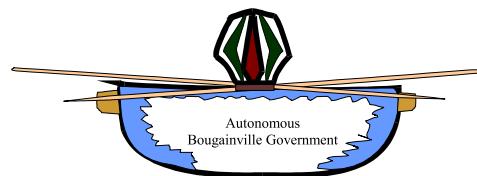


FAMILY, HEALTH AND SAFETY STUDY

AUTONOMOUS REGION OF BOUGAINVILLE, PAPUA NEW GUINEA

SUMMARY REPORT



FAMILY, HEALTH AND SAFETY STUDY

AUTONOMOUS REGION OF BOUGAINVILLE, PAPUA NEW GUINEA

SUMMARY REPORT

RACHEL JEWKES, EMMA FULU, YANDISA SIKWEIYA



*Empowered lives.
Resilient nations.*



PARTNERS FOR PREVENTION. A UNDP, UNFPA, UN WOMEN AND UNV REGIONAL JOINT PROGRAMME FOR GENDER-BASED VIOLENCE PREVENTION IN ASIA AND THE PACIFIC

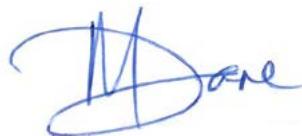
FOREWORD

The Autonomous Region of Bougainville still faces the aftermath of many forms of violence after the civil war. In 2001, the Bougainville Peace Agreement (BPA) — signed between the national Government of Papua New Guinea (GoPNG) and leaders representing the people of Bougainville — ended a ten-year civil conflict during which thousands of men and women lost their lives.

This summary report of the Family Health and Safety Study gives insight into the health and safety of the people of the Autonomous Region of Bougainville, and points to what more is needed to address these issues of great concern. This report presents some uncomfortable statistics about the lives of those surveyed, many of whom experienced traumatic events during and following from the conflict.

Today, Bougainville is engaged in processes of building peace, prosperity and social cohesion among its people. This study points to important challenges that must be addressed on the road to a better future. But the study findings and recommendations point to ways forward for addressing violence and trauma experiences by many in Bougainville, as well as other critical issues of family health. Addressing these issues is a priority for the Autonomous Bougainville Government, and as seen as an essential part of the process of reconciliation and peace building. This study will help us design and target more effective programmes for the health and safety of the people of Bougainville, and we hope is will be used by all of our development partners in this shared goal.

Yours Sincerely,



Hon. Melchior Dare

Minister of Community Development
Autonomous Bougainville Government

ACKNOWLEDGEMENTS

This study was a collaborative effort of the Autonomous Bougainville Government (ABG), the National Statistics Office of Papua New Guinea and the United Nations family in Bougainville, Port Moresby and regional offices in Bangkok and Suva. This study was undertaken with and for the men and women of Bougainville. We are profoundly grateful to all of the individuals who gave their time to participate in this study and generously shared their life experiences. Without the willingness of the individuals of Bougainville to participate in the survey, this study would not have been possible. A special thanks also goes to all of the interviewers and supervisors from Bougainville who worked tirelessly to collect the data for this study, and often under difficult circumstances.

The Autonomous Bougainville Government and the United Nations guided this study through the Joint ABG-UN Working group comprised of representatives from the Ministries of Community Development, Health, Law and Justice should be commended for their support. Profound appreciation goes to the ABG management and Department heads, including the ABG Chief Secretary Mr. Chris Siriosi. We would also like to offer great thanks to key advocates for the study including Hon. Melchior Dare Minister for Community Development and Ms. Mana Kakaroutz CEO, Division of Community Development and former and current the Ministers of Health Hon. Patrick Nisira and Hon. Rose Pihei.

The National Statistics Office of Papua New Guinea undertook the sampling, logistics and conducted the fieldwork with interview teams from Bougainville. Technical oversight and financial support for this study was provided by Partners for Prevention, a UNDP, UNFPA, UN Women and UNV regional joint programme for gender-based violence prevention in Asia and the Pacific. Along with Partners for Prevention, the South African Medical Research Council supported the design of the survey, training of interviewers, analysis and drafting of the full report that can be found on the website www.partners4prevention.org. Additional technical support and funding for the study was provided by UNDP in Papua New Guinea and the UNDP Pacific Centre in Fiji.

The following individuals are also gratefully acknowledged for their support, passion and dedication: Sister Lorraine Garasu of the Nazareth Rehabilitation Centre and Bougainville Family & Sexual Violence Action Committee; Francisca Tinabar and Joseph Jeraha of the National Statistics Office; Peterson Mangola, Anthony Agyenta, Julie Bukikun and Jessica Siriosi of UNDP PNG; Agnes Titus and Jeff Buchanan of UN Women PNG; Thomas Shanahan and Tracy Vienings of the UNDP Pacific Centre; Rachel Jewkes, Yandisa Sikweyiya and Nwabisa Shai from the South Africa Medical Research Council; and, James Lang, Emma Fulu and Xian Warner from Partners for Prevention.

This summary was written by Rachel Jewkes and Yandisa Sikweyiya of the SA MRC and Emma Fulu from Partners for Prevention, with further inputs from James Lang, Julie Bukikun, Anthony Agyenta and Mana Kakaroutz. This report was copy edited by Ani Lamont and Lauren Banning and designed by Daniel Fearly.

BACKGROUND

The Family Health and Safety Survey in Bougainville (FHSS) was conducted in the Autonomous Region of Bougainville over the course of 2012 and 2013. The study was undertaken to provide a deeper understanding of the health and safety problems affecting families in Bougainville in order to build stronger, evidence-based interventions to promote healthy families and communities, to prevent gender-based and family violence, and to help strengthen the peace and development for the Autonomous Region of Bougainville overall.

The men and women interviewed for the study were randomly selected, ensuring that they represented all adults of their age (18–49 years) on Bougainville. Internationally recognized and tested statistical techniques of random sampling were used so that all men and women of this age group had an equal chance of being selected for interview. The sample was stratified by size of village (census enumeration area) and region to ensure it was evenly distributed across the island. The interviews were conducted in Pidgin by fieldworkers who were the same sex as the respondents. Interviews were completed with 864 men and 879 women, and this sample is representative of the entire Autonomous Region.

To ensure high quality data was collected and recorded, the survey questions were installed on hand-held personal digital assistants (PDAs) and the survey was available in Pidgin and English, in both written and audio formats. Men administered the survey with men, and women only with other women. The PDAs enabled one very sensitive section of the questionnaire for men to be completed by men themselves. The interviewer explained how the PDA worked, and then left the individual alone to fill in their answers. This provided complete confidentiality for the section with the most difficult and sensitive questions.

The study followed international ethical and safety guidelines for conducting research and analysing the data. As this study was part of a larger multi-country study coordinated by Partners for Prevention,



Members of the data collection training workshop.

researchers were particularly interested in generating information that could be compared with that from the other five participating countries. The study used a standardized structured questionnaire which largely drew from questions tested and used in previous studies, including the South African Medical Research Council's *Study on Men's Health and Relationships*, the WHO *Multi-country Study on Women's Health and Domestic Violence against Women* and the *International Men and Gender Equality Survey* (International Center for Research on Women and Instituto Promundo). These studies have been used in many countries and global regions. Please see www.partners4prevention.org for more information on the UN *Multi-country Study on Men and Violence* including the full questionnaire used in the study sites.

GENERAL CHARACTERISTICS OF THE MEN AND WOMEN INTERVIEWED

Most of the men and women in the study had been to school for some time, but more than half had not entered secondary school. Only 1 in 10 men and 1 in 12 women had some tertiary education. Two-thirds of the men and women were currently married or living with their partner. Child marriage was quite common among the group, and about 1 in 6 women had married before they were 18 years old. Most of that group had married at 16 or 17 years old but about 1 in 20 of the women interviewed had married before age 16. About 1 in 20 of the men had also married under age 18. Half of the women interviewed and three quarters of the men had worked in the last year, mostly in fishing or farming. Men were largely the main provider at home, but in about a third of households men and women said they shared providing equally with their partner. Only 14 per cent of men reported earning more than 1000 kina (just over \$400 USD) per month, but less than one in ten said people went without food at home each month.

HEALTH OF FAMILIES

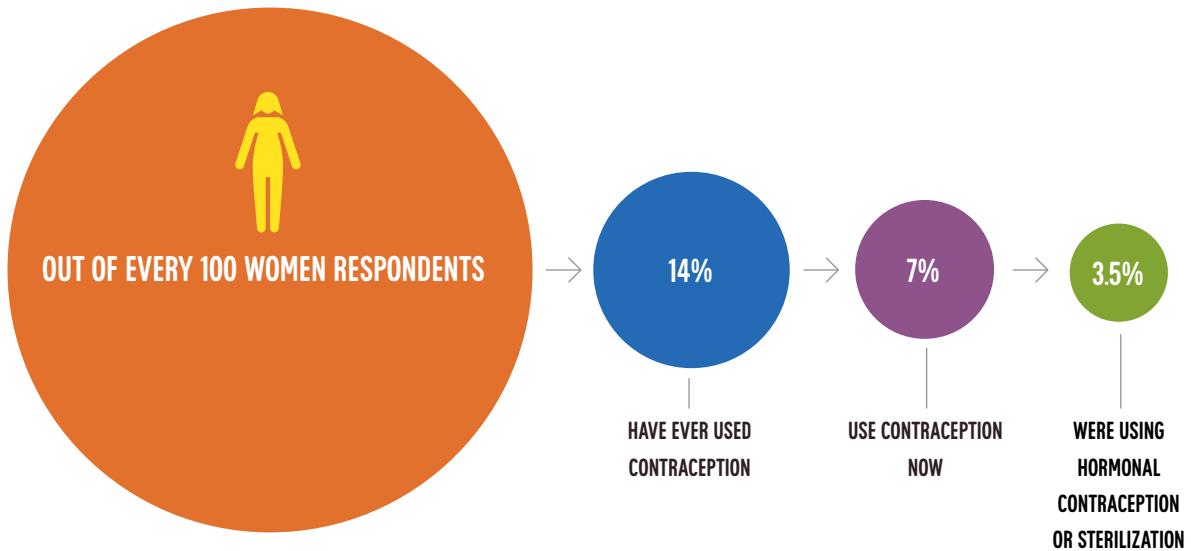
PREGNANCY AND MORTALITY

The maternal mortality rate in Papua New Guinea is estimated at 230 per 100,000 and in Bougainville the rate is estimated to be up to three times higher. Family sizes are generally large with women on average having about five children. This means that women have between a 1 in 100 and 1 in 30 chance of dying in childbirth.

Most women interviewed had had their first child after the age of 18. Young teenage pregnancies are a concern as they are a higher risk to the mother and baby and disrupt schooling. One in 12 women had given birth before age 18. Overall, one in five had ever had a miscarriage.

CONTRACEPTIVE USE

The use of contraceptive measures to prevent pregnancy was very uncommon, as shown in Figure 1. Half of all women interviewed who were using contraception lived in the South. This suggests that access is very poor for much of the rest of the island. Nearly one in five women said their husband had forbidden contraceptive use. These findings clearly indicate that women in Bougainville have very limited control of their sexual and reproductive health. Spacing pregnancies is a critical intervention for reducing maternal and infant mortality, and empowering women.

FIGURE 1**USE OF CONTRACEPTION MEASURES****FIRST SEXUAL EXPERIENCES**

One in four women and one in three men said they had sex for the first time before the age of 18 years. One in 12 women and one in eight men had done so before age 16. Many women said they were raped the first time they had sex. Overall one in five said this, but one in three of the women who first had sex under 16 years had been forced or raped.

Although most young teenagers in Bougainville are not sexually active, many of them are. This is very similar to patterns seen in other parts of the world. It highlights the importance of providing information about sexuality to young teenagers through schools and other appropriate information channels so that this is available before sexual activity commences. In some countries where there have been strong efforts to increase teenagers' knowledge of sexuality and contraception as part of HIV prevention efforts, this has resulted in a sharp drop in forced first sexual experiences and teenage pregnancy.

HIV RISK BEHAVIOURS AND CONDOM USE

Papua New Guinea has the highest HIV prevalence in the Pacific. One in two hundred in the population of adults aged 15–49 have HIV and there is considerable concern that the conditions for rapid expansion of the epidemic exist in many parts of the country (UNAIDS, 2013). This study reconfirms that many men and women have engaged in risky sexual behaviour in Bougainville. Just over half of men had had one sexual partner in the last year, however one in five men had had 2–3 partners and a similar proportion had had four or more partners in the last year.

Transactional sex, that is having sex in return for cash, a goods or a favour, is an important risk factor for HIV. About one in eight women reported that they had ever had sex because they were given money, transport, accommodation or goods. This was more commonly disclosed by men, as a third of men surveyed said they had engaged in transactional sex by providing the goods, service or cash.

The survey asked about sexually transmitted infections. Nearly one in five women had ever had a vaginal discharge or ulcer, and many had had these several times. Overall about one in ten men or women had been told by a health worker that they had had such an infection. Sexually transmitted infections can increase the risk of HIV spreading, as well as other complications, including more widespread infection and infertility.

A third of men and women interviewed indicated that they felt their husband (or, if male, they themselves) would be outraged if they asked him to use a condom. Only 2 per cent of women and 5 per cent of men indicated that they always had used a condom.

In conclusion, Bougainville has a combination of quite high numbers of sexual partners, transactional sex, prevalent and untreated STIs and low consistent condom use, all of which provide the potential for rapid expansion of the HIV epidemic. Concerted HIV prevention efforts driven by information and awareness raising, coupled with testing and treatment of those with STIs and HIV infected are needed to control the epidemic.

SEXUAL RELATIONS BETWEEN MEN

Sexual relations between men are illegal in Papua New Guinea. However, one in twenty men surveyed said they had ever done something sexual with another man that was consensual. This is a very similar proportion of men revealing consensual sex with a man in comparable research in South Africa, and many of the countries of the UN Multi-country study on men and violence in Asia and the Pacific. Most of the first sexual experiences men had with other men occurred during teenage years. Most men who had had sex with men were currently married or cohabiting. It is not possible to address the health needs and vulnerability of men who have sex with men whilst homosexuality is criminalized.

Both consensual sex between men, and male-on-male sexual violence need to be addressed in HIV prevention and sexual health programmes.

MENTAL HEALTH

The mental health of the men and women interviewed is a significant concern for the long term well-being of the people of Bougainville. Mental health issues affect women and men in different ways, and can be driven by experiences of trauma. For example, around the world, women often have higher levels of depression and suicidality, and this related to women's experience of violence and limited power compared to men.

DEPRESSION AND SUICIDE

The women and men interviewed reported very high levels of symptoms of mental ill-health (see Figure 2). One in four men and one in three women had experienced many depressive symptoms. One in 12 women and one in 33 men had thought about suicide in the four weeks before the interview. Many men and women reported that they tried to take their lives at least once, and this was reported more often by women. One in five women had ever tried to take their own life.

SUBSTANCE ABUSE

Substance abuse was common among the men surveyed. A third of men described binge drinking, and more than one in seven reported using drugs in the past year.

POST-TRAUMATIC STRESS DISORDER

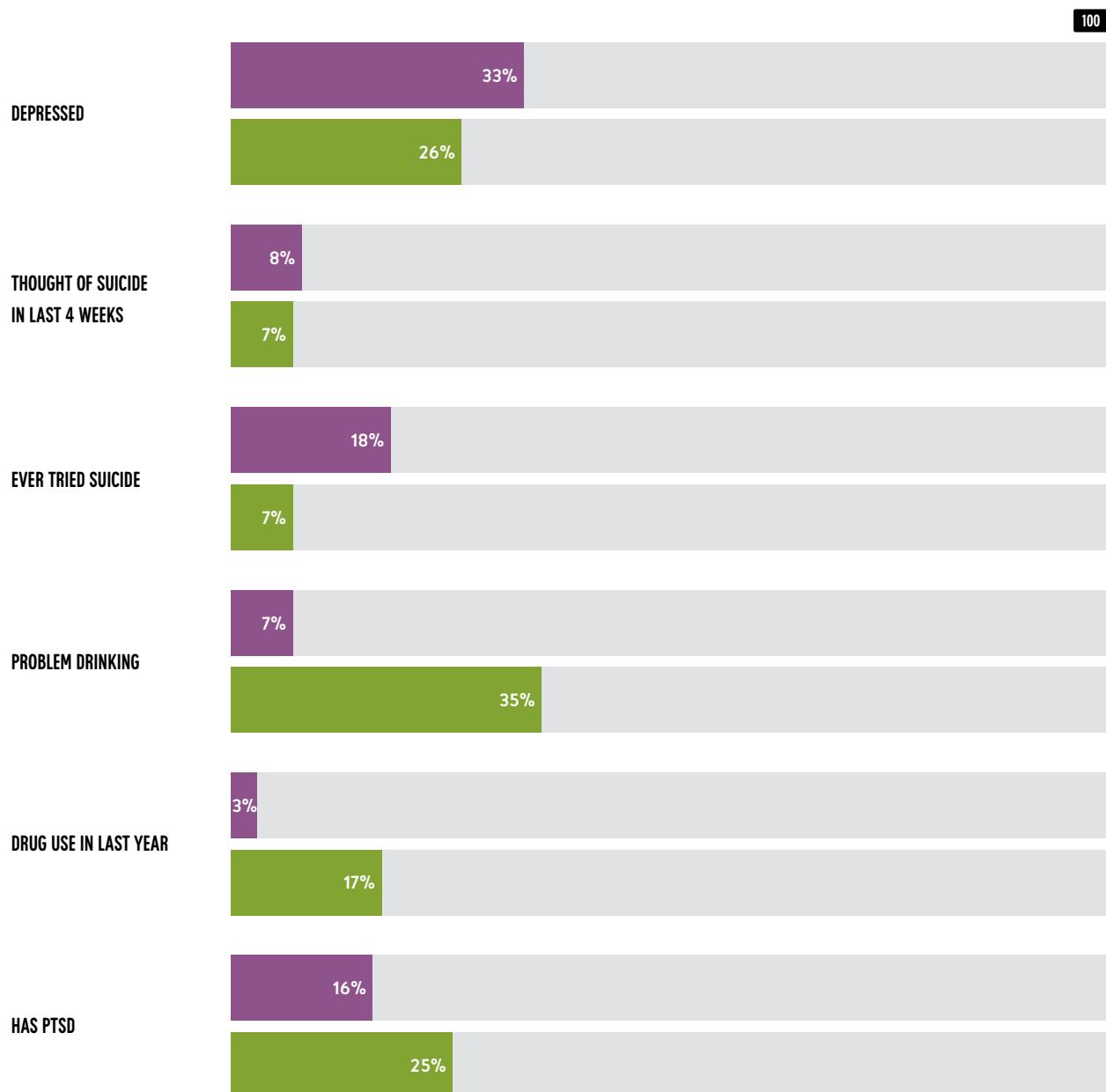
Post-traumatic stress disorder (PTSD) was very common (Figure 2). Overall eight in ten men and women said they had experienced a life threatening event which could lead to PTSD. Among those who had experienced such an event, more than one in four men and one in five women had PTSD. If we look at the whole population, the study suggests that a quarter of men and one in seven women probably have PTSD, and that it is much more common in the North.

Mental health services are often particularly neglected within health services. Where they are available, services for treatment of psychological reactions to trauma, including PTSD, are often absent. However, untreated PTSD causes severe distress, disrupts social relations and economic activities, and causes multiple other problems related to anger and aggression (discussed below). Treatment is therefore a priority.

FIGURE 2

MENTAL HEALTH

● WOMEN ● MEN



CONFLICT AND COMMUNITY VIOLENCE

WITNESSING VIOLENCE DURING CONFLICT

This research was conducted at a time when the conflict in Bougainville was still relatively recent. Although the conflict ended over a decade before this study was implemented, all respondents were alive during the conflict period. Participants were asked about their experiences of witnessing violence during the period of the conflict and this was a very common event, across the different districts. Overall more men had witnessed violence than women, as half to two thirds of men had seen someone beaten or seriously injured, about half had seen someone killed, and two thirds of men had witnessed the rape or sexual violation of a man or woman (Figure 3).

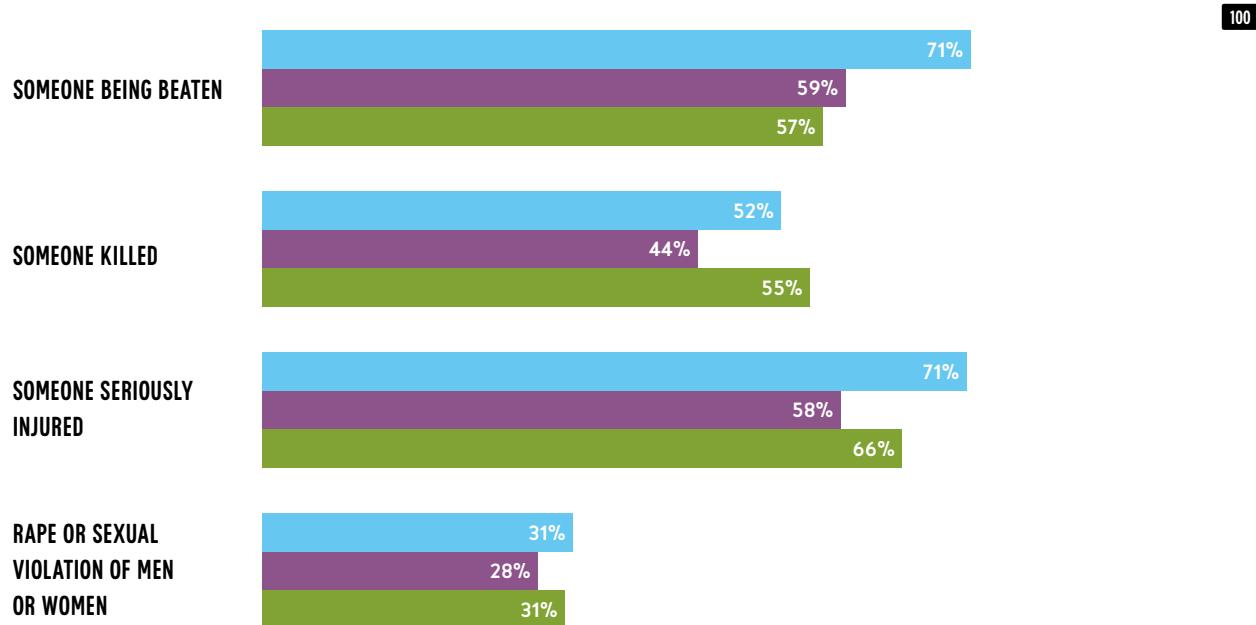
Violence had impacted on the mental health of those who witnessed or experienced it. Depression was common among this group and they were much more likely to have symptoms of PTSD. A third of men and one in five women who had been exposed to traumatic events had PTSD and a third of women and a quarter of men overall showed signs of depression.

ENDURING IMPACT OF CONFLICT

The conflict had a substantial impact on education, and about one in three of those interviewed had their education interrupted and many had been unable to complete their education. Many of those who had worked felt that they could not keep jobs due to their experiences in the conflict. Although the conflict officially ended in 1998, more than one in three men and women said there was a continuing lack of peace in their community, and more than one in five mentioned persisting strife in their family.

FIGURE 3**PERCENTAGE OF MEN WHO WITNESSED VIOLENCE DURING CONFLICT BY REGION OF CURRENT RESIDENCE IN BOUGAINVILLE**

● NORTH ● CENTRAL ● SOUTH



Many people indicated that they used alcohol or drugs in an effort to forget the trauma of the conflict. Interpersonal problems that were attributed to the conflict were very commonly mentioned including problems having a good intimate relationships, controlling aggression, problems having normal relations in the community, and a sense of being unable to trust anyone.

SORCERY ACCUSATION-RELATED VIOLENCE

Sorcery accusation-related violence was most commonly reported in the South and may be an expression of continuing community mistrust following the conflict. One in two men and one in four women had witnessed someone experiencing violence, after being accused of sorcery. Nearly one in five men had engaged in such violence, but only one in 33 women reported having done so. Sorcery accusation-related violence is very often fatal.

VIOLENCE AGAINST WOMEN AND CHILDREN

EXPERIENCING VIOLENCE IN CHILDHOOD

From interviewing adults, we learned that violence used against children has been very common. This has a life-long impact on children, extending into adulthood, and makes it more likely that they will use and experience of violence as adults. Figure 4 shows the proportion of men and women who experienced violence and abuse as children.

VIEWS ON GENDER

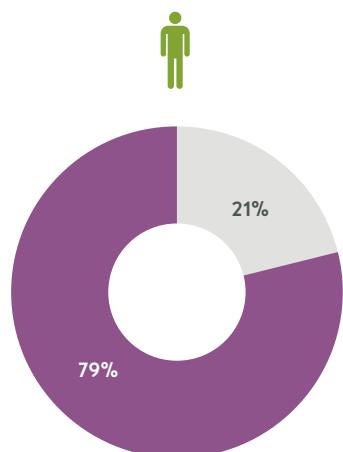
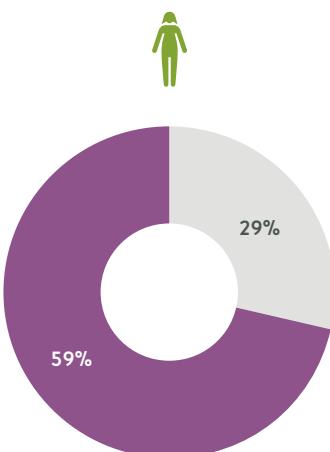
Men and women on Bougainville commonly reported rigid views on gender relations. Women are widely expected to obey men and submit to men's dominance in the household and marriage, although men share in much of the domestic work. Overall 85 per cent of men and 75 per cent of women felt that women should obey their husband. Two thirds of men, but less than half of women, felt a woman cannot refuse to have sex with her husband. "The use of punishment by men against women was quite widely accepted, with 45 per cent of women and 60 per cent of men agreeing with the statement that "if a wife does something wrong her husband has the right to punish her", and even more agreed with the statement "women sometimes deserve to be beaten".

FIGURE 4

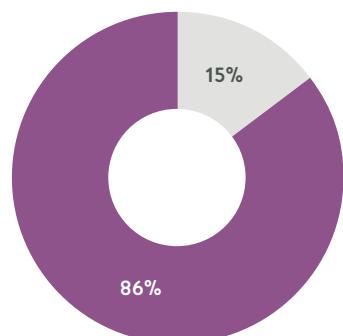
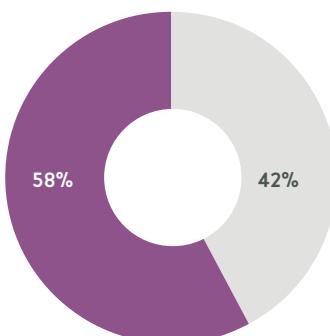
MEN AND WOMEN'S EXPERIENCES OF ABUSE IN CHILDHOOD

● EVER EXPERIENCED ● NEVER EXPERIENCED

EMOTIONAL ABUSE



PHYSICAL ABUSE



SEXUAL ABUSE

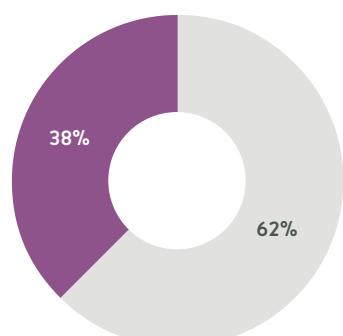
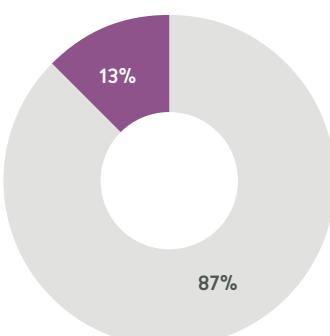
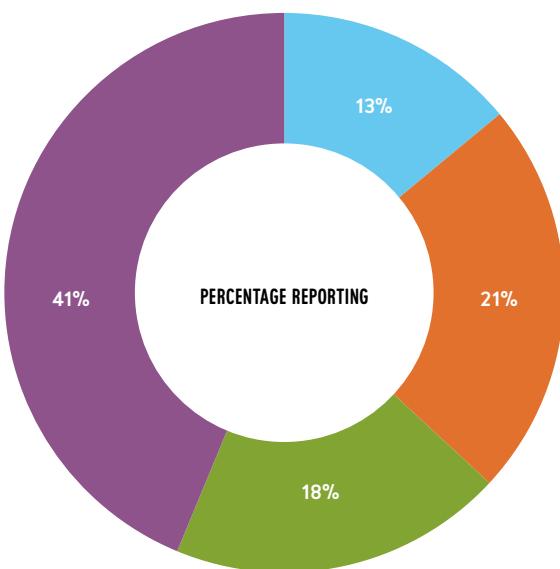


FIGURE 5**PREVALENCE OF MEN'S PERPETRATION OF INTIMATE PARTNER VIOLENCE**

● NEVER ● PHYSICAL ONLY ● SEXUAL ONLY ● PHYSICAL AND SEXUAL

**INTIMATE PARTNER VIOLENCE**

Although many men and women reported that they did not support the use of violence and beatings by men against their wives and partners, 3 in 4 women had experienced such violence. One in four women had not experienced violence from their partners, and about one in eight men reported they had never used violence.

Emotional abuse was also commonly reported, and 7 in 10 women had experienced acts of emotional abuse including insults, being belittled or humiliated, threats of harm, being scared, and seeing other others hurt, as a way of hurting her. Economic abuse was also common. Half of the women interviewed said they had experienced acts of economic abuse, usually having their earnings taken by their partner. A similar proportion of men acknowledged having been economically abusive, and mainly they identified keeping money for their own use when their wife needed the money to buy food and essential things for the home.

FIGURE 6**RAPE OF A WOMAN WHO IS NOT A WIFE OR GIRLFRIEND (NON-PARTNER RAPE)**

● EVER ● IN THE LAST 12 MONTHS

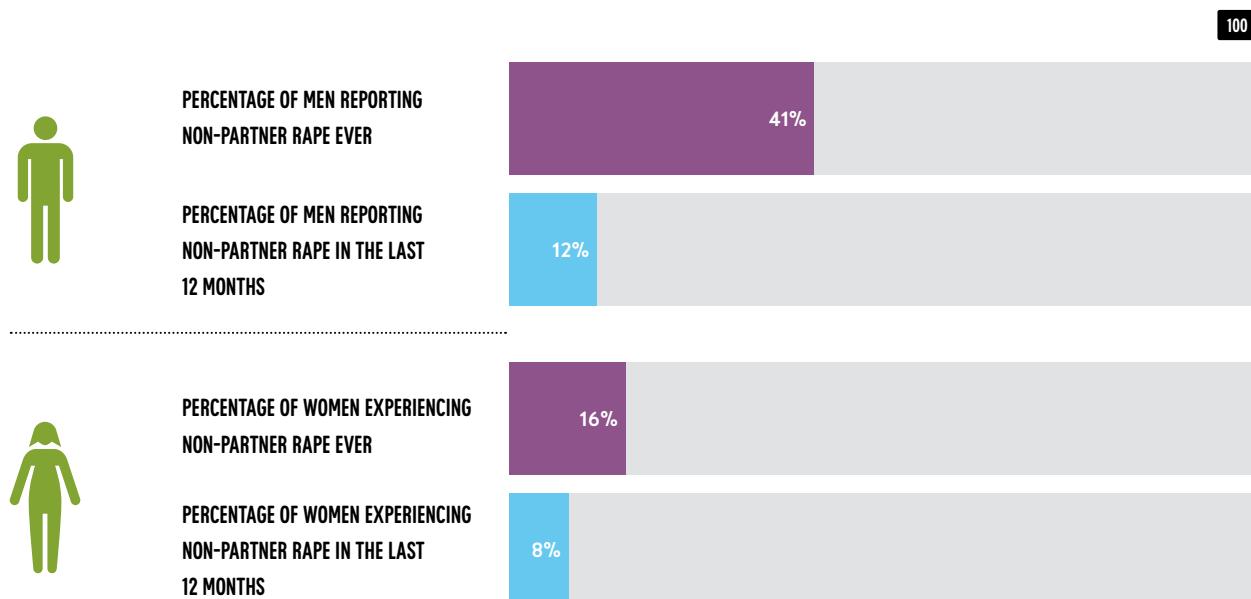


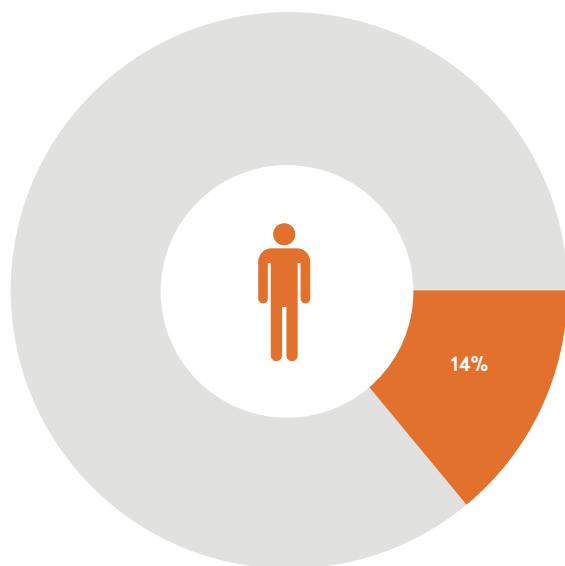
Figure 5 shows the prevalence of men's perpetration of different types of physical or sexual violence. Physical violence from an intimate partner (husband or boyfriend) was reported by half of the women. Women also indicated that sexual violence had been a frequent occurrence, with slightly more than half of them reporting experiencing this from their husband or boyfriend. Women also disclosed experiences of violence during pregnancy and one in five of those experiencing violence had lost a pregnancy because of this and about three in ten had delivered their babies prematurely.

NON-PARTNER SEXUAL VIOLENCE

Rape of a woman who was not a wife or girlfriend (a non-partner) was very commonly reported by men. One in six women (16 per cent) disclosed having ever been raped by a man who was not their partner. A much higher proportion of men (about four in ten men) disclosed having raped a non-partner (Figure 6). Nearly one in seven men had participated in gang rape (Figure 7).

FIGURE 7**PERCENTAGE OF MEN REPORTING PERPETRATION OF NON-PARTNER GANG RAPE**

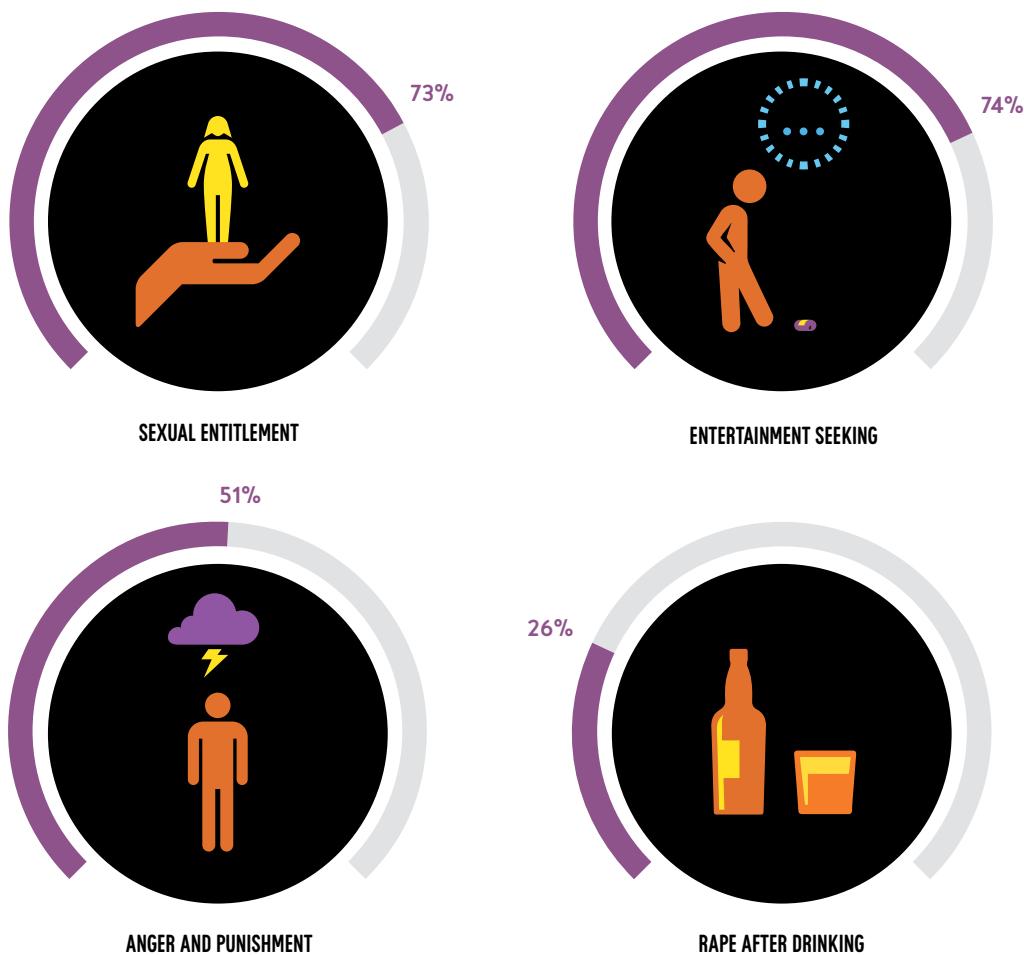
● EVER PERPETRATED ● NEVER PERPETRATED



When asked if they had experienced or perpetrated non-partner rape in the previous year, more than one in ten men (12 per cent) had raped a non-partner and 8 per cent of women said they had been raped by a non-partner. Women were not the only victims of rape. 14 per cent of men surveyed indicated that they had raped, or sexually assaulted, another man.

REPORTED MOTIVATIONS FOR RAPE

In order to understand why men raped, a series of questions were asked of those who had done so about their motivations for the last rape they perpetrated. Their answers are summarized in Figure 8. The most common reasons for rape perpetration were men saw it as entertainment (e.g. they said "I wanted to have fun", "I was bored") or they thought that because they wanted sex they were entitled to force a woman without her consent (e.g. "I wanted her", "I wanted to have sex"). Half of the rapes were motivated by anger or desire to punish (a family or clan member of the victim), and a quarter occurred in situations where the man had been drinking alcohol.

FIGURE 8**PERCENTAGE OF MEN WHO HAD RAPED WHO REVEALED THE FOLLOWING TO BE MOTIVATIONS FOR THE RAPE****DRIVERS OF INTIMATE-PARTNER VIOLENCE**

Analysis of the data uncovered a range of different factors common among men who had perpetrated physical and/or sexual violence and those who had perpetrated rape of a non-partner. Figure 9 shows the different factors associated with perpetration of physical or sexual violence against a partner, and of non-partner rape, and the size of the circles reflect the importance of each of the risk factors.

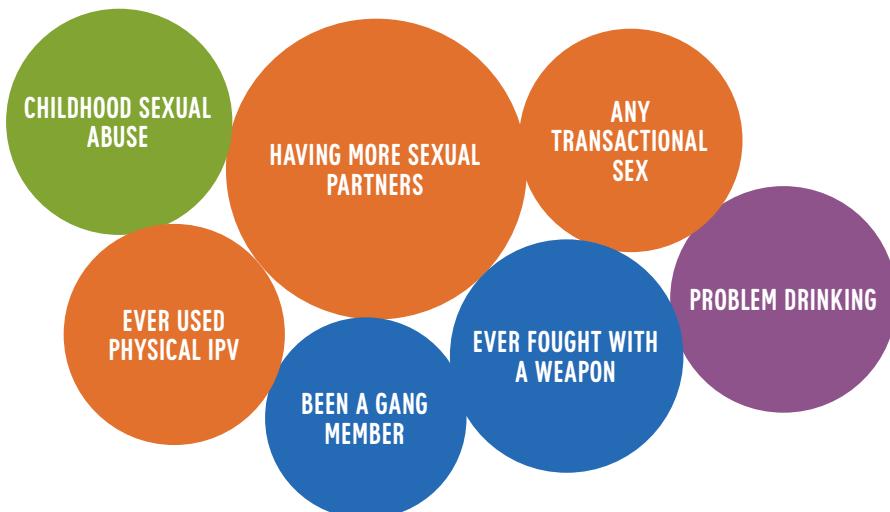
FIGURE 9

RELATIVE IMPORTANCE OF DIFFERENT FACTORS ASSOCIATED WITH PERPETRATION OF PHYSICAL OR SEXUAL PARTNER VIOLENCE

- GENDER NORMS AND PRACTICES
- VICTIMIZATION HISTORY
- PSYCHOLOGICAL FACTORS AND SUBSTANCE ABUSE
- INVOLVEMENT IN VIOLENCE OUTSIDE THE HOME
- SOCIAL CHARACTERISTICS



RELATIVE IMPORTANCE OF DIFFERENT FACTORS ASSOCIATED WITH RAPING A WOMAN NON-PARTNER



These figures show the common characteristics of men who have used violence as adults, which includes personal views and practices of gender relations, childhood experiences of violence, and traumatic experiences and social marginalization. In the figure above, the strongest associations are with childhood emotional abuse (including witnessing violence against his mother) and childhood sexual abuse. The second most important driver was experience during the conflict that had an enduring impact.

The figure showing drivers of rape shows that men who have had several sexual partners and who had given a woman money or a gift for sex were much more likely to have raped someone who was not a partner. Non-partner rape was linked to using physical violence against women partners, as men who have used intimate partner violence were more likely to have raped a woman who was not their partner. Men who had been involved in fighting with other men or where in gangs were also more likely to have perpetrated rape. So men who are sexually violent towards women are very often involved in other forms of violence. They may also have a problem with alcohol, as men with these problems were more likely to have raped a woman non-partner. Men who had a personal history of sexual victimization in childhood were more likely to have raped a woman non-partner.

GENDER-BASED VIOLENCE LAWS AND SERVICES

FAMILY PROTECTION ACT OF 2013

Papua New Guinea's *Criminal Code (Sexual Offences and Crimes against Children)* Act 2002 and the *Summary Offences Act* recognize several forms of physical and sexual assault, experienced by men and women. The *Family Protection Act of 2013* created an offence of domestic violence and enables protection orders in cases of domestic violence. This law applies to both married persons, people living as married and to children, but not to unmarried people in a relationship who are not cohabiting. The definition of domestic violence in the *Family Protection Act* includes physical, sexual and emotional abuse, as well as stalking. The offence of domestic violence is punishable by a fine of up to 5000 kina or two years imprisonment.

If a person gains a protection order, this will require the person against whom protection is sought to be of 'good behaviour' and not to commit acts of domestic violence. They may also provide protection against retaliatory violence against other family members. Protection orders may be in force for periods of up to two years. Breaching the terms of a protection order may result in a fine of up to 10,000 kina or three years' imprisonment.

SEXUAL OFFENCES AMENDMENT ACT OF 2003

The *Sexual Offences Amendment Act of 2003* has a broad definition of rape that encompasses rape of women and men, does not allow children under the age of 16 to consent to sex, and recognizes rape in marriage. However enforcing the Act is a considerable challenge. A range of new initiatives to strengthen policing are being implemented in different parts of Papua New Guinea, but coverage remains a challenge (UNDP, 2013).

MATRIMONIAL CAUSES ACT OF 1963

It is very difficult for married women to gain protection against partners who are violent if they cannot easily get divorced. Divorce for legally registered (non-customary) marriages in Papua New Guinea is provided for in the *Matrimonial Causes Act of 1963*, and the conditions under which divorce may be granted are extremely stringent. For example the law stipulates that marriage may be dissolved if:

- 17 (d) *since the marriage, the other party to the marriage has, during a period of not less than one year, habitually been guilty of cruelty to the petitioner;*
- (e) *that, since the marriage, the other party to the marriage has committed rape, sodomy or bestiality;*
 - (i) *that, since the marriage and within a period of one year immediately preceding the date of the petition, the other party to the marriage has been convicted, on indictment, of-*
 - (i) *having attempted to murder or unlawfully to kill the petitioner; or*
 - (ii) *having committed an offence involving the intentional infliction of grievous bodily harm on the petitioner or the intent to inflict grievous bodily harm on the petitioner;*

This 1963 law is not in line with the attitude of non-acceptability violence against women and girls reflected in the *Family Protection Act of 2013*.

ACCESS TO JUSTICE AND SUPPORT FOR SURVIVORS

Recent research shows that very few gender-based violence survivors access health, justice, and social services in Papua New Guinea (Lewis I et al., 2007). This stems from under-resourcing of these services, the relative inaccessibility of urban-based services, and the practical difficulties of providing services across the challenging geographic terrain of Papua New Guinea, and in areas that are unsafe because of crime, conflict and violence, as well as the unsupportive attitudes and reputation of the police and medical professionals with respect to gender-based violence. Law reform is an incredibly

important aspect of victim protection, but enforcement of laws with proper resourcing is critical for it to be beneficial for women and girls. Furthermore, because so much of Bougainville is rural, local justice institutions such as Village Courts and Auxiliary Police are very important and the staff of these need to be trained and resourced to enable them to work effectively.

Training for police and all court officials must include interventions to change attitudes towards gender-based violence. Without such training, police and court officials will continue to reflect the same attitudes which are supportive of, and trivialize violence against women and girls that are so highly prevalent in society. They will thus be unable to effectively enforce the new legislation and protect women and girls. Furthermore there needs to be safe and effective mechanisms for complaint and redress for women who are unable to access their legal rights because of the attitudes of police and court officials, or who are abused by those whose job it is to protect them.

WHAT DO WE LEARN FROM THESE FINDINGS?

This study provides unique findings that have very important implications for improving health and prevention of all forms of violence, including gender-based violence in Bougainville.

The study has shown that a major threat to family health starts with reproduction, and women's risk of death in childbirth is very high. Women have little access to methods of spacing pregnancies, which is vital for their health and empowerment.

There is a great deal of concern about the HIV risk in Papua New Guinea and the study has confirmed that many risk factors for HIV are also common in Bougainville. Since men largely control the timing and circumstances of sex, intervening with men is very important to reduce risks of HIV and violence. Interventions that seek to change how men see themselves as men, in particular reducing pressure to perform sexually with many partners, and enhance their respect for women, are important to reducing HIV risks and also help to prevent use of violence by men.

Another priority is to address issues of mental health in Bougainville. Poor mental health including depression and PTSD, is strongly linked to the lingering impact of the conflict, high levels of community mistrust and high levels of all forms of violence.

This study has shown that violence in communities and families is very common. The findings presented have enabled us to understand the different types of factors that promote and legitimize the use of violence by men against women, children and other men. Importantly, these findings highlight an urgent need for a multi-level prevention strategy to confront and eliminate the risk factors that were found to be associated with men's perpetration of and women's susceptibility to gender-based violence in Bougainville.

Gender-based violence prevention strategies should be evidence-based, and findings of this study can inform such strategies in Bougainville. Such prevention strategies should aim to strengthen family health and safety and to transform social norms related to the use of violence, which underpins violence across a wide range of social circumstances. Additionally, prevention strategies should strive to transform dominant forms of masculinities associated with violence, and build on positive features of masculinity in Bougainville. Early intervention on this is critical, as most men who become violent towards women and girls do so initially as teenagers. Intervening before violent behaviour commences will be most beneficial in the long term.

Families and parenting need to be strengthened to reduce the use of violence in child rearing and foster more nurturing models of parenting. The high levels of mental ill-health impacts on all types of family violence and parenting, so providing treatment for those with PTSD, depression, and alcohol problems is important. There is a need to reinforce the capacity of the health sector to enable it to provide assistance to women injured by partners and provide mental health treatment, especially for PTSD and depression.

While these strategies may be particularly useful in preventing and responding to gender-based violence at a broader-level, it is critical that violence perpetration should not continue with impunity, and mechanisms should be put in place to ensure that men who are violent are held accountable for their actions. To enable this, it is important to strengthen the police and courts and their powers, not only to protect women who have been abused, but also to enhance their ability to prosecute and convict men who perpetrate violence against women, children and other men.

Empowering women and young girls is an essential part of violence prevention. Economic empowerment, coupled with gender empowerment work with women is critical for increasing women's capacity to leave violent partners. A key part of the agenda for reducing violence and building harmony on Bougainville involves efforts to reduce poverty, especially to increase women's access to economic resources, and enhance educational levels. This will remove the crucible for violent exposures and practices on the island.

RECOMMENDATIONS

1 CHANGE SOCIAL NORMS THAT PROMOTE GENDER INEQUALITY AND TOLERANCE OF VIOLENCE AGAINST WOMEN

EXAMPLES OF PROGRAMMES AND APPROACHES

- Comprehensive community-based approaches to challenge patriarchal and gender-inequitable attitudes and norms
- Education of young children about good gender-relations and equity, starting at a very early age
- Improve non-violent conflict resolution and constructive communication skills among intimate partners in homes and at the community level

2 CAPACITATE THE HEALTH SECTOR TO BE ABLE TO RESPOND TO MENTAL HEALTH PROBLEMS

EXAMPLES OF PROGRAMMES AND APPROACHES

- Training health care workers in the diagnosis and treatment of mental health problems
- Distributing medication for depression to primary health care centers
- Training lay workers (e.g. lay counselors) and deploying them to provide cognitive behavioral therapy interventions for PTSD

3 PUBLIC EDUCATION TO SHIFT NORMS TOWARDS CHILD REARING AND ADOPT POSITIVE PARENTING

EXAMPLES OF PROGRAMMES AND APPROACHES

- Providing contraception to promote child spacing
- Promoting positive parenting practices, including emotional connections with children and eliminating harsh disciplinary techniques and aggression on children
- Parenting programmes that offer skills, tools, resources and support to foster healthy, non-violent and safe homes

4 PROMOTE AND IMPLEMENT GENDER-BASED VIOLENCE PREVENTION INTERVENTIONS TO WORK AT A COLLECTIVE LEVEL

EXAMPLES OF PROGRAMMES AND APPROACHES

- Intensive interventions in schools such as those developed with Leitana Nehan
- Widely implement community and individual level interventions (e.g. Stepping Stones or Program H) that challenge inequitable constructions of masculinity and build communication and relationship skills
- Cognitive behavioural interventions to address past trauma of men and women
- Combining structural and livelihood interventions with gender-based violence prevention strategies to empower women and men economically, whilst simultaneously altering harmful gender attitudes, norms and practices

5 PROMOTE INTERVENTIONS TO BUILD MORE RESPECTFUL AND GENDER-EQUITABLE MASCULINITIES

EXAMPLES OF PROGRAMMES AND APPROACHES

- Promote respectful and equitable attitudes and ideas about interpersonal relationships
- Interventions such as Stepping Stones or Program H which address sexual health and violence prevention should be widely implemented to work with men at an individual level

6 STRENGTHEN THE CRIMINAL JUSTICE SYSTEM TO INCREASE ITS ACCESSIBILITY TO VICTIMS AND PROSECUTION AND CONVICTION RATES

EXAMPLES OF PROGRAMMES AND APPROACHES

- Legislation is needed that enables women to seek a divorce so that they are not trapped in violent marriages
- Legislation is needed to provide for the prosecution and punishment of those who are physically and sexually violent towards women and girls and to enable women and girls to seek legal protection from those who threaten them
- Training police, judges, village court magistrates, other court officials and lawyers on gender and gender-based violence

CONCLUSION

Findings of this study reaffirm that there are high levels of trauma among the people of Bougainville, resulting from their experiences during the period of the conflict on the island. The findings confirm that a large number of Bougainvilleans experienced trauma during the conflict and many are still experiencing and using violence in their life today. Prevention of violence of all forms, including violence against women and girls, is essential for building peace, security and development on the island.

Effective prevention and response to violence against women and girls requires comprehensive strategies and long-term commitment and coordination among actors from a wide range of sectors. Prevention and response plans for violence against women should include multiple and interlinked interventions that are based on local data and coordinated in a strategic manner. Violence prevention plans should be integrated into the larger social development, gender-equality and human rights plans and frameworks.

Ending violence against women and girls requires their full empowerment and removing the discrimination that they face in all aspects of their lives. New models of manhood that are healthy and peaceful and based on equality and respect must be promoted. The recommendations presented here aspire towards a future Bougainville in which:

- Violence against women is never acceptable and women and men are equally valued
- Healthy, non-violent and equitable ways of being men are the most common and accepted forms of masculinity
- All children grow up in a healthy, safe and stable environment, in which non-violent conflict resolution among couples and their children is the norm
- Social norms for male sexuality include consent, compassion and respect for women's choices and bodies, and these norms are nurtured from childhood onwards
- Perpetrators are held accountable and face social and legal consequences; all forms of non-consensual sex are criminalized, including marital rape
- Violence against women prevention policies and programmes are based on local data and respond to the specific patterns and drivers of different types of violence in each context.

FURTHER RESOURCES

United Nations Multi-Country Study on Men and Violence in Asia and the Pacific

<http://www.partners4prevention.org/about-prevention/research/men-and-violence-study>

WHO Multi-country Study on Women's Health and Domestic Violence against Women: Initial results on prevalence, health outcomes and women's responses

http://www.who.int/gender/violence/who_multicountry_study/en/

Understanding Men's Health and Use of Violence: Interface of Rape and HIV in South Africa

<http://www.mrc.ac.za/gender/interfaceofrape&hivsarpt.pdf>

Young Men and the Construction of Masculinity in Sub-Saharan Africa: Implications for HIV/AIDS, Conflict, and Violence

http://www-wds.worldbank.org/servlet/WDSContentServer/WDSP/IB/2005/06/23/000012009_20050623134235/Rendered/PDF/327120rev0PAPER0AFR0young0men0WP26.pdf

Lewis, I., Maruia, B., Mills, D. & Walker, S. 2007. *Final Report on the Links Between Violence Against Women and the Transmission of HIV in PNG*. Port Moresby: National AIDS Council.

