



United Nations Entity for Gender Equality
and the Empowerment of Women



Ending Violence Against Women and Girls

Evidence, Data and Knowledge
in Pacific Island Countries

Literature Review and Annotated Bibliography
2nd Edition – July 2011

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Ending Violence against Women and Girls: Literature Review and Annotated Bibliography
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FOREWORD

Violence against women and girls (VAW) is a widespread and systematic violation of fundamental human rights and an enduring form of gender-based discrimination. It occurs in every country of the world, rich and poor, stable and in conflict, and affects most women and girls, regardless of their age or socio-economic status. Based on data available globally, up to 70 per cent of women experience physical or sexual violence from men in their lifetime. Every institution is accountable to end society's tolerance of and states' lack of responsiveness to this pervasive scourge on society.

VAW has a greater impact on women and girls than on men and boys. It is important to note, however, that men and boys may also be survivors of gender-based violence, especially sexual violence. There is some evidence that sexual violence against boys occurs more often than previously known, however information is insufficient. This report focuses on violence against women specifically because of the disproportionate number of women and girls who experience violence.

The physical, emotional and psychological consequences of violence against women for individuals and communities are far reaching. Survivors of violence endure emotional and psychological trauma through harassment, terror, threats, intimidation, humiliation, degradation, exploitation and physical (especially sexual) injury, maiming and disability, all with chronic health consequences, even death.

This extreme expression of male control and power over women can begin at infancy and may accompany a woman throughout her life to old age, through various relationships as daughter, sister, intimate partner, wife and mother. All forms of violence against women occur around us on a daily basis - in our homes, families, communities, institutions, workplaces and in the songs, films and images of popular media.

Gender inequality and discrimination are the root causes of all forms of VAW; however other factors influence the type and extent of violence in each setting. Factors such as loss of community and family support systems, nonexistent institutions of care, climate of human rights violations and impunity, and displacement will increase women's risk of and vulnerability to violence.

All institutions have a responsibility – and everyone is implicated. Perpetrators of violence against women come in all forms, at all levels. Doctors, lawyers, religious and political leaders, teachers, and many others in positions of power can perpetrate violence against women both in their professional and personal lives. In so doing, they betray their trusted roles as partners and providers of services that are intended to support and protect communities and individuals.

Violence against women denies women their most basic rights and freedoms, such as freedom of opinion, mobility, participation, access to information and opportunities. Women and girls have urgent unmet needs, and have the right to access appropriate medical, psychosocial, police and legal support. We need to ensure that these systems reflect the minimum standards of care and are in line with internationally-recognized good practice.

We therefore must adopt a rights-based approach to our work to end VAW. This approach recognizes women's human rights and places the duty on stakeholders to promote, protect, and fulfill the rights of women and girls – particularly their right to live free of violence. This approach is based on internationally-recognized human rights standards and requires that we actively address the political, legal, social and cultural norms and values in each context.

VAW should also be addressed through a community development approach, empowering individuals and groups by providing the knowledge, resources, and skills they need to effect the changes that will end violence against women. Finally, a survivor-centered approach is crucial, empowering survivors by putting them at the center of the response and prevention process.

We are all are accountable to bring appropriate prevention and response to fruition – and to end violence against women.

Too many Pacific women and girls experience violence in their lives. The call to acknowledge, address and act to end all forms of violence against women is not new in Pacific Island Countries. For two decades we have campaigned, lobbied, organized and acted on many fronts.

Through the Family Health and Safety Studies, implemented by the Secretariat of Pacific Island Countries Community (SPC) and funded by UNFPA and AusAID, we now have quality, comprehensive and comparable data and strong and alarming evidence of the high prevalence and severity of violence committed against women by their intimate partners and by strangers. Studies in Samoa, Solomon Islands and Kiribati have identified high rates and severe consequences of violence against women. Comparable studies have been completed in Vanuatu and Tonga with findings expected to be released in 2011 and Fiji is currently undertaking a similar study. Funding has also been secured to complete studies in 5 other Pacific Islands countries.

We know that women living with disabilities and HIV&AIDS, women who are homeless or selling sex, have an increased vulnerability to sexual and other forms of physical and psychological violence. We also have evidence in our region of women's increased vulnerability to violence, including crimes of sexual violence during times of conflict, political instability, natural disasters, and social upheaval, particularly when there is internal displacement of people. We know that rape and other forms of sexual violence are used as a weapon in regional, national and ethnic conflict, and as an expression of anger, frustration, payback and revenge at the family and community levels. We know that this is in turn related to the rapid transition and upheaval of traditional communities occurring in Pacific societies and the pervasive gender blindness and denial of women's suffering. This is happening in the context of challenging family and cultural structures, new social and sexual norms and behaviors, and where the rule of law access to justice is operating at a very low level - or not at all.

Pockets of our region experience specific forms of VAW that are related to beliefs in magic and sorcery, HIV&AIDS and cultural clashes with rapid urbanization, globalization of media, the incursion of large-scale resource developers and vast workforces of men into remote and under-developed regions and migration which disrupts and separates families. We know that a clash of cultures and a lack of education can be manipulated in political and economic rivalry, and that aspects of traditional cultures that discriminate against and harm women are now being generalized, distorted and manipulated so that women are too often the scapegoat for men's problems and the victims of men's power struggles.

We have the evidence. We need the resources. These resources must result in concrete progress for women. We need a long-term commitment. We need to turn policy into action. There is no time to waste.

Individuals have a role to play in ending violence against women. Individuals can support others in accessing services and in preventing abuse for those who might be at risk. Men can also act as partners, supporters, and champions. They can be the strongest voices in our fight to end violence against women.

Over the past two decades, we have witnessed excellent regional and local level outreach and services to strengthen knowledge, and capacity in advocating for law reform and to strengthen service delivery. The Fiji Women's Crisis Centre (FWCC) and Regional Rights Resources Team (RRRT) have provided us with high level expertise and strategic guidance. The Vanuatu Women's Centre, the Family and Sexual Violence Action Committee in PNG, and a mass of organizations are emerging at the local and national levels, making their best effort to reach out to all classes of women in need, even to the most remote outer islands, mountains, and swampland communities.

We know that there is an urgent need for more knowledge, information, data, coordination and access to financial resources and opportunities to develop the knowledge and skills to recognize the strategic value of a rights-based and gender-responsive approach to addressing and eliminating violence against women. Moreover, the capacity to absorb and manage funds and programmes accountably and effectively must be strengthened.

There is still much to be done by governments as duty bearers on the supply side of the equation. Likewise, consciousness-raising and confidence-building, up-skilling and up-scaling of citizens and civil society as rights holders must occur on the demand side. Governments can work through political, administrative, and justice structures, mechanisms and processes to help end violence against women. All governments are accountable to close the gap between national commitments to gender equality and the empowerment of women by ensuring adequate new laws, policies, budgets for women's access to justice and protection systems and services.

Most UN Member States have committed themselves to ending gender-based discrimination and violence against women through ratification of CEDAW, and by signing on the Beijing and Millennium Declarations and UN Security Council Resolutions that address the gendered dimensions impact of conflict (UN SCRs 1325, 1820, 1888 & 1889, 1960). It is time to close the gap between commitment and action in the form of laws, policies, services and budgets to provide adequate protection and access to justice.

UN Women will work together with all committed agencies for a safe, secure and peaceful region, in which women and girls are free from violence and abuse, and free to fulfill their potential as equal and capable citizens in all forms of social, economic and political life. UN Women firmly believes that ending violence against women can unleash the full potential of women's empowerment and gender equality to end poverty and foster human rights, peace and development for all in Pacific Island Countries.

This summary of current literature on violence against women and girls in Pacific Island Countries is designed to give practitioners a concise and comprehensive overview of current knowledge and analysis. The evidence presented in this second edition presents a compelling case for more action and investment in preventing and responding to violence against women. It is intended to inform leaders, legislators, policy and decision-makers in government, and programme designers in government and civil society. It is also intended to be a 'living' source of knowledge, and will be regularly updated to ensure its validity. Comments, feedback and additions are welcome to this important bank of knowledge on VAW in our region.

Together we can unite to end violence against women!

Elizabeth Cox
Regional Programme Director
UN Women
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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AusAID	Australian Government Overseas Aid Program
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
CSEC	Commercial sexual exploitation of children
EPPSO	Economic Policy, Planning and Statistics Office
ESCAP	United Nations Economic and Social Commission for Asia and the Pacific
FSVAC	Family and Sexual Violence Action Committee
FWCC	Fijian Women’s Crisis Centre
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
HRW	Human Rights Watch
ILO	International Labour Organization
MHMS	Ministry of Health and Medical Services
MoH	Ministry of Health
MSF	Médecins Sans Frontières
MSM	Men who have sex with men
PIC	Pacific Islands Countries
PNG	Papua New Guinea
PPDVP	Pacific Prevention of Domestic Violence Programme
RRRT	Regional Rights Resource Team
SPC	Secretariat of the Pacific Community
UN SCR	United National Security Council Resolution
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
UNiTE	Secretary General’s UNiTE Campaign to End Violence Against Women and Girls.
UNOHCHR	United Nations Office of the High Commissioner for Human Rights
VAW	Violence Against Women

INTRODUCTION

This literature review synthesises material from the reports listed in the annotated bibliography on violence against women in Pacific Island Countries. Information has been grouped into the following topics:

Social Context In Addressing Violence Against Women

- (a) Challenges in Addressing Violence Against Women
- (b) Nature and Extent of Violence Against Women
- (c) Accessing Support Services
- (d) Access to Justice for Women and Girls
- (e) Preventing Violence Against Women
- (f) Recommendations for Addressing Violence Against Women

This paper provides information on the following countries:

Cook Islands	Federated States of Micronesia
Fiji	Kiribati
Nauru	Niue
Palau	Papua New Guinea
Republic of the Marshall Islands	Samoa
Solomon Islands	Tonga
Tokelau	Tuvalu
Tokelau	Vanuatu

The literature contains some general comments about the situation across Pacific Island Countries, followed by specific information for each Pacific Island Country, where available.

The amount of information available on each Pacific Island Country varies. The most comprehensive information comes from countries which form part of the Pacific Multi-Site Study on the Effects of Violence Against Women on Family Health and Safety (Kiribati, Samoa and the Solomon Islands). There are some countries for which very little information is available, such as Niue, Nauru and Tokelau.

The accompanying annotated bibliography provides summaries of the reports referred to in the literature review with hyperlinks, where the reports are available online.

This is a living document which will be updated regularly.
For updates please contact: evaw@unwomenpacific.org

A. SOCIAL CONTEXT IN ADDRESSING VIOLENCE AGAINST WOMEN

LOW STATUS OF WOMEN AND GIRLS

1. The low status of women and children in Pacific Island Countries increases their vulnerability to violence, exploitation and abuse. Girl children are particularly vulnerable to abuse as they are generally at the very bottom of the social hierarchy in Pacific Island Countries. They are socialised to have a sense of inferiority, not to have a choice or opinion and not to question male authority. In this context, girls may have difficulty in rejecting sexual advances and are less likely to recognise that they are being abused or exploited (Laqeretabua, Naidu, & Bhagwan Rolls, 2009, pp. 20, 61; RRRT, 2008, p. 22; Schoeffel Meleisea & Meleisea, 2007, p. 18).

SILENCE AND SHAME AROUND VIOLENCE AGAINST WOMEN

2. The subordination of women and their lack of voice in the community lead to a culture of silence around many gender issues, including violence and sexual abuse. Speaking up about sexual violence and abuse is viewed negatively as it can bring great shame on the survivor, the family and the perpetrator. The family of a survivor may encourage silence to avoid “economic devaluation” of the girl (Laqeretabua, Naidu, & Bhagwan Rolls, 2009, pp. 14, 61; RRRT, pp. 3, 22; Schoeffel Meleisea & Meleisea, 2007, pp. 10-11).

SEXUAL DOUBLE STANDARD

3. In almost all Pacific island cultures, there is a social acceptance that men and boys will be sexually active and roam freely while girls are expected to be virgins, dress modestly and avoid attracting unwanted attention. Thus when a girl is sexually abused, the blame is often placed on her for attracting the attention rather than on the abuser (Laqeretabua, Naidu, & Bhagwan Rolls, 2009, pp. 23-24).

MARRIAGE PRACTICES AND AGE OF CONSENT

4. The practice of bride-price is cited as a key factor in perpetuating violence against women in Pacific Island Countries. Frequently, wives believe that they must put up with violence as leaving the marriage would involve repaying the bride-price. The modern practice of paying the bride-price in cash reinforces the view that a husband has “bought” his wife and has property rights (AusAID 2008, p 17).
5. Marriage at a young age is common, which can put girls at high risk of physical abuse. The legal age of marriage is usually between 14-16 for girls and higher for boys. The practice of early marriage occurs in Fiji, Kiribati, Solomon Islands, Papua New Guinea and Vanuatu. Arranged or fixed marriages are common in Indo-Fijian communities, with young girls betrothed to marry as young as 15. A new form of marriage is the sale of daughters to foreigners in return for large cash payments (Laqeretabua, Naidu, & Bhagwan Rolls, 2009, pp. 31, 89, 107; Schoeffel Meleisea & Meleisea, 2007, pp. 9, 11).
6. In many Pacific countries (e.g. Fiji, Tonga) there is no minimum age for consent and thus the crime of statutory rape does not exist. However, even in countries with a minimum age of consent (e.g. Niue), statutory rape is rarely recorded (Schoeffel Meleisea & Meleisea, 2007, p. 11).

ECONOMIC DEPENDENCE AND POVERTY

7. Economic dependence and poverty put women and girls at risk of sexual violence. Women’s reliance on a male breadwinner is seen as a major deterrent to complaining about violence or leaving her husband (AusAID 2008, p 17). Poverty is a major contributing factor to sexual exploitation of children in Pacific Island Countries, including child neglect due to economic pressure on parents; pressure on children to earn money; and limited opportunities for education and work (RRRT, 2008, pp. 23-24).

ROLE OF RELIGION

8. The major religions in the region – Christianity and Hinduism – support the belief that the husband is the head of the family. Most of the mainline churches in Pacific Island Countries have not taken a proactive role to question or analyse cultural stereotypes, denounce gender inequalities or violence against women (AusAID 2008, p 18; Laqeretabua, Naidu, & Bhagwan Rolls, 2009, p. 97).

FOCUS ON COMPENSATION AND RECONCILIATION

9. Making and maintaining peace between groups and their (male) leaders is highly prioritised. The interests of women and girls are secondary to those of the group, so injuries against a female are dealt with by compensating the males who had believed to own her person, sexuality etc. In some countries (e.g. Papua New Guinea, Solomon Islands, Vanuatu), a woman who has been raped can be ordered, pressured to marry the offender to normalise relations between the two groups (AusAID 2008, p 19).

IMPACT OF HIV&AIDS

10. HIV&AIDS can be seen as both a cause and consequence of violence against women. Sexual and physical violence against women contributes to the spread of HIV. Fear of partners' violent reactions can make women less willing to discuss using condoms or question their partners about their sexual activities. There are also reports that fear of HIV is driving men to seek sexual relations with very young "clean" girls (AusAID 2008, p 16; Schoeffel Meleisea & Meleisea, 2007, p. 17).
11. When women and girls are beaten for refusing sex or are forced to have sex, their risk of becoming infected with HIV increases significantly. Women who have been beaten by their partner are less likely to report rape even if the rapist is not their husband or partner and more likely to fear HIV testing even if they have not engaged in pre-marital, extramarital or transactional sex (UNDP Pacific Centre, UN Women Pacific and SPC, 2009, p31).
12. Violence and HIV risk intersect in several ways:
 1. Forced sex poses a direct biological risk of contracting HIV and other STIs by tearing and lacerating the genitals or the anus and thus increases the likelihood of HIV to get into the bloodstream if exposed to the virus. The risk is considerably accrued for girls and young women because their vaginal tracts are immature and tear easily during sexual intercourse.
 2. Intimate partner violence poses indirect risks for HIV and other STIs in several ways:
 - Violence, and threats of violence, limits one's ability to refuse sex or negotiate safer sexual behaviour.
 - Sexual abuse as a child, coerced sexual initiation and current partner violence may increase sexual risk taking later in life.
 - Women (and men) who experience violence may be in partnership with someone who has risky sexual behaviours and thus a higher likelihood of being infected.
 3. Violence or fear of violence may deter women from disclosing their HIV status or seeking HIV testing altogether and delay their access to treatment and other services (UNDP Pacific Centre, UN Women Pacific and SPC, 2009, p31; Luker 2010).
13. Research from other parts of the world has shown that women with violent or controlling male partners are at risk of HIV infection because abusive men are more likely to have HIV and impose risky sexual practices or partners (UNDP Pacific Centre, UN Women Pacific and SPC, 2009, p34).

LACK OF SEXUAL/REPRODUCTIVE HEALTH EDUCATION

14. Sexual and reproductive health education is rarely provided in Pacific Island schools, due to cultural and religious norms. This may prevent girls from being able to manage risks associated with unwanted sexual advances and knowing about services to help them deal with sexual abuse (RRRT, 2008, p. 23; Schoeffel Meleisea & Meleisea, 2007, p. 15).

ARMED CONFLICT AND EMERGENCIES

15. Events such as armed conflicts, political crises or natural disasters often lead to increased violence against women. Examples include the ethnic tensions in Solomon Islands, tribal fighting in Papua New Guinea and political turmoil in Fiji as well as natural disasters such as earthquakes, cyclones, floods and tsunamis (AusAID, 2008, p. 20).

SOCIAL CONTEXT

Social Context in Cook Islands

16. There has traditionally been a high level of acceptance of male violence against women in the Cook Islands. There is also a culture of shame and silence, meaning that few women will speak openly about domestic violence. Domestic violence is associated with huge tolerance for excessive alcohol use. There is also a degree of survivor-blaming by both men and women (Lievore & Fairbairn-Dunlop, PPDVP Cook Islands Report, 2007, pp. 25, 32-33, 36-37; Chung, 2004, p. 55).
17. Women's responses to domestic violence are shaped by a range of factors, including: (i) privileging of family and heavy family obligations; (ii) lack of refuge facilities and other support systems; (iii) women's inability to generate an adequate income to support themselves and their children; (iv) psychological disempowerment; (v) feelings of love for the perpetrator; and (vi) lack of understanding of their human and legal rights (Lievore & Fairbairn-Dunlop, PPDVP Cook Islands Report, 2007, p. 37).
18. Women often seek to withdraw domestic violence cases from court due to social/cultural factors such as: concern about the family's economic survival if the primary breadwinner is incarcerated; social values around gender roles and the view that men have the right to treat their wives as they wish; and women feeling threatened by or sorry for their husbands (Lievore & Fairbairn-Dunlop, PPDVP Cook Islands Report, 2007, p. 14).

Social Context in Fiji

19. Cultural, ethnic and religious fundamentalism is on the rise in Fiji, which promotes conservative ideas and negative myths about women and their rights. For example, sexual harassment and abuse are often not thought of as criminal offences, particularly if the woman is considered to have "questionable" character or modesty e.g. wearing revealing clothing, being flirtatious (UNFPA, 2008, pp. 8, 19).
20. There is a link between domestic violence and poverty in Fiji. Many women lack economic independence, which can prevent them from leaving a violent relationship (e.g. 60% of Fiji Women's Crisis Centre clients are not engaged in formal employment). However, women who do leave a violent situation may end up in poverty (UNFPA, 2008, p. 6).
21. There is a lot of stigma attached to being a divorcee or a woman separated from her partner (UNFPA, 2008, p. 14).
22. The four coups in Fiji's recent history have had a chilling effect on women's rights advocacy and programmes and eroded any progress made in addressing violence against women (AusAID 2008, p 153, 157).

Social Context in Kiribati

23. Family life in Kiribati is based on a strongly patriarchal ideology, which makes women vulnerable to abuse. Social norms dictate that women must be obedient to their husbands at all times and male dominance, including men's right to beat their wives, has been traditionally accepted. Physical violence against children is accepted and seen as necessary to instil discipline and obedience (SPC, 2010, pp. 46-47, 94, 118-119, 172; Lievore & Fairbairn-Dunlop, PPDVP Kiribati Report, 2007, pp. 27, 31, 37).
24. Physical punishment is often used to discipline women who are seen as stepping outside of their prescribed gender roles e.g. failing to prepare food on time or complete housework or speaking to other men. The main reasons men gave for the existence of intimate partner violence were: jealousy, drinking, acceptability as a

form of discipline and gender inequality. When asked what their wives should do to improve the situation, the overwhelming response was that she should learn to obey him (SPC, 2010, pp. 46, 170, 172).

25. There is a high tolerance of excessive alcohol abuse in Kiribati, as well as cultural norms around drinking and violence as routes to self-expression. Male alcohol use has been found to be positively associated with intimate partner violence (Lievore & Fairbairn-Dunlop, PPDVP Kiribati Report, 2007, pp. 8-9, 18); SPC, 2010, p. 165).
26. Many women in Kiribati view violence as normal and acceptable. The most common reason why women do not seek medical care for abuse-related injuries is that the violence “was normal or not serious”. Three-quarters of women agree with at least one justification for a husband hitting his wife, including: if a wife is unfaithful (60%); if a wife disobeys her husband (60%); and if a wife does not complete the housework to her husband’s satisfaction (57%). Only half of women consider that a wife can refuse sex under all circumstances. By contrast, two-thirds of men disagree with the statement “a woman is obliged to have sex with her husband even if she doesn’t feel like it”, which indicates that women have normalised this social norm more than men (SPC, 2010, pp. 95-96, 112, 174).
27. It is difficult for women to leave violent relationships: 45% of women who have experienced intimate partner violence have never left home because of it, even temporarily. Women have few options if a marriage breaks down. Divorce is relatively rare in Kiribati and there is social stigma attached to it. A woman has no entitlement to her husband’s family land or home if the marriage ends and children almost always stay with their father (Lievore & Fairbairn-Dunlop, PPDVP Kiribati Report, 2007, pp. 8, 27; SPC, 2010, pp. 49, 149).
28. Girls are expected to be virgins before marriage, which means that young girls who are raped are unlikely to report it to police. Even a very young child who loses her virginity through rape can be labelled as “permanently spoiled” and face enduring stigma. Most schools will not allow girls to attend once they are engaged, married or pregnant which adds to the guilt and shame experienced by girls who are raped or have an unintentional pregnancy (SPC, 2010, pp. 48, 118-119; Chung, 2005, pp. 16, 43).
29. Despite the low prevalence of HIV&AIDS, young boys and girls, men and women in Kiribati are at increased risk and vulnerability to HIV and other Sexually Transmitted Infections (STIs). The level of risk and vulnerability is affected by certain behaviours like commercial and transactional sex, unprotected sex, forced sex, rape, and the lack of knowledge for safe sex and substance abuse (UNICEF, 2010, p. 3).
30. Factors that increase youth vulnerability to HIV: forced sex, substance abuse, poverty, sexual violence, STIs, incest, pornography, low access to condoms (UNICEF, 2010, p.51). There is a stigma attached to condom use: 1/3 of respondents use condoms, although 2/3 are sexually active (UNICEF, 2010, p. 5).

Social Context in Nauru

31. Traditional Nauruan society is matrilineal. However, women say that their voices tend to be ignored nowadays and the status of women is eroding (McMurray, Nauru. A Situation Analysis of Children, Women and Youth, 2005, p. 40).

Social Context in Niue

32. Some women’s representatives claim that domestic violence does not happen in Niue – but police records show otherwise (Calvert, 2004, p. 28).

Social Context in Papua New Guinea

33. Women face economic deprivation due to lack of land rights, out-marriage (moving to live with her husband’s kin once married) and lack of independent access to cash income, making them dependent on men for economic survival. Educational enrolment rates for girls relative to boys are among the lowest in Pacific Island Countries (AusAID, 2008, p. 106).

34. Many women human rights defenders express frustration at the way in which certain cultural practices, notably polygamy and bride price, are allowed to persist in their current form even though they have consistently been identified as contributing to violence against women and the confinement of women to stereotyped roles (Amnesty International, 2006, p. 72).
35. The practice of bride price is still largely followed in Papua New Guinea, especially among the Motuan people of the Central Province. Although some say that bride price was designed to protect women, it is now a common belief that husbands effectively purchase their wives through bride price and are therefore entitled to control and discipline them. Women in abusive relationships feel unable to leave if they cannot pay back the bride price to their husband's family (Laqeretabua, Naidu, & Bhagwan Rolls, 2009, p. 106; Amnesty International, 2006, pp. 53, 73).
36. In some regions, domestic violence is regarded as an inevitable dimension of domestic relationships and a valid way for men to assert authority over partners who are deemed lazy, insubordinate or argumentative. Although rape within marriage was criminalised in 2003, many men still regard it as their prerogative to have sex with their partner whenever they choose (Amnesty International, 2006, p. 12-13).
37. Women experience insecurity due to sorcery and witchcraft allegations in PNG, in particular in the Highlands. Strong beliefs are held in PNG that there are individuals who possess magic powers, referred to as 'sanguma'. Despite the lack of tangible data on this issue, allegations of sorcery, usually against women and more vulnerable members of the community, have been on the rise, with increasingly violent consequences, including the murder and physical mutilation of those accused of having practiced sorcery. Women face extreme forms of violence as a result of allegations of sorcery. There is also a strong correlation between the insecurity brought about by tribal fighting and sorcery in the Highlands region (UNOHCHR, 2010, p. 8).
38. PNG has established a working committee in the context of the Constitutional Law Reform Commission to review the law on sorcery and sorcery-related killings. However, there continue to be reports of brutal torture and killings of women and girls, especially old women, accused of witchcraft. The number of victims is increasing, although there is insufficient information on prevalence as well as on investigations, prosecutions and punishments of perpetrators. The CEDAW Committee stated that that this harmful practice is a grave violation of girls' and women's human rights and of PNG's obligations under the Convention (CEDAW, 2010, p. 6).
39. The CEDAW Committee urged PNG to take immediate and effective measures to investigate the incidences of torture and killings of women and girls, especially old women, based on accusations of witchcraft or sorcery, to prosecute and punish the perpetrators and to prevent their reoccurrence. To this end, PNG should accelerate its review of the law on sorcery and sorcery-related killings and to strengthen the enforcement of relevant legislation in addition to strengthening awareness-raising and educational efforts, targeted at both women and men, with the support of civil society and the involvement of community and village chiefs and religious leaders, to eliminate this practice (CEDAW, 2010, p. 6).

HIV&AIDS

40. PNG women who reported violence in their relationships were, on average, more likely to be HIV positive (UNDP Pacific Centre, UN Women Pacific and SPC, 2009, p34).
41. PNG women who reported child sexual abuse were twice as likely to be HIV positive with 27.7% of women sexually abused as children being HIV positive. They also had their first sexual experience at a younger age, were at least seven times more likely to be involved in transactional sex, were more likely to be in a violent relationship as an adult and had a higher number of concurrent sexual partners (UNAIDS Pacific Region 2009, p37; Lewis, I., Maruia, B., Mills, D. & Walker, S. 2008, p7).
42. In PNG, women who were physically, sexually and emotionally abused in their relationships were much more likely to be HIV positive. Physical, emotional and sexual abuse in relationships were demonstrated to be strong risk factors for HIV and STI transmission (Lewis, I., Maruia, B., Mills, D. & Walker, S. 2008, p8).

43. In PNG, women who were living in violent relationships has less control over sex than non-abused women: 70.6% of physically abused women said that they could not say no to sex compared to 29.4% of non-abused women; 61.4% of sexually abused women couldn't say no to sex, compared to 38.6% of non-sexually abused women; and 65.6% of emotionally abused women couldn't say no to sex, compared to 34.4% of non-emotionally abused women. However, social isolation and financial abuse were not significant in decision making (Lewis, I., Maruia, B., Mills, D. & Walker, S. 2008, p8).
44. In PNG, 62.7% of women who were HIV positive were not using condoms with their partners or husbands and there was no statistical difference between HIV positive and HIV negative participants and their rates of condom use. Barriers to condom use included a fear of partners' angry reaction or loss of trust. (Lewis, I., Maruia, B., Mills, D. & Walker, S. 2008, p9).

Social Context in Republic of the Marshall Islands

45. Traditionally, the matrilineal succession of land rights gave women a position of great importance and influence in society. However, women are losing their power base due to the erosion of customary land tenure practices. Many women no longer live on their own land and couples are now less likely to live with the wife's family after marriage. This increases women's vulnerability as they lack protection previously provided by brothers and uncles (Peacock-Taylor, 2003, p. 72).
46. Gender roles and responsibilities were traditionally rigidly defined by cultural norms and beliefs and violence was dealt with by the family or clan. This system has gradually broken down and traditional forms of conflict resolution no longer serve to protect women. Although women now have modern systems to resolve conflicts and apply justice, lack of access and awareness prevent women from disclosing domestic abuse to public authorities (Peacock-Taylor, 2003, p. 73).
47. Domestic violence, sexual assault and child abuse are not easily discussed in public – there is a strong “culture of fear” around disclosure. Many women who experience abuse prefer to keep it private rather than bring shame and retribution on themselves and their family (Peacock-Taylor, 2003, pp. 13, 74).
48. One study identified the following social and economic factors as contributing to spousal abuse: men consuming excessive amounts of alcohol and losing control; misunderstandings between husbands and wives; jealousy; perception that women are not catering sufficiently to the needs of their families; economic difficulties; cultural beliefs that men have the right to beat their wives if they are seen as lazy; cultural beliefs that domestic violence is a private family matter; and lack of understanding that domestic violence is a violation of basic human rights (Peacock-Taylor, 2003, pp. 13, 73).

Social Context in Samoa

49. Men are regarded as the heads of households, irrespective of their education or economic status compared to their wives. Samoan men generally consider themselves superior to their wives (SPC, 2007, p. 52).
50. There are sexual double standards in Samoa: when a woman is promiscuous, she is considered immoral; the same behaviour in men is accepted and even admired. Many Samoan women consider extra-marital affairs are a man's “right” and should not be objected to (SPC, 2007, p. 51).
51. Reasons given for violence against women include: survivor's behaviour (e.g. woman disobeys husband or is cheeky); man's use of alcohol and drugs; economic problems; problems with partner's family; sexual jealousy; lack of communication; gender role expectations; and modernisation. Women consider the main reasons for partner violence to be: family problems (46%); disobedience (44%); and partner was drunk (15%) (SPC, 2007, pp. 33, 76-79).
52. About 70% of women think that men sometimes have a good reason to beat their wives, including if she is unfaithful, does not do the housework well or disobeys him. About half of men consider that beating a partner is sometimes justified, with the most accepted reasons being: she offended his family by being disrespectful (46%) and if their spouse has an affair (31%) (SPC, 2007, pp. 48-49, 64).

53. More than 70% of women think that not wanting sex is an insufficient justification for refusing sex with her husband; more than 40% of women think a woman should not refuse sex when her partner is drunk; and about one-quarter of women think she should not refuse sex when she is sick. Men are much more likely to believe a woman is justified in refusing to have sex with her partner, including when she is sick or has her period (90%); he has physically abused her or had sex with another woman (80%); and when she does not want to (around 70%). However, around 90% of men think that not wanting to get pregnant is not an acceptable reason for refusing sex (SPC, 2007, pp. 47, 65).
54. The vast majority of women agree with the statements: “a good wife obeys her husband”, “family problems should be kept private”, “a man should show his partner who is boss” and “a wife is obliged to have sex with her husband”. Less than half of women agree that “a woman should be free to choose her own friends”. Men also value obedience, with 98% agreeing that a good woman obeys her husband. The majority of men say that obeying her husband is the way for a woman to avoid being beaten (SPC, 2007, pp. 49, 63, 67).

Social Context in Solomon Islands

55. In the Solomon Islands, women are generally regarded as having a lower social status than men and there are gender inequalities in many areas of life. Women are expected to be obedient, faithful, perform household chores, defer to their husband on decision making and bear children. Physical punishment is often used to discipline women who are seen as stepping outside their prescribed gender role. Children also have little status in the family and community and the use of physical violence, verbal abuse and ridicule/humiliation are accepted forms of child discipline (SPC, 2009, pp. 28-30).
56. Married women lack autonomy in some areas of their life: only 28% of women are solely responsible for decisions about their own health care and 20% of women do not make the decision about whether to visit her family (Solomon Islands National Statistics Office, Secretariat of Pacific Island Countries Community & Macro International, 2009, p. 274).
57. Men gave the following reasons for intimate partner violence: alcohol, gender inequality, justified as discipline, bride price. Male perpetrators most often become angry with their wives for not conforming to traditional gender roles e.g. not preparing food on time or completing housework, refusing sex, being disobedient or rude to them. Almost all men said they hit their wives as a form of discipline and most said that to improve the situation, their wives should learn to be obedient and do what men ask (SPC, 2009, pp. 155, 158).
58. Research shows that many Solomon Islands women have absorbed these social norms. The majority of women agree with the statements: “a man should show his wife who is boss” (71%) and “a good wife obeys her husband even if she disagrees” (66%). Only half of women agree that “women should be able to choose their own friends” and a significant proportion of women agree that “a wife is obliged to have sex with her husband, even if she doesn’t want to” (40%). Overall, 73% of women agree there is at least one situation where a man has a good reason to beat his wife. The main justifications for violence that women agree with are: he finds out that she has been unfaithful (63%); she disobeys him (41%); and he suspects that she has been unfaithful (27%). Most women agree that a woman has a right to refuse sex with her husband in at least one situation (87%). However, only 62% of women consider not wanting to have sex a sufficient reason for refusing sex with her husband (SPC, 2009, pp. 72-74).
59. Women link the violence and discrimination they suffer at the hands of men to the tradition of bride price. Many people view bride price as giving a husband ownership of his wife and the right to beat her and treat her as he wishes. Women whose bride price has not been fully paid are particularly vulnerable: they are more than 2.5 times more likely to experience violence than women whose marriage did not involve bride price. Some women gave bride price as a reason for staying in a relationship despite violent incidents. (SPC, 2009, pp. 133-134, 149-150; Amnesty International, 2004, p. 14; McMurray, 2005, p. 40).
60. There is a culturally-rooted reluctance to acknowledge violence against women. Fear of reprisals from perpetrators and their families, shame, trauma and cultural taboos all prevent women from discussing their experience of violence, particularly sexual assault. Being raped during the tensions often led to stigmatisation

or other social consequences for survivors. Some cultural traditions require a married survivor to pay “compensation” to her husband’s family because of the shame brought on the family. The consequences for young unmarried survivors may be more severe, with some parents considering their daughter’s future to be “ruined” (Amnesty International, 2004, pp. 22, 28).

61. HIV vulnerability is high due to behavioural risks and contexts, including poverty of opportunity for youth, taboos against talking about sex and safe sex practices, sexual violence, child sexual abuse, and socio-cultural change. Sexual violence, including group rape, and exploitation was found to often occur under the influence of drugs and alcohol with condoms seldom used. Parents often encouraged or forced daughters to sell sex for cash, including in relation to logging. Sex was begun at an early age and many girls became pregnant the same year they had their menarches. Without support, young single mothers were often forced to turn to sex work (UNICEF, 2010, p.18).

Social Context in Tokelau

62. There is little community understanding of various forms of child abuse and emotional/sexual abuse of children may not be recognised or covered by secrecy and denial (McMurray, Tokelau. A Situation Analysis of Children, Women and Youth, 2006, p. 36).

Social Context in Tonga

63. In Tongan society, men are the head of the family and there is a traditional family expectation that women should assume a subordinate role and submit to their husbands (Fairbairn-Dunlop & Lievore, PPDVP Tonga report, 2007, pp. 28, 34; Kaitani & McMurray, 2006, p. 70).
64. Many Tongans regard domestic violence as a private and shameful matter that should be dealt with by family elders and not discussed in public. Police and community members encourage women to reconcile cases of domestic violence, rather than pursue a formal complaint, to avoid social disruption to the family and community (Fairbairn-Dunlop & Lievore, PPDVP Tonga report, 2007, pp. 11, 17, 34; Kaitani & McMurray, 2006, p. 70).
65. Violence committed by men of traditional rank or social standing is less likely to lead to police intervention and prosecution (Fairbairn-Dunlop & Lievore, PPDVP Tonga report, 2007, p. 16).

Social Context in Tuvalu

66. Married women have limited participation in decision-making in some areas. For example, only 37% make the decisions about their own healthcare (in other cases, the decision is made jointly with the husband or by the husband alone). Around a third of women make decisions about daily household purchases on their own and one-quarter of women make decisions about major household purchases by themselves. Women’s participation in decision making generally increases with age, education and employment (SPC & Macro, 2009, pp. 239-242).
67. Most women (70%) believe that a husband is justified in beating his wife in at least one situation. The most widely accepted reasons are: neglecting the children (66%), going out without informing her husband (42%) and arguing with her husband (28%). The results for male respondents were very similar, with 73% of men agreeing that a husband is justified in hitting his wife in at least one situation. Again, the most widely accepted reasons were: neglecting the children (64%), going out without telling husband (39%) and arguing with husband (28%). Younger men and men with no education are more likely to believe that violence against women is justified (SPC & Macro, 2009, pp. 244-249, 263). In one survey, only one-third of respondents expressed a belief that rape is possible within a marriage (McMurray, Tuvalu. A Situation Analysis of Children, Women and Youth, 2006, p. 65).
68. The vast majority of women agree that a wife is justified in refusing sex if she is tired (94%), she knows her husband has been unfaithful (91%) or her husband has an STI (88%). The vast majority of men also think a wife is justified in refusing sex for these reasons, with 84% agreeing with all three reasons. However, over half of men (53%) agree that when a wife refuses sex, the husband has the right to get angry and reprimand

her. Smaller numbers think a husband has the right to refuse the wife financial support (16%), have sex with another woman (15%) or use force to have sex (14%) if a wife refuses sex (SPC & Macro, 2009, pp. 250-257).

69. Domestic violence is concealed by the Tuvaluan sense of pride and desire to avoid drawing attention to shameful behaviour (McMurray, Tuvalu. A Situation Analysis of Children, Women and Youth, 2006, p. 64).

Social Context in Vanuatu

70. Domestic violence and child abuse are embedded in the gender and power relations that underpin the low status of women and children in Vanuatu (Government of Vanuatu and UNICEF, 2005, p. 42).
71. What happens within the family is seen to be a family matter and community members will not intervene to protect a woman from an abusive husband. Chiefs counsel women to preserve the sanctity of the family unit to maintain family and village harmony (Fairbairn-Dunlop, 2009, pp. 18, 68).
72. Harmful marriage customs increase women's vulnerability to violence:
1. The minimum legal age for girls to marry is 16 and it is illegal to have sex knowingly with a child under the age of 15. However, *kastom* usually dictates that a girl is available for marriage and sex soon after the start of menstruation. (Government of Vanuatu and UNICEF, 2005, p. 19).
 2. In Tanna it is *kastom* for the family of a murderer to give a girl child to the survivor's family for marriage as an apology (Laqeretabua, Naidu, & Bhagwan Rolls, 2009, p. 108).
 3. The practice of bride price has been seen as giving licence to men to physically assault their wives (Fairbairn-Dunlop, 2009, p. 19).
73. It may be very difficult for women to leave a violent relationship. Married women cannot accumulate personal wealth and men have better rights than women to the children of a marriage (Fairbairn-Dunlop, 2009, pp. 20, 64).
74. There is a strong link between VAW and HIV risk factors such as low condom use, proximity to high prevalence HIV, international travel, tourism, multiple sex partners, transactional sex, low status of women, and cultural and religious attitudes discouraging condoms. Sexual abuse and incest were also said to be common, with female children from a previous relationship and adopted children were at risk of sexual abuse in the family especially by the stepfather or grandfather (UNICEF, 2010, p.19).

B. CHALLENGES IN ADDRESSING VIOLENCE AGAINST WOMEN

LACK OF ADEQUATE COUNSELLING

75. While there has been progress in the last five years, including PNG government recognition of the need to provide specialized care for VAW survivors and directives issued by the National Department of Health, there is a lack of clear leadership, guidance, and medical expertise to implement this work (MSF, 2011, p.12). This applies across Pacific Island Countries.
76. Treatment protocols and guidelines are not in place. Draft Clinical Guidelines for the Medical Care and Support of Survivors of Sexual and Gender-Based Violence in PNG have yet to be finalized and implemented around the country (MSF, 2011, p.12).
77. MSF reports that survivors of VAW in PNG have the following medical and psychosocial needs: treatment of injuries, prevention of HIV infection, prevention and treatment of other STIs, emergency contraception, prevention of hepatitis B, prevention of tetanus, psychosocial support, follow-up care, and legal and social support (MSF, 2011, p.7).
78. MSF clinics are the only place in PNG where psychosocial care is provided as a routine part of care by medically qualified, trained staff (MSF, 2011, p.22). MSF's experience in Lae and Tari demonstrates that providing quality, specialized care is possible, and that when this care exists, it will be accessed by many (MSF, 2011, p.13). This should be used as a model for regional intervention to ensure quality of care.

LACK OF DATA AND UNDERSTANDING OF SITUATION

79. There is a need for increased data and quality evidence on VAW in the region as it can bring attention to the considerable social, economic and health consequences of VAW in Pacific Island communities (UNFPA, 2010, p.9). The act of research itself can also serve as a galvanizing force for those who were not aware of the issue or how to take action (UNFPA, 2010, p.6).
80. Standardized methodologies that are part of internationally-recognized good practice should be applied across the Pacific. The UNFPA multi-country study used WHO methodology, one of the first to research domestic VAW across countries from a public health and gender-sensitive perspective. The methodology, combining qualitative and quantitative research methodologies, ensures reliable results that are comparable across countries. It further adheres to specific ethical and safety standards, developed for research on VAW, including putting great importance to training and involvement of researchers and interviewers, as well as support for field staff and respondents who need it (UNFPA, 2010, p.10).

C. NATURE AND EXTENT OF VIOLENCE AGAINST WOMEN

FORMS OF VIOLENCE EXPERIENCED BY WOMEN

81. *Intimate Partner Abuse*: including physical, emotional, sexual and financial abuse; destruction/theft of property; and forced pregnancy (Australian Agency for International Development. Office of Development Effectiveness [AusAID], 2008, p. 12).
82. *Sexual violence*: opportunistic rape; punishment or “payback rape”; sexual abuse of girls and incest; gang rape; abduction for rape; conflict-related rape; sexual harassment at workplaces and schools; and sexual exploitation of women and girls by husbands, brothers, fathers (AusAID, 2008, p. 13).
83. *Other forms of violence*: arranged marriage; forced marriage as part of a dispute settlement; mistreatment of widows; sorcery accusations; violence against sex workers; violence by women against women, particularly in disputes over men (AusAID, 2008, p. 14).

CHILD SEXUAL EXPLOITATION

84. The existence of commercial sexual exploitation of children in Pacific Island Countries has increased significantly in recent years due to urban poverty and unemployment, mass tourism and the rise of industries which employ large numbers of single men such as logging, mining and fishing (Schoeffel Meleisea & Meleisea, 2007, p. 19).
85. Girls are particularly vulnerable to sexual assault in situations of armed conflict, e.g. in the Solomon Islands many girls were sexually assaulted by militants during the tensions; in Papua New Guinea, girls as young as two were raped during revenge raids in tribal fighting (Pacific Regional Rights Resource Team [RRRT], 2008, p. 14).
86. Child prostitution occurs in Pacific Island Countries on both an informal, individual basis and an organised basis. Some children sell sex for cash or in exchange for goods and services, including food, alcohol, school transport, clothes and small gifts. A survey of youth in six Pacific countries found that 22% had exchanged sex for money or a gift in the last year. The figure for Vanuatu is even higher, at 40%. Organised child prostitution networks and brothels exist in urban centres in Papua New Guinea, Solomon Islands and Fiji (RRRT, 2008, pp. 15-16; Laqeretabua, Naidu, & Bhagwan Rolls, 2009, p. 28; Schoeffel Meleisea & Meleisea, 2007, p. 20).
87. There is some opportunistic child sex tourism in Pacific Island Countries but not the highly-organised child sex tourism networks that exist in other parts of the world. Most cases of child prostitution involve perpetrators from the local community, often known to the survivor, challenging the myth that sexual exploitation of children is perpetrated only by foreigners and tourists (RRRT, 2008, pp. 16-18).
88. There is evidence of child pornography being created and sold within Pacific Island Countries. However there have been no child pornography prosecutions, largely due to legislative deficiencies. There are reports of links between male viewing of pornography and attacks on/abuse of women and girls (RRRT, 2008, p. 16; Laqeretabua, Naidu, & Bhagwan Rolls, 2009, p. 33).
89. Risk factors for child sexual abuse and exploitation include: abuse and neglect within the family; children living away from their natural parents (e.g. billeted with extended family or informal guardianship); pressure from friends and family; substance abuse; children with disabilities (RRRT, 2008, p. 29).
90. Street children are particularly vulnerable. According to the rough estimates, as many as a million children may be considered vulnerable in PNG at any time. Of the total street children surveyed: 15% have sold sex, 82% have not sold sex. Of the total 47 who sold sex: 24% earn less than K100 in a fortnight, 28% earn between K100-K199, 18% earn between K200-K299, 10% earn between K300-K399, 4% earn between K400-K499, 18% earn more than K500. Selling sex is a main source of income for girls. Boys are only just beginning to realize the potential of a sex trade. Girls typically sell sex through pimps. Boys sell sex to working class women. Girls keep their conduct low profile, if not entirely invisible. However for boys, it is totally invisible. Boys who sell sex get their female clients’ phone numbers so the transaction can occur directly. The study of street children

observed (on separate nights) young girls working as hostesses in a night club who were forced by their boss (a PNG man) to dance and entertain men. They live and work at the club. 'Wet nights' were held in the inner cell of the ground floor of the club, when young girls perform strip shows for older men. Other young girls came along to the club in groups of girls or accompanied by male relatives or their (generally much older) partners. In Lae, commercial sex workers are very aggressive and outspoken because this prevents men from abusing, assaulting, or hurting them, we were told. Many have been working with Save the Children and are empowered to negotiate safe sex practices. They know their rights, but sometimes clients tempt them by offering big money to drop their demands to use of condom. Others are not as successful (Keleba, 2010, p.35, 69-71).

91. Need for money drives children into commercial sexual exploitation (CSE), followed by when there is a demand, that is, when clients are available. The ILO survey also shows that some children are engaged in CSE during high tourist period and some of the children are engaged in CSE after school hours (ILO 2010 p.50). The study also revealed that peer pressure, family problems and parental neglect were factors (ILO, 2010, p.52).
92. The ILO study highlights the critical link between education and child labour. 65% of the child respondents do not attend school, compared to 35% of the child respondents who are still in school. The majority of the children out of school are between 15 and 17 years old. Most common reasons given by the children interviewed for leaving school were family problems (parental neglect, no family support), and financial difficulties (unable to pay school fees, had to leave to get a job). Other reasons given were peer pressure, poor academic performance, problems at school, pregnancy, and being told by family members to leave school. There were no short term measures including resources and information to help support and absorb vulnerable children, particularly those dropping out of school, who easily fall prey to many forms of abuse and discrimination in the labour force. Adult sex worker data revealed that 20.7% had reached primary school level, 66.7% had reached secondary school level and 10.3% had reached tertiary school level. 2.3% had not had any formal schooling. Financial difficulties and family problems were the main reasons given for dropping out of school (ILO, 2010, p.50).
93. It is generally assumed that sex work only exists in urban centres and that sex workers do not live at home. The survey findings revealed that there are children in commercial sexual exploitation operating in rural areas. It was interesting to note that more than half (59%) of the child sex workers interviewed in the ILO study were living at home with their parents/guardians. A similar finding was noted in the Street Children Survey (ILO, 2010, p.15).

VIOLENCE AGAINST WOMEN

Violence against Women in Cook Islands

94. There is no reliable data on the prevalence of domestic violence in the Cook Islands. Anecdotal evidence indicates domestic violence is widespread but highly underreported (Lievore & Fairbairn-Dunlop, Pacific Prevention of Domestic Violence Programme [PPDVP]. Cook Islands Report, 2007, p. 31).
95. Cook Islands police record around five assaults on a female per month, which comprises around half of all incidents recorded as violent crimes and 10% of all recorded offences (Lievore & Fairbairn-Dunlop, PPDVP Cook Islands Report, 2007, pp. 9-10).
96. There are a high number of teenage pregnancies in Cook Islands, many of which are the result of abuse, rape and incest (Chung, 2004, pp. 35-36).

Violence against Women in Federated States of Micronesia

97. There is limited information on the extent of violence against women in the Federated States of Micronesia. However, domestic violence is reportedly increasing, which can be attributed to: an increase in alcohol consumption; breakdown in the traditional protection system that the extended family once offered; and the reluctance to seek outside help. Incest and child abuse exists but is believed to be quite underreported

because of cultural sensitivity (Chung, Federated States of Micronesia. A Situation Analysis of Children, Women and Youth, 2004, pp. 38, 60).

Violence against Women in Fiji

98. The main forms of violence reported by Fijian women are: physical, sexual and emotional abuse by an intimate partner; sexual assault; and sexual harassment (AusAID 2008, p. 151; United Nations Population Fund [UNFPA], 2008, p. 41). Violence against women imposes a large cost: the Reserve Bank has calculated the direct and indirect costs of violence in Fiji to be FJ\$210.69-million per year, or 7% of GDP (Laqeretabua, Naidu, & Bhagwan Rolls, 2009, p. 116).
99. The CEDAW Committee has expressed concern at the lack of data and information regarding the incidence of various forms of violence against women and girls, as well as studies and/or surveys on the extent of violence and its root causes. The Committee was also concerned that social support services suffer from inadequacy, insufficiency and a lack of coordination (CEDAW, 2010, p.5-6).
100. Domestic violence appears widespread in Fiji. Figures from the Fiji Women's Crisis Centre show that 80% of women have witnessed some form of violence in the home; 66% of women have been physically abused by partners and nearly half repeatedly abused; 26% of women have been beaten while pregnant; 48% of married women have been forced into sex by their husbands; and 13% of women have been raped. Police statistics show that domestic violence made up around 13% of all crimes against the person between 2003 and 2007. Workplace sexual harassment is also prevalent: a 2002 study found that one in three women had been sexually harassed in the workplace (AusAID, 2008, pp. 9, 151; UNFPA, 2008, pp. 12-13, 19).
101. In many cases, the offender is known to the survivor. According to Fiji Women's Crisis Centre statistics, the survivor knew the perpetrator in 70% of reported rape cases and 94% of child sexual abuse cases (UNFPA, 2008, p. 18).
102. Many incidents of sexual violence involve young girls: one study found that 30% of female rape survivors were 11-15 years. Children who are billeted with their extended family are particularly vulnerable to sexual abuse e.g. children from outer islands sent to live in urban centres to complete secondary education. Sexual exploitation of children exists in Fiji, including prostitution, sex tourism and pornography (Schoeffel Meleisea & Meleisea, 2007, p. 19; Laqeretabua, Naidu, & Bhagwan Rolls, 2009, p. 76; RRRT, 2008, p. 28).
103. There is evidence that violence against women is increasing in Fiji: reports of sexual violence increased by 155% from 2003-2007 and there have been an increasing number of violent deaths of women (UNFPA, 2008, p. 18; Laqeretabua, Naidu, & Bhagwan Rolls, 2009, p. 116).
104. Fiji's four political coups have been cited as a cause of increased violence. Research shows that violence against women, both from intimate partners and strangers, increases during and after coups. At the same time, police have diminished capacity and willingness to respond to violence against women (AusAID, 2008, p. 153).
105. The ILO CSEC Survey found that although the majority of respondents started sex work between the ages of 15-16 years, some children started sex work as early as 10 years old. Children who live with extended families, children who suffer parental neglect, children who live in violent households and children who have been victims of physical and sexual abuse are very vulnerable to this form of exploitation (ILO, 2010, p.12).
106. Research on health professionals in Fiji has revealed that 95% of the health professionals have treated patients on VAW. Of these patients: 83% had more than one violent attack in the past. 70% of health professionals are comfortable in managing VAW patients, 80% have good confidence in consulting and managing women survivors of violence, 88% need VAW clinical management and other specified training needs (Tuiketeei and Rokoduru, 2010, p.19, 24-6).
107. Research on dynamics of VAW in Fiji revealed that the most common cause of VAW is refusal of woman to have sexual relations with husband or partner. 96% of the VAW patients know the assailant, and most patients (70%) arrive at health facilities because they are brought by relatives (Tuiketeei and Rokoduru, 2010, p.16, 26).

108. Main injuries seen in these VAW patients of violence: 85% facial & scalp, 59% jaw injuries, 50% head injuries, 51% upper limb injuries, 30% attempted rape, and others. 93% of the health professionals stated there is no MoH Written Policy or guideline on the management of women who received injuries from any form of violence. As a result, referrals are ad hoc: 39% of health professional always report it to police; 49% refer VAW patients for counselling; only 6% report it and refer patient to FWCC; 34% have filled a police medical report; and 5% of them have been summoned to Court for testimony on a VAW case (Tuiketeti and Rokoduru, 2010, p.27).

Violence against Women in Kiribati

Intimate Partner Violence

109. Around two-thirds (68%) of ever-partnered women reported experiencing at least one act of physical or sexual violence, or both, by an intimate partner. There is considerable overlap between sexual and physical violence: 35% of women who experience intimate partner abuse suffer from both forms of violence (Secretariat of Pacific Island Countries Community [SPC], 2010, pp. 82, 89).
110. The most common types of physical violence reported by women are: being slapped or having something thrown (52%); being pushed or shoved (43%); and being hit with a fist or object (40%). More women experienced severe physical violence (46%) than moderate physical violence (14%). The types of intimate partner sexual violence reported were: having sexual intercourse because they were afraid of what their partner might do (41%); forced to have sex when they did not want to (31%); and forced to do something sexually degrading or humiliating (22%) (SPC, 2010, pp. 83, 91).
111. Around half of women who have experienced physical or sexual partner violence reported being injured at least once. The injuries suffered included: abrasion and bruises (54%); sprains and dislocations (54%); cuts, punctures and bites (44%); fractures and broken bones (28%); and eardrum and eye injuries (26%) (SPC, 2010, pp. 123-125).
112. Overall, 23% of women who had ever been pregnant reported being physically abused during pregnancy. Women who had experienced partner violence were significantly more likely to report miscarriages or have a baby die. Abused women were also more likely to have a partner who had stopped, or tried to stop, them from using contraception and to have unplanned or unwanted pregnancies (UNFPA, 2008, pp. 134-138).
113. Almost all (90%) ever-partnered women aged 15-49 reported experiencing at least one form of controlling behaviour by an intimate partner. The most common forms of controlling behaviour experienced were: insisting on knowing where she is at all times (83%); expecting her to ask his permission before she seeks healthcare (70%); and getting angry if she speaks with another man (46%). Women who had experienced intimate partner violence were significantly more likely to report that their partner had been financially controlling (SPC, 2010, pp. 85-88).
114. According to women, the most common situations leading to intimate partner violence are: partner is jealous (49%); disobeying or annoying her partner (26%); and partner is drunk (25%) (SPC, 2010, p. 93).

Non-partner Violence

115. Around one in five women (18%) aged 15-49 had experienced physical and/or sexual violence by a non-partner since age 15. Male family members, including fathers and stepfathers, were the most common perpetrators of physical non-partner violence, while male acquaintances were the most common perpetrators of sexual non-partner violence (SPC, 2010, pp. 101-103).
116. Overall, 73% of all women aged 15-49 have experienced some form of physical or sexual violence, either by a partner or a non-partner (SPC, 2010, p. 104).
117. Many youth do not feel they have any option to escape their forced sex. The extent of forced sex and first sex forced is extreme, especially for Abemama Island. 43% of sexually active youth reported that they had been forced to have sex when they did not want to, with 79% saying they are still vulnerable. The percentage by place ranged from 38.3% in South Tarawa to almost twice as high at 71.4% in Abemama. The implications for lost virginity are serious in Kiribati culture, even for those victims of forced sex (UNICEF, 2010, p.105).

Child Sexual Abuse

118. Around one in five women aged 15-49 reported being sexually abused before the age of 15. Approximately two-thirds of those women said the abuser was someone known to them (family, friend of the family, boyfriend or acquaintance) (SPC, 2010, pp. 105-108).
119. There is significant co-occurrence of intimate partner violence and child abuse: women who have experienced domestic violence were seven times more likely to report that their children had been emotionally, physically or sexually abused by their partner than women who had not experienced domestic violence (SPC, 2010, pp. 105, 110-111).
120. Commercial sexual exploitation of children (CSEC) and child sexual abuse are of increasing concern in Kiribati (UNICEF, 2009, p.18).

Violence against Women in Nauru

121. There is little documentation of domestic violence against women and children and published crime statistics are not disaggregated by survivor's gender. However, there is a general community perception that domestic violence against women and children is increasing as the economic situation deteriorates (McMurray, Nauru. A Situation Analysis of Children, Women and Youth, 2005, p. 41).

Violence against Women in Niue

122. Sexual assault of children under 15 is a regular occurrence, but there is a lack of reporting to police and lack of formal condemnation (Calvert, 2004, p. 28).

Violence against Women in Palau

123. The 2007 Youth Risk Behaviour Survey found that 21% of students had been forced to have sex against their will and 13% had been physically assaulted by a boyfriend or girlfriend in the past year. There are 40-45 reported cases of suspected child abuse each year, with physical abuse being the most prevalent form (Otto, 2008, pp. 21, 32).

Violence against Women in Papua New Guinea

124. The CEDAW Committee report commends PNG for its legislative amendments to the Criminal Code regarding sexual offences as well as the 2003 amendments to the Evidence Act to assist VAW survivors. The Committee expressed concern at the persistence of VAW, including sexual violence at domestic and community levels, and at the lack of information and statistical data on its nature, extent and causes. The Committee sees that such violence would appear to be socially legitimized and accompanied by a culture of silence and impunity and those cases of violence are underreported. The Committee expressed concern about reports of traditional apologies as a form of resolution for offences committed against survivors, including in the context of the village courts. There is a lack of a comprehensive legal framework addressing all forms of VAW (CEDAW, 2010, p.6).
125. Services for survivors and enforcement measures remain insufficient. There is a lack of shelters or safe houses, counselling and other services. The CEDAW Committee noted reports of sexual abuse of women upon arrest and in police custody, perpetrated by both police officers and male detainees, and at times in the form of collective rape, and that such abuses are rarely documented and investigated and perpetrators not prosecuted and punished (CEDAW, 2010, p.6-7).
126. The CEDAW Committee urged PNG to take note of the Secretary-General's study on VAW and apply it – specifically regarding a comprehensive legal framework. This should include abolition of the method of traditional apologies. Public awareness campaigns should state that all forms of VAW are unacceptable. The Committee also urged that survivors have immediate and effective means of redress and protection, including shelters and safe houses (CEDAW, 2010, p.6-7).

127. Judiciary and public officials need training to ensure that they are sensitized to issues of VAW and necessary support to survivors. PNG should take necessary measures to ensure that custodial violence by officials, including acts of sexual abuse of women and girls, are prosecuted and punished as grave crimes. PNG should enhance its data-collection efforts and establish a monitoring and evaluation mechanism in order to regularly assess the impact and effectiveness of measures aimed at preventing and redressing VAW. The CEDAW Committee recommended that PNG seek international assistance to put a stronger response in place (CEDAW, 2010, p.7).
128. Domestic violence appears to be prevalent in Papua New Guinea. One study found that 67% of women had been beaten by their husbands, including close to 100% of wives in the Highlands. Another study found that half of married women had been forced into sex by their husbands (AusAID 2008, p 10). Intimate partner violence commonly includes verbal abuse, kicking, punching, burning and cutting with bush knives. Women are sometimes locked in their homes to prevent them from returning to their families or accessing other help. The vast majority (80-90%) of injuries in women presenting to health facilities are reported to be the result of domestic violence (Amnesty International, 2006, p. 13).
129. Children are survivors of domestic violence, although the data on this is less complete. There is rising level of child prostitution and sexual exploitation, a growing number of street children, and an expanding number of children who may be considered at risk (Keleba, 2010, p.30).
130. A study conducted in PNG using the World Health Organisations (WHO) violence against women instrument found that 65.3% of interviewed women are survivors of physical violence (Ganster-Breidler, M., 2009, pg. 11). 65.3% of interviewed women also reported being survivors of sexual violence. Sexual violence referred to physically forced sexual intercourse and sex performed in fear of violence (Ganster-Breidler, M., 2009, pg. 15). In MSF services in Lae and Tari, approximately 95% of survivors were females over 18 years of age who were attacked by family members or intimate partners (MSF, 2011, p.16).
131. Young women everywhere in PNG experience sexual violence at home. Incest cases involving fathers abusing their daughters are frequent. These incidents occur in silence and in the place where children place most of their trust. 9% or 11 (of 105) of the girls experienced sexual abuse at homes. The perpetrators were either their own fathers or very close relatives. Many of these incidents are never reported to the police and even if they were reported the help the women and girl received was nothing (Keleba, 2010, p.95).
132. There is variation in the number of affected women by violence in the different provinces: Western Highlands 79.2%; Goroka 77.8%; Madang town 68.2%; Bougainville 58.3%, Madang Province (rural) 52.5%; and Goroka (rural) 44.4% (Ganster-Breidler, M., 2009, pg. 15).
133. On the cycle of violence, 68.7% of women witnessed their own mothers being beaten by their fathers. When asked if they know if their partners had witnessed violence in their childhood, 52.9% said that their partners mothers were hit by their fathers (Ganster-Breidler, M., 2009, pg. 18).
134. In MSF services in Lae and Tari, the vast majority of people seeking support because of sexual violence did so within 72 hours of their attack, enabling post-exposure prophylaxis to be administered (MSF, 2011, p.18). In Lae, 90% of survivors who sought MSF support received at least one psychosocial care consultation. In Tari, the figure is 89% (MSF, 2011, p.22). 34% of survivors of sexual violence were referred to MSF in Lae and Tari by the police. 29% came on their own initiative (MSF, 2011, p.24).
135. Other forms of violence against women in Papua New Guinea include: gang rape; payback rape; rape in connection with tribal fighting; and torture and murder of women suspected of sorcery. Examples of violence against women reported by Amnesty International include: a woman who was burnt with a hot iron by her neighbours on suspicion of practising witchcraft; a woman who was buried alive because she was HIV-positive; a woman who was raped by a group of men while walking in an area under tribal fighting and then severely beaten by her husband for the shame she had caused him (AusAID, 2008, p. 105; Amnesty International, 2006, p. 11).
136. Rape and sexual violence are said to have reached epidemic levels. In some parts of the country, fear of rape and gang rape severely circumscribes women's freedom of movement, e.g. female police officers have said they cannot work at night because they cannot get to and from work safely (Amnesty International, 2006,

pp. 15-16, 21). One study found that 60% of men reported participating in gang rape at least once (AusAID, 2008, p. 10). (Note that Dame Carol Kidu has questioned the methodology used to obtain this statistic – she considers the figure is inflated).

137. Graphic accounts of the forms and extent of VAW are frequent, including those perpetuated by police and security personnel. One woman in Porgera told how she was gang raped by six guards after one of them kicked her in the face and shattered her teeth. Another said she and three other women were raped by ten security personnel, one of whom forced her to swallow a used condom that he had used while raping two other women. Several women said that after arresting them for illegal mining on the waste dumps, guards gave them a “choice” of submitting to gang rape or going to prison to face fines and possible jail time. But in some of those cases the women said that guards raped them even after they pleaded with their assailants to take them to jail (HRW, 2011, p.16-18, 48, 50-59).
138. PNG lacks information and data on the prevalence of the exploitation of prostitution and trafficking and on the increase in young women 16-24 years old who are engaged in prostitution. PNG has little systematic intervention or sanction. Cross-country trafficking, which involves commercial sex as well as exploitative labour, is also a major concern (CEDAW, 2010, p.7).
139. The CEDAW Committee requested that PNG include information and data in its next report on the prevalence of the exploitation of prostitution and trafficking. PNG should conduct studies and surveys – and seek international assistance as needed. This should include cooperation with countries of origin on measures for the prevention and prosecution of trafficking as well as protection of survivors (CEDAW, 2010, p.8).
140. Young girls are especially vulnerable to sexual violence within the home. Girls who do not live with their natural parents are particularly at risk because they are often dependent on male relatives for food, shelter, school fees and other basic necessities (Amnesty International, 2006, p. 17). Child trafficking is common in Papua New Guinea, with girls ‘bought’ to be labourers, sexual partners or child brides). (Laqeretabua, Naidu, & Bhagwan Rolls, 2009, p. 34).
141. Young girls suffer the most abuse and the greatest parental dereliction. They are the first to be held back from school, put to work, married against their will, ‘sold’ for sexual purposes, raped by strangers and family alike, and physically struck by their relatives. As a result, they are highly vulnerable to abuse in both urban and rural settings. How they survive when they find themselves parentless in town is a matter of life and death. Few young girls can be found at truck stops, selling stolen goods in the market, or wandering the public parks as these are high risk areas where middle class schoolgirls get abducted and raped. It is not the place for homeless and needy young women. Street girls are more likely to be bar girls and citizens of the night in PNG. This is in part because the best income to be made is selling sex, and in part because it safeguards them against more random, one might say unpredictable, violence from the daytime public (Keleba, 2010, p.29, 32).
142. Transactional sex occurs in Papua New Guinea, with women and girls providing sex in exchange for money, food and shelter. One survey found that two in three women aged 15-24 and two in five older women accept cash or gifts in exchange for sex. Some husbands regard their wives as a commodity that they can ‘rent’ to others in exchange for sexual services (Amnesty International, 2006, p. 18).
143. Sorcery-related violence and killing is a form of VAW and occurs frequently in PNG. An alleged sorcerer may be interrogated, tortured and murdered in “payback” for the harm they are thought to have inflicted. Torture methods include: beating, breaking bones, burning with red hot metal, rape, hanging over fire, cutting body parts slowly, and amputation. If death does not result, the survivor may be killed by being thrown over a cliff or into a river or cave, burned alive in a house fire, buried alive, beheaded, hanged, choked to death, starved, axed or electrocuted, suffocated with smoke, forced to drink petrol or hot liquid, stoned or shot. Women are reportedly six times more likely to suffer this form of violence than men (Amnesty International, 2006, p. 22; UNOHCHR, 2010, p.9).
144. Violence against women also occurs in the context of tribal fighting. Women may be targeted by rival groups for rape/gang rape as a means of shaming or provoking the enemy. Women are sometimes sold in exchange for guns or the services of hired gunmen. Women who are displaced from their homes during conflict are particularly vulnerable to violence and exploitation (Amnesty International, 2006, p. 23).

145. PNG's now endemic HIV is often described as undergoing 'feminization'. Women are dying not only of AIDS but also of violence and abuse. In PNG, the realities of sex and violence are intertwined. The sexual transmission of HIV, in circumstances frequently involving or shaped by violence, and the violent response that HIV&AIDS can provoke, are central to understanding the epidemic in PNG. The book *Civic Insecurity* adds to the growing body of research on gender inequality, expressed and effected by gender-based violence, which in turn helps spread the virus (Luker, 2010, p.3, 5-6).

Violence against Women in Republic of the Marshall Islands

146. Around 3 in 10 Marshallese women have experienced physical violence in their lifetime, with 22% experiencing physical violence in the past 12 months. About 20% of women reported experiencing sexual violence in their lifetime. Overall, 36% of women have experienced either physical or sexual violence (Economic Policy, Planning and Statistics Office, Secretariat of Pacific Island Countries Community and Macro International Inc. [EPPSO, SPC & Macro], 2008, pp. 243, 248).
147. The most common perpetrator of physical violence was a current husband/partner (72%), followed by a former husband/partner (21%). The most common perpetrator of sexual violence was a current husband/partner (50%) (EPPSO, SPC & Macro, 2008, p. 245).
148. Over half of women (54%) reported that their husband/partner displayed one or more forms of controlling behaviour. The main forms were: insisting on knowing where she is at all times (40%); getting jealous or angry if she speaks to other men (38%); and frequently accusing her of being unfaithful (36%) (EPPSO, SPC & Macro, 2008, pp. 249-252).
149. Intimate partner violence has been experienced by 30% of ever-married women. The most common type of violence experienced was physical (22%), followed by emotional violence (15%), and sexual violence. Forms of physical violence include: being slapped (17%); being pushed, shook or having something thrown (13%); and being punched or hit (11%). Half of the women who experienced physical intimate partner violence reported suffering injuries, with the most common injury being cuts, bruises or aches (EPPSO, SPC & Macro, 2008, pp. 253-254, 260-261).

Violence against Women in Samoa

150. Overall, 46% of Samoan women who have ever been in a relationship have experienced one or more kinds of partner abuse. The most common form of spousal abuse is physical abuse (38%), followed by sexual abuse (20%) and emotional abuse (19%). The kinds of abuse experienced by women include: being slapped or having objects thrown (35%); being punched (18%); being forced to have sex (17%); insults (14%); being coerced into having sex (11%); and being kicked, dragged or beaten (11%) (SPC, 2007, p. 14).
151. Of the women who reported physical partner violence, 24% had been punched, kicked or beaten while they were pregnant. In almost all of these cases, the perpetrator was the child's father (SPC, 2007, p. 15).
152. Women who reported experiencing intimate partner violence were much less likely to describe their health as "excellent" and more likely to describe it as "fair." They were also significantly more likely to report headaches, loss of appetite, disturbed sleep, nervous tension, unhappiness, impaired work performance, thoughts of suicide, fatigue and stomach discomfort than women who did not report partner violence (SPC, 2007, pp. 20-23).
153. About 30% of women who had been physically abused reported being injured, with the most common injury being abrasions and bruises (22%), followed by damage to eye or ear (9%); cuts, punctures and bites (9%); and losing consciousness (8%) (SPC, 2007, p. 26).
154. Women who reported abuse were significantly more likely to have children who died (16% compared with 10%) and to experience a miscarriage (15% compared with 8%). They were also more likely to report that their partner was opposed to contraception (15% compared with 5%) (SPC, 2007, pp. 27-30).
155. Women who experience intimate partner abuse are more likely to report financially controlling behaviour by their partner, such as their partner taking their earnings or refusing them money (SPC, 2007, p. 38).

156. Overall, 65% of women reported being abused by someone other than a partner, with the most common form being physical violence (62%). The main perpetrators of non-partner physical violence were: female family member (39%), father (36%) and teacher (19%). Sexual violence by a non-partner was less common: 11% reported being forced to have sex against their will and 2% said they had been touched sexually or made to do something sexual against their will by a non-partner (SPC, 2007, pp. 44-45).

Violence against Women in Solomon Islands

157. Domestic violence is the most common form of violence against women in the Solomon Islands and is widespread. Other forms of sexual violence include: incest; commercial sexual exploitation of girls (especially related to the logging and fishing industries); sexual violence during the civil conflict of 1999-2003 (referred to as “the tensions”); gang rape of girls (AusAID 2008, p 131; McMurray, 2005, p. 41, UNICEF, 2009, p.17).
158. 91% of parents and caregivers state they have heard stories about children being involved in prostitution in the Solomon Islands and believe most commonly that this is a result of poverty. A stronger understanding/emphasis is needed on the role of exploitation and physical, sexual and emotional abuse and neglect as push factors (UNICEF, 2009, p.13).
159. Commercial sexual exploitation of children is occurring and includes problems such as early marriage with bride price, pornography and anecdotal evidence of parents ‘selling’ their children for sex with foreigners for money or goods (UNICEF, 2009, p.17).

Intimate Partner Violence

160. There is a high rate of intimate partner violence in the Solomon Islands, with 64% of ever-partnered women aged 15-49 reporting physical and/or sexual violence by an intimate partner. Sexual partner violence was experienced by 55% of women and physical partner violence was experienced by 45% of women (SPC, 2009, p. 62).
161. The main types of physical (intimate partner) violence experienced by women are: being slapped or having something thrown (40%); being pushed or shoved (31%); being hit with a fist (30%); and being kicked or dragged (22%). In most cases, the violence was severe rather than moderate: 34% of ever-partnered women reported severe violence, compared with 11% reporting moderate violence. Of the women who reported intimate partner violence, 30% were injured. The most common type of injury was abrasion and bruises (21%) (SPC, 2009, pp. 69, 107).
162. The main types of sexual (intimate partner) violence reported are: forced sexual intercourse (52%); having sex because they were afraid of what their partner would do if they refused (43%); and being forced to do something sexually degrading or humiliating (28%) (SPC, 2009, p. 63).
163. As well as physical and sexual violence, over half of women (56%) reported being emotionally abused by a partner. The main forms of emotional abuse experienced by women are: being insulted (53%); being intimidated or scared (33%); and being belittled or humiliated (30%) (SPC, 2009, p. 64).
164. The majority of ever-partnered women (58%) reported controlling behaviour by an intimate partner. Forms of controlling behaviour include: wanting to know where she is at all times (42%); becoming angry if she speaks with other men (32%); controlling her access to health care (32%); and often suspecting her of being unfaithful (31%). Women who had experienced intimate partner violence were significantly more likely to report that their partner had been financially controlling, e.g. 19% of women who had experienced partner violence had their earnings or savings taken by their partner against their will compared with 5% of non-abused women (SPC, 2009, pp. 64-67).
165. Around one in ten women who have been pregnant reported physical violence during a pregnancy. Women who had experienced intimate partner violence were more likely to report that their partner had tried to stop them using family planning and to report an unwanted or unplanned pregnancy (SPC, 2009, pp. 116-118).

166. According to women, the most common situations leading to intimate partner violence are: partner is drunk (29%); partner is jealous (26%); and she disobeyed partner (26%) (SPC, 2009, p. 71).

Non-partner Violence

167. Overall, Solomon Islands women are at greatest risk of violence from an intimate partner: 90% of women who reported violence experienced it from an intimate partner. However, three out of ten women aged 15-49 experienced either physical or sexual violence by a non-partner after age 15. The most common perpetrators of physical violence were: father/step-father (59%), female family member (25%) and male family member (23%). The most common perpetrators of sexual violence were: boyfriend (48%), stranger (27%) and acquaintance (24%) (SPC, 2009, pp. 80-82).

VAW during the Tensions (1999 – 2001)

168. Violence against women was greatly heightened during the tensions. Three-quarters of women reported direct personal trauma during this period, including rape, death of family members, threats of violence and intimidation and being held up at gunpoint (AusAID, 2008, p. 133-134). Gender-related violence occurred throughout Guadalcanal and other provinces impacted by the crisis. Rape was one of the most common forms of violence used by the warring parties (Leslie and Boso, 2003, p. 328). Virtually any girl or woman in areas affected by the tensions was vulnerable to sexual coercion by militants. A large number of mostly Malaitan women were raped in attacks: this was viewed as hard-hitting humiliation of the enemy (RRRT, 2008, p. 27; Amnesty International, 2004, p. 23).
169. Alongside acting as specific targets for gender-related violence, women were part of the civilian population that was tortured, starved, and killed during the crisis (Leslie and Boso, 2003, p. 328).
170. A 2002 survey of men and women found that the majority of them knew someone who had been raped and more than half said they had participated in gang rape. In addition, the Family Support Centre in Honiara reported a substantial increase in women seeking assistance during the tensions: from 71 in 1997 to 676 in 2002 (Amnesty International, 2004, pp. 13, 26).
171. Women were subjected to domestic violence in ever-increasing numbers during the tensions. Women report a very high incidence of domestic violence and believe that the crisis contributed to significant family breakdown, particularly in those areas most affected by the armed conflict (Leslie and Boso, 2003, p. 328).
172. Another report stated that the majority of women who have experienced intimate partner violence reported that the violence either stayed the same during the tensions (55%) or got better – i.e. less severe or frequent (34%). Only 3% reported that intimate partner violence got worse during the tensions. For women who reported that violence “got better” during the tensions, the most common reason was their partner had a stronger feeling of responsibility towards the family and community during the tensions (69-81%) (SPC, 2009, pp. 83-84). However, some women reported that their husbands rejected them because they had been sexually abused by other men during the tensions (McMurray, 2005, p. 41).
173. Violence has continued after the conflict as firearms have been sold or lent to criminals and former militants. In addition, sexual exploitation of young girls is said to have increased after the Peace Agreement because some ex-militants received large compensation payments and/or wages if they were recruited to the police force and thus had the means to pay for sex (Amnesty International, 2004, p. 28; McMurray, 2005, p. 40).

Child Sexual Abuse

174. Sexual abuse of girls occurs in Solomon Islands, with 37% of women reporting they had been sexually abused before age 15. The most common perpetrators were: boyfriend (36%), stranger (24%), family member (20%) and male friend of family (16%). Women who are survivors of intimate partner violence are significantly more likely to report that their partner had abused their children (SPC, 2009, pp. 89, 91-93).
175. There are also reports of child prostitution, particularly in fishing communities. Often the girls are taken to Asian fishing boats and paid in fish, which they sell in the local market. In some cases, the girls are prostituting themselves; in other instances a parent negotiates the arrangements (RRRT, 2008, p. 19).

Violence against Women in Tokelau

176. According to police, physical and sexual abuse of children is infrequent, but some cases have been recorded (McMurray, Tokelau. A Situation Analysis of Children, Women and Youth, 2006, p. 36).

Violence against Women in Tonga

177. It has been estimated that between 5,000 and 10,000 women in Tonga are survivors of intimate partner violence each year, a prevalence of between 31% and 62% of women. The World Health Organisation has calculated the total annual cost of violence against women to Tonga's economy as TOP\$18.3 million (Fairbairn-Dunlop & Lievore, PPDVP Tonga report, 2007, pp. 25, 31).
178. It is difficult to determine how many cases of domestic violence are reported to police because domestic violence is included in 'common assault' rather than being classified as a separate offence. Figures show there were around 150-200 cases of violence against women reported to police per year between 1991 and 2001 (Fairbairn-Dunlop & Lievore, PPDVP Tonga report, 2007, p. 10).
179. There has been no comprehensive research on child sexual abuse and commercial sexual exploitation of children in Tonga (Kaitani & McMurray, 2006, p. 45).

Violence against Women in Tuvalu

180. More than a third of Tuvalu women (37%) reported having ever experienced physical violence, with 25% experiencing physical violence in the previous 12 months. Women aged 25-39 were most likely to report experiencing physical violence in the last year (35%). About 8% of Tuvaluan women have experienced physical violence during pregnancy. Most of the women reporting physical violence said that a current husband or partner had been violent towards them (90%), with a small number reporting violence by a sister or brother (8%) (Secretariat of Pacific Island Countries Community and Macro International [SPC & Macro], 2009, pp. 267-271).
181. About one in five women (21%) have experienced sexual violence and 13% of women say their first sexual intercourse was forced against their will. Almost half of women (47%) have experienced either physical or sexual violence, with 12% of women experiencing both forms of violence (SPC & Macro, 2009, pp. 272-273).
182. Over half of women report controlling behaviour by their husband, with the most common behaviours being: insisting on knowing where she is at all times (40%), being jealous or angry if she talks to other men (29%) and not permitting her to meet female friends (16%) (SPC & Macro, 2009, pp. 276-277).
183. Four in ten women have experienced physical, sexual or emotional abuse by a husband or other intimate partner. The most common kind of abuse experienced is physical (33%), followed by emotional abuse (28%) and sexual abuse (10%). The most common kinds of physical violence experienced are: being slapped (27%); pushed, shaken or having something thrown (17%); and being punched (16%). Around 18% of ever-married women have been insulted or made to feel bad and 5% have been forced to perform sexual acts they did not want to (SPC & Macro, 2009, p. 278).
184. Of women who have ever experienced intimate partner violence, 42% reported cuts, bruises or aches and 18% reported eye injuries, sprains, dislocations or burns (SPC & Macro, 2009, p. 287).
185. One survey found that 39% of females and 27% of males thought that rape was either "very prevalent or moderately prevalent" in Tuvalu and that half of women reported that they did not consent to their first intercourse. There is anecdotal evidence that sexual harassment in the community and workplace is quite common (McMurray, Tuvalu. A Situation Analysis of Children, Women and Youth, 2006, pp. 53, 65).
186. Prostitution is not widely known or practised in Tuvalu. However there are borderline cases of "transactional sex" – females who engage in sex after receiving drinks and cigarettes or may receive gifts after sex (McMurray, Tuvalu. A Situation Analysis of Children, Women and Youth, 2006, p. 65).

Violence against Women in Vanuatu

187. There have been no systematic studies of domestic violence in Vanuatu, although a study based on the WHO methodology is underway. However, information collected by women's groups indicates there are high rates of violence against women in Vanuatu, especially intimate partner violence (AusAID, 2008, p. 171). The Vanuatu Women's Centre reported 3600 cases of family violence from 1993-2000 and around half of the Community Legal Centre's business relates to domestic violence (Fairbairn-Dunlop, 2009, pp. 47, 57).
188. An alarming rate of violence perpetrated by men against women and children was reported in 2002 in Vanuatu, where reported sexual offences had more than doubled since the late 1980s. Other forms of violence, such as urban-based gang crime, tribal disputes, and civil disturbances, also exposed women to the risks of contracting STIs and HIV. Most cases of violence against women nevertheless went unreported, under-recorded and under-prosecuted. It was common for police to refer domestic violence cases to local chiefs, with the result that many were incomplete or withdrawn (UNICEF, 2010, p.18).
189. The Port Vila Police Station recorded 475 cases of domestic violence related incidents and offences in the six-month period February-July 2007. However, only a small number of cases make it to court: in 2008, there were 77 domestic violence cases registered at the Domestic Violence Court (Fairbairn-Dunlop, 2009, pp. 25-26).
190. Child sexual abuse and exploitation appears to be prevalent. In one survey, 84% of respondents agreed that "sexual abuse is a big problem in Vanuatu" and two-thirds agreed that "children are most often abused by someone they know and trust" (Government of Vanuatu and UNICEF, 2005, p. 37). There are reports of girls being sold by their fathers into early marriages and transactional sex around bars in Port Vila (Schoeffel Meleisea & Meleisea, 2007, p. 19; Laqeretabua, Naidu, & Bhagwan Rolls, 2009, p. 77).
191. The majority of UNICEF baseline respondents (aged 16-17 years) claim to understand appropriate and inappropriate touching; in spite of this, some children aged 16-17 years (let alone younger children) do not fully understand what constitutes acceptable and unacceptable touching and when they should speak out, which renders them vulnerable to sexual abuse. Adults were apparently the perpetrators in 40% of inappropriate touching (with other children as perpetrators in 60% of incidents) (UNICEF, 2009, p.13).

D. ACCESSING SUPPORT SERVICES

192. Women and girls who have experienced violence face a number of barriers in accessing support services. Services are frequently concentrated in urban areas, making them out of reach for rural women. Often, services are far apart from each other and there is little coordination. Another challenge is uneven quality of services. For example, few support programmes have trained counsellors and staff often apply “common sense” in dealing with women, heavily influenced by traditional views of women’s roles in society. The lack of funding for NGO-run centres has a big impact on continuity of service and the ability to expand services beyond urban areas (AusAID 2008, p 44-45).
193. There are some innovative approaches to service provision for Pacific women and girls. One example is “one stop shops” which provide multiple services in a single location, such as Papua New Guinea’s Stop Violence Centres which are located in hospitals. Another example is the training module for counsellors developed by Fiji Women’s Crisis Centre, which incorporates a gender and human rights focus and prioritises women’s safety and autonomy. A third key approach is strengthening informal support networks at village level (AusAID 2008, p 46-49).

Support Services in Cook Islands

194. Putanga Tauturu, the Cook Islands Women’s Counselling Centre, provides counselling services; information about accessing the legal system, police procedures and medical examinations; and support and assistance (Chung, 2004, p. 55).
195. There is no women’s refuge in the Cook Islands. Women and children may be sent to a hostel, a pastor’s house or the homes of counselling centre staff or police officers (Lievore & Fairbairn-Dunlop, PPDVP Cook Islands report, 2007, p. 30).

Support Services in Fiji

196. Fiji Women’s Crisis Centre is the main institution providing psychological, human rights-based crisis counselling and practical support. It has headquarters in Suva and branches in Ba, Labasa and Nadi. Counselling services are also provided by Pacific Counselling and Social Services, emergency accommodation providers and faith-based organisations (AusAID, 2008, p. 159; AusAID, 2009, p. 76).
197. In spite of inter-agency Memoranda of Understanding (MOU) directives, survivors are not routinely referred to other services, such as the Department of Social Welfare (DSW), the Ministry of Health, or the Child Abuse and Sexual Offences Unit (CASO), as standard practice, apart from rape cases. Child survivors are not familiarized with court processes and report feeling ‘inadequately protected’ against the defence. Some reported being discouraged from pressing charges (UNICEF, 2009, p.11).
198. There is a lack of emergency accommodation for women escaping violent situations. There are Salvation Army-run Family Care Centres in Suva, Lautoka and Labasa, however, these homes are often full. There is a growing need for more crisis accommodation and it needs to be inclusive of women and girls with disabilities (UNFPA, 2008, p. 33; AusAID 2009, p 76).
199. Support services are much more accessible for women living in Suva and other urban areas, which is about half of women. In rural, village or settlement areas, often the only option for women escaping violent situations is to stay at the home of a religious or community leader (AusAID 2009, p 76).
200. The report on VAW and public health in Fiji made the following recommendations, amongst others: Establish a specialized counselling unit within the health facility premises where a counsellor, social worker, religious personnel and others can be available 24 hours to attend to VAW patients: strengthen/formalize referral networks with NGOs on counselling/follow up of VAW patients and with the Police to improve case reporting by health staff and VAW patients; develop VAW policy and clinical management guidelines in MOH; develop/strengthen curriculum on Injury for VAW patients for health professionals; conduct training on VAW clinical management, medico-legal issues, counselling and other areas; develop more VAW BCC materials and

accessibility in providing information to women; conduct more community awareness programmes on VAW issues; develop and maintain a proper information system integrating it within the existing HIS in MoH on timely and accurate records at health facilities to effect wholesome treatment and to assist in behaviour change interventions for patients and perpetrators, health care workers, violence and gender-based NGOs, government and the general public (Tuiketeei and Rokoduru, 2010, p.40-1).

201. Fiji must make efforts to increase the number of shelters and to ensure adequate geographical distribution, with particular focus on remote and outer islands. Data on trends concerning the prevalence of various forms of VAW, disaggregated by age and area (urban and rural) is necessary (CEDAW, 2010, p.5-6).
202. The Child Abuse and Sexual Offences Unit does not deal with cases of non-sexual abuse of children - there is no specialized police unit for child survivors. This is an urgent need. The 2008 national police survey found that over 50% of police believe the Unit does deal with other matters and would refer child survivors of non-sexual abuse. Some reports state that most police are aware of the CASO Unit and the internal referrals are estimated to be at roughly 90%. This estimate was from anecdotal experience rather than data and no data is available to confirm this. Other reports indicate that awareness by the general police force of the existence and role of the Unit is poor and that survivor statements are often handled by general police officers without any survivor or child sensitization. The 2008 national police survey found that 75% of police would refer a child who had been raped to the Unit, but the figures dropped for other sexual offences (UNICEF, 2009, p.61).

Support Services in Kiribati

203. The Social Welfare Unit is responsible for day-to-day services for survivors of violence, including counselling. There are few NGOs actively involved in dealing with domestic violence issues and most have limited capacity. The Catholic Women's Crisis Centre provides shelter and care for women and children in need. However, it is highly underutilised (less than 20 women per year) due to social and cultural barriers women face in leaving their husbands (SPC, 2010, pp. 53-54; Lievore & Fairbairn-Dunlop, PPDVP. Kiribati report, 2007, p. 29; RRRT, 2008, p. 37).
204. A strength within the police service is the access that survivors have to Family and Sexual Offences Unit (FASO) in Tarawa. Opportunities to improve this access will occur as the FASO unit is able to train police in outer islands about how to handle cases (UNICEF, 2009, p.71).
205. Help-seeking and intervention by outsiders are frowned upon (Lievore & Fairbairn-Dunlop, PPDVP Kiribati report, 2007, p. 28). Many women (43%) reported that they had not told anyone about their partner's violence. The agencies women were most likely to approach were the police (14%) and hospital/health centre (9%). The main reasons for seeking help from an outside agency were: could not endure the violence anymore (47%); badly injured (28%); encouraged by friends (15%); and thrown out of home (14%). The main reason why women did not seek help from an agency was considering the violence normal or not serious (68%). When women left home temporarily due to violence, the majority sought refuge with relatives (87%). Only two women reported going to a shelter (SPC, 2010, pp. 143-149).
206. Barriers to accessing help include: the lack of formal services in Kiribati that specifically address violence against women; agencies not being sensitive towards women; the isolation and fear of retaliation that women experience; shame and stigmatisation associated with VAW (SPC, 2010, p. 153).

Support Services in Palau

207. There is a need for safe temporary shelter for women and children while police investigations are in progress (Otto, 2008, p. 32).

Support Services in Papua New Guinea

208. There is no strong lead agency providing services to abused women and children. Existing services are small and scattered, under-resourced, located in major towns and provided mostly by faith-based organisations. There is a huge un-met need for emergency and temporary shelter for abused women (AusAID 2008, p 113-114).

209. Women who have experienced violence are unlikely to receive adequate healthcare or counselling or to have access to emergency accommodation or other support services. Medical fees must be paid at clinics and hospitals, even if the injuries are the result of violence (Amnesty International, 2006, pp. 56-57, MSF, 2011).
210. MSF has provided care for more than 6,700 survivors of VAW in Lae and Tari, most of which are women and girls (MSF, 2011, p.14). Men and boys have also accessed services. Patients come from all ethnic groups, age brackets, and social backgrounds. When dedicated support services are available, patients usually seek care when there is serious physical injury. As a result, damage caused by beatings, slaps, and other forms of physical, verbal and emotional abuses remain hidden (MSF, 2011, p.16). Many of the adult women survivors of sexual violence only seek support if the perpetrator is a stranger, if there is serious injury, or if they are worried about unwanted pregnancy, infection with HIV or STIs (MSF, 2011, p.17).
211. One positive development is the National Department of Health Protocol on Domestic Violence. This is a six-step checklist for health workers: (i) ask about domestic violence when a woman presents with certain conditions; (ii) ensure privacy; (iii) inform the client she has the right to be protected; (iv) provide treatment; (v) plan with the client how to reduce future risk; (vi) record injuries in the woman's health book (AusAID, 2008, p. 116).
212. Another innovative development is the establishment of Stop Violence Centres in some hospitals. These are typically staffed with a counsellor and social worker and offer counselling, legal advice, medical treatment, help with emergency accommodation and other practical needs and referrals to local support organisations (AusAID, 2008, p. 115). MSF centers in Lae and Tari are an example of good practice in terms of such centres, and should be replicated around the country (MSF, 2011).

Support Services in Republic of the Marshall Islands

213. There is no institutionalised social security system. Government agencies, NGOs and churches provide a limited range of counselling and welfare services. It is traditional for problems to be resolved within families and clans, so the idea of seeking outside help is a foreign concept for many (Peacock-Taylor, 2003, p. 27).
214. Half of women who have experienced violence have never told anyone about it and only one-quarter have ever sought help from any source. When women do seek help, it is usually from her family (68%) or a friend or neighbour (39%) (EPPSO, SPC & Macro, 2008, pp. 264-266).

Support Services in Samoa

215. The majority of women who have experienced abuse have never told anyone about it (54%). The people women are most likely to speak to are: parents (25%); friends (12%); and partner's family (10%). Very few women sought help from neighbours, police, health workers, priests or counsellors and none had told a women's organisation. The main reason for not seeking help was viewing the abuse as normal or not serious; the main reason for seeking help was no longer being able to stand the violence (SPC, 2007, pp. 41-43).
216. Most women experiencing intimate partner violence have not left home because of it (72%). Reasons for not leaving home include: wanting to be with children (46%); love for partner (32%); sanctity of marriage (19%); and forgiving partner (13%) (SPC, 2007, p. 44).
217. Support services organisations include: Mapusaga O Aiga, which provides services such as counselling and support to pursue cases through the court system; and the Samoa Victims Support Group. Most civil society organisations are based in Apia, which can make them inaccessible for women in rural villages (Fairbairn-Dunlop & Lievore, PPDVP Samoa report, 2007, pp. 24-25; SPC, 2007, p. 67).
218. Counselling services for survivors of abuse are rudimentary, although NGO capacity to deal with abuse cases is increasing. There is a critical need for a safe refuge for survivors, especially as many women end up withdrawing their case when they return to their families (Sio, 2006, p. 80).

Support Services in Solomon Islands

219. Informal channels such as family members, friends, chiefs and pastors are seen as the most accessible means of support, although women do not always find them sympathetic or helpful. The main institutions providing support services are the Family Support Centre and Christian Care Centre – however both are based in Honiara and there is little formal support for women in rural areas. There is a lack of trained social workers and qualified counsellors although there are plans for three new counselling centres (AusAID, 2008, p. 137-138; SPC, 2009, p. 32; RRRT, 2008, p. 36; Amnesty International, 2004, p. 36).
220. Most women have never told anyone about the violence they have experienced (70%). Women were most likely to speak to parents (14%) and friends (13%). Very few women spoke to police, a doctor, health worker, counsellor or NGO. When women do seek help from an outside agency, it is most likely to be church/religious leader (8%). The main reasons why women seek outside help are: could no longer endure it (46%); encouraged by friends (29%); or badly injured/afraid of being killed (25%). The main reasons why women did not seek help from an agency were: violence was normal or not serious (51%); afraid it would end the relationship (28%); or thought it would bring a bad name to the family (20%) (SPC, 2009, pp. 125-127).
221. The majority of women who have experienced intimate partner violence have not left home because of it (74%). When women did leave home, most went to stay with her relatives (85%). Only one woman reported staying at a shelter. The only shelter is the Christian Care Centre, located about 20 minutes from Honiara. It provides accommodation, counselling services and activities for women as well as community education (SPC, 2009, pp. 33, 130).
222. In the post-conflict period, Church women's organisations are attempting to heal survivors of gender-related violence in the post-conflict period which includes counselling sessions, discussions and sharing experiences. The People, Skills and Restorative Justice Programme, delivered by the Solomon Islands National Council for Women, uses a combination of workshops, prayer sessions, and the sharing of experiences to contextualise the trauma that they have experienced and to foster a sense of collective identity. The Family Life Support Centre (FSC) use both dramatic performance to educate young people on the issues arising from the crisis and individual counselling of those who have been subject to abuse and sexual assault. In addition, there are many other women's organisations and groups that are working to heal the wounds of war including the Catholic Women's Council and the Women for Peace Group (Leslie and Boso, 2003, p. 330).
223. Barriers to accessing help include: lack of formal services that specifically address violence against women; it is difficult and expensive for women in the provinces to access services in Honiara; women experience a sense of isolation and fear of retaliation; shame and stigmatisation around domestic violence issues (SPC, 2009, p. 135).
224. The health sector does not have formal systems in place to respond to violence against women. There is a need for protocols and training for health service providers to help them better identify and respond to violence against women (AusAID 2009, p 58). In the health sector, MHMS (Clinical Services) is in the process of working with the police to develop standard forms for collecting evidence of child sexual assault (UNICEF, 2009, p.12).

Support Services in Tokelau

225. People are reluctant to seek assistance with personal problems because of the difficulty of retaining confidentiality in small communities. There is also a lack of counselling and social work capacity: the only sources of assistance at present are clergy, health professionals and teachers (McMurray, Tokelau. A Situation Analysis of Children, Women and Youth, 2006, pp. 36-37).

Support Services in Tonga

226. It is not common for Tongans to talk through personal issues. Because of the lack of anonymity within small communities, it is especially hard for women to discuss family and marital problems with a counsellor (Fairbairn-Dunlop & Lievore, PPDVP Tonga report, 2007, p. 24; Kaitani & McMurray, 2006, p. 72).

227. Lack of trained counsellors is a major problem. As a result, doctors, teachers, police officers and pastors end up providing counselling (Fairbairn-Dunlop & Lievore, PPDVP Tonga report, 2007, p. 24; Kaitani & McMurray, 2006, p. 72).
228. Government and police rely on NGOs to support and counsel domestic violence survivors. Organisations include the National Centre for Women and Children, Catholic Women's League, Salvation Army Drug and Alcohol Centre and the Free Wesleyan Church's Langikapo 'a Hēvani & Counselling Service (Fairbairn-Dunlop & Lievore, PPDVP Tonga report, 2007, pp. 21, 23, 27).

Support Services in Tuvalu

229. Around half of women who have experienced physical or sexual abuse have sought help from any source, while 18% have never told anyone. Of the women who have sought help, the most common source was own family (61%), friend or neighbour (20%) and in-laws (14%) (SPC & Macro, 2009, pp. 290-291).

Support Services in Vanuatu

230. Domestic violence is seen as a private matter and other community members/relatives are unlikely to intervene to protect a woman from her husband. However women are beginning to look outside family/chiefs/church for support in domestic violence issues (AusAID, 2008, p. 177; Fairbairn-Dunlop, 2009, p. 53).
231. The Vanuatu Women's Centre is the main agency providing support. It provides legal support, counselling, and temporary accommodation. It has established the Committees Against Violence Against Women, with 33 committees spread throughout the six provinces of Vanuatu. The committees help women through counselling, accompany women through police and judicial procedures and provide counsel to local chiefs in settling cases of domestic violence (AusAID, 2008, pp. 49, 178).
232. Women face difficulties in accessing medical help. There is no coordinated response for women seeking medical treatment for violence-related injuries or sexual assault; not all doctors/medical staff are sensitive to survivors; often women wait for long times to be seen; and women experience difficulties in meeting the costs of care (Fairbairn-Dunlop, 2009, p. 67; AusAID, 2008, p. 179).
233. In terms of services, strengths include the special unit for survivors of abuse and sexual crimes (Family Protection Unit). An opportunity exists in this unit to develop special procedures for child survivors and extend the reach of the unit outside of Port Vila through being easily contactable by other police for immediate advice on child assault cases, conducting training and staff visits (UNICEF, 2009, p.51).

E. ACCESS TO JUSTICE FOR WOMEN AND GIRLS

234. Features of sexual assault laws in most Pacific Island countries include: sexual violence is viewed as an offence against morality rather than a crime against a woman's person; a woman may be required to prove her good character; the definition of rape is limited to penile/vaginal rape and does not include assault with objects; marital rape is not a crime; consent is defined from the perspective of the offender; the survivor's past consensual sexual experience may be admitted as evidence against her credibility. There is also a lack of legislation which specifically criminalises domestic violence (AusAID, 2008, p. 30; Jalal, 2008, p. 3).
235. Other areas of law limit women's ability to protect themselves, such as family laws relating to separation, divorce, custody of children, maintenance and marital property; inheritance laws governing land and property; protection against sexual harassment; minimum age at marriage; age of consent; abortion; and discriminatory laws against sex workers (AusAID 2008, p 30). In Pacific Island Countries, family law tends to be based on rigid concepts of women's roles: women must prove fault to obtain a divorce; a woman's adultery may be held against her when she seeks custody of children or maintenance and matrimonial property; and women do not have equal rights to property upon divorce (Jalal, 2008, p. 9).
236. Formal justice systems are seen as ineffective in providing justice or protection for women because they are urban-based, complex, intimidating, under-resourced, time-consuming, unreliable, and mostly administered by men. Many officers in the justice system, including police, lawyers, magistrates, judges and court staff, share the values and views of their communities – including acceptance of violence against women (AusAID 2008, p 31).
237. Protection orders are generally available through the common law, although courts tend to grant them sparingly and inconsistently and only to married women. Police frequently fail to enforce protection orders by imprisoning offenders (Jalal, 2008, p. 7).
238. Many women cannot access formal justice systems and must rely on male-run informal or custom-based systems. This is particularly so for rural women. Women are often dissatisfied with these traditional systems, which resolve disputes through compensation to male kin-groups. Informal courts rarely progress sexual assault cases to the formal court system (AusAID, 2008, p. 32; Laqeretabua, Naidu, & Bhagwan Rolls, 2009, p. 101; Jalal, 2008, pp. 2, 4).
239. Most Pacific Island countries have customary reconciliation practices which involve forgiveness ceremonies between the families of the offender and survivor, such as I-bulubulu (Fiji) and ifoga (Samoa). Police and courts often use these ceremonies to justify reduced sentences or not prevent charges from being filed (Jalal, 2008, p. 4).
240. Women generally find police response to be unhelpful at best and sometimes even harmful. Police tend to see domestic violence as a "family matter" and either send women away to "settle it at home" or attempt to mediate the complaint (AusAID 2008, p 31). There is anecdotal evidence which suggests improved prosecution rates in countries where police and prosecutors have "no drop" policies for sexual assault e.g. Cook Islands, Fiji and Kiribati. However, these policies can't be legally enforced (Jalal, 2008, p. 8).
241. Women may not know about their rights or laws which can protect them due to limited education and literacy and language and mobility barriers (AusAID 2008, p 32).
242. Marked improvements in the evidentiary rules on rape and other sexual offences have been noted in a study conducted in nine countries in the Pacific. Under the laws of Federated States of Micronesia, evidence of the victim's prior sexual conduct is no longer admissible, while Kiribati and Marshall Islands allow exceptions to this rule. In Marshall Islands, Vanuatu and the State of Pohnpei in the Federated States of Micronesia, there is no defence in sexual assault prosecutions for the accused to claim lack of knowledge of the minority age of a girl. The requirement of corroboration in rape cases has been removed in a number of these countries. A corroboration requirement in rape cases and not in others has long been criticized because of its implicit assumption that women rape victims/survivors are unreliable as witnesses. Marshall Islands has expansively reformed its Criminal Code to ease the burden on survivors to show proof of resistance (ESCAP, 2009, p.5).

Access to Justice in Cook Islands

243. The Crimes Act is seen as inadequate because it does not cover the full range of acts involved in domestic violence such as verbal abuse, threats and intimidation, rape, damage to property (Lievore & Fairbairn-Dunlop, PPDVP. Cook Islands report, 2007, p. 39).
244. There is a “no-drop” policy in place, meaning that where an offence is committed and an arrest is made, police must proceed with the case. Victims who wish to have their case withdrawn must make their request to the court. However, anecdotal evidence points to high levels of case withdrawal and low levels of prosecution. Factors include: privileging of the family over individuals; the view that crisis management is required rather than criminal justice intervention; preference for dealing more harshly with repeat offenders than first-time offenders (Lievore & Fairbairn-Dunlop, PPDVP. Cook Islands report, 2007, pp. 14-17; Chung, 2004, p. 55).
245. Assaults on females are substantially more likely to be cleared or result in a warning than in prosecution. Also, police tend to focus on offender rehabilitation rather than the other criminal justice goals of punishment, deterrence and incapacitation (Lievore & Fairbairn-Dunlop, PPDVP. Cook Islands report, 2007, pp. 14, 23).
246. Police are under-resourced and their ability to respond to domestic violence callouts is hampered by too few personnel and inadequate transport (Lievore & Fairbairn-Dunlop, PPDVP. Cook Islands report, 2007, p. 25).
247. Promising police initiatives include: development of a Domestic Violence Report Form and reporting procedure (although these procedures are not always followed); and establishment of a police Domestic Violence Unit (Lievore & Fairbairn-Dunlop, PPDVP. Cook Islands report, 2007, p. 18).

Access to Justice in Fiji

248. Fiji’s Family Law Act of 2003 is seen as a model for the region. Features of the law include: no-fault principle of divorce; women can obtain a divorce after a one year separation (previously women had to show three years of domestic violence); women have enforceable rights to custody and financial support; procedures for obtaining domestic violence protection orders (though limited to legally married parties); and creation of the Family Division of the High Court. Problems with the Act relate not to the legislative provisions but reluctance among police and enforcement officials to understand and enforce the legislation. Also, many women are unaware of the Act and the procedures for obtaining protection orders (AusAID, 2008, pp. 154, 159; UNFPA, 2008, p. 24; Jalal, 2008, pp. 9-11).
249. While it is too soon to assess the impact of the Act, there is some anecdotal evidence that it is having positive effects. For example, family law litigation has been reduced by about 90% with most disputes being settled by court counsellors and conciliators (Jalal, 2008, pp. 1, 11).
250. A draft Domestic Violence Bill was prepared as part of the Final Phase Three Consultation Workshop: the Legal Response to Domestic Violence, Fiji Law Reform Commission, Domestic Violence Reference 2005 (UNICEF, 2009, p.77). It is recommended that Fiji submit Final Phase Three Consultation Workshop: the Legal Response to Domestic Violence, Fiji Law Reform Commission, Domestic Violence Reference to the Office of the Attorney General together with a submission supporting the tabling of the draft Domestic Violence Bill for promulgation/parliamentary assent (UNICEF, 2009, p.87).
251. Child protection legislation remains weak and there is no specific legislation to adequately address commercial sexual exploitation of children, trafficking and abduction. However, Fiji is one of only two Pacific Island countries to have specific provisions making the production and trade of child pornography illegal (RRRT, 2008, p. 35; Chung & Howick-Smith, 2007, p. 51).
252. There is a lack of reporting of domestic violence – figures from Fiji Women’s Crisis Centre show that 74% of female survivors did not report violence to the police. This may be due to pressure to keep the family together and the view that family issues should be kept private. Some women report domestic abuse to non-legal bodies, such as religious leaders or family members, but in many cases, they are encouraged to “reconcile” with their partner or accept the acts of violence as “part of marriage”. (UNFPA, 2008, p. 13)

253. Police instituted a “non-drop” policy in 1995. This states that violence against heterosexual adults who are living together as husband and wife (or previously lived together) will be fully investigated and offenders taken to court and that police may not promote reconciliation in domestic violence cases. The “no-drop” policy has improved police response to violence against women overall but may deter women from reporting domestic violence if they do not want their partner to go to prison (UNFPA, 2008, pp. 22-23; AusAID, 2008, p. 156).
254. The process for progressing sexual violence cases through the justice system is very slow (up to 4 years) and sexual offences are not treated with the same urgency as other violent crimes. Cases often end in a reconciliation process at the Magistrates Court, or offenders receive suspended sentences (UNFPA, 2008, pp. 23, 31).
255. Women in rural areas have difficulty accessing the formal justice system, which is largely urban based. As a result, rural women frequently rely on traditional justice systems that are overwhelmingly patriarchal and are based on notions of reconciliation that provide few options and limited protection for survivors of violence (AusAID, 2009, p. 74).
256. Fiji Women’s Crisis Centre and the Regional Rights Resource Team have worked hard to train police officers, judges, magistrates and prosecutors on responding to violence against women. However this has become a lot more difficult since the 2006 coup (AusAID, 2008, pp. 155, 157).
257. While welcoming the Domestic Violence Decree (2009), the CEDAW Committee remained concerned at the absence of a holistic approach to the prevention and elimination of VAW, including the introduction and enforcement of comprehensive integrated legislation as well as other effective measures to prevent, investigate and prosecute VAW, including against women sex workers (CEDAW, 2010, p. 5).
258. The CEDAW Committee urged Fiji to adopt a comprehensive law criminalizing all forms of VAW, including domestic violence with regard to de facto relationships, marital rape, sexual violence, sexual harassment and institutional violence, as well as the development of a coherent and multi-sectoral action plan to combat VAW. It was recommended that Fiji investigate and prosecute all cases of violence against women, including those involving women sex workers. Fiji must publish and widely disseminate the Domestic Violence Decree and all relevant laws and policies established and/or envisaged to address VAW (CEDAW, 2010, p.5-6).
259. The CEDAW Committee noted Fiji’s adoption of the Crimes Decree (2009), which punishes persons who sexually exploit women. The Committee also noted that prostitution as a criminal offence continues to be the focus, but that recent initiatives have broadened this criminal offence, which now addresses demand and supply to include clients as well as the owners of premises on which prostitution is carried out. The Committee expressed concern that sex work continues to be criminalized and that, as a result, sex workers are often victims of violence and are particularly vulnerable to torture and ill-treatment by the police. The Committee was also concerned about the exploitation of underage girls in commercial sex work. While the Committee notes that Fiji has set up the Transnational Crimes Unit of the Fiji Police Force to investigate the trafficking in persons, which complements the Crimes Decree, it expressed concern with the lack of disaggregated data and information about the prevalence and root causes of trafficking, as well as about training for law enforcement personnel in this regard (CEDAW, 2010, p.6).
260. The CEDAW Committee urged Fiji to take concrete steps aimed at effectively implementing the Crimes Decree as well as decriminalizing sex work and strengthening programmes, in cooperation with relevant partners, to provide support, exit programmes and alternative livelihoods for women who wish to leave prostitution. Fiji should take effective steps to ensure that sex workers who are victims of violence, torture or ill-treatment are provided an opportunity for a fair trial and, as appropriate, receive medical and psychosocial services as well as compensation, including reparations and guarantees of non-repetition. The Committee urged Fiji to fully implement article 6 of the Convention, including by speedily enacting specific and comprehensive national legislation and programmes on the emerging phenomenon of trafficking, ensuring that offenders are punished and victims adequately protected and assisted. The Committee recommended that Fiji increase its efforts to engage in international, regional and bilateral cooperation with countries of origin, transit and destination to prevent trafficking through information exchange and to facilitate the recovery and social integration of trafficked persons. It also recommended anti-trafficking training for the judiciary, law enforcement officials,

border guards and social workers in all parts of the country. In addition, the Committee recommended that the State party conduct comparative studies on trafficking and prostitution and address their root causes in order to eliminate the vulnerability of girls and women to those phenomena (CEDAW, 2010, p.6).

Access to Justice in Kiribati

261. A Kiribati legislative review revealed that strong provisions exist for: sexual assault and abuse; minimum marriage age; and protecting children in conflict with the law. Provisions also exist but require further strengthening for: regulating child custody; trafficking; minimum standards and forced labour; standard minimum human rights; minimum age of criminal responsibility; alternative sentencing procedures; deprivation of liberty as a last resort; and birth registration. Definitions of different forms of violence are insufficiently clear, as are definitions of what constitutes 'child', and 'rape' and 'sexual harassment'. The law is essentially silent on: domestic violence; violence between children; harmful traditional practices; child-friendly investigative and court procedures; rehabilitation and protection of child survivors; wellbeing of child refugees/ asylum seekers; legal rights; and sex education (UNICEF, 2009, p.12)
262. Police response to survivors differs according to location: on the outer islands the Unimane is usually responsible and may accept traditional apologies/compensation for rape (thus not protecting the survivor properly). On the outer islands the Criminal Investigation Division may attend for sexual and domestic violence offences and the wife of the police officer or nurse may perform the duty of protecting the child and/or mother (such as housing the survivor). In Tarawa investigation is taken very seriously and anything of a sexual nature or domestic violence is referred to Family and Sexual Offences Unit (FASO). If police take action, it is to relocate the survivor and/or arrest the perpetrator (UNICEF, 2009, p. 76).
263. Information from a study in 2002 indicated that some child sex workers have previously not been protected under law but rather charged under the Customs Act (though charges were ultimately not pursued). This study also found that that the workers did not trust the police (UNICEF, 2009, p.76).
264. Police throughout 20 locations in Kiribati were asked how many cases they deal with per month and what they do when child abuse is reported to them. Reports of physical abuse appear to be the most common, followed by sexual abuse, but frequency varies widely per respondent, presumably depending on the location in which they are working. The majority of police responses involve referring the case elsewhere (UNICEF, 2009, p.76).
265. There is no specific domestic violence law in Kiribati. Cases can be dealt with under the Penal Code, e.g. grievous harm, unlawful wounding or common assault, although such prosecutions rarely occur. While the definition of rape does not exclude rape in marriage, the concept of spousal rape does not appear to be widely recognised (Lievore & Fairbairn-Dunlop, PPDVP. Kiribati report, 2007, pp. 33-34; SPC, 2010, pp. 49-50).
266. The Family Affairs and Sexual Offences Unit was established in 2004 to manage cases of domestic violence, rape, abuse and other sexual offences. It has five staff, including three female police officers (RRRT, 2008, p. 36; SPC, 2010, p. 51).
267. There are high levels of case withdrawal: up to 80-90% of women withdraw complaints, often due to family pressure. This leads to police becoming frustrated and questioning whether women really need assistance. There are also reports of police delays in responding to domestic violence and poor quality investigations. The small number of cases that proceed can take 3-6 months to get to court and the usual sentence is a fine (Lievore & Fairbairn-Dunlop, PPDVP. Kiribati report, 2007, pp. 12, 14-15, 19; Chung, 2005, p. 64).
268. Some police think domestic violence is okay: 3/10 officers said it was never acceptable for a man to beat a woman; the rest supported the traditional view that a husband has a right to beat his wife, depending on her behaviour. For some officers, cultural and community views on domestic violence seem to have a stronger influence on their attitudes than institutional policies (Lievore & Fairbairn-Dunlop, PPDVP. Kiribati report, 2007, pp. 21-22).

269. Apology and reconciliation is the traditional way of ending violence and promoting community harmony. Acceptance of the apology is supposed to signal an end to the violence although this does not always happen. Conflict resolution is usually carried out by the extended family; outside interference in family disputes is not welcomed (Lievore & Fairbairn-Dunlop, PPDVP. Kiribati report, 2007, pp. 34-35).

Access to Justice in the Marshall Islands

270. Marshall Islands criminal code has substantively expanded its legal definition of rape (ESCAP p.4). More information can be found in Vedna Jivan and Christine Forster, *Translating CEDAW Into Law: CEDAW Legislative Compliance in Nine Pacific Island Countries*, UNDP Pacific Centre and UNIFEM Pacific Regional Office, May 2007, available online at: http://www.undppc.org.fj/_resources/article/files/TCL_Executive%20Summary1.pdf (ESCAP, 2009, p.4).

Access to Justice in Niue

271. On the rare occasions when complaints of sexual violations are made, they have either been withdrawn by the family (not the survivor) or political intervention has been made on the offender's behalf and caused the case to be dropped. The one case where the survivor's family did decide to pursue a charge of sexual violation (from 1994-2004), the survivor's family were so badly ostracised they left the country (Calvert, 2004, p. 32).
272. There are examples of domestic violence survivors being advised to leave the country because police could not provide adequate protection (Calvert, 2004, p. 29).

Access to Justice in Palau

273. There is a need for more extensive legislation to address violence against women. There is no crime of rape within marriage and no statute that specifically addresses domestic violence. Nor is there legislation that specifically addresses exploitation of children via sexually explicit videos, movies, photos and electronic images (Otto, 2008, pp. 33, 48).

Access to Justice in Papua New Guinea

274. The Criminal Code (Sexual Offences and Crimes against Children) Act came into force in 2003. The legislation clearly defines sexual offences against children; expands the definition of incest to cover more categories of relationships; improves court procedures to protect survivors' safety and dignity; extends the definition of rape; and makes marital rape an offence (AusAID, 2008, p. 108-109; RRRT, 2008, p. 35; Jalal, 2008, p. 5).
275. Very few cases of violence against women are reported to police. Women are particularly reluctant to report cases where there is only one perpetrator (rather than a group of men) as they are less likely to be believed that the sex was non-consensual. Female sex workers say their complaints to police of sexual violence are often not recorded because many police consider that sex workers "cannot be raped" or refuse to take action without sexual favours in return. More generally, a long history of reactive and brutal policing methods and ensuing human rights violations has led many parts of the community to fear and mistrust police (Amnesty International, 2006, pp. 7, 33, 45).
276. For young girls, only few report their cases to the police. According to a Juvenile Officer many of the cases concerning sexual abuses of girls are reported by their mothers or by the survivors themselves. In many cases where survivors report their own cases they share with the police how their mothers try to stop them for the following reasons: to protect their husbands from public shame and humiliation; they fear that their husbands might divorce them; they fear that husbands might beat them; they ignore their daughter's concern because they don't believe their daughters. In addition, due to limited resources within the Police Sexual Offence Squad unit, women and girls are not given adequate support when they most need it (Keleba, 2010, p.96-7).

277. Police are frequently perpetrators of violence against women, including domestic violence and gang rape. Many women say they fear reporting crimes to police because they are afraid of being asked to do sexual favours before their complaints will be acted on or being raped. Police are also regularly reported to be perpetrators of child sexual abuse, e.g. reports of police taking young women in police custody out in police vehicles and threatening them with long prison sentences if they do not submit to sex (Amnesty International, 2006, pp. 20-21; RRRT, 2008, p. 15; AusAID, p. 109; Human Rights Watch, 2006, pp. 14-17, 20, 35).
278. Private security forces systematically abuse power and violate women's human rights. Cases of VAW in and around the Porgera mine have been reported by Human Rights Watch. These security personnel operate in a climate of lawlessness and perpetuate abuses with impunity. In January 2011, six arrests were made for rape charges. Hopefully this will serve as a starting point to address many other violations (HRW, 2011, p.62-3, 73).
279. Police do not treat domestic violence as a crime, except in the most extreme cases. Rather, women are sent home and told their problems are "family matters" or should be dealt with by the village court. Amnesty International found that most police: failed to refer women to support services; failed to inform women about their rights and the progress of investigations; failed to afford women privacy or sensitivity when recording their statements; failed to consider the ongoing safety concern of survivors; and placed pressure on women to make the decision on whether and what charges should be laid (AusAID, 2008, p. 109; Amnesty International, 2006, pp. 33, 37).
280. A lack of resources, both equipment and personnel, contributes to police ineffectiveness. Women's organisations report that securing police response can require a strong relationship with a particular officer or payment for fuel and other expenses (Amnesty International, 2006, pp. 32, 43).
281. A barrier to successful prosecution of VAW cases is that survivors and witnesses often withdraw their cooperation. This may occur because the survivor is intimidated or threatened into dropping the complaint or there is overwhelming pressure to resolve the matter outside of the criminal justice system through the payment of compensation. Further, the formal court system is difficult for women to access due to lack of knowledge of law and rights, male dominance within the judiciary and the urban nature of services. While access to public solicitors is technically free, in reality there is minimal access to such services due to resource limitations (Amnesty International, 2006, p. 39; AusAID, 2008, p. 110; RRRT, 2008, p. 36).
282. There are also less formal justice mechanisms in place e.g. restorative justice, community-based justice, community policing, peace mediation and conflict prevention/resolution. "Hybrid" village courts have the potential to offer women protection from violence against women as they are the most extensive government network in the country. But they also have the potential to discriminate against women and entrench their subordinate status. Traditional justice mechanisms can undermine equality goals as women's rights to justice/protection may be subordinated to the goal of restoring harmonious relations between groups (AusAID 2008, p 111; Amnesty International, 2006, pp. 49-52).
283. The CEDAW Committee expressed concern that although customary law is subordinate to the Constitution and statutory laws, the plural legal system in PNG discriminates against women because the main law applicable is through the village court system. Barriers hindering women's access to justice include geographical distance to and from courts, lack of legal aid, lack of information about their rights and lack of resources to access the services of lawyers. This is an obstacle in survivors' access to justice (CEDAW, 2010, p.4).
284. PNG must ensure that village courts apply principles of equality and non-discrimination. PNG can also take steps to raise awareness of women's rights among the general public, including members of the village courts, law enforcement agencies etc. This can be done through providing information on CEDAW through various means, including oral traditions. Legal aid for civil cases should be reintroduced, to enable women to assert their rights in civil courts (CEDAW, 2010, p.4).
285. PNG is in the process of ratifying the United Nations Convention against Transnational Organized Crime and the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the Convention. However, the CEDAW Committee noted that there are no specific laws addressing trafficking-related problems (CEDAW, 2010, p.4).

286. PNG should adopt a legislative framework on trafficking in human beings, including the prevention of trafficking, the timely prosecution and punishment of traffickers, the provision of protection from traffickers/agents and quality support and programmes for survivors. The CEDAW Committee urged PNG to accelerate the process of ratifying the United Nations Convention against Transnational Organized Crime and the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the Convention (CEDAW, 2010, p.4).
287. There are some positive developments in the area of access to justice, such as the memorandum issued by the Police Commissioner directing police to treat domestic assault as a crime and not a family matter, and the existence of Sexual Offences Squads (AusAID, 2008, p. 109).
288. The PNG Sorcery Act of 1971 sought to 'prevent and punish evil practices of sorcery and other similar evil practices and for other purposes relating to such practices'. It is premised on an acknowledgement of the existence of sorcery and criminalizes both those who practice it and those who attack people accused of sorcery. More critically, the Sorcery Act focuses principally on the sorcerer as perpetrator and does not adequately cater for instances in which the alleged sorcerers are the victims. It is rarely used in practice. The PNG Constitutional Review and Law Reform Commission is consulting with communities over the need for better legislation to address sorcery related killings (UNOHCHR, 2010, p.9).
289. It will be difficult for women to access justice unless village courts more adequately involve women. The 2000 amendment to Village Court Act made mandatory the presence of at least one female magistrate, but this is still to be implemented (UNOHCHR, 2010, p.12).

Access to Justice in Samoa

290. There is no specific domestic violence legislation in Samoa, although perpetrators of domestic violence can be charged with common assault. Samoa does not recognise the category of marital rape. Courts can issue non-molestation orders, however they must be accompanied by applications for maintenance, custody or divorce (Fairbairn-Dunlop & Lievore, PPDVP Samoa report, 2007, p. 34; SPC, 2007, p. 5).
291. Domestic violence cases are usually settled within the family and village system. In some villages, members are expressly told not to report domestic violence to police. There is a cultural norm that reporting incidents could bring shame to the family name and families should resolve cases themselves (Fairbairn-Dunlop & Lievore, PDVP Samoa report, 2007, pp. 19-35).
292. Victims say they have little confidence in police assistance and feel that police do not understand domestic violence issues. Many police view domestic violence as a family matter and often try to facilitate reconciliation rather than taking a complaint further (PPDVD Samoa report, p 11, 19, 28).
293. There is no formal established Family Court to deal with domestic violence issues and family issues, although a senior District Court judge has established one day per week for family and maintenance matters (Sio, 2006, p. 81).

Access to Justice in Solomon Islands

294. There is no legislation specifically relating to domestic violence and marital rape is not an offence. Although general assault laws can be used to prosecute domestic violence, this rarely occurs. From 1998-2008, only 184 cases of violence against women were reported to the Solomon Islands High Court (SPC, 2009, p. 31).
295. Statutory rape is difficult to prosecute because according to customary law, there is no legal minimum age for marriage. This creates virtual impunity for loggers who exploit young girls (AusAID, 2008, p. 135; Laqeretabua, Naidu, & Bhagwan Rolls, 2009, p. 115).
296. A court can grant an injunction against a person who is violent or threatening violence which requires them to leave the matrimonial home. However this is only available to married parties and not single people and de facto spouses (Jalal, 2008, p. 12).

297. The Solomon Islands Law Reform Commission is currently conducting a review of the Penal Code. It has prioritised reform of morality offences, including provisions relating to domestic violence and sexual assault (AusAID, 2009, p. 56).
298. There is a strong reluctance to report child sexual offences to the police for a number of reasons including fear of reprisal and preference that the perpetrator marry the survivor (UNICEF, 2009, p.82).
299. To prevent the sexual abuse and exploitation of children, it is recommended that the provisions of the Islanders Marriage Act 1945 relating to minimum age for marriage are reviewed and amended to provide for a higher minimum age threshold that is the same for both boys and girls (UNICEF, 2009, p.71).
300. Cultural taboos on reporting crimes of rape and police attitudes encouraging reconciliation over prosecution lead to infrequent prosecution (UNICEF, 2010, p.114).
301. The Family Violence Unit and the Sexual Assault Unit were established in the police force in 2005 and there are now Family Violence Coordinators in each of the nine provinces. Police have a domestic violence policy, including “no-drop” procedures, mandatory arrest for offenders and a no-tolerance approach to police suspected of domestic abuse. However, few police officers or magistrates have been trained on domestic violence and the justice system is overwhelmingly male-dominated (SPC, 2009, p. 33; RRRT, 2008, p. 36; AusAID, 2008, p. 136; AusAID, 2009, p. 56).
302. Solomon Islands still allows the corroboration warning, whereby the Court has the right to warn itself or a jury that it is dangerous to convict on the independent uncorroborated evidence of the survivor (SPC, 2009, p. 32).
303. The tensions created a huge strain on the justice system: the police force was greatly weakened and the judiciary has an enormous backlog of cases. During the Tensions, a form of compensation payments developed as an alternative to violent payback or formal justice procedures (AusAID, 2008, pp. 135-136; Amnesty International, 2004, p. 27).
304. There is a consistent focus on reconciliation. It is common for compensation to be paid to the wife’s family if the husband is considered to have acted wrongly or for payments to be made to the husband’s family if the wife is considered to be at fault. Often the village chief or community leader will direct both parties to reconcile, especially in rural areas (SPC, 2009, p. 31; AusAID, 2008, p. 136).

Access to Justice in Tonga

305. Domestic violence training is included in all levels of police training. Police receive about 10 complaints of violence a week, but 90% of these are withdrawn. Reasons for withdrawal include: one party voluntarily withdrawing complaint; lack of evidence to prove the charges; reluctance by women to prosecute. There is anecdotal evidence that police officers encourage women to resolve domestic disputes with their spouses without laying charges because of the social stigma involved (Fairbairn-Dunlop & Lievore, PPDVP Tonga report, 2007, pp. 13, 18; Kaitani & McMurray, 2006, p. 71).

Access to Justice in Tuvalu

306. Issues with the current Penal Code include: (i) no crime of marital rape; (ii) where a girl 15 years or over has sex with her grandfather, father, brother or son, she can be found guilty of a felony; (iii) there are maximum but not minimum sentences for all sexual offences, which can lead to light sentences (Committee on the Elimination of Discrimination against Women [CEDAW Committee], 2009, para 31).
307. There are very few formal reports of domestic violence in Tuvalu: in an 18-month period there were only five prosecutions for spousal abuse and one charge of child sexual abuse. However, women say that domestic violence often goes unreported. There are also reports of traditional apologies being a form of resolution for offences against women (McMurray, Tuvalu. A Situation Analysis of Children, Women and Youth, 2006, p. 64; CEDAW Committee, 2009, para 29).

308. Positive steps are the development of a police “no drop” policy for domestic violence and the first passage of the Police Powers and Duties Bill, which recognises the existence of domestic violence and gives express powers for police involvement (CEDAW Committee, 2009, para 29).

Access to Justice in Vanuatu

309. The Family Protection Act came into effect in early 2009. It creates a specific domestic violence offence and confers obligations on police to intervene if violence is suspected. Courts can make enforceable Family Protection Orders to constrain the behaviour of perpetrators for up to two years. The Act also states that payment of bride price cannot be used as a defence in domestic violence cases (Fairbairn-Dunlop, 2009, pp. 22, 32; AusAID, 2009, p. 93).
310. In 2002, the Mavatmauri Chief’s Council tried to ban trousers for women, claiming that “trousers cause men to rape women”. The same claim was made in the Tanna mapping workshop (UNICEF, 2010, p.18).
311. Cultural taboos on reporting crimes of rape by relatives and community attitudes encouraging reconciliation over prosecution lead to infrequent prosecution (UNICEF, 2010, p.118)
312. Amendments to the Penal Code in 2003 address and enforce penalties on guardians found guilty of child sexual abuse; create strict penalties for aggravated sexual assault of children; eliminate the differentiation between girls and boys in relation to child sexual abuse offences; and create new offences relating to child prostitution and production/possession of child pornography (RRRT, 2008, p. 35).
313. Many women do not have easy access to the police because of their remoteness: in rural areas, police presence is frequently non-existent. Also women tend to consider police a last resort due to a fear it will lead to greater violence from their partner and the callous treatment women often receive from police. Many officers have difficulty seeing domestic violence as a crime and think it should be dealt with by the family, village or church. Also, domestic violence is prevalent among police (AusAID 2008, p 173; Government of Vanuatu and UNICEF, 2005, p. 38; Fairbairn-Dunlop, 2009, pp. 22, 36-37, 40-41).
314. Port Vila police station has a Family Protection Unit (est. 1998) which deals primarily with rape cases. However, there is no standard protocol for dealing with domestic or sexual violence and no training for police officers (AusAID, 2008, p. 174; Fairbairn-Dunlop, PPDVP. Vanuatu report, 2009, p. 23).
315. Vanuatu does not have a “no-drop” policy and domestic violence cases are often withdrawn. Reasons why women do not report domestic violence or proceed with a complaint include bullying by family members or the local chief, economic reasons, not having anywhere to go, lack of knowledge of rights and fearing for children (Fairbairn-Dunlop, 2009, pp. 30-31).
316. Chief system and kastom law are extremely strong in Vanuatu. The goal of traditional justice is community and family harmony over individual rights – chiefs will never support the separation of the couple. Women say they are disadvantaged in traditional court hearings because most chiefs are male and hearings often take place in the village nakamal, which women are usually denied access to (AusAID, 2008, p. 176; Fairbairn-Dunlop, 2009, pp. 21, 66; Government of Vanuatu and UNICEF, 2005, p. 39).

F. PREVENTING VIOLENCE AGAINST WOMEN

BARRIERS TO VIOLENCE PREVENTION IN PACIFIC ISLAND COUNTRIES

317. The main barrier to preventing violence against women is the belief that it is justified. There is an underlying belief in many Pacific countries that women deserve to be beaten or raped in some circumstances, including when a woman talks too much or dresses inappropriately or does not want sex with her husband or does not have dinner prepared on time. Some traditional customs reinforce these patriarchal attitudes. For example, the payment of bride price is commonly believed to give men the right to control their wives, including with violence if necessary (AusAID, 2008, p. 55).
318. Another obstacle to preventing violence against women is the perception that challenging the problem is for women only. Also, violence is often seen as a private, family matter in which outsiders should not intervene (AusAID, 2008, p. 55).
319. A third barrier is the view that violence against women is an isolated and relatively unimportant issue that has little to do with community and national development (AusAID 2008, p 55).

PROMISING APPROACHES TO VIOLENCE PREVENTION IN PACIFIC ISLAND COUNTRIES

320. Working with men and boys to change their attitudes and behaviour is an important part of violence prevention. This means encouraging men and boys to examine their assumptions about gender roles and masculinity through sensitisation, training and long term behavioural change programmes. One example is Pacific Island Countries Male Advocacy Network Programme, which encourages men to become “agents for change” and positive non-violent role models in their communities by teaching other men about gender roles, gender equality and masculinity and advocating for non-violent behaviour. This has been successfully piloted in Vanuatu, Tonga, Cook Islands and Fiji. In addition, the Fiji Women’s Crisis Centre is developing a handbook on working with men as advocates for the elimination of violence against women in Pacific Island Countries (SPC, 2010, p. 180; SPC, 2009, p. 165; AusAID, 2009, p. 44).
321. Another promising approach is working with faith-based organisations. The Weavers Programme, which is part of the South Pacific Association of Theological Schools, has designed a curriculum on violence against women in the South Pacific for use in theological schools and faith-based organisations. The course includes a series of readings on violence against women as a human rights violation and social problem and calls for reflection and action on violence against women within Christian communities and Pacific churches. Another example is the Churches Partnership Programme in Papua New Guinea, where churches are supported at the local level to collaborate on training and capacity building and to provide outreach and support to women who have experienced violence (AusAID, 2009, pp. 44, 80).
322. Other promising approaches include: activities for the 16 Days of Activism against VAW; using mainstream and alternative media to raise public awareness on violence against women; and education entertainment e.g. using film, radio and theatre productions to inform and encourage community discussion on violence prevention (AusAID, 2008, pp. 57-58).

VIOLENCE PREVENTION

Violence Prevention in Cook Islands

323. Police consider that their role includes educating the community about violence against women and the law (Lievore & Fairbairn-Dunlop, PPDVP Cook Islands report, 2007, p. 21).
324. The main NGO is Women’s Counselling Centre, Te Punanga Tauturu Inc. Staff are involved in a range of violence prevention activities, including: human rights and legal literacy workshops; delivering educational awareness programmes; developing materials for use in schools and the community; radio and television appearances; training on violence against women for men, prison officers and perpetrators (Lievore & Fairbairn-Dunlop, PPDVP Cook Islands report, 2007, p. 35).

325. There is a Cook Islands Men against Violence Agreement, which grew out of male advocacy training. Members who sign the agreement acknowledge that rape, domestic violence and child abuse are crimes and violations of human rights which stem from the unequal status of men and women and agree to work with other groups to eliminate violence against women (Lievore & Fairbairn-Dunlop, PPDVP Cook Islands report, 2007, p. 36).

Violence Prevention in Fiji

326. The Male Advocates Programme was started by the Fiji Women's Crisis Centre in 2002. It aims to engage men as allies in challenging violence against women and to encourage men to take responsibility for the issue of violence against women (AusAID, 2009, p. 79).
327. The Fiji Women's Rights Movement provides a free legal information and referral service for women in Suva. It delivers feminist training to groups, including schools and institutions, and has advocated for key legislative reforms. Other organisations working in the area of violence prevention include: FemLINKpacific (regional feminist media organisation that focuses on women's role in preventing, reconciling and avoiding conflict); Women's Action for Change (uses community-based dramas and workshops); Regional Rights Resource Team (provides training, advocacy and resourcing on human rights issues relating to violence against women); Foundation of the Peoples of the South Pacific (runs programmes that engage men and boys as partners in eliminating violence against women) (AusAID 2009, p 80).

Violence Prevention in Kiribati

328. The police Family and Sexual Offences Unit runs awareness-raising workshops within the community. Police officers have received specialised training on investigating and responding to child sexual abuse and commercial sexual exploitation of children (Lievore & Fairbairn-Dunlop, PPDVP Kiribati report, 2007, p. 16; RRRT, 2008, p. 36).
329. Kiribati Community Policing and the Family and Sexual Offences Unit (FASO) provide a good example of prevention and awareness-raising activities for children and young people. Community Policing and FASO run programmes in schools to address violence and the law, and they organize discos for people under 21 with messages about sexual offences, family violence, staying in school and underage drinking. They also have a police road-show which visits different villages and conveys messages about child justice. Opportunities to expand these awareness programmes to the outer islands which will further improve the situation (UNICEF, 2009, p.71).
330. The Kiribati Association of NGOs facilitates activities of the national Gender and Domestic Violence Taskforce; assists with community workshops and awareness training; and promotes public discussion of violence against women (Lievore & Fairbairn-Dunlop, PPDVP Kiribati report, 2007, p. 29).
331. The Kiribati National Council of Women has run domestic violence awareness raising campaigns, e.g. workshops, White Ribbon Day (Lievore & Fairbairn-Dunlop, PPDVP Kiribati report, 2007, p. 30).

Violence Prevention in Papua New Guinea

332. Most initiatives are focused on awareness-raising, with little use of human rights or empowerment approaches. Awareness raising and public education are largely left to NGOs, with little done by Government. While events are held on key dates such as National Women's Day, most are only attended by women, held in urban centres and are not part of a larger, sustained campaign (AusAID, 2008, p. 116; Amnesty International, 2006, pp. 61, 76). Note there are some recent violence prevention efforts which are not yet reflected in the literature, e.g. the launch of the White Ribbon campaign.
333. Police are generally confined to reactive work and fail to take pro-active steps to protect women from violence e.g. being present and visible in places where violence is known to occur. A lack of effective sanctions through the justice system seriously impedes efforts to change community norms (Amnesty International, 2006, p. 43; AusAID, 2008, p. 116).

334. In the Highlands, ending tribal conflict is a crucial means of preventing and reducing violence against women (AusAID, 2008, p. 118).
335. The need to involve men in changing masculine norms is Richard Eves' central message in chapter two of the book *Civic Insecurity*. There is a strong link between masculinity, gender-based violence and the spread of HIV. In PNG these include initiatives that use Australian rugby-league icons to promote HIV awareness and demote violence against women. It is possible to create better programmes for 'other ways of being men'—programmes that enlist boys and men positively as partners in problem-solving. Gender is a key analytic for responding to HIV, but efforts stall if our thinking stops at 'women's vulnerability' or 'the empowerment of women', as if men are beyond reach and incapable of participation and change (Luker, 2010, p.6, 47-80).
336. Efforts for violence prevention for sex workers are underway. Women and girls who sell sex feel comfortable working with Friends Frangipani because they identify more to it than other organizations. Other organizations doing the similar line of work are the Friends Foundation, Moral Support, Hope World Wide and World Vision. Friends Frangipani only pursues the rights of women and girls selling sex. Their focus is to reduce the risk contracting HIV, STIs, and sexual and physically violence amongst sex workers. The officers appealed to the Government to change the laws on prostitution in the country to accommodate sex work so that sex workers are protected by the law (Keleba, 2010, p.102).

Violence Prevention in Samoa

337. Police have been adopting a more preventative, education focused and community based approach to domestic violence (Fairbairn-Dunlop & Lievore, PPDVP Samoa report, 2007, p. 15).
338. Community organisation Mapusaga O Aiga runs awareness and educational programmes around eliminating violence (Fairbairn-Dunlop & Lievore, PPDVP Samoa report, 2007, p. 24).
339. When men were asked what civil society organisations could do to eliminate domestic violence, they responded: seminars in schools, village communities, church groups and families about ways to stop domestic violence (44%); media programmes on ways to stop domestic violence (12%) and biblical dramas or meetings with couples only (9%) (SPC, 2007, p. 67).
340. When asked how village councils could prevent domestic violence, men responded: make abusive men pay a fine to the village council (39%); rules to force couples who argue to pay a fine (17%) and rules to protect women from being abused (12%). Men also suggested that church ministers could preach about the importance of living in harmony (24%); congregations could conduct seminars on violence prevention for youth groups and Sunday schools (22%) and pastors could visit families to discuss problems (19%) (SPC, 2007, pp. 68-69).

Violence Prevention in Solomon Islands

341. The Government has established a Prime Ministerial Taskforce on Special Actions for Women, which will focus on violence against women as one of four strategies to improve gender equality (AusAID, 2009, p. 61).
342. Organisations working on violence prevention include: Solomon Islands Christian Association, Federation of Women and Vois Blong Mere (a networking and media-oriented NGO that promotes women's rights through disseminating information and networking e.g. broadcasting radio programmes, producing publications) (SPC, 2009, p. 33).
343. There are some police efforts aimed at violence prevention. Police launched a sexual harassment policy for officers in 2003 and the Police Commissioner has warned officers they face instant dismissal if they are violent towards their wife or girlfriend (Amnesty International, 2004, p. 33).

Violence Prevention in Vanuatu

344. Progress in reducing the level of violence in households is hampered by a lack of community understanding about the rights of women and children. There are no direct translations for “rights” or “freedoms” in most local vernaculars in Vanuatu (Government of Vanuatu and UNICEF, 2005, p. 42).
345. Violence prevention programmes include: Wan Smol Bag, which combines community theatre, print media, videos and workshops to address issues such as gender roles, domestic violence and sorcery; and a male advocates programme, which engages men in leadership positions to support violence prevention activities, especially police officers and village chiefs (AusAID, 2008, p. 180-181).

G. RECOMMENDATIONS FOR ADDRESSING VIOLENCE AGAINST WOMEN

INCREASING WOMEN'S ACCESS TO JUSTICE

346. Support the development of a legal framework for effectively addressing violence against women. Ensure that legislation encompasses all forms of violence against women, including marital rape, age of consent, sexual abuse and sexual harassment. Laws should include an explicit acknowledgement that violence against women is a form of gender-based discrimination and a breach of human rights. Consult widely with women's groups during the process of law reform (SPC, 2010, p. 185; SPC, 2009, p. 169; CEDAW Committee [Cook Islands] 2007, para 25; CEDAW Committee [Vanuatu] 2007, para 25; CEDAW Committee, 2009, para 32; UN Secretary-General's Campaign to End Violence against Women [UNSG], 2009, p. 13).
347. Ensure that customary and local laws are harmonised with legislation on violence against women and gender equality (UNSG, p. 13).
348. Reform other areas of law which limit women's ability to obtain protection, such as laws relating to marriage breakdown, custody of children, maintenance, property rights, inheritance and sex work (AusAID, 2008, p. 41; CEDAW Committee [Vanuatu], 2007, para 39).
349. Ensure that women and girls who experience violence have access to immediate and effective means of redress and protection. Remove impediments that women face in gaining access to justice, including providing legal aid to all survivors of violence (CEDAW Committee [Cook Islands], 2007, para 25).
350. Strengthen police response to violence against women. This can be done through: ongoing training for police; clear protocols for responding to domestic and sexual violence; strengthening and monitoring dedicated units for domestic and sexual violence; applying consistent disciplinary action against police officers; and monitoring women's experiences and case outcomes (AusAID, 2008, p. 41; HRW, 2011, p.29-30).
351. Private security forces can no longer operate with impunity. Channels need to be created to report abuses by security personnel, such as those at the Porgera mine. Additionally, ongoing investigations and their outcomes must be made public. Trainings and protocols for security personnel should be put in place, and more female security personnel hired. The PNG Government must do better to oversee the conduct of private security actors and ensure that perpetrators are fully prosecuted and survivors are given full access to necessary services (HRW, 2011, p.29-30).
352. Implement training for judiciary, public officials and law enforcement personnel and health service providers on human rights and gender issues to ensure they are sensitive to all forms of violence against women and can provide adequate support to survivors (CEDAW Committee [Cook Islands], 2007, para 35; CEDAW Committee, 2005, para 25; CEDAW Committee, 2009, para 30; CEDAW Committee [Vanuatu] 2007, para 25; AusAID, 2008, p. 41; SPC, 2010, p. 186).
353. Strengthen the willingness and ability of community-based justice systems to protect women from violence. Undertake awareness raising measures to ensure that customary courts are familiar with CEDAW's concept of equality so that their rulings are not discriminatory against women, particularly with regard to land ownership and inheritance (AusAID, 2008, p. 42; CEDAW Committee [Vanuatu], 2007, para 39).
354. Support NGOs that offer women legal literacy and human rights training and inform men about women's rights (AusAID, 2008, p. 42).
355. Develop strategies for addressing violence in conflict situations, including: mechanisms for documenting conflict-related sexual violence; ensure that ceasefire agreements list sexual violence as a prohibited act and peace agreements require sexual violence to be addressed with equal priority to other crimes; use UNSC resolutions 1325 and 1820 in the ceasefire and peace negotiation processes; ensure that the UN presence in conflict areas prioritises the prevention of sexual violence and security, accountability and support services for survivors (UNSG, 2009, pp. 28-29).

356. Policy commitments need to be turned into action, including providing MSF quality care at hospitals and health facilities throughout the country. The National Department of Health should assume responsibility for policy-making, establish standards and operational guidelines, and ensure that competency-based trainings are mandatory. Provincial hospitals, donors, and local organizations addressing VAW also have to assume additional responsibility to ensure that there is a quality of care provided throughout the country for survivors (MSF, 2011, p.26-27).

IMPROVING SUPPORT SERVICES

357. Strengthen and expand formal support systems for women living with violence, including access to shelters. Support integrated models of service provision, e.g. one-stop shops at health care facilities that integrate medical care and counselling with access to police and legal services, shelter and longer-term support. Establish effective multi-sectoral referral systems, involving medical institutions, NGOs, counselling services, social work support, legal and police assistance (CEDAW Committee, 2009, para 30; CEDAW Committee, 2005, para 25; AusAID, 2008, p. 53; SPC, 2009, p. 166; SPC, 2010, p. 182).
358. Invest in capacity development for organisations providing critical support services. A standardised and accredited programme of training could target professional and lay counsellors, health workers, clergy and pastoral workers, social workers, community development workers, welfare officers, youth workers, school guidance officers and peace mediators (AusAID, 2008, pp. 53, 122; SPC, 2009, p. 168; SPC, 2010, p. 184).
359. Develop protocols and guidelines for the health service outlining how staff should deal with violence cases and make them expected practice throughout the health care system. Use reproductive health services as entry points for identifying survivors of violence and for delivering referral and support services. Establish recording systems in the health sector to contribute to the body of data on violence against women and to inform future policies and programmes (SPC, 2010, pp. 184-185; SPC, 2009, pp. 168-169).
360. Strengthen informal support systems for women living with violence, e.g. awareness campaigns which seek to reduce the social stigma around reporting VAW and promote the role of friends, neighbours and relatives in preventing it (SPC, 2010, p. 182; SPC, 2009, p. 166).
361. In terms of access to services, Oxfam recommends the following: (1) Payment for medical reports, which are required to take cases of violence to court, should be abolished. These reports represent a major barrier for those seeking justice through the formal system. Abolition of fees for cases of violence in hospital would also greatly improve access to healthcare. (2) Counselling should be made available in more remote areas, along with safe houses for women. Security issues associated with safe houses are serious, but Oxfam should assess the possibilities. (3) Investment in livelihood strategies and development of the rural sector is needed in order to improve self-esteem, generate income and foster a culture of savings (Oxfam, 2010, p.10).
362. Oxfam recommended the following to improve service delivery in PNG: (1) Develop a user-friendly visual map and guide to services in the NCD for service users. This could be made available at key entry points (hospitals, police, welfare, CSOs). Consideration should be given as to how information about the safe houses could be disseminated without compromising the security of individuals working with these services. (2) Increase general police knowledge of referral services for survivors. In the interests of maximising safety, the establishment of a focal point or on-call officer from the FSVU who could act as a liaison point between services and police should be considered. (3) Develop an integrated referral system for the NCD including: identification of key agencies; articulation of their role and responsibilities within the system; identification of supporting agencies; development of an effective case management process and agencies that could assist at different points; referral forms; identification of data collection requirements and protocols for follow up (Oxfam, 2011, p.59). (4) Develop a comprehensive, competency-based training programme in professional practice skills, including: report writing, professional communication, record keeping and making referrals. This training should be used to train existing counsellors, volunteers, village court magistrates and other personnel working in VAW. (5) Develop the capacity of a core group of counsellors/social workers through academic study and practical training. Degree holders should be encouraged to apply for postgraduate scholarships through donor agencies to advance their training. Those already working in the field should be supported to participate in work exchange programmes or study visits. (6) Organizations should share

intended training, participants and evaluations to enable organizations to determine who to train. This should be in the form of a calendar and database. (7) A case management process should be developed for service providers (Oxfam, 2011, p.64).

STRENGTHENING VIOLENCE PREVENTION EFFORTS

363. Adopt a women-centred, rights-based approach to ending violence against women. Raise public awareness that all forms of violence against women are discrimination and a breach of women's human rights, including through media and education programmes. This should include disseminating the findings of studies on violence against women, such as the Family Health and Safety studies (CEDAW Committee [Cook Islands], 2007, para 25; CEDAW Committee, 2009, para 30; CEDAW Committee [Vanuatu], 2007, para 25; SPC, 2009, p. 162; SPC, 2010, p. 176; UNSG, 2009, pp. 9-10).
364. Support initiatives which address the norms, attitudes and behaviours that underlie violence against women. Focus on the positive aspects of culture and work to prevent culture from being used as a convenient excuse for violence against women. For example, the protective nature of Pacific tradition can be used to combat the wrong use of culture as an excuse for VAW (AusAID, 2008, p. 69; SPC, 2009, p. 162; SPC, 2010, p. 177).
365. Develop government-led national action plans for eliminating violence against women which include measures to prevent violence against women, provide protection, support and rehabilitation services to survivors and punish offenders. These should contain clear results to be achieved, indicators, strategies to achieve these results, timeframe, budget, and monitoring and evaluation mechanisms. Plans should be based on consultation, including with government ministries, NGOs, women's organisations, legal experts and the donor community (SPC, 2009, p. 164; CEDAW Committee [Cook Islands], 2007, para 25; CEDAW Committee, 2005, para 25; CEDAW Committee, 2009, para 30; AusAID 2009, p 29; SPC, 2010, p. 179).
366. One report suggests the following guidelines for national action plans: (i) framed within the state's responsibility to respect, protect and fulfil human rights; (ii) integrated into the overall country development plans; (iii) evidence based; (iv) multifaceted in its strategies and approaches; (v) adequately resourced; (vi) drawn with input from multiple stakeholders at all levels; (vii) monitoring and evaluation are imbedded; (viii) sensitive to particular needs and concerns of women in high-risk situations; (viii) strong and effective institutional mechanisms to ensure action, coordination, monitoring and accountability; (ix) prevention is regarded as equally important to protection; (x) uses broad and innovative approaches while upholding the primacy of the state's accountability in fulfilling its human rights obligations (UNSG, 2009, pp. 14-15).
367. Strengthen partnerships with actors/sectors which have not traditionally been involved in addressing violence against women, such as churches and faith-based organisations and traditional chiefs (AusAID 2008, p 69).
368. Strategies for engaging with faith-based organisations could include: encouraging progressive interpretation of religious texts; initiatives which address sexual harassment and violence against women that occurs within religious organisations; mobilise resources of religious organisations for service provision (e.g. shelters); involving religious leaders in campaigns; and promoting gender awareness in educational institutes run by religious groups (UNSG, p. 22).
369. Engage men and boys in violence prevention. The benefits of involving men and boys include: creating a large-scale and broad social consensus on issues that have previously been marginalised as "women's issues"; men who seek to preserve male power and privilege would be increasingly marginalised; ability to mobilise resources within and social and economic institutions that are controlled by men (UNSG, 2009, p. 10).
370. Strategies for engaging with men and boys can include: challenging male assumptions about gender roles; working with media to debunk gender stereotypes and project more positive ideas of masculinity; increasing men's awareness of human rights and laws on domestic violence; cultivating high-level male champions on violence against women (e.g. Police Commissioners); developing community-level male champions (e.g. village court magistrates, community police); supporting treatment programmes for male perpetrators (SPC, 2010, p. 180; SPC, 2009, p. 165; AusAID, 2008, p. 121; UNSG, 2009, p. 24).

371. Use the education sector to address violence against women, such as developing curriculum materials promoting the right of women and girls to be free from VAW and training teachers to support students experiencing/at risk of violence. Programmes for girls could focus on empowerment, building self-confidence and developing negotiation skills. Boys can be taught that violence is not acceptable and given communication skills as an alternative to violence (AusAID, 2008, p. 122; UNSG, 2009, p. 21).
372. Violence against women initiatives can also be integrated into a range of programme areas, such as micro-finance initiatives, workplace programmes addressing sexual harassment and gender equity, health sector programmes, peace-building activities, disaster preparedness and response programmes (AusAID, 2008, p. 69).
373. Promote gender equality and women's human rights, compliance with international agreements, and greater female participation in government. Support economic empowerment of women through equality in land rights, property inheritance rights and income-generating opportunities (SPC, 2010, p. 178; SPC, 2009, p. 163; AusAID, 2008, p. 122).
374. Enhance data collection efforts, including conducting research using the WHO methodology (as has been done in Kiribati, Samoa and Solomon Islands). Gender-sensitive methodology should be used which respects confidentiality and women's human rights and does not jeopardise women's safety. Research results should be widely disseminated. Establish monitoring and evaluation mechanisms to regularly assess the impact and effectiveness of measures taken to prevent and redress violence against women (CEDAW Committee [Cook Islands], 2007, para 25; CEDAW Committee [Vanuatu], 2007, para 30; AusAID, 2008, p. 121; SPC, 2009, p. 164; SPC, 2010, p. 180; UNSG, 2009, p. 19).
375. Oxfam lists a number of violence prevention efforts that could apply to the region as a whole. (1) Systematic training programmes should be provided for police and other security sector actors at all levels to mainstream human rights and gender issues and to promote gender sensitive workplaces for police and village courts so that women may feel safe and seek help if they need to (Oxfam, 2010, p.9). (2) Efforts should be made to address male attitudes towards women, perceptions of masculinity, the role of violence in socializing children and parent-child relationships. Various initiatives exist in Melanesia to address some of these problems through programmes that focus on men or whole households, promoting behaviour change through awareness raising, discussion, role play and various other tools (Oxfam, 2010, p.9). (3) Behaviour change programmes should include issues around sexual and reproductive health for both men and women including hygiene, HIV and STIs, family spacing and contraception. Such issues are common triggers of domestic violence. Targeting the whole family (albeit through separate male and female courses) helps people to understand links between gender relations and control of family size (Oxfam, 2010, p.10).

RESEARCH AND DATA COLLECTION

376. VAW Research is highly complex and should be coordinated by a strong team with project management as well as research and VAW/gender experience. The experience from the Solomon Islands and Kiribati shows that it is possible to successfully coordinate and implement a difficult project also with staff that has not all the required and desired expertise, provided that adequate support and expertise is provided at all crucial phases. The assessment also showed that important contributing aspects were: dedication, determination and team spirit of project staff; planning-out strategies for areas where capacity is lacking by employing external resources and support to fill gaps; and at the same time, building capacity and skills of the project team (UNFPA, 2010, p.11).
377. All known VAW research in the Pacific Region (to date in five different countries) successfully applied the same methodology; they replicated the methods for the WHO Multi-country Study on Women's Health and Domestic Violence. Future research in the Pacific should preferably use the same methodology for reasons of credibility, comparability and to be able to build on and share existing experience and expertise in the region (UNFPA, 2010, p.16).

378. There are a number of reasons why future studies may consider including surveys of men, who usually are the perpetrators but sometimes also survivors of violence. It will be useful to understand their experiences and, when they are perpetrators, to hear their side of the story. This will enhance our understanding of the problem and its possible solutions. It should be realized, however, that this will considerably increase complexity and resources, in particular because of the need of a separate sample (men should not be interviewed in the same households or even in the same communities as women), a different group of (male) interviewers, etc. (UNFPA, 2010, p.16). It is important to include in the qualitative research a substantial component focusing on men, to learn about and from their experiences and viewpoints. This is particularly relevant if quantitative research will be done with female respondents only (UNFPA, 2010, p.19).
379. Respecting the principle of confidentiality is key to VAW research. For the UNFPA study, the fact that interviewers had sworn an oath was not only useful to be able to assure the respondents that everything they said would be confidential but interviewers stated that it was also useful to convince inquisitive husbands and others that they were not allowed to show the questionnaire or give any information on the topics addressed by the survey. The interviewers used the arguments that they could lose their job, or that they could be penalized (UNFPA, 2010, p.30).
380. Safety and physical risk should be a core consideration in interviewer safety. This is important because interviewers are women and in many settings women may be socially and physically more vulnerable and less able to defend themselves in the event of a sexual or physical attack. In preparing for the field work researchers should consider this and where appropriate make contingency plans, though the reality is that there will always be situations that cannot be predicted or planned for. It may be necessary to work in pairs, use an escort or conduct the field work at certain times. It should be realized that this can have methodological and data quality implications (UNFPA, 2010, p.31).
381. Following interviews, participants should be provided with information on support services should they choose to access them. Researchers are not counsellors and should not undertake counselling of survivors during the interview process. Referrals should be available. UNFPA research shows that respondents actually felt supported, valued and worthy by simply being listened to. They expressed this at the end of the interview when interviewers took the time to discuss other matters and to thank the respondents for their contribution. This in turn, also helped the interviewers with overcoming the sense of helplessness that they often felt when listening to painful stories without being able to offer much in return (UNFPA, 2010, p.32).
382. In PNG, Oxfam recommended that partners support FSVAC to establish a central database for collecting data on types and prevalence of VAW. The data collection process should be decided in conjunction with service providers.

ANNOTATED BIBLIOGRAPHY: VIOLENCE AGAINST WOMEN IN PACIFIC ISLAND COUNTRIES

Amnesty International. (2006). *Papua New Guinea. Violence against Women: Not Inevitable, Never Acceptable.* Amnesty International.

<http://www.amnesty.org/en/library/info/ASA34/002/2006>

This report examines the adequacy and effectiveness of the State's efforts to respond to violence against women in Papua New Guinea. It finds that violence against women is pervasive in Papua New Guinea and in some regions affects most women's lives. The report describes serious violence against women, including intimate partner violence, rape and gang rape, and the torture and murder of women suspected of practising witchcraft. There appears to be a lack of recent data on the nature and extent of violence against women in Papua New Guinea; the most commonly cited data on domestic violence is based on research conducted between 1982 and 1986. Consequently, much of the evidence in this report is based on personal stories gathered from Amnesty's meetings with women, officials, police and NGOs in Papua New Guinea.

Amnesty International concludes that the Government is doing very little to promote and fulfil women's rights in Papua New Guinea or to protect women from human rights abuses. It raises issues such as: police ineffectiveness; limited resources and poor conditions in the police force; incomplete and inadequate investigations; lack of support for women making complaints; police failure to proactively protect women; reactive and brutal policing methods; lack of support services for survivors. The report concludes with a wide variety of recommendations for the Government, police, community and religious leaders and the international community.

Amnesty International. (2004). *Solomon Islands: Women Confronting Violence.* Amnesty International.

<http://www.amnesty.org/en/library/info/ASA43/001/2004/en>

The report discusses women's experiences during the Solomon Islands conflict of 1998-2003, including violence during and after the conflict and internal displacement. Amnesty's research included meeting with more than 1500 women from 34 communities in the Solomon Islands. The report finds that violence against women is widespread in the Solomon Islands yet has been rarely acknowledged and condemned by political leaders. According to the report, there are very few cases where a criminal prosecution has materialised for the violence experienced by women during the conflict. It identifies structural weaknesses that have led to impunity, e.g. police have been severely compromised and incapacitated by the conflict, lack of female police officers, and backlog within the judiciary. The report concludes with recommendations for the Solomon Islands Government, police, civil society and media and the international community.

Australian Agency for International Development. Office of Development Effectiveness. (2009). *Responding to violence against women in Melanesia and East Timor.* Canberra, Australia: Australian Agency for International Development.

http://www.aisaid.gov.au/publications/pubout.cfm?ID=7821_6079_155_5278_287

This report sets out the Australian Government's response to the 2008 AusAID report on violence against women in Melanesia and East Timor (see entry below). It outlines Australia's priorities and actions to prevent and reduce violence against women in the region. Four principles will guide Australia's work in this area: making a long term commitment to ending violence against women; promoting gender equality as a central principle of work; working in partnership with key stakeholders and aligning with partner government priorities; and adopting an integrated approach. The publication contains a regional report, which sets out AusAID's work in the areas of access to justice, support services, and violence prevention across the region and its future commitments in these areas. It also contains reports for each of the five countries (Papua New Guinea, Solomon Islands, Fiji, Vanuatu and East Timor), which include Australia's specific commitments in relation to each country.

The report will be particularly useful for those who want to engage with AusAID, which is a key donor in the region. However, the 2008 report (below) is likely to be more useful for those wanting background information on the nature and extent of violence against women in Melanesia and East Timor or analysis of the different approaches used in the region.

Australian Agency for International Development. Office of Development Effectiveness. (2008). *Violence against women in Melanesia and East Timor: Building on Global and Regional Promising Approaches*. Canberra, Australia: Australian Agency for International Development.

http://www.aisaid.gov.au/publications/pubout.cfm?ID=4140_9790_4186_8749_8769

This is a comprehensive and well-written report which provides an excellent starting point for research on violence against women in Pacific Island Countries. The report assesses the effectiveness of current approaches to addressing violence against women in five countries: Papua New Guinea, Solomon Islands, Fiji, Vanuatu and East Timor. (Since this bibliography and associated literature review cover only Pacific Island Countries, the East Timor section of the report has been disregarded). It is based on consultation with more than 700 individuals, officials and NGO representatives as well as a review of relevant literature.

The study focuses on three main strategies for reducing violence against women: increasing women's access to justice; increasing women's access to support services; and violence prevention. This is a logical framework for considering the issue of violence against women and consequently the literature review accompanying this bibliography has adopted these headings. The report begins by setting out what is known about violence against women in the five countries, including its nature and extent and cultural context. Some of the research referenced is now quite old, which highlights the need for further data collection. Further data has become available for some countries since the date of this study e.g. the Solomon Islands Family Health and Safety Study. A chapter is devoted to each strategy i.e. access to justice, support services and violence prevention. For each, the report discusses why the strategy is important, barriers faced by women and girls, promising practices, new opportunities and recommendations.

The report finishes with a series of recommendations and supplements for each country. Access to justice recommendations include: support national legal reform efforts; long-term support for strengthening police response to violence against women; strengthen the response of the formal justice system and the ability and willingness of community-based justice systems; and support NGOs offering legal literacy and human rights training for women. The recommendations for improving support services are: prioritise long-term support and resources for support services organisations; encourage and invest in integrated models of service protection; increase and extend access for rural women; increase support for informal community-based networks; strengthen and increase government engagement in support services, especially in the health and education sectors; support capacity-building to improve service quality. Finally, the recommendations for strengthening violence prevention are: prioritise support for initiatives with strong emphasis on identifying and transforming gender norms; strengthen partnerships with groups not traditionally involved in addressing violence against women; identify strategic opportunities for integrating interventions that address violence against women into different areas.

Calvert, I. (2004). *Niue. A Situation Analysis of Children, Women and Youth*. Suva, Fiji: UNICEF Pacific.

http://www.unicef.org/pacificislands/resources_9485.html

This is part of a UNICEF series on the situation of children, women and youth in Pacific Island Countries. The reports tend to be more useful for getting an overall background on the social context of a country, rather than detailed information about violence against women.

There appears to be very little data available on violence against women in Niue; consequently there is only a small section in this report on domestic violence (pp. 28-29). The only figures are from police records, which show 12 cases of domestic violence from 1996-2004. Although Niue has a very small population (Calvert estimates 1300-1700), the levels of domestic violence in other Pacific countries suggest that the actual rate of domestic violence is likely to be much higher than these 12 cases. The report contains anecdotal evidence about the community response to violence against women in Niue: domestic violence tends to be "managed" within the extended family and village; and women experiencing domestic violence have sometimes been advised to leave the country due to police inability to provide protection.

Chung, M. (2004). *Cook Islands. A Situation Analysis of Children, Youth and Women*. Suva, Fiji: Government of the Cook Islands with assistance from UNICEF Pacific Office.

http://www.unicef.org/pacificislands/resources_9641.html

While this report does not include data on the prevalence of violence against women in the Cook Islands, it highlights some of the challenges in addressing violence. These include: secrecy surrounding domestic violence; teenage pregnancies resulting from abuse, rape and incest; lack of refuge for women escaping domestic violence; cases not being brought to court; no legal framework to monitor and control child trafficking and sexual exploitation. According to the report, progress has been made since women's NGOs have spoken out about government inattention to violence against women. Positive steps identified by the paper include: government agencies taking the issue more seriously; growing recognition that violence is not a private matter; implementation of a no-drop policy (although women still do withdraw cases). Note that violence against women forms only a small part of this paper. For a more comprehensive and recent report on violence against women in the Cook Islands, see Lievore & Fairbairn-Dunlop, 2007.

Chung, M. (2004). *Federated States of Micronesia. A Situation Analysis of Children, Women and Youth*. Suva, Fiji: The Government of the Federated States of Micronesia with the assistance of UNICEF.

http://www.unicef.org/pacificislands/resources_10222.html

There is limited information on violence against women in this report. There is anecdotal evidence that child abuse, particularly incest, is underreported and that most teenage pregnancies are the result of incest and rape. Domestic violence is reported to be increasing, due to the breakdown in extended family protection systems, increased alcohol consumption and the reluctance to seek outside help for "family matters". The report does not contain data on the prevalence of violence against women.

Chung, M. (2005). *Kiribati. A Situation Analysis of Children, Women and Youth*. Suva, Fiji: Government of Kiribati with the assistance of UNICEF.

http://www.unicef.org/pacificislands/resources_9642.html

According to this report, domestic violence is common in Kiribati. Levels are reportedly highest on South Tarawa, exacerbated by alcohol consumption, pressures on households from economic hardship and unemployment, crowded living conditions, and weakened community and family controls over behaviour. Most incidents of domestic violence are not reported to police; when complaints are made, family pressure usually leads the survivor to withdraw the charge. The report provides anecdotal evidence of a growing sex industry in Kiribati, involving girls as young as 14. Premarital chastity of girls is highly valued in Kiribati: girls who lose their virginity may be forced to marry the boy involved and a young child who loses her virginity through rape may be labelled as permanently spoiled and face enduring stigma.

While this report provides some helpful background on social context in Kiribati, the Kiribati Family Health and Support Study and Lievore & Fairbairn-Dunlop (2007) provide much more comprehensive information on violence against women in Kiribati.

Chung, M., & Howick-Smith, T. (2007). *Fiji. A Situation Analysis of Children, Youth and Women*. Suva, Fiji: Government of Fiji with the assistance of UNICEF.

http://www.unicef.org/pacificislands/resources_10056.html

This report does not contain data on violence against women but notes that domestic violence is now recognised as a pervasive social problem in Fiji and not simply a family matter. Reports of domestic violence are increasing, although the authors acknowledge this could be due to more thorough reporting. The report highlights inadequacies in Fiji's legislation: sexual assault laws do not adequately cover the forms of sexual violation experienced by women and girls and there is no legislation specifically addressing commercial exploitation of children and trafficking. For a more comprehensive report on violence against women in Fiji, see UNFPA (2008).

Commission on AIDS in Pacific Island Countries (2009). *Turning the Tide: An OPEN strategy for a response to AIDS in Pacific Island Countries, Report of the Commission on AIDS in Pacific Island Countries.* Suva, Fiji: Joint United Nations Programme on HIV&AIDS (UNAIