information or the documents have not been disseminated to ENBP stakeholders leading to hesitancy in releasing the data gathered within agencies. This has created roadblocks in statistical data being gathered in ENBP.

There have been various attempts in the last few years to rectify the lack of collated and specific data for ENBP. A system was introduced to record a set of data points onto tablets provided by UNDP. This system failed in ENBP for a couple of reasons, one that there were insufficient numbers of these tablets, i.e., they were targeted at key agencies not widely available, another being that the tablets required ongoing access to Wi-Fi to upload the data, which was difficult for the users to self-fund.

## **2 Progress in developing a Provincial GBV strategy, whether as a standalone strategy or as part of provincial sectorial strategies.**

ENBP has a draft 5-year strategic plan which has been annexed to this submission. This plan has been created by the Division of Community Development in 2015 under the ENBPA, its focus is GBV strategy. This plan is currently being updated for the next 5 years. The Division of Community Development is working on implementing this strategic plan to be effective in supporting survivors of GBV in the Province. A copy of this has been annexed to this submission.

There is also a Provincial Policy Paper on GBV that has also been annexed to this submission. This policy document assisted in the creation of the PFSVAC and sets out direction for the PFSVAC committee and other agencies in the province in addressing GBV.

The PFSVAC Secretariat has also completed a draft annual plan to December 2022 which has been annexed to this submission. This plan sets out the activities that the PFSVAC Secretariat in conjunction with other agencies will conduct for the next year. Some of these activities will work towards addressing some of the gaps and weaknesses identified in further sections of this submission.

## **3 The budget allocation to address GBV, by your provincial government and through any other government or non-government sources.**

Budget 50,000 kina, mainly used for logistical support, travel and administrative support for Comm Dev, this may be an issue that needs to be addressed as it may need to be better targeted to support programmes and survivors of GBV.

It may be that there needs to be an increase in funding to Community Development that will allow for the specific GBV funds to be spent targeting GBV rather than supporting the general running of that division.

## **4 Progress in establishing a provincial GBV Secretariat and/or GBV Family and Sexual Violence and/or Child Welfare Action Committee, including members of these bodies and their contact details.**

From 2011 the ENBP had several services carrying out GBV work in various forms. This was not coordinated and was also not involved in the formal structure of the ENBPA. A decision was made after the 2013 CIMC meeting in Port Moresby to establish, based on a policy paper an ENB PFSVAC. It was this process which established the current PFSVAC Committee.

ENBP established the Provincial Family and Sexual Violence Action Committee (PFSVAC). The National Strategy to Prevent and Respond to Gender Based Violence 2016-2025 strengthened the work being done. This committee is Chaired by Mr Levi Mano, Deputy Provincial Administrator, Deputy Chair Mr Samuel Lavutul Senior Provincial Magistrate. There are representatives from St Marys Hospital Vunapope Mr Albert Seri and Mrs Lucy Tirupia, Nonga General Hospital Family Support Centre Sister in Charge Sr Veronica Marfu, and Director of Nursing Sr Ekonia Kulap. Community Development Advisor (acting) Mr Phillip Kuamin and other community development officers as available. Mr Joseph Tabali Provincial Police Commander and representatives from the Family and Sexual Violence Units Kopoko and Rabaul, Callan Services and LLG representatives, Coupe Safe House Sr Serah. CEO of Health Dr Ako Yap. NGO representative Mrs Elizabeth Kaupun. A list of names and contact details has been annexed to this submission. The four district administrators are also members of this committee however they are often unavailable for

meetings. The Council of Churches representative and Provincial Youth representatives also on the committee.

The PFSVAC proposes to meet on a quarterly basis to address issues related to GBV within the province, with the view to assisting service providers in delivering targeted support to survivors. This also provides a forum for issues that are emerging to be addressed collectively by members with the influence to do so. Due to covid this committee has only met once each year for the last 2 years.

In the Toma Vunadidir LLG, Gazelle District some ward members have set up a Child Welfare Action Committee which has volunteers who meet to address issues of child welfare and safety within the 33 wards administered by this group. This was set up by a group of dedicated people who identified a need in their area and came together to address that. This committee has assisted in improving the reporting system into formal referral pathways in matters concerning the safety and welfare of children in these wards.

ENBP has a PFSVAC Secretariat Mrs Aidah Ikilik who has been in this position since 2015. The PFSVAC Secretariat provides support to the Provincial Family and Sexual Violence Action Committee (PFSVAC), co-ordination of FSV cases, quality monitoring, FSV prevention, data collection, analysis, and reporting. Survivors contact directly with PFSVAC Secretariat for support and are referred to other support agencies. PFSVAC Secretariat has a role in monitoring and coordinating support for survivors.

When an agency or survivor contacts PFSVAC Secretariat they can expect to be connected with agencies in the referral pathway to access wrap around support to resolve their situation. For high-risk cases this will include MACC conferencing to ensure that all areas of need are being addressed.

While a case is being progressed the PFSVAC Secretariat will have responsibility for ensuring there is open communication and coordination of services for the survivor. Assisting to ensure there is ongoing and timely assistance being provided to progress the case for the survivor.

The PFSVAC Secretariat will also have responsibility for gathering and collating de-identified data about survivors accessing the services in the referral pathway. This will provide accurate information quarterly to assess where service is being accessed. Currently there is no system to support this initiative around data collection and collation.

The PFSVAC Secretariat and Childfund PNG have been working closely together for the last 12 months, working to strengthen the capacity of the PFSVAC Secretariat with mentoring, and ongoing support. This has been achieved by Childfund PNG placing a staff member in ENBP to work with the PFSVAC Secretariat. This has been an effective model of practice to assist not only the FSVAC Secretariat by at times other agencies as well. Some of the benefits of this has been ongoing support and practical assistance to achieve goals such as annual planning and the creation of a Provincial Family and Sexual Violence Response Protocol.

## **5 Information regarding GBV crisis support services that are available in your province, including safes houses, health family support centres, other health services, police services and any counselling services.**

### Division of Community Development

Lead by an advisor, the following are areas covered, remedial services, social inclusion, community mobilisation, NGO and liaison, GBV/FSV, civil register, sports and recreation. Community development has district offices in Pomio, Rabaul, Kokopo and Gazelle. Each of these oversees between 4 and 5 Local Level Government community development officers in the wards. The office

of Community Development also has responsibility for child welfare and protection and supports child protection officers. Survivors can directly contact Community Development for assistance. They offer mediation, counselling, support to apply for an IPO or PO and referrals to other agencies. Welfare officers should report high risk cases to the FSVAC secretariat for referral.

Gazetted Child Protection officers are a department of the Division of Community Development, responsible for overseeing the welfare and protection of children in the province. Should a notification be made in regards the safety of a child or children the Officer will have responsibility to act. This can include investigation, creating a home report into the situation, a warrant to uplift or to search and arrest and take any steps necessary to ensure the safety and welfare of the child or children. Any human trafficking, particularly children should be referred to Child Protection Officer to contact the human trafficking hotline for guidance.

Participation in and organisation of the 16 days of activism in November is a major part of the awareness carried out by the Division of Community Development.

#### Local Level Government (LLG)

Elected ward members form ward development committees covering law and justice, health, education, community development, commerce/economy, infrastructure and disaster and emergency.

Commonly survivors report Family and Sexual Violence (FSV) incidents to ward members, who then support survivors to report to the law and justice committee member. The case is then mediated at the village court, where any directions given are binding.

The Village Court Magistrate under the Village Court Act have the power to grant an interim protection order (IPO). This is for a period of 30 days, to ensure safety of survivors while theirs cases are being progressed. Should an IPO issued by the Village Court be breached this becomes a District Court matter and must be referred there for prosecution.

If the case is complex or high risk or of a serious sexual nature and with the survivor's consent, then it should be referred beyond the scope of the LLG to Police for prosecution and the court for IOP application to provide the best support for survivors. The ward members involved will have reasonability for contacting the FSVAC Secretariat for support for the survivor.

#### Royal Papua New Guinea Police

Assistant Commissioner Police (ACP) Islands, Divisional Commander, Senior officer ACP, Provincial Police Commissioner, Staff Officers, Provincial Police Commander, PSC's Kokopo Rabaul and Kerevat, sections, rank and file. Police's main role is to intervene to protect survivors and prosecute perpetrators. Police have a responsibility to investigate and prosecute crimes.

Kokopo, Rabaul and Kerevat have Sexual Offences Squad (SOS) and Family Sexual Violence Units (FSVU) officers who support survivors to find a place of safety, receive medical support and make other interventions. The SOS and FSVU have responsibility for gathering statements from survivors when they make contact arresting perpetrators and providing information to court to support prosecutions.

#### Public Prosecutors Office

Under this organisation there is the National Courts, Committal Courts, CIS, Police Prosecutions. Social obligation of the PPO includes FSV and awareness in HR, constitution, and children's rights.

The Public Prosecutors role is to support survivors by prosecuting cases of FSV if this is not being done by Police Prosecution. They have a responsibility to support survivors with the court system.

#### Public Solicitors Office

Legal Secretary, Instruction's officer, Civil and Criminal law, lawyers, referral family matters, filing of court documents, legal representation District Court and National Court. Role to support victims to navigate the court systems.

#### Courts

Lead by Senior Provincial Magistrate (SPM), Magistrates, Clerk of Court, registry staff/clerks. The following are the jurisdictions Family court, Juvenile Court, Summary Offences Act, Committal Court, Grade 5 Court, Civil Court, Village Appeals Court, Land Court and Coroners Court. The courts are an impartial organisation, judging the cases on facts before them. The process is a summons/complaint/ information is laid with the court. It is registered and entered into the system. This data is then stored electronically and contributes to the national statistics gathered via courts. Courts will hear matters such as applications for protection orders and then issue of an order. They will also provide some support to survivors to get PO and IPO, including filling in forms etc

#### Coupe Safe House

With the leadership of the Congregation Leader under the umbrella of the Archdiocese of Rabaul and the Catholic Bishops Conference PNG and Solomon Islands, there is a safe house coordinator, financial coordinator, and counsellor. Services provided include safe house management, community awareness of FSV, training of staff and stakeholder relationships. Coupe Safe House provide refuge, counselling and reintegration and repatriation support to survivors. Coupe Safe House provided parenting and life skills programmes and follow up for clients.

#### Nonga General Hospital

Lead by a Chief Executive Officer there are 3 directors of medical services, nursing services and corporate services. Under corporate services is accounts, logistics and environment. Under medical services are Doctors, Pathology, and x-ray. The Family Support Centre (FSC) is under nursing services. Survivors access medical support at the hospital and further specialised support at the FSC. This support includes immediate medical attention including Post Exposure Prophylactics (PEP) in the cases of penetrative rape. Referral to safe house or other place of safety if appropriate, discuss safety with the survivor and complete a safety plan. Ongoing psycho-social support is also provided to survivors. When the case is high risk contact the FSVAC Secretariat to convene a MACC conference. Medical reports are also provided when cases are referred to Police for prosecution.

#### St Mary's Hospital Vunapope

A hospital administrator heads the hospital management team, with Directors of Medical Services, Nursing Services and Finance. Disease control covers outbreaks, polio, Covid 19, measles. Under the umbrella of GBV at the hospital is Peter Tor Rot Voluntary Counselling and Testing, obstetrics and gynaecology, paediatrics, Maternal and child health and village health committees. St Marys has a continued working relationship with ward members and village health committees and provides support. Survivors are supported to receive medical attention for their injuries within 72 hours for sexual offences and acute injuries and get medical reports for court and prosecutions.

### Butuwin Health Centre

Provides for the health care needs of the surrounding areas, including currently providing vaccination services and covid 19 awareness services. Butuwin Health Centre provides doctors and nurses to see drop in patients and has maternity services. Butuwin Health centre can on request provide reports for court for victims of GBV.

### Gender Equality & Social Inclusion (GESI) Unit

Complaint's desk, focal points, provincial counselling committee, district counselling committee, partner/ stakeholders. The GESI unit sits under the provincial administration. The main work of the GESI unit is to provide gender equality and social inclusion support and advice to public servants and the public service. They could refer anyone who comes to them for support. Policies include a complaints desk policy for referrals, GESI policy, ethics and values-based leadership and capability framework.

### Adventist organisation

Under the leadership of a president there is a secretary and financial officer. Field workers including Pastors, teachers, and health workers. There are directors of communication, youth, stewards, health, education, women and children, cross cutting issues. Pastors and other staff offer counselling services to survivors and make referrals to other network partners.

Most of the FVS work is undertaken by the women and children section. The Family Life Department covers issues concerning families. There are trainings runs and literature produced to advocate for family life.

### Council of Churches

The Council of Churches is a division of Community Development that is non-denominational covering all churches in the East New Britain Province. This group consists of representatives at local, provincial, and governmental levels to have the voice of the church herd.

The various churches have different programmes and sessions they deliver on including FSV awareness and training in congregations and communities. The pastors and priests provide pastoral care and facilitate access to FSV services when survivors access support via the church.

### Human Rights Defenders

There are 17 trained human rights defenders in the East New Britain Province assisting survivors of FSV. Working with both survivors and perpetrators of violence. They conduct awareness and providing counselling to survivors and facilitate access to support services from other agencies.

### Callan Services

Based at St Marys Hospital Callan Services caters to the needs of people living with disabilities. Services offered include assisting with ensuring children living with disability have access to education and other services to support inclusion in society. Callen Services are also able to offer support to other agencies in the province if they are working with a survivor with disabilities for example sign language interpreters. Callen services also provides inclusive education training for teachers.

### Correctional Services

Kerevat Prison takes perpetrators who have been convicted and sentenced to serve time. The primary role of this service is to administer the sentences given by the Court and provide care to prisoners while they are serving time. Currently there are some vocational trainings offered to perpetrators during their sentence. There is very little reintegration or reintegration planning done when a perpetrator is due to be released which can lead to an increase of GBV when they return home.

### Wide Bay Conservation Association.

This is an organisation based in the East Pomio LLG they have community development workers based there. This is divided into three zones, to cover all the Wide Bay area. This group advocates on GBV prevention and awareness, and how this works with cultural customs and values. This organisation also has now some volunteer CPOs to address the needs of children. Another focus of this organisation is to address the imbalance of women in positions of authority, specifically within LLGs and ensuring fair representation in political situations.

### ENBP Council of Women

Based in Kenabot this organisation primarily works to protect and enhance the right of women in society. Working in conjunction with Community Development this organisation works to ensure that women in the districts have access to training and support.

### Family Health Association

Based in central Kokopo they work with survivors of GBV to assist with medical reporting and support. This organisation also provides some GBV awareness in the province.

### Women in Agriculture

This organisation primarily provides business and political support to women in the Gazelle District with a focus on small to mediums enterprises that can be accessed by women. While this organisation does not have a primary focus on GBV with women, they do provide empowerment through financial independence for women.

The ENBP Provincial Administration funded under the PPP or public private partnership a training for counsellors in 2015 facilitated by the United Church school of skills and leadership. With the focus being that they would associate with churches in the districts and wards to provide counselling services to survivors of GBV. There were 30 or so counsellors trained in this group. Of that number some are working for the court, some are working in various wards and churches to provide services.

Some of this number at the time they were trained were very young and have not shown themselves to be good at counselling and their behaviour has shown they do not have respect for survivors and as such they have been removed from the pool of available counsellors. A list of these people is annexed to this submission.

Also available in the province are independent trained counsellors who offer their services to places such as the safe house. These counsellors have some skill also in trauma counselling and in dealing with complex high needs survivors. At times the cost of these experienced counsellors can be prohibitive to accessing support.

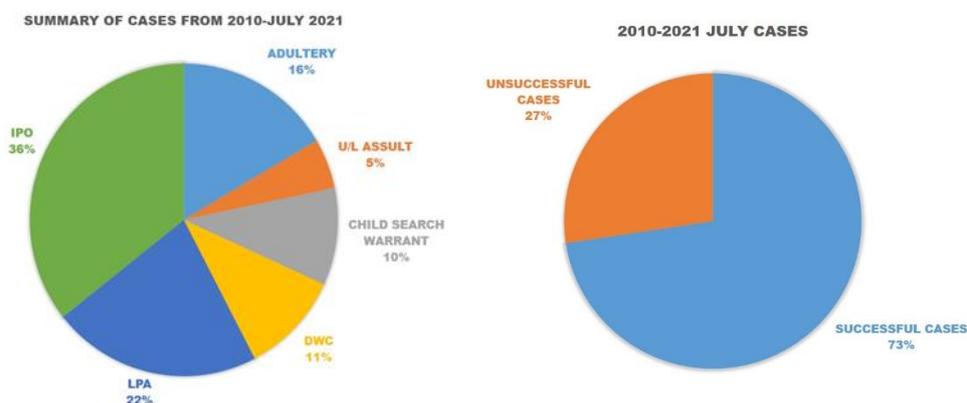
**Information about any GBV prevention activities being implemented in your province, whether by government officials or civil society organisations, including in relation to awareness raising, education, media outreach or otherwise.**

Many of the organisations in ENBP who work in the GBV field provide community awareness as a standard part of everyday work. This can be on an individual bases with survivors they are working with. It can also be at times when a need has been identified and a community group has asked for an awareness to be held.

Courts

The Kokopo District Court has 3 counsellors who were trained in ENBP when the Provincial Administration funded an external provider to come to the province and train 30 plus counsellors. The District Court in Kokopo has a system in place when applicants apply for a protection order. The order is considered by the court and both parties are directed to attend counselling. Both the applicant and then respondent are seen separately for 1 hour by a counsellor. Both parties are then seen together where often a resolution is found. A counselling report is generated and submitted to the court to support the application of the protection order.

This was an initiative created to address a need for counselling for both survivors and perpetrators when interacting with the court system. Currently this service is funded from the District Court and Community Development Budget. In the future it would be of benefit to have similar counselling support available at all District Courts in ENBP.



Data available for counselling services at the Kokopo District Court have been annexed to this submission.

Organisations such as Community Development and Department of Education provide this awareness more on an ad hock basis when requested or when it is identified as required by a particular group. There is a plan to increase staffing at Community Development to include a GBV Program Manager to address this gap.

Media awareness in ENBP is regularly achieved by broadcasts on NBC radio ENB with space made available to share messages around GBV awareness and information for survivors. This included radio drama written and produced by RENBFM staff to be broadcast regularly for information awareness on GBV. Peter Tor Rot radio also broadcasts messages of GBV awareness and access to services. There are personnel within the Provincial Administration who have a role in coordinating

this media response. There are reporters for both The National and Post Courier who often highlight work being done in ENBP on GBV awareness,

Partners in ENBP are in the beginning stages of embracing some social media applications to streamline communication and increase response times. A common way of completing this currently is by utilising apps like WhatsApp, setting up specific groups so that information or calls for assistance go to a wider group of recipients. This has provided a way for agencies to cooperate in service delivery or work on cases that are time sensitive. This will become a more common occurrence in the future as social media plays a bigger role in direct group communications.

## **6 Training and Awareness delivered in the ENBP in the last 3 years**

### Survivor Advocacy training

Facilitated by CIMC/FSVAC National. This training was open to all agencies in the province to upskill workers and agencies in the rights and obligations of survivors and workers in the field of FSV.

### Access to justice training

Facilitated by the CIMC/FSVAC National targeted to LLG and ward members in the Gazelle District to upskill these members on the processes of access to justice for survivors intersecting with the village court system.

### Male advocacy training

Facilitated by CIMC/FSVAC National targeted at both paid and volunteer positions in ENBP to upskill men in positions of authority both in civil society and within the churches to be strong advocates for behaviour change in men, to create more positive relationships with women.

### Human trafficking

Facilitated by the Immigration Department of PNG targeted at key service providers in ENBP who may interact with survivors who have been trafficked or are at risk of being trafficked. Upskill workers in providing support and information on repatriation to survivors of human trafficking.

### Trauma informed GBV care training

Facilitated by Femili PNG open to all stakeholders in ENBP to upskill workers in how trauma has a lasting impact on survivors and prevent further harm to already traumatized persons.

### Case management training

Facilitated by Femili PNG open to all agencies working in ENBP in the field of GBV. With a focus on working closely with survivors and the importance of case management skills, including a framework of practice and information on record keeping.

### Counselling Forum

Facilitated by the PNG Counsellors association in conjunction with CIMC/FSVAC National, open to all the key stakeholders in ENBP working in GBV. The purpose of the forum was to discuss the current state of counsellors and counselling services available in ENBP and to plan for future training opportunities and support for upskilling more people in counselling skills in the future.

### Data base training

Facilitated by UNFPA this training was open to all stakeholders and partners working in the GBV field to address the lack of data systems in the ENBP. The purpose of this training was to identify gaps in data gathering and data management with a plan for future support to create a functioning data system for ENBP.

### Lukautim Pikinini Act training

Facilitated by the Senior Provincial Magistrate this training was targeted at Community Development Officers and police who work with the LPA. The purpose of this training was to instruct the specific people working in the administration of the LPA and how this must be done correctly, in response to the identified issues with child custody and risk cases in the District Court. This resulted in the production of a checklist for CPOs, other community development staff, District Court Magistrates, court staff, and police sections FSVU and Warrants and Summons.

### Human rights and GBV training

Facilitated by the FSCAV Secretariat and Community Development, targeted at the Wide Bay Conservation group and Police staff working in Pomio. The purpose was to upskill staff in an understanding of the laws, PNG constitution, and how this is applied in the everyday work of GBV. To increase understanding of human rights as a GBV issue.

### Referral Pathway training

Facilitated by the FSVAC secretariat targeted at churches in the community to begin bringing these organisations into a referral pathway. This is in response to identified gaps in support for survivors, whereby the churches were providing pastoral support or spiritual counselling and not providing further information about formal services to assist survivors.

### Healthy relationships and cycles of violence

Facilitated by the FSVAC Secretariat specifically for a group of community-based women to provide education on cycles of violence, how to interrupt these cycles, and how to have healthy relationships.

### Inhouse training for FSVU

Facilitated by FSVAC Secretariat and Court staff targeted at police staff working at the Kokopo FSVU. The purpose of the training was to educate staff in the process of application for IPO/PO with a particular focus on high-risk cases.

### Police Officer training

Facilitated by FSVAC Secretariat at the request of the police staff. Targeted at police officers on how to interact proactively with women and how to have positive relationship, cycles of violence and general awareness of GBV.

### Inhouse training for St Marys Hospital

Facilitated by the FSVAC Secretariat for St Marys staff focusing on GBV and how to include St Marys Hospital into formal referral pathways. To upskill staff for better support for survivors of GBV.

### GBV and Child Protection training

Facilitated by the FSVAC Secretariat and Community Development targeted at Gazelle District ward members and village court staff and welfare officers to upskill in matters of child protection and general GBV training.

### Workshop on how to work with survivors

Facilitated by CIMC/FSVAC National targeted at key partners and stakeholders in the ENBP to work together to achieve the best outcomes for survivors.

### Role of the FSVAC Secretariat

Facilitated by CIMC/FSVAC National targeted at all stakeholders working in ENBP working in the GBV field. Focusing on the role of the FSVAC Secretariat in working with survivors and agencies to provide coordinated support. This training also covered MACC conferencing and when this should be used.

### Family laws in PNG

Facilitated by the National Public Solicitors Office targeted at Police, Welfare Officers, health and courts staff to better understand the specific laws relating to GBV and how to apply these in various roles, including when and how to apply for IPO/PO's.

### LPA training

Facilitated by Office of Family Services targeted at Community Development Officers with a focus on gazettement more Child Protection Officers for the ENBP. This has not resulted in an increase in CPOs in the province.

### Human rights defenders

Facilitated by local Human rights defenders this is an ongoing training programme to educate on human rights. Targeted at the education system this includes students, parents, and faculty on human rights issues.

### Human Rights Defenders

Facilitated by UNICEF targeted at CPOs and child protection services to assist with better service delivery and data collection interprovincially. However there has been no ongoing support for data collection.

## **7 Information regarding GBV support being provided by civil society or development partners.**

ENBP has been fortunate to have received support from several civil society organisations and development partners, partly due to the province being one of the few who have a functioning PFSVAC and PFSVAC Secretariat. It is also indicative that the province has good support and willingness from the Provincial Administration in addressing issues of GBV.

The ENBP provincial administration and PFSVAC Secretariat in conjunction with CIMC and Childfund PNG have been working together with key agencies in service provision for GBV to create and implement an Interagency Family and Sexual Violence Response Protocol and referral guidelines.

This project is the first of its kind in PNG undertaking to create an agreement signed by heads of agencies and widely distributed to ensure that all agencies working in GBV service provision have a

standard way of referring and supporting survivors to receive the best outcome when accessing support for GBV.

This project funded by the New Zealand Ministry of Foreign Affairs and Trade (MFAT) through the 1Tok Kaunselin Helpim Lain (7150 8000) launched in ENBP in October of 2019. A scoping study was completed to identify the needs of the province and to establish any gaps and weaknesses in service provision for survivors of GBV.

From this scoping study an MOU was signed between Childfund PNG and the ENBP Provincial Administration. This MOU covered the commitments needed to achieve creating a coordinated response protocol to ensure accurate, targeted, and timely delivery of services to survivors of GBV.

In December of 2020 a consultation workshop was held in Kokopo to gather information for the creation of the Interagency Family and Sexual Violence Response Protocol for ENBP and guidelines for high-risk cases. This consultation was attended by both front-line workers and some agency heads to ensure cooperation and understanding at all levels.

A validation workshop was conducted with a portion of the original agencies involved in the consultation. The purpose of this validation was to ensure the protocol is fit for purpose for the agencies working in the ENBP.

The Interagency Family and Sexual Violence Protocol was signed off by Mr Levi Mano, Deputy Provincial Administrator, Mr Samuel Lavutul Senior Provincial Magistrate, Mr Joseph Tabali Provincial Police Commander and Dr Ako Yap CEO Provincial Health Authority. The protocol and guidelines have been annexed to this submission.

A complete training package has also been designed for the protocol, including a 2-day comprehensive GBV awareness training to be facilitated by CIMC/FSVAC National staff and 2 days of specific training to the protocol and referral guidelines as created for the ENBP. This will be delivered initially using a train the trainer model to allow for several key people whose job includes facilitating trainings to be full trained in this to continue to roll out this training as and when needed within the ENBP.

The following table is the agencies who are currently working in ENBP or have been supporting the province in the last 3 years.

<b>Civil society or development partner</b>	<b>ENBP organisation supported</b>	<b>Focus of support</b>
CIMC/FSVAC National	FSVAC Secretariat and key agencies in ENBP  Coupe Safe House	Training and GBV awareness support.  Resources to assist in running the safe house.
Childfund PNG	FSVAC Secretariat	Supporting creation of a referral pathway protocol.
UNFPA	Family Support Centre  Provincial Administration and key agencies	Assisting to strengthen services of FSC and increase numbers of FSC's in ENBP.  Data gathering systems and collation of data.

UNWomen	Coupe Safe House	Support with the running of Coupe Safe House.
Femili PNG	FSVAC Secretariat and Coupe Safe House	Case Management training and trauma informed GBV training
PNG Counsellors Association	FSVAC Secretariat and key partners	Counselling services and training and support for practicing counsellors.
UNICEF	Community Development	Support to strengthen services in child protection
OXFAM	Coupe Safe House	Repatriation of survivors outside the ENBP
VSA	Coupe Safe House	Financial and human resource support in the creation of the safe house and development of policy and processes.

## **8 Cultural implications for GBV service delivery and access to services in ENBP.**

There are several cultural factors in ENBP that have an impact on the rates of GBV currently being seen. This also affects the ability of survivors to either physically access support or to understand that they have the right to support and legal protections to stop violence from happening.

In the more remotes parts of ENBP there is still a stigma attached to being a victim of GBV. This manifests itself in those survivors are not only actively discouraged from attempting to reach out for support but discouraged from speaking out all. GBV is considered to be a family matter and in many cases an expected part of being married.

Generally, those who are in positions of authority are known to be perpetrators of violence and as such this discourages victims from speaking up to make changes in their circumstances and situation. When a person is in more remote areas, they may not be exposed to an understanding that things can be different, and they do have the right to speak out and access support.

Another factor that impacts on a survivor's ability to reach out and ask for support is bride price. Traditionally bride price was paid to facilitate the bringing together of relatives, to celebrate the harmony and unity of a new marriage to strengthen both sides. It was a cultural practice supported by a matrilineal society. The more current understanding or belief system seems to be that the paying of bride price means the purchasing of a subservient wife.

In situations when pride price has been paid this can often have the effect of preventing survivors from accessing services for fear of having to explain to others that they have left the relationship or accessed support. The fear of relatives that the bride price may have to be paid back should the relationship break down is an incorrect interpretation of a cultural phenomenon and it not enforceable and causing violence.

In ENBP LLG's can make by laws regulating bride price. This could have the effect of evening out what is an acceptable amount to be paid in pride price, to prevent a price that is too low being accepted and still having the consequences of having a bride price paid.

In certain parts of ENBP including the Bainings both a bride and groom price are exchanged at the time of a union. This practice could well have the effect of creating a more equal relationship as the exchange went both ways.

## **9 Weaknesses and identified gaps in service provision and what needs to be addressed in the future.**

Urbanisation is also influencing GBV in the province. As more people are required to move away from their homes to access employment particularly in the oil palm industry in ENBP this can lead to separation of families. This separation has a two-fold effect on women, firstly that the women left behind must care for any children who may or may not still be supported by the person who has moved for work. Secondly what often happens is that the person who travels for work will begin a subsequent relationship with a new person where they settled for work. This can and does often lead to stress in a relationship that can result in violence.

Should a family move away from their support networks to follow employment this can lead to isolation in the new place, additional stress, and an increase in violence. Women in this situation often are unfamiliar with where they are staying and may not be aware of the support that is available to them for reducing violence. The separation from wantoks and other informal support networks may also reduce a survivor's ability to reach out for support in times of crisis.

The fly in fly out arrangement for mine workers in PNG presents a particularly disturbing trend of separating families, reducing quality time for families, and increasing violence. We have seen that people will initially fly in fly out to their original place of residence or hire, once they meet a new person, they pursue changing the fly in fly out to a different place and do not go back and see the family and support their wives and their children. This trend has seen an increase in cases brought before Court involving fly in fly out workers perpetrating violence and eventual family breakdown.

In some agencies and organisations there remains a belief that GBV is a family matter and as such does not get referred for appropriate support or affect any change to reduce risk to survivors. As this belief continues to fester it deters survivors from reaching out and increases risk and harm and prevents professionals from completing their work.

There is a surprisingly large number of police officers, public servants, and others in positions of authority who are themselves perpetrators of violence. When it is openly known that this is going on it makes it that much harder for these survivors and the public in general to reach out. Other professionals working in GBV often lack the courage to confront these people in authority and the cycle continues.

It is important to record the trend here in the ENBP of various arms of the police, including community policing, police headquarters, FSVU, SOS, and general policing desks have become mediation points rather than to identify and charge perpetrator. The risk with this trend is that the staff who are attempting this facilitation are not trained and this leads to increased risk. This also undermines the duties and obligations of the police to uphold the law. Another concern with the trend is that survivors are being charged for these services, which is re-victimizing survivors.

The payment of and negotiation of compensation to victims is a known weakness in ENBP. This has multiple effects on victims firstly to accept a payment from a perpetrator of violence diminishes the rights of that survivor and secondly it supersedes the law. Another aspect of this is families of survivors enforce the payment of compensation, this does not reach the survivor and is increasing risk and harm.

In many cases of low to medium risk a survivor will themselves pursue compensation to solve the issues within their relationship. This can be done via the village court system or by ward members, and in some cases is facilitated the police staff. However, the payment of compensation does not have a proven link to reducing harm of violence in the future potentially leading to poorer outcomes for survivors.

When a survivor is a victim of serious violence or sexual violence or any cases involving sexual offending against children the issue of compensation should never be considered. With the survivor's consent Police and Courts need to become involved in these types of cases for the safety of survivors and for accountability of perpetrators.

Another weakness identified is the lack of human resources in ENB, there is a lack of CPOs which as identified has had an impact on the safety of children. This is an area that Community Development is attempting to rectify however there needs to be a National Government response to provide more resourcing so more CPOs can be gazetted.

The safe house here in ENBP is not funded by any organisation, it is maintained by donations from some organisations however it has no future security. This is an area that needs to be addressed at a national level to fund the annual running costs of this safe house. If funding is not secured at some point the only safe house here in ENBP will not be able to run.

There is also a gap in that the only safe house is based in Kokopo, the best option would be for the establishment of another 2 safe house one in the Rabaul District and one in the Gazelle District to cater to survivors in those area. This would also need to be funded by the government for security of services.

A lack of cohesion between service providers and no clear referral pathway has been identified as an issue here and with the support of CIMC/FSVAC National and Childfund PNG this is being addressed via the Family and Sexual Violence Response Protocol and training package.

Often when service providers attempt to access support from Police there is a lack of resources to carry out the job. Examples of this is no vehicle available to take officer to a job, or no fuel to run the vehicle. With this cost being passed on to survivors or other service providers it is a barrier to service delivery and causes survivors to not access support. Better targeted funding for FSVU and SOS squads to ensure dedicated resources available to support survivors of GBV accessing justice.

A solution to this issue would be to have the sections of the Police who deal directly with matters of GBV including FSVU and SOS section report directly to the PPC office. This would increase transparency of service delivery and in order to discourage charging of fees for services.

A weakness identified in the PFSVAC secretariat is the lack of dedicated office space for the for this position. The current situation of shared space with other agencies has resulted in a lack of private space to speak with survivors. This has impacted on service delivery and has also created an environment where the PSFVAC Secretariat is not able to properly carry out the role.

The location of the current space dedicated to the PSFVAC Secretariat is out of town and this means that survivors must find a way to get there, and after being seen to access further support take the bus back to town where many of the crisis support services are available. This is a barrier to accessing the services of the PFSVAC Secretariat.

The nation guidelines for an PFSVAC Secretariat team are a team lead/PFSVAC Secretariat, case coordinator, admin/data officer, driver, and vehicle. Here in ENBP there is only the PFSVAC

Secretariat and shared use of the Community Development driver and vehicle. This situation means that things such as MACC conferencing has not been achieved at all in ENBP. This is an area which need additional national funding to provide adequate minimum staffing and office requirements for this vital role in addressing GBV.

The current climate of a global pandemic of Covid 19 has had huge impacts on the service delivery and structural change, that has been delayed or completely cancelled. There have been many attempts to continue with the same service delivery in this very difficult situation. An example of this is that the PFSVAC committee has only managed to meet once in each of the last 2 calendars years. This has also resulted in a delay of submission of information within the ENBP.

Another issue that has presented here in ENBP has been the effect of lockdowns on survivors of GBV. This has potentially resulted in an interruption of service delivery. There is emerging information that some services such as the safe house has had a reduction of survivor engagement of the periods of lockdown. This is concerning and is being monitored here in ENBP.

## **10 Recommendations**

The ENBPA and key agencies ask that the following be considered as a way forward to progress the work currently being done to strengthen response and services in the province.

### **Issues that can be addressed within ENBP**

- That the PFSVAC Secretariat team in ENBP be funded to the full national standard, including team lead/PFSVAC Secretariat, case coordinator, admin/data officer, driver, and vehicle.
- That the PSFVAC Secretariat team have a dedicated office which is fit for purpose to cater to the needs of GBV survivors.
- That more CPOs are immediately appointed to the Department of Community Development, Youth and Religion and these CPOs are trained and are gazetted to carry out their roles effectively.
- Recruit, train, appoint and gazette volunteer COPs to be based within Police to address the needs of child safety.
- The establishment of a further two safe houses in ENBP, in Rabaul and Gazelle to service the needs of survivors in those area. Also, to be central government funded.

