ABOUT MSF

Médecins Sans Frontières (MSF) is an international, independent, medical humanitarian organization that delivers emergency aid to people affected by armed conflict, epidemics, natural disasters and exclusion from healthcare. MSF offers assistance to people based on need, irrespective of race, religion, gender or political affiliation.

A private, international, non-profit association, MSF observes strict neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance. MSF'S members undertake to respect their professional code of ethics and to maintain complete independence from all political, economic or religious powers. Today, MSF provides medical and humanitarian assistance in more than 65 countries across the globe[1].

MSF and family and sexual violence in Papua New Guinea (PNG)

MSF first started working in PNG in 1992. Family and sexual violence is widespread across the country, and women and children are particularly vulnerable. In response, MSF established a Family Support Centre clinic in Angau Memorial Hospital, Lae, Morobe Province in 2007. The following year, MSF established another Family Support Centre in Tari Hospital in Hela Province. In 2013, MSF began to run a regional treatment and training programme from Port Moresby to provide treatment for family and sexual violence survivors and train others.

In PNG, MSF promotes the provision of 'Five Essential Services''[2] to all survivors of family and sexual violence in one session as a minimum level of care. In order to reduce further burden on survivors, MSF believes it is important that one health care provider delivers these five essential services in one single visit, in one location. The Family Support Centre model aims to provide timely, quality, medical and psychological care to survivors of abuse, demonstrating the feasibility and necessity of having a 'one-stop shop' of integrated medical care that also facilitates access to social services.

Since 2007 MSF teams have provided over 20,000 medical and psychosocial consultations to family and sexual violence survivors in Lae, Tari, Maprik, Alotau and Port Moresby. In the first six months of 2015 alone, MSF treated 1,225 survivors in Hela Province, Port Moresby and Alotau. Besides treating patients directly, MSF has also provided support or training to 18 Family Support Centres around the country and has provided training to other service providers including police family and sexual violence units and community leaders.

Today, family and sexual violence remains a medical humanitarian emergency in PNG, and MSF continues to work with PNG's health authorities to provide access to free, good-quality, confidential, and integrated care for victims. However, MSF teams repeatedly witness worrying gaps in service provision for survivors at both national and provincial level.

This paper highlights the continuing lack of adequate services for survivors in PNG in addition to the absence of a functioning protection system to keep women, and children in particular, safe from repeat abuse. It calls upon the PNG authorities to urgently better implement and resource its own recent legislation and policies addressing the lack of adequate medical and psychosocial services, in addition to prioritizing the safety of survivors so they are no longer forced to return to their abusers.

LACK OF SERVICES AND SAFETY FOR SURVIVORS OF FAMILY AND SEXUAL VIOLENCE IN PAPUA NEW GUINEA

[1] Further information on MSF can be found at www.msf.org

[2] The five essential services include: medical first aid; psychological first aid; prevention of HIV and other STIs; vaccination against hepatitis B8 and tetanus, and emergency contraception to prevent unwanted pregnancies that are the result of rape.

Family and sexual violence is a global problem, but the high rates in PNG are alarming. A government-commissioned study from 1986 reported that 70% of women had experienced abuse at the hands of family members or intimate partners[3], while a 2008 study of sexual violence documented rates of reported rape at 44% across PNG.[4] A 2013 Lancet study of male experience of sexual violence in ten countries in South-East Asia, revealed around 80% of men in Bougainville, PNG admitting to committing some form of violence against their partner. [5]

However, the true extent of family and sexual violence in PNG is still unclear due to the serious lack of specific statistical information and consistent data collection. This is a major problem that continues to hinder attempts to provide sufficient services to survivors. Nonetheless, MSF's experience since 2007 attests to the alarmingly high levels of family and sexual violence in PNG, including against children. More than one in three (37%) of the cases of sexual violence MSF treated in Tari's Family Support Centre between January-June 2015 were under 15 years of age, while this age group made up 60% of the survivors of sexual violence MSF teams treated in the capital district during the same period.[6]

The short-and-long-term damage that family and sexual violence can do to an individual's health is profound. To effectively address the needs of abused women and children, a high level of integrated multi-sectoral service provision is necessary. Yet before 2007, incidents of family and sexual violence were largely viewed as private, familial affairs, and treatment for survivors' physical and mental trauma was both ad hoc and limited. Whatever services did exist were fragmented, piecemeal and wholly inadequate. Mental health support was virtually absent. Without integrated services, survivors were forced to travel from one service provider to another, leading to their disengagement and re-traumatization. PNG's government has since increasingly recognized the extent of the problem of sexual and family violence in the country, taking a number of steps to improve policy and practice in service provision for victims. Yet glaring gaps still remain.

The government has ratified many of the United Nations' international human rights instruments that monitor and help safeguard the rights of women and children[7]. The government has also taken steps to tackle the issue at national level and is currently in the process of updating, or has recently updated, several crucial laws and policies. This includes Parliament's July 2015 passing of the country's first Mental Health Bill. Important updates to the 'Clinical Guidelines for the Medical Care and Support of Survivors of Sexual and Gender Based Violence in Papua New Guinea' are also expected. However, this drafting and approval process, commenced in 2013, has undergone numerous delays, and by 31st August 2015 no new draft has been approved or adopted. It also

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[3] The 1986 PNG Law Reform Commission report entitled "Domestic Violence in PNG" reported that 67% of women had been beaten by their partners. Results of a 2009 academic study also reported that 65% of women interviewed had suffered from domestic violence (Margit Ganster-Breidler, "Gender-based violence and the impact on women's health and well-being in Papua New Guinea", Contemporary PNG Studies, Vol. 1, November 2010). Additionally, the PNG Medical Institute found that 55% of women interviewed had experienced forced sex while 60% of men interviewed had participated in gang rape (PNG Medical Institute, 1993).

[4] Lewis. I., Maruia, B. & Walker, S. (2008), "Violence against women in Papua New Guinea," Journal of Family Studies, 14(3),183 - 197.

[5] The Lancet Global Health. (2013) "First multi-country study of rape and partner violence finds that nearly a quarter of men report having committed at least one rape" September 10th 2013.

[6] According to an interview on 1st July 2015 with David Kivu, head prosecutor for Family and Sexual Violence crimes at PNG's National Court, 40% of the family and sexual violence cases brought to the National Court are minors.

[7] Please see Annexes

includes Parliament's June 2015 passing of the much-delayed (five years) new child protection Lukautim Pikinini Act.

The pace of progress to address the emergency levels of family and sexual violence remains sluggish. Despite progressively taking steps that aim to increase services and improve policy, the roll out of services is uneven and inconsistent across the country. Too many provinces in PNG still lack the Family Support Centres required to provide the very minimum package of Five Essential Services. Lack of financial and human resources inside the centres, lack of clarity for referral and access barriers such as distance and insecurity on the roads, all continue to prevent survivors from obtaining the specialized medical care they urgently require following an incidence of violence.

The need for specialized services for survivors extends beyond healthcare. The lack of options to keep them safe after medical treatment is forcing vulnerable women and children to return to dangerous homes. Virtually no safe house facilities exist outside the national capital district, while the capital itself only has five safe houses – four of which have four beds or less.

The pattern of domestic violence tends to be repetitive and escalates over time. The dramatic lack of safe locations to place survivors away from abusive situations puts them at increased risk of repeat violence, trauma, injury and even death. Between January-June 2015, more than one in every twenty survivors attending the MSF-run Family Support Centre were 'repeat' patients, while 24 patients had returned for treatment following three or more separate incidents of abuse.

Abused minors are even more vulnerable. At the time of writing, no safe house facilities or formal fostering procedures existed for at-risk children. This lack of alternative out-of-home-care for child survivors is putting them back into the hands of their abusers. Without a better protection system in place, necessary efforts to provide increased comprehensive medical and psychosocial care will remain vital, but relegated to little more than patching up children in between abuse sessions.

CRITICAL GAPS IN SERVICES AND SAFETY PROVISION FOR SURVIVORS OF ABUSE

Inadequate Family Support Centres: In 2013, the PNG Government published the "Guidelines for PHA/Hospital Management establishing hospital based Family Support Centres". This provided instructions on the levels of care and priority services to be provided in Family Support Centres: the full package of essential services for medical and psychosocial care, outreach services, referrals to other key services, and safe dispatch of survivors.

However, currently only 16 Family Support Centres exist in a country with 22 provinces and a population of over 7.3 million. Out of these 16 centres, the government reports that only seven are fully functional, while others are partially or non-functional.[8]

[8] 'Mapping of Family Support Centres in Papua New Guinea' document, provided by the National Department of Health on request to MSF on 31 July 2015.

In the limited number of Family Support Centres that exist, the level of services provided varies significantly facility to facility. An MSF health assessment in July and August 2015 of two Family Support Centres in East Sepik and Western Highlands provinces revealed that key services, that should be part of the minimum integrated package of Five Essential Services, were either not offered to survivors, or provided only sporadically.

Barriers preventing people from accessing vital medical and psychosocial care: Besides a greater lack of services available outside the capital, distance, lack of transport, travel costs and insecurity further compound the barriers facing women and children living in rural areas. With the few fully functioning Family Support Centres outside the capital district located only at major referral hospitals, some survivors must travel up to eight hours to reach a facility. In parts of the country, such as the Autonomous Region of Bougainville where full road access is unavailable, some patients can only reach care via boat over seasonally turbulent waters.

While ambulance services are supposed to be free of charge for all patients, an MSF health assessment conducted in July 2015 found that over half the rural health facilities visited in Western Highlands, East Sepik, East and New Britain Provinces, and Bougainville either had no ambulance vehicles available, or admitted to charging patients on occasion to cover fuel costs.

Lengthy travel times, insecurity in regions such as the Highlands where frequent inter-tribal fighting occurs, and difficulties in securing transportation not only deter some survivors from seeking help, but also mean that survivors often do not present themselves at a clinic within the recommended 72-hour period following an incident of family and sexual violence[9].

Lack of financial and human resources: The dire lack of trained human and financial resources contributes to the dysfunction of the Family Support Center system, especially in rural areas. Additionally, recent cuts in public health expenditure[10] will further cripple a system already failing to meet the needs of survivors.

Lack of safe houses and temporary shelters: MSF teams have repeatedly witnessed the unacceptable reality of survivors who sought treatment being forced to return to abusive environments because of a lack of safe house facilities offering a minimum level of protection. Despite the need for safe houses being outlined in the national 2013 'Guidelines for PHA/Hospital Management establishing hospital based Family Support Centres', at present only five safe house facilities exist in the capital.

In other locations where MSF has worked or conducted health assessments - namely Hela, Western Highlands Province, Milne Bay, West New Britain and East New Britain Provinces , and Bougainville Autonomous Region, no official safe house facilities exist at all. The lack of temporary shelter means that Family Support Centre staff are reduced to treating the medical needs of extremely vulnerable people in between abuse sessions.

Failure to provide child-specific services for survivors: Children constitute a large proportion of the family and sexual violence cases in the country. Between January-June 2015, 37% of the sexual violence cases treated by

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[9] Emergency contraception and post-exposure prophylaxis for STDs including HIV are most effective if administered within 72 hours.

[10] Gerawa M, 29th July 2015, "Health Department feeling pinch of budget cut", Post-Courier newspaper, revealed a budget cut of 200 million kina (USD $70,700,000) to health.

MSF in Hela Province were under the age of 15, while over 60% in cases treated in Port Moresby were minors. The newly adopted National Lukautim Pikinini Policy also states that "between 49 and 74% of cases violence presenting at Family Support Centres are children less than 18 years" while 40% of the Family and Sexual Violence cases brought before the national court involve minors.[11]

Child survivors' specific needs are not being met. Child survivors are often unable to fully express or articulate their experiences and emotions following abuse, and the lack of adequate provision of mental healthcare is one especially serious gap. The number of trained child counselors is alarmingly low throughout the country, including in the capital where only one facility, Port Moresby General Hospital, offers child-specific mental health care, and only on one afternoon per week.

The 2009 Lukautim Pikinini Act made no provisions for safe house facilities for children. During MSF assessments, care-givers have explained that the lack of legislation has caused much confusion regarding the limits of what services they could offer children. While the recently passed 2015 Lukautim Pikinini Act does provide for the establishment of safe house facilities, neither this updated Act nor its accompanying policy have clarified ambiguous issues – such as the licensing of facilities. Without official licences to work with at-risk children, service providers who cater for children are outside of their official homes place themselves at risk of 2,000 kina penalty fine, imprisonment, or both. Additionally, no safe house currently accepts unaccompanied children, and no accompanied boys over the age of seven. As a result, children who need to escape violent caregivers, or women who wish to seek refuge with male children older than seven, are left without options, and often forced to remain with their abusers[12].

CONCLUSION

While the Government of PNG has progressively taken steps to improve services provided to survivors of family and sexual violence, grave gaps still remain. MSF is seriously concerned that provisions laid out in multiple guidelines and policies, including the Guidelines for PHA/Hospital Management establishing hospital based Family Support Centres, the 2015 Lukautim Pikinini Act and the 2015 Mental Health Act will remain unfulfilled or continue to incur significant delays in implementation. Vulnerable survivors, in particular children, simply do not have the luxury of time. Increased political will, resources, and efforts must be made to better care for and protect survivors of family and sexual violence in PNG.

MSF urges the PNG authorities at national and provincial levels, to urgently:

- Ensure the provision of the minimum package of 'Five Essential Services' in existing Family Support Centres.
- Provide training on child counseling to existing Family Support Centre clinic staff and ensure that clinics are sufficiently staffed.
- Improve survivors' access to medical services by funding ambulance services and increasing outreach
- Prioritize the establishment of Family Support Centres in regions where none currently exist.

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[11] According to an interview on 1st July 2015 with David Kivu, head prosecutor for Family and Sexual Violence crimes at PNG's National Court, 40% of the family and sexual violence cases brought to the National Court are minors.

[12] Please see Annexes for patient story

- Establish, fund, and support a system to keep survivors safe from being forced to return to abusive situations due to lack of options. This includes establishing safe house facilities without delay, and in the interim providing licenses and additional resources to enable the few existing safe houses to officially cater for at-risk children.