### **National level recommendations**

- That the Department of Community Development is funded to an adequate level nationally to allow for the fund that have been allocated for GBV response to be targeted at GBV response.
- That the one safe house that is currently in ENBP Coupe Safe House have operational funding from a governmental level to ensure it can continue to provide safe house services into the future.
- Reconsider the viability of fly in fly out workers and the impacts this has on families.
- That the FSVU and SOS sections of the Police force are established as a direct report to the PPC. This will ensure that the correct resources and transparency within the police being given to GBV survivors accessing justice.
- That more CPOs are immediately appointed by the Department of Community Development, Youth and Religion and these CPOs are trained and gazetted to carry out their roles effectively.

- Recruit, train, appoint and gazette volunteer COPs to be based within Police to address the needs of child safety.

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**Mr Wilson Matava**

**Provincial Administrator**

**East New Britain Province**

## Appendix

Appendix i Members of the PFSVAC and contact details.

<b>PFSVAC Committee Member</b>	<b>Organisation</b>	<b>Contact details</b>
Mr Levi Mano Chairman	ENBP deputy provincial administrator, for socioeconomics	79791672
Mr Samuel Lavutul Deputy chair.	Senior Provincial Magistrate	73726048
Mr Joseph Tabali	Provincial Police Commander	71731000
Dr Ako Yap	CEO of the Provincial Health Authority	70732462
Mr Phillip Kuamin	Acting Community Development advisor	70219230
Mr Albert Seri	Administrator St Marys Hospital	71891605
Sr Lucy Tirupia	St Marys Hospital	71941151
Sr Akonia Kulap	Director of Nursing services Nonga Hospital	71867917
Sr Veronica Marfu	Family Support Centre Coordinator	71118231
Senior Constable Sylvia Weiba	Family and Sexual Violence Unit Kokopo	74641573
Sargent Jennifer Takuru	Family and Sexual Violence Unit Rabaul	72898402
Geraldine Wambo	Gender Equality and Social Inclusion	70690264
Sr Serah Malyvuia	Coupe Safe House Coordinator	73477303
Emmanuel Melchior	Callan Services	71718035
Mrs Aidah Ikilik	PFSVAC Secretariat	71863850
Reverent Allen Kinkin	Council of Churches representative	73525329
Miss Elizabeth Kaupin	NGO representative	74745239
Mrs Margaret Garap	Correctional Services	71377995
Mrs Ruth Coplen	Education representative	72203840
Mrs Anne Sapat	Human rights defender	74636360

# EAST NEW BRITAIN GENDER BASED VIOLENCE STRATEGIC PLAN 2016-2020

## INTRODUCTION (Incomplete)

- Brief introduction about GBV in PNG, include any statistics for ENB
- Define GBV
- Relevant information from the National strategy
- The FSVAC in ENB - See Attachment 1 – ENB FSVAC members
- The Secretariat Plans for ENB – see Jiwaka plan for example

## DEVELOPMENT OF THE STRATEGIC PLAN

The East New Britain (ENB) Strategy 2016-2020 was first developed following extensive consultation with community members, ENB FSVAC members and other stakeholders between the months of April-June 2015.

This first draft of the Strategy was then displayed and further developed during a two-day consultation workshop from the 21<sup>st</sup> and 22<sup>nd</sup> October 2015 in Kokopo. A total of 30 stakeholders and service providers from the East New Britain Province participated in the workshop and contributed to the creation of this final GBV Provincial Strategy (see Appendix 2: List of participants). From those 30 stakeholders, there were a good variety of representatives from different local stakeholders such as Provincial Government Departments and services, Kokopo, Rabaul and Gazelle District Administration and all four LLGs, CBO, FBO, local NGO, private sector and community champions/advocates.

In short the entire process involved:

- An environmental analysis conducted through a series of meetings and conversations with key service providers in ENB;
- The development of a vision and mission statement;
- The development of 5 higher level outcomes and accompanying strategies
- The development of key performance indicators for each of the 5 outcome areas; and
- Drafting of the strategy and the activity plan that was reviewed by the FSVAC

## LIFESPAN

The members of the Provincial FSVAC and stakeholders from the workshop agreed that a realistic lifespan for the GBV Strategy should be 5 years (2016-2020). It was felt any longer term than this may result in changes occurring in the province which would render the plan outdated and any shorter might not be sufficient time to implement the required activities. It was agreed that the strategy should be reviewed at least annually and an updated strategy developed towards the start of 2019.

It was also agreed that each year there should be an annual activity plan developed which will see the broad strategic statements in the Strategy rolled out into actual activities to be achieved within the yearly period.

This approach was proposed at the 2-Day Workshop, the activity plan was initiated and to be completed after the workshop.

## **MISSION & VISION**

Following discussions within the PSVAC and workshop, the following mission and vision statements were agreed to:

### **Mission**

The mission for the East New Britain Strategy is:

*"To minimise Gender Based Violence in East New Britain through the strengthening of service provision, coordination, prevention and empowerment of survivors."*

This is the fundamental purpose for the plan and it was agreed that all efforts should be made to achieving this mission.

### **Vision**

All modern groups or organisations must be forward looking and need to have a shared vision of their intended destination. The shared vision of stakeholders for the ENB GBV Strategy 2016-2020 is:

*"A safe and peaceful society, free from all forms of violence against all people in East New Britain."*

## **ENVIRONMENTAL SCAN & THE OPERATING ENVIRONMENT**

The environmental scan conducted as a part of the planning process and the SWOT analysis conducted at the workshop (Appendix 3) outlined a number of areas where performance could be improved to more effectively combat GBV in ENB. This scan and analysis indicated the following as major areas of concern:

- The need for training and upskilling in GBV rights, laws, counselling and child abuse.
- The need to establish a centralised data base and data analysis.
- The need for greater levels of coordination and cooperation between service providers.
- The need for more GBV information and community awareness
- The lack of good project implementation and monitoring.
- The lack of political will and financial commitment to address GBV in ENB.

- The need for improved law enforcement and provision of legal assistance and support to survivors.
- The need to strengthen and empower the GBV network.
- The need for the establishment of at least one safe house service in ENB.
- The need to establish rural pathways and services for rural based survivors.
- The need to remove all fees and charges for GBV survivors

## STRATEGIC OBJECTIVES

From the above scan, four high level strategic outcomes have been developed. These are:

- Strengthen legal enforcement and ensuring justice for GBV survivors;
- Straightening, expanding and empowering the network of GBV service providers (e.g., training and awareness);
- Improving medical care and reporting of GBV survivors
- Improve advocacy of GBV to National, Provincial and LLG Government.

## OUTPUTS/ACTIVITIES

Each of the above outcomes has a number of outputs/activities to be carried out over the life of the plan. These will provide strategic direction for the three annual activity plans that will need to be developed. The broad activities in the strategic plan are broken down further into more specific activities in the 2015 GBV Annual Activity Plan which is attached to this report at Attachment 4.

The following is a summary of the strategies developed to address the GBV related issues in ENB.

**Outcome 1 - Strengthen legal enforcement and ensuring justice for GBV survivors (incomplete)**

**This section is incomplete, the above are suggestions to be further developed by the legal sector.**

Strategies developed in support of this outcome are as follows:

**1.1 Ensure that all cases of GBV are reported to the police**

**1.2 Support to improve response from police on high risk cases**

- 1.3 Training of afterhours and weekend police offices to provide fast and effective response to GBV survivors
- 1.4 Streamline issue of IPOs at the Police Stations and local court house
- 1.5 Maintain records of all IPOs issued and the time taken to issue IPOs
- 1.6 Increase police presence in areas of high cases of GBV
- 1.7 Ensure permanent officers in specific rural police stations where cases of GBV are high

**Outcome 2 - Straightening, expanding and empowering the network of GBV service providers**

Strategies developed in support of this outcome are as follows:

- 2.1 Develop training materials for use by GBV service providers
- 2.2 Do a baseline reflection exercise on capacity needs of service providers
- 2.3 Develop a service directory and GBV services database
- 2.4 Improve and expand safe houses in ENB
- 2.5 Establish a functioning secretariat for support for the FSVAC
- 2.6 To network with other GBV service providers
- 2.7 To provide follow ups and monitoring of all survivors

**Outcome 3 - Improving medical care and reporting of GBV survivors**

Strategies developed in support of this outcome are as follows:

- 3.1 Implement research base health activities and awareness
- 3.2 Sensitise health workers on GBV through training and workshops
- 3.3 Ensure specialised staff allocated specifically to GBV cases
- 3.4 Set up PSC in the two major hospitals

3.5 Medical reports to be available and issues within 72hrs to GBV survivors

3.6 Provide date to centralise FSVAC for reporting

3.7 Provide medical services for all GBV survivors

#### **Outcome 4 - Improve advocacy of GBV to National, Provincial and LLG Government**

Strategies developed in support of this outcome are as follows:

4.1 Establish central data collection, storage and analysis of GBV data

4.2. Awareness programs to key members of government, non-government and private sectors

4.3. Implement an advocacy program based on case studies

4.4. Distribute standardised advocacy materials

4.5. Advocate using role models to address GBV

4.6. Develop standardised media messages for radio and TV

#### **KEY PERFORMANCE INDICATORS**

Key performance indicators seek to measure the outcomes from the Strategic Plan as opposed to individual activities. It is important that expectations of success are carefully managed and that realistic targets are set. The KPIs for the output groups in the ENB GBV Strategy 2016-2020 are as follows:

#### **Legal Support and Response**

**[Incomplete]**

- By the end of this plan the number of responses to reported cases of GBV will have increased by 20%
- By the end of this plan 20% of police officers in Kokopo and in the wider Province will have received GBV training
- By the end of this plan 50% of all IPOs will have been issued within 3 days of being lodged.

#### **Empower the GBV Network**

- By the end of the plan at least 25 of GBV service providers will have received comprehensive training on GBV.
- By the end of the plan there will be three active trainers to assist with the delivery of the training package
- By the end of the plan we will have an up to date and comprehended directory of GBV service providers
- By the end of the plan we will have at list one fully functioning safe house
- By the end of the plan we will have a fully functioning Secretariat
- By the end of the plan we will have established a GBV service database which is providing comprehensive GBV reports to both provincial and national stake holders
- By the end the plan we will congregate all the GBV service providers yearly.

#### **Medical Services**

- By the end of this plan there we will have a fully functioning FSC in ENB and one of the districts
- By the end of this plan there will be comprehensive guidelines on GBV in at least 25% of health facilities
- By the end of this plan there will be at least 25% of health facilities reporting to the national and provincial government on GBV cases.

#### **Improved Advocacy**

- By the end of this plan the ENB provincial Government will have included GBV in its annual budget
- By the end of this plan at least 5 awareness programmers are implemented
- By the end of this plan at least 20% of private sectors have implemented GBV safety protocols in the work place
- By the end of this plan at least 20% of civil society organization (NGOs, CBOs, FBOs) will have implemented GBV advocacy activities
- By the end of this plan at least 50% of all local Government departments will have implemented GBV safety protocols

#### **RESPONSIBILITY FOR THE PLAN**

The issue of who would manage the strategic plan was proposed by the PSVAC and then discussed at the workshop, as unlike many other strategic planning exercises there is no clearly defined Chief Executive Officer or other individual person or agency responsible for implementation, monitoring and evaluation. It was agreed that the Program Adviser for the Provincial Division of Community Development be the nominated officer responsible for these tasks, with the following agencies/persons being responsible for implementation of each of the outcome areas:

**Legal Support & Response** - Sr Magistrate, Royal PNG Constabulary (FSVU and SOS)

**Empower the GBV Network** - Advisor, Division of Community Development

**Medical Services** - Nursing Manager, Nonga Hospital

**Improve Advocacy** - Advisor, ENB Division of Community Development

Progress reports will need to be made available to members of the PSVAC at each of their quarterly meetings.

It is also important to note that all of the stakeholders and service providers have a very important role to play in the prevention and response to GBV in ENB as their decisions will impact on the lives of survivors and their families. They also carry the responsibility of deciding on policies and actions which will influence and affect the lives of ENB people facing GBV.

## **RELATIONSHIP WITH NATIONAL & PROVINCIAL PLANS**

### **incomplete**

#### **Vision 2050**

Vision 2050 outlines that all sectoral and provincial plans need to be linked to the strategic directions contained in this long term vision. Of interest is that Area 1 of the 7 strategic focus areas relates to *Human Capital Development, Gender, Youth and People Empowerment*. It is clear that the Morobe PSV Strategic Plan 2015-2017 aligns with the directions and themes contained in Vision 2050

#### **Development Strategic Plan 2010-2030**

The National Development Strategic Plan contains broad strategies to address domestic violence. The following excerpt from this plan also relates to this area:-

*Currently, gender disparity is evident in many aspects of society, from education, employment and political representation to mortality and cultural norms. This largely reflects traditions that are harmful and life threatening that need to be done away with.*

### **Medium Term Development Plan 2010-2015**

The Medium Term Development Plan (MTDP) 2010-2015 provides more specific activities aimed at combating GBV and also supports churches and community organisations in the provision of safe houses for survivors./ The following are excerpts from this plan:-

*Tension and conflict seem to pervade gender relations and are often manifested in physical violence, most significantly between spouses. The high incidence of rape and other forms of sexual violence also stems from gender relations and how women are valued in society.*

*Initiatives over the next five years will continue to acknowledge and support protective shelters for women and children — shelters established and managed by churches and CSOs as implementing partners of the Government*

#### **Other Relevant Plans include:**

- 10 year Provincial Strategic Development Plan- area 5
- ENB Corporate Plan 2015-2019 (GBV and HIV)
- National GBV Strategy
- Draft National Sorcery Guidelines

### **Alignment**

The ENB Strategic Plan 2016-2020 provides short term directions, goals and broad strategies for the next three years and aligns with all of the National Plans noted above. The GBV Strategic Plan sets the overall directions and provides guidance for provincial response in this area and Annual Activity Plans will provide more specific activities. The first annual activity plan will be completed by the end of 2015.

### **VALUES**

An important part of the plan has been the development of the key values that will provide guidance to those who will be responsible for implementing the plan. These are:

- Dedication
- Passionate for change
- Commitment to improvement
- Ownership of plan and issues
- Teamwork
- Transparency

- Integrity
- Accountability
- Honesty
- Respect for human rights
- Confidentiality
- Humbleness
- Good listener
- Respect for best cultural practice
- Patience and persistence
- Consideration for others

#### **LINKS TO BUDGETS/FUNDING**

- The Provincial Government has pledged 55,000 kina to support the establishment of the Secretariat
- Division of Community Development to provide transport, office space, stationary and human resources to support the Secretariat
- UNPD/ National FSVAC to fund one case management officer for the first year
- Archdiocese to support with the establishment of a safe house or land in Kokopo
- The private sector has assisted with donations including security guards, containers, furniture and labour for a safe house

#### **MONITORING & EVALUATION**

Plans will be monitored and evaluated as a part of the role of the proposed FSVAC Secretariat function. A progress report will be produced each year for the Strategic Plan with the Annual Activity Plan being monitored throughout the year, and its success or otherwise reported on. It is expected that the FSVAC will be able to provide oversight and maintain an interest in progress of planned activities.

#### **CONCLUSION**

##### **incomplete**

- Summary of plan and importance
- Key final remarks

Appendix iii PFSVAC Secretariat Annual Plan

Thematic areas	activity	Key performance indicators	timeframes	Person/ respons
Service provision	Counselling training	<ol style="list-style-type: none"> <li>1 Number of counsellors trained.</li> <li>2 Number of survivors/perpetrators counselled.</li> <li>3 Contact all previously trained counsellors in ENB to assess who is practicing and how they are supporting GBV survivors.</li> </ol>	<p>1 x basic counselling training to be delivered.</p> <p>Contact counsellor by September 2021</p>	<p>PNGCA, Secreta counsel training</p> <p>Comm contact counsel have tra the pas</p>
Service provision	Emergency response/preparedness plan	<ol style="list-style-type: none"> <li>1 Liaise with Provincial administration for provincial plans and how FSVAC Secretariat fits into this.</li> <li>2 Liaise with CIMC re national strategies.</li> </ol>	ongoing	FSVAC S
Service provision	GBV sensitisation training targeted to FBO's	Contact the Church Participant Programme (CPP) to deliver gender and religion training.		Church FSVAC
Service provision	CIMC/FSVAC forum on strengthening counselling in the referral pathway	Contact CIMC to conform travel to ENB. Support with participants and logistics.	August 2021 for 2 days	CIMC/ F Secreta
Service provision	ToT for inter-agency service providers protocol and referral guidelines	1 Create Tot training plan		Childfun Secreta
Service provision	To roll out GBV desks in all 4 districts in ENB	<ol style="list-style-type: none"> <li>1 Five participants from each district to attend a 1-day GBV training utilising the gender and protocol training to facilitate appointment of GBV desk in each district.</li> <li>2 This would be supported by the district administrators to appoint these people.</li> </ol>	February 2022	FSVAC S

Service Provision	Standardising medical reporting	1 FSC Nonga to support by delivering a training in medical reporting and standard forms.	April 2022	FSC Nor FSVAC S
Service Provision	Gather together the trained Male advocates	1 make contact with trained male advocates	May 2021	FSVAC S
Service Provision	Male advocacy training	1 Contact CIMC/FSVAC National to request space in the next training	May 2021	CIMC F National
Research and knowledge management	Behavioural change programme for perpetrators	1 establish if there is a behaviour change programme available in PNG		
Advocacy and communication	Create ENB Service providers directory	1 identify/map services in ENB 2 record details for all agencies/ service providers 3 Create directory	Completed by February 2022	FSVAC c for info gatherin Secreta produc
Advocacy and communication	Annual gathering of all of the stakeholders in ENBP to share knowledge and information.	1 Participants identified 2 Send invitations 3 Hold the meeting 4 Committee formed for 16 days of activism. 5 Evaluation and reporting	October 2021/2022	FSVAC S
Advocacy and communication	16 days of Activism by all partners in the province.	1 committee meeting to plan 16 days of activism 2 program developed for 16 days activism 3 stakeholder participation	November/December 2021/2022	Division Commu develop human defend
Research and knowledge management	Establish a data management/ collection system	1 contact UNFPA for support to establish data base 2 work with UNFPA to establish and data base system. 3 train the partners	Completion by December 2021	UNFPA, Secreta
Research and knowledge management	FSVAC reporting requirements	1 produce quarterly reports for FSVAC Committee 2 Product annual report for provincial administration	Quarterly to FSVAC Committee and annually to provincial administration	FSVAC S



# **Interagency Family and Sexual Violence Response Protocol between East New Britain Provincial Agencies 2021**

## **Foreword**

Gender Base Violence in Papua New Guinea has attracted much attention in the last three decades both from the country's development policy makers and international development partners. While a

lot of National Leaders have attributed this to PNG's development, citing it as an inevitable consequent of development and change, other critics may have attributed it to the country's inability to design deliberate development policies and programs that ensures a holistic approach. This development approach is people centred enabling all facets of development be considered in the pursuit of economic advancement.

One of the issues is Gender Base Violence mainly against Women and Girls. Because of this the National Government formulated deliberate policies for addressing such. Through CIMC the Government established Family Sexual Violence Action Committee (FSVAC) for replication in all provinces. East New Britain established its own Provincial FSVAC as a respond to this National Directive through a Provincial Executive Council, something that indicated the willingness of the province and its leaders to address GBV issues. To support the work of FSVAC, the province also established its support FSVAC Secretariat.

Recently, through the assistance from ChildFund and CIMC FSVAC National ENB FSVAC developed this protocols and referral guidelines for development of a referral pathway and execution of the same to support survivors of GBV. The intention of the Protocols will be to guide the Secretariat to establish appropriate pathways.

I would like to encourage everyone in ENB to get behind the work of ENB FSVAC so that we can all live in a community that embraces equality for all regardless of Gender.

Thank you.

**Mr Levi Mano, ENB Deputy Provincial Administrator, Social Services and Chairman of the Family and Sexual Violence Action Committee**

**East New Britain Province (ENBP) Interagency Family and Sexual Violence response protocol has been endorsed by the following Agencies (and executed at section 9)**

- ENBP Provincial Administration
- ENBP Police
- ENBP Courts
- ENBP Provincial Health Authority
- ENBP Division of Community Development

East New Britain Province Agencies and Provincial Administration would like to acknowledge CIMC-Family and Sexual Violence Action Committee and ChildFund Papua New Guinea for their partnership and support in developing these protocols and the New Zealand Aid Programme.



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## 1. Introduction

The prevalence of Family and Sexual Violence (FSV) in Papua New Guinea and East New Britain Province is high. The 2016-2018 Demographic Health Survey (DHS)<sup>1</sup> found that 55.6% of Papua New Guinean women experienced physical violence in the 12 months prior to the survey and 28.2% experienced sexual violence in their lives. Further, 58.3% of women had at some point experienced

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<sup>1</sup> National Statistical Office - NSO and ICF. 2019. Papua New Guinea Demographic and Health Survey 2016-18. Port Moresby, Papua New Guinea: NSO and ICF. Available at <https://www.dhsprogram.com/pubs/pdf/FR364/FR364.pdf>.

spousal physical or sexual violence, 63.9% had at some point experienced a form of emotional, physical, or sexual violence by a spouse, and 57.4% of women had been injured due to spousal physical or sexual violence in their lives. The DHS data clearly demonstrates that GBV, domestic violence (DV) and intimate partner violence (IPV) is a pervasive problem in PNG.

ENB FSV sector is one of the strongest in PNG, with a functioning referral pathway and key FSV agencies providing support to survivors. However, a key recommendation by service provider of ENB was to strengthen their coordination and develop a referral and response mechanism to ensure greater support for survivors of FSV.

The following protocol has been developed to strengthen and formalise the response to Family and Sexual Violence (FSV) in East New Britain Province (ENBP). It is to be used by all key agencies responding to FSV in ENBP and who have undergone training. This is an agreement of cooperation's between the key agencies in ENBP responding to FSV.

This protocol is to be read in conjunction with each agency's standards, protocols and guidelines and key legislation.

## 2. Objectives

In order to provide the best services and outcomes for survivors of Family and Sexual Violence (FSV), all agencies in the East New Britain Province agree to work together to support survivors so they are better protected and FSV is reduced over time.

This protocol between ENBP agencies will ensure a standard, collaborative approach when working together to respond to FSV survivors and survivors receive timely and coordinated response from service providers by using agreed referral pathways. All agencies will take ownership of this agreement. Best practice principles stated in section 3 will be used to guide all FSV response by all agencies.

## 3. Best Practice Principles

- 3.1 Survivor centred and human rights-based approach always respecting the rights of the survivor
- 3.2 To provide the most accurate and up to date information to survivors
- 3.3 Non-judgemental and non-directive
- 3.4 Open communication between agencies
- 3.5 Co-operation between agencies
- 3.6 Active listening
- 3.7 Prioritising time management
- 3.8 Privacy and confidentiality of survivor information
- 3.9 Informed consent which can be withdrawn at any time
- 3.10 Security of information
- 3.11 Using standardised forms

- 3.12 Agreed follow up
- 3.13 Services are free of charge
- 3.14 Safety and security of survivors and staff
- 3.15 Using the Multi-Agency Case Conferencing (MACC) process as standard practice

## 4. Key Concepts

**Referral pathway** is a clear and easy to understand system of co-ordinating FSV services and provides information on how to respond to FSV cases and to guide survivors on where to seek assistance and what services are available at different referral points.

**Referrals** are the way to connect survivors between agencies. It is the act of officially sending survivors to an agency that is qualified to support them.

**Survivor** is any person who has been the victim of physical assault, psychological abuse, harassment, intimidation, stalking, sexual assault, indecent or offensive behaviour, damage to property or a threat to do any of the above.

**Family and Sexual Violence (FSV)** refers to incidents of violence where a person has been physically, sexually, or emotionally harmed by another member or members of the family. In PNG, the term FSV is used interchangeably with the term gender-based violence (GBV) that is defined as 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.<sup>2</sup> The majority of FSV and GBV is perpetrated by men against women and children. Persons who identify as transgender also experience high levels of FSV. Family and sexual violence can happen to anyone, at any age. FSV and GBV are crimes for which the offender is solely responsible.

**Survivor-centred** is an approach which with every interaction between a survivor and a professional ensures the rights and needs of the survivor are upheld and protected. All support offered to the survivor is to empower them to make choices and changes to their situation to create the best possible future for them.

**The rights of the survivor** all staff and agencies must treat every survivor with dignity and respect, regardless of ethnicity, religion, social class, age, disability, gender identity, sexual orientation, marital status, or clan affiliation.

**Non-judgemental and non-directive** is a practice standard that holds the rights and needs of the survivor as paramount. By active listening and open communication providing an environment of empowerment and change for a survivor.

**Privacy and confidentiality** mean that any and all information that is gathered during all interactions, both with a survivor and between agencies must be accurately recorded. This

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<sup>2</sup> Department of Community Development and Religion, Papua New Guinea National Strategy to Prevent and Respond to Gender Based Violence 2016-2025

information must be securely stored and only shared with consent to other relevant agencies to further the support and empowerment of a survivor.

**Informed consent** means that any interaction between a survivor and a support agency must have the consent of the survivor. To give informed consent, the survivor must have the capacity to consent and understand what they are consenting too. Informed consent includes how information will be recorded, stored, and shared as it is relevant to the survivor.

**Standardised forms** are the agreed forms that will be used to gather and share information to the support and empowerment of a survivor.

**Timeframes and time management** are the agreed times by which actions will be taken and all follow up to these actions agreed upon and monitored to ensure the best outcome for survivors. If the case is deemed to be high risk the initial receiving agency has a responsibility to act within 24 hours of first being contacted by the survivor. This should include referral by consent, to any other relevant agency in the referral pathway. The receiving agency will have an obligation to act within 24 hours of receiving a referral.

## 5. Key Agency Roles and Responsibilities

### Division of Community Development

Lead by an advisor, the following are areas covered, remedial services, social inclusion, community mobilisation, NGO and liaison, GBV/FSV, civil register, sports and recreation. Community development has district offices in Pomio, Rabaul, Kokopo and Gazelle. Each of these oversees between 4 and 5 Local Level Government community development officers in the wards. The office of Community Development also has responsibility for child welfare and protection and supports child protection officers. Survivors can directly contact Community Development for assistance. They offer mediation, counselling, support to apply for an IPO or PO and referrals to other agencies. Welfare officers should report high risk cases to the FSVAC secretariat for referral.

Gazetted Child Protection officers are a department of the Division of Community Development, responsible for overseeing the welfare and protection of children in the Province. Should a notification be made in regards the safety of a child or children the Officer will have responsibility to take action. This can include investigation, creating a home report into the situation, a warrant to uplift or to search and arrest and take any steps necessary to ensure the safety and welfare of the child or children. Any human trafficking, particularly children should be referred to Child Protection Officer to make contact with the human trafficking hotline for guidance.

Participation in and organisation of the 16 days of activism in November is a major part of the awareness carried out by the Division of Community Development.

### Provincial Family and Sexual Violence Action Committee (PFSVAC)

Provincial Family and Sexual Violence Action Committee (PFSVAC) is a committee lead by a Chairperson, currently Mr Levi Mano Deputy Provincial Administrator, Deputy Chair currently Mr Samuel Lavutul Senior Provincial Magistrate, and representatives from the various sectors involved in Family and Sexual Violence (FSV) in the Province.

The PFSVAC is set up in each Province to develop and implement provincial FSV Strategies and to secure budgetary support from Government and development partners to develop FSV services at

the provincial and district level. The composition of the PFSVAC is to include representatives from government, private sector, non-government service providers, churches, and development partners.

#### Provincial Family and Sexual Violence Action Committee (PFSVAC) Secretariat

Provides support to the Provincial Family and Sexual Violence Action Committee (PFSVAC), co-ordination of FSV cases, quality monitoring, FSV prevention, data collection, analysis and reporting. Survivors contact directly with FSVAC Secretariat for support and are referred to other support agencies. FSVAC Secretariat has a role in monitoring and coordinating support for survivors.

When an agency or survivor contacts FSVAC Secretariat they can expect to be connected with agencies in the referral pathway to access wrap around support to resolve their situation. For high-risk cases this will include MACC conferencing to ensure that all areas of need are being addressed.

While a case is being progressed the FSVAC Secretariat will have responsibility for ensuring there is open communication and coordination of services for the survivor. Assisting to ensure there is ongoing and timely assistance being provided to progress the case for the survivor.

The FSVAC Secretariat will also have responsibility for gathering and collating de-identified data about survivors accessing the services in the referral pathway. This will provide accurate information quarterly to assess where service is being accessed and allow for modification of this protocol for better service provision.

#### Local Level Government (LLG)

Elected ward members form ward development committees covering law and justice, health, education, community development, commerce/economy, infrastructure and disaster and emergency.

Commonly survivors report Family and Sexual Violence (FSV) incidents to ward members, who then support survivors to report to the law and justice committee member. The case is then mediated at the village court, where any directions given are binding.

The Village Court Magistrate under the Village Court Act have the power to grant an interim protection order (IPO). This is for a period of 30 days, to ensure safety of survivors while their cases are being progressed. Should an IPO issued by the Village Court be breached this becomes a District Court matter and must be referred there for prosecution.

If the case is complex or high risk or of a serious sexual nature and with the survivor's consent, then it should be referred beyond the scope of the LLG to Police for prosecution and the court for IOP application to provide the best support for survivors. The ward members involved will have responsibility for contacting the FSVAC Secretariat for support for the survivor.

#### Police

Assistant Commissioner Police (ACP) Islands, Divisional Commander, Senior officer ACP, Provincial Police Commissioner, Staff Officers, Provincial Police Commander, PSC's Kokopo Rabaul and Kerevat, sections, rank and file. Police's main role is to intervene to protect survivors and prosecute perpetrators. Police have a responsibility to investigate and prosecute crimes.

Kokopo, Rabaul and Kerevat have Sexual Offences Squad (SOS) and Family Sexual Violence Units (FSVU) officers who support survivors to find a place of safety, receive medical support and make other interventions. The SOS and FSVU have responsibility for gathering statements from survivors

when they make contact arresting perpetrators and providing information to court to support prosecutions.

#### Public Prosecutors Office

Under this organisation there is the National Courts, Committal Courts, CIS, Police Prosecutions. Social obligation of the PPO includes FSV and awareness in HR, constitution, and children's rights. The Public Prosecutors role is to support survivors by prosecuting cases of FSV if this is not being done by Police Prosecution. They have a responsibility to support survivors with the court system.

#### Public Solicitors Office

Legal Secretary, Instruction's officer, Civil and Criminal law, lawyers, referral family matters, filing of court documents, legal representation District Court and National Court. Role to support victims to navigate the court systems.

#### Courts

Lead by Senior Provincial Magistrate (SPM), Magistrates, Clerk of Court, registry staff/clerks. The following are the jurisdictions Family court, Juvenile Court, Summary Offences Act, Committal Court, Grade 5 Court, Civil Court, Village Appeals Court, Land Court and Coroners Court. The courts are an impartial organisation, judging the cases on facts before them. The process is a summons/complaint/ information is laid with the court. It is registered and entered into the system. This data is then stored electronically and contributes to the national statistics gathered via courts. Courts will hear matters such as applications for protection orders and then issue of an order. They will also provide some support to survivors to get PO and IPO, including filling in forms etc

#### Coupe Safe House

With the leadership of the Congregation Leader under the umbrella of the Archdiocese of Rabaul and the Catholic Bishops Conference PNG and Solomon Islands, there is a safe house coordinator, financial coordinator, and counsellor. Services provided include safe house management, community awareness of FSV, training of staff and stakeholder relationships. Coupe Safe House provide refuge, counselling and reintegration and repatriation support to survivors. Coupe Safe House provided parenting and life skills programmes and follow up for clients.

#### Nonga General Hospital

Lead by a Chief Executive Officer there are 3 directors of medical services, nursing services and corporate services. Under corporate services is accounts, logistics and environment. Under medical services are Doctors, Pathology and x-ray. The Family Support Centre (FSC) is under nursing services. Survivors access medical support at the hospital and further specialised support at the FSC. This support includes immediate medical attention including Post Exposure Prophylactics (PEP) in the cases of penetrative rape. Referral to safe house or other place of safety if appropriate, discuss safety with the survivor and complete a safety plan. Ongoing psycho-social support is also provided to survivors. When the case is high risk contact the FSVAC Secretariat to convene a MACC conference. Medical reports are also provided when cases are referred to Police for prosecution.

#### St Mary's Hospital Vunapope

A hospital administrator heads the hospital management team, with Directors of Medical Services, Nursing Services and Finance. Disease control covers outbreaks, polio, Covid 19, measles. Under the umbrella of GBV at the hospital is Peter Tor Rot Voluntary Counselling and Testing, obstetrics and gynaecology, paediatrics, Maternal and child health and village health committees. St Marys has a continued working relationship with ward members and village health committees and provides

support. Survivors are supported to receive medical attention for their injuries within 72 hours for sexual offences and acute injuries and get medical reports for court and prosecutions.

#### Gender Equality & Social Inclusion (GESI) Unit

Complaint's desk, focal points, provincial counselling committee, district counselling committee, partner/ stakeholders. The GESI unit sits under the provincial administration. The main work of the GESI unit is to provide gender equality and social inclusion support and advice to public servants and the public service. They could refer anyone who comes to them for support. Policies include a complaints desk policy for referrals, GESI policy, ethics and values-based leadership and capability framework.

#### Adventist organisation

Under the leadership of a president there is a secretary and financial officer. Field workers including Pastors, teachers, and health workers. There are directors of communication, youth, stewards, health, education, women and children, cross cutting issues. Pastors and other staff offer counselling services to survivors and make referrals to other network partners.

Most of the FVS work is undertaken by the women and children section. The Family Life Department covers issues concerning families. There are trainings runs and literature produced to advocate for family life.

#### Council of Churches

The Council of Churches is a division of Community Development that is non-denominational covering all churches in the East New Britain Province. This group consists of representatives at local, provincial and governmental levels to have the voice of the church herd.

The various churches have different programmes and sessions they deliver on including FSV awareness and training in congregations and communities. The pastors and priests provide pastoral care and facilitate access to FSV services when survivors access support via the church.

#### Human Rights Defenders

There are 17 trained human rights defenders in the East New Britain Province assisting survivors of FSV. Working with both survivors and perpetrators of violence. They conduct awareness and providing counselling to survivors, and facilitate access to support services from other agencies.

## Agency FSV Response Roles and Responsibilities

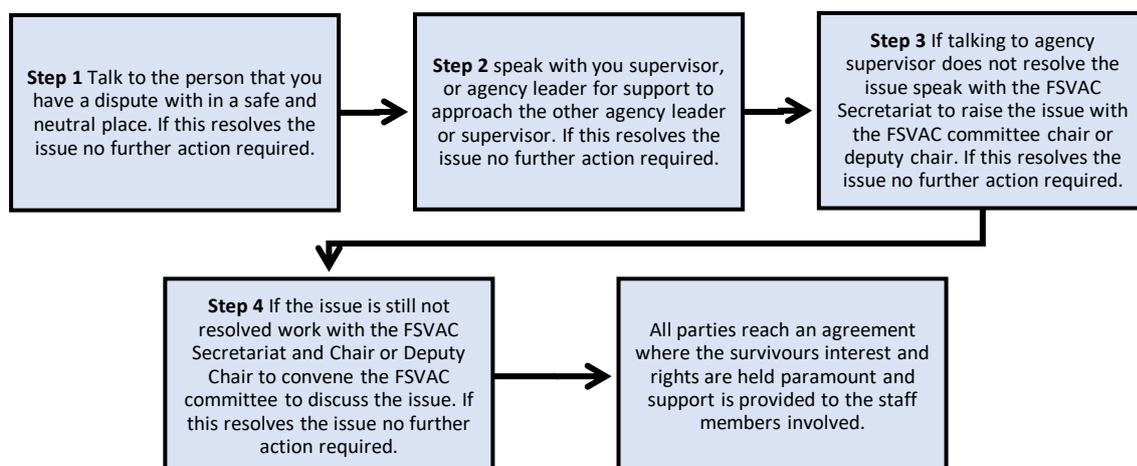
**6.1** All agencies, as specified in the appropriate sections, are obligated to respond when a survivor presents to the first point of entry. When a survivor contacts any agency to access support for FSV initially this agency has responsibility to get informed consent for the survivor using the correct form. The survivor is given information in regards support services other agencies can provide. Referrals to other agencies in the referral pathway are made using the correct referral form, within the agreed timeframes.

**6.2** When a referral has been made to another agency the different staff working with the survivor have a responsibility to communicate openly with each other to ensure that all areas of support are being addressed for the survivor. If high risk case FSVAC secretariate must be informed. The FSVAC Secretariat must consider convening a MACC and complete all reports following the MACC. This will allow the agencies to work together to monitor progress, access further support and to bring the case to its conclusion.

- 6.3 When two or more agencies are working together for a survivor, the staff from each agency should have contact at least weekly to discuss progress and further support the survivor may have identified. The agencies should seek consent from the survivor to share this information and the information must be relevant to the case.
- 6.4 Each agency should hold a formal file to collate the survivor's information in a single secure place. Each contact with either the survivor or another agency should be recorded in this file. Should the survivor wish to see this information the file should be made available for viewing in a safe space.
- 6.5 Each agency agrees to share data relevant to the referral pathway and protocol monthly to the FSVAC Secretariat using the agreed data gathering form. The FSVAC Secretariat will provide on a quarterly basis collated data report to all agencies via the FSCAV Committee meeting.
- 6.6 Each agency agrees to openly share relevant information required to provide wide support to the survivor between agencies. This is done both at the time of the referral being made and as the case progresses to prevent duplication of work in some areas and gaps in other areas.
- 6.7 Each agency agrees that they will hold confidential all information received both from the survivor and from other agencies in the process of supporting the survivor. This means that the case will not be discussed in an environment where the information may be overheard by a third party.

## 7. Dispute resolutions

Any dispute that may arise between agencies working with the survivor or the survivor and any agency they are accessing support from should follow the disputes resolution process.



## 8. Monitoring and evaluation

FSVAC Secretariat will have overall responsibility to monitor and evaluate the protocol and referral pathway, with a particular focus on high-risk clients.

The protocol will be reviewed after 6-months after the start of implementation and thereafter on an annual basis by the FSVAC Committee.

Ongoing training and support for implementation to be provided to agencies in the referral pathway.

## 9. Execution of this protocol

Signed for and on behalf of **East New Britain Provincial Administration and ENB Family and Sexual Violence Action Committee**

\_\_\_\_\_

Mr Levi Mano

ENBP Deputy Provincial Administrator, Social Services / FSVAC Chairman

Date: \_\_\_\_\_

Signed for and on behalf of **East New Britain Courts and Justice Sector**

---

Mr Samuel Lavutul

ENBP Senior Provincial Magistrate

Date: \_\_\_\_\_

Signed for and on behalf of **East New Britain Police**

\_\_\_\_\_

Mr Joseph Tabale

ENB Provincial Police Commissioner

Date: \_\_\_\_\_

Signed for and on behalf of **East New Britain Provincial Health Authority**

\_\_\_\_\_

Dr Ako Yap

ENBP Provincial Health Authority Chief Executive Officer

Date: \_\_\_\_\_



# East New Britain Province Family and Sexual Violence Referral Guidelines 2021

Acknowledgements: East New Britain Province Agencies and Provincial Administration would like to acknowledge CIMC- Family and Sexual Violence Action Committee and ChildFund Papua New Guinea for their partnership and support in developing these protocols and the New Zealand Aid Programme for the funding support. A big thanks to all the ENB organisations who gave their time and commitment to develop these guidelines.

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## 1. Introduction

These guidelines are designed to sit alongside the East New Britain Province (ENBP) interagency response protocol and support the collaboration and cooperation between agencies. This will provide for the survivors of Family and Sexual Violence (FSV) effective and timely support.

When a survivor contacts your office or agency you have a professional obligation to listen and provide the correct support for that survivor. Take the time to listen, as this may be the only time a survivor will reach out, should they feel they have been a trouble or a burden to the person they are speaking to they may be lost to the system and not make contact again.

This is done using a survivor centred model of practice, non-judgemental and non-discriminatory, always protecting the rights of the survivor, with privacy and confidentiality, empowering the survivor to make their own decisions.

If your agency is going to have an ongoing role with the survivor it is imperative that you communicate regularly with the survivor and with other professionals and agencies working with the survivor to ensure that support is being provided in a timely way.

If your agency as the initial point of contact is not able to assist the survivor to get their needs met, when you have made referral to the correct agency and contact has been established with the new agency then the case can be closed at your agency.

## 2. Key Steps to take

### Step 1 Consent

Complete a consent form (annex 1). Informed consent must be gathered from the survivor to make record of the visit. Discuss what is consent and confidentiality covering that information may be provided with referral to another agency.

### Step 2 risk assessment and assign risk level

Complete a risk assessment (annex 2), completing all questions or as many as you can. By completing all the questions, you can get a clear picture of the risk. Follow the process of assessing risk to decide if the case is assessed as High, Medium, or Low risk of immediate harm.

High-risk cases must be actioned within 24 hours of first contact. The individual or agency who received the first contact must take responsibility for ensuring that action is taken within the first 24 hours. This action can include referring for medical support, police support, safe house support etc.

In high-risk cases a referral must be made to FSVAC Secretariat. The FSVAC Secretariat will investigate if a Multi-Agency Case Conference is appropriate. If a MACC conference is to be convened the process as set out in the Provincial Gender Based Violence Action Committee Standard Operating Procedures Manual is to be followed.

### Step 3 Safety planning

Discuss with the survivor if there is currently a safety plan in place. Work on an immediate safety plan with the survivor using the Immediate Risk Management Plan (annex 4). Check if the survivor is going to stay in their home, leave and go somewhere else, go to a safe house etc. Find out if the

survivor has a safe place to be, for example with family, is the perpetrator away for work etc. Consider referral to a safe house or safe place or person.

#### Step 4 Action or referral

When making a referral to another agency in the pathway provide as much information as possible at the time of referral. This prevents the survivor from having to repeat their story in detail to every new person they interact with. Use the interagency referral form (appendix 4).

### 3. Special consideration

#### 3.1 Children

If there are children involved and they are at risk a referral must be made to the Child Protection Officers at Division of Community Development. This should happen in all cases when there are children involved. If the children are at immediate risk consult with the Child Protection Officer about a safety plan.

Should a Child Protection Officer be involved they should complete a child safety plan separate to the survivor's safety plan. This will allow the Child Protection or Welfare officer to keep the child or children in a place of safety should the survivor decide to return to a dangerous situation.

Should there not be a Child Protection officer available seek the assistance of a Welfare Officer or Community Development Advisor for assistance to create a child safety plan.

### 4. Key Sector Responses and Interventions

#### 4.1 Police

When immediate safety of the survivor and any children has been established discuss with the survivor Police involvement. In all high-risk cases where serious violence is established referral to the SOS or FSVU divisions of the Police should be considered.

This will hold the perpetrator to account for their actions and increase the long-term safety of the survivor. All cases are investigated aligned with the RPNGC Response to Offenders of Family and Sexual Violence Policy, Circular (RPNGC 2007 annex 5)

#### 4.2 Medical

Does the survivor need immediate medical attention? If yes, refer to a hospital or health centre to have their injuries treated. Consider referring to Family Support Centre at Nonga Hospital or treatment at St Mary's Hospital or any local health facility.

If the survivor has received recent medical attention for physical injury, they should be supported to get a medical report of their injuries so that prosecution of the perpetrator is able to be actioned. This should be at no charge to the survivor pursuant to NDoH (2016), Removal of Fees for GBV at all health facilities, Circular (annex 6).

#### 4.3 Protection orders

Once safety is established and contact has been made with Police, medical support etc, discuss with the survivor application for an Interim Protection Order or Protection Order. Application should be made to the District Court following the Guidance Notes for The Family Protection Act (DJAG

2013) (annex 7). There should be no charge for filing an application for a protection order. Applications for IPO's can also be made at Village Courts as per the FPA.

An interim protection order (IPO) or protection order (PO) is issued under the The Family Protection Act, (GoPNG 2013) (annex 8). Once the order has been issued by the Court arrange for the papers to be served on the Perpetrator, and a date set for a hearing.

#### 4.4 Counselling and ongoing support

Is counselling available within the agencies that have been referred to so far? For example, 1-Tok Kaunselin Helpim Lain (free national phone counselling on 7150 8000), Family Support Centre, Courts, or local church? If not make a referral for counselling via one of these agencies. This counselling should look at future safety planning as well as immediate support to understand family and sexual violence, cycles of violence and power and control.

Facilitate, if this has not already been done, referral to Faith Based or Community Based Organisation for support networks in the community for the survivor. Abuse and violence survive in secrecy, so have a wide community support network for the survivor. For example, church supporters, close family, village elders, ward members who take an interest and hold the perpetrator to account.

#### 4.5 Future planning and reintegration

Where does the survivor want to live? Does she wish to return with support to her relationship? Does she wish to return to family? Support survivors to make future plans and choices and navigate how she is able to achieve these. Consider if this has not been done referral to Local Level Government officers and ward members for support.

Once the needs of the survivor have been met and they have a safety plan in place and if appropriate an IPO or PO. Discuss their support network and plans to either return back home with support or to move to a long-term place of safety then the case can be closed.

#### 4.6 Follow up

Consider if you are a lead agency following up with survivor to see if they received the support, they need and their outcomes. This will ensure that the survivor is receiving the services they need both from your agency and from any agency that you have made a referral to. It is important to ensure you get consent to do this for the survivor.

#### 4.7 File Management

Any involvement with a client, whether it is a new client or an existing client they should have a file. This file should include the consent form, risk assessment form, immediate risk management form, any referrals to other agencies, data gathering form and case notes detailing the work that has been done with the survivor by your agency.

This information should be a separate file for each client and kept in a secure filing cabinet that only relevant staff members have access to. Any electronic files should be stored on a computer which is password protected and only accessible by relevant staff members.

# KOKOPO DISTRICT COURT

## COUNSELING FACILITY

### BACKGROUND

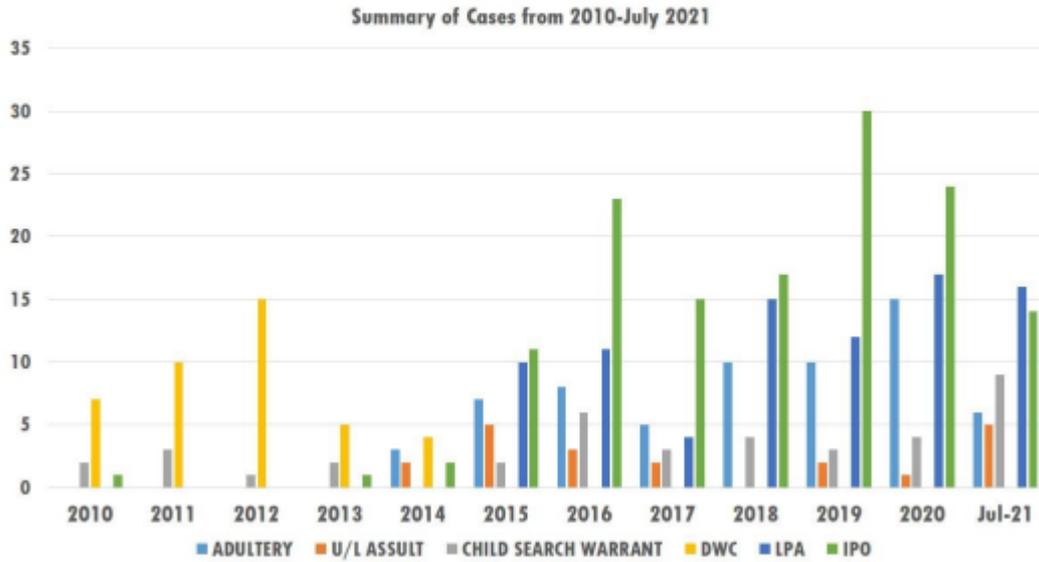
- Kokopo Family Court to date is the only Court in the country that runs weekly counseling services for our court users. This was an initiative taken up by the SPM in 2010 after we saw an increase in domestic violence, unlawful assault, teenage pregnancies, deserted wives and children, affiliation cases, applications for protection orders, adultery and enticement cases.
- Counseling is attempted upon referrals and direction through court orders
- Entry points for cases is through not only the Family Court Track but also through the Summary and Civil track where there are women, children and families involved
- We have two full time female volunteer counselors, one is a retired Welfare Officer and the other is a retired Nursing Officer.
- Our counseling service is supported by funding from the Provincial Administration through the Division of Community Development.

# STATISTICS OVER THE LAST 10 YEARS & 7 MONTHS

## SUMMARY OF CASES (REFERRALS) FOR COUNSELING FROM 2010 TO JULY, 2021

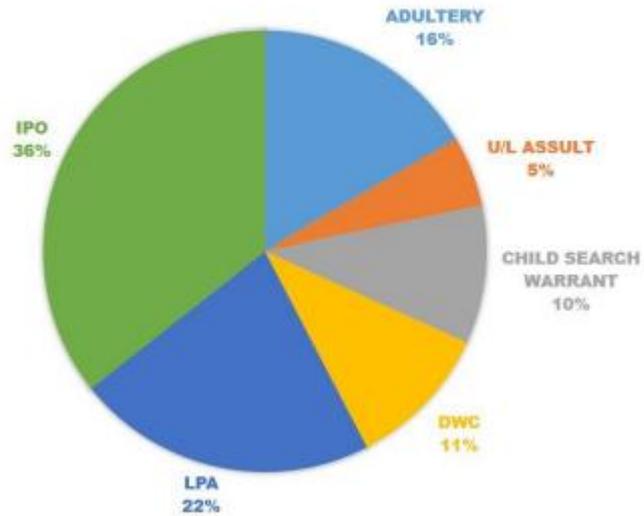
CHARGES	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	July 2021	TOTAL
ADULTERY	NIL	NIL	NIL	NIL	03	07	08	05	10	10	15	06	64
U/L ASSAULT	NIL	NIL	NIL	NIL	02	05	03	02	NIL	02	01	05	20
CHILD SEARCH WARRANT	02	03	01	02	NIL	02	06	03	04	03	04	09	39
DWC	07	10	15	05	04	NIL	41						
LPA	NIL	NIL	NIL	NIL	NIL	10	11	04	15	12	17	16	85
IPO	01	NIL	NIL	01	02	11	23	15	17	30	24	14	138
<b>TOTAL REGISTERED</b>	<b>10</b>	<b>13</b>	<b>16</b>	<b>08</b>	<b>11</b>	<b>35</b>	<b>51</b>	<b>29</b>	<b>46</b>	<b>57</b>	<b>61</b>	<b>50</b>	<b>387</b>
SUCCESSFUL	07	10	10	06	07	25	38	18	31	30	51	48	281
UNSUCCESSFUL	03	03	06	02	04	10	13	11	15	27	10	02	106

# SUMMARY OF CASES 2010 TO JULY 2021

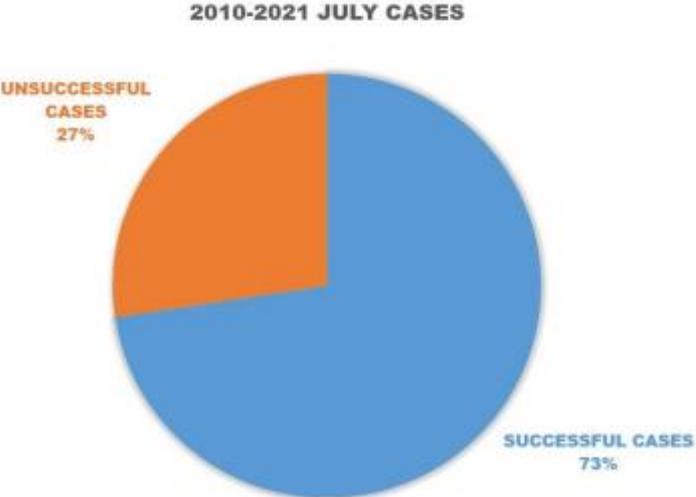


# % OF SUMMARY OF CASES 2010 TO JULY 2021

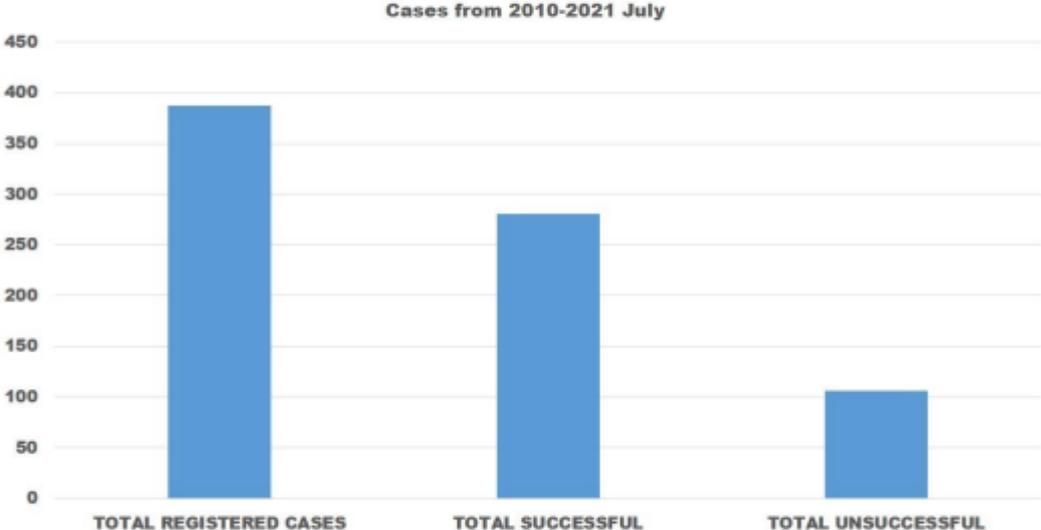
SUMMARY OF CASES FROM 2010-JULY 2021



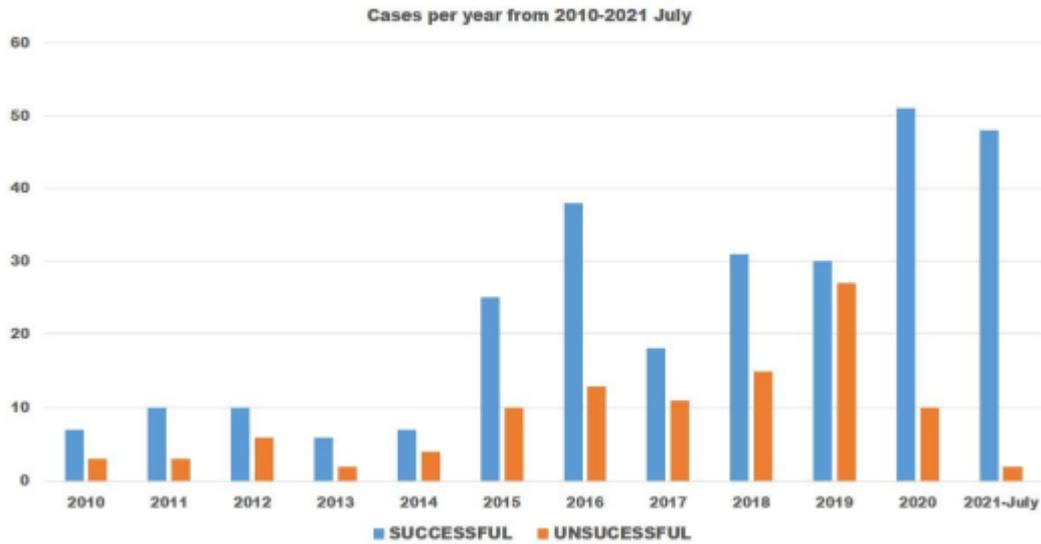
# SUCCESS AGAINST UNSUCCESSFUL



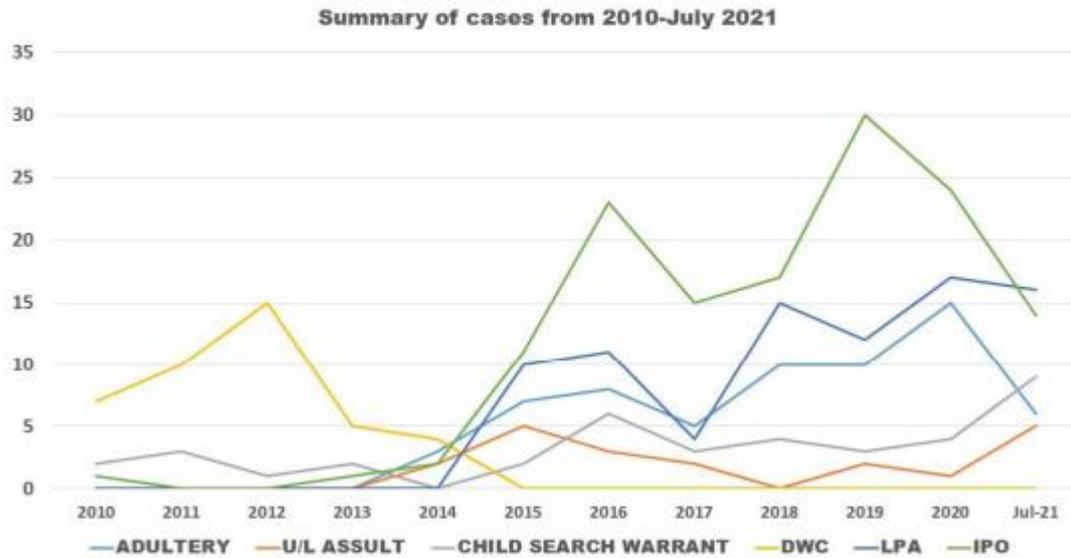
## SUCCESS & UNSUCCESSFUL CASES AGAINST THE TOTAL NUMBER OF CASES REFERRED FOR COUNSELING



# CASE TREND OVER 10 YEARS & 7 MONTHS



# CASE TREND OVER 10 YEARS & 7 MONTHS



**“COUNSELING” IS THERE A NEED??**

**“YES”**

## **ENBP PERSPECTIVE**

- **TRAINED 35 COUNSELORS IN 2015  
GRADUATED WITH DIPLOMAS WHERE ARE  
THEY?**
- **HOW MANY ARE PRACTICING?**
- **IF THEY ARE PRACTICING AT WHICH FACILITY?**
- **WHO IS SUPPOSED TO MONITOR AND  
EVALUATE THEIR PERFORMANCES?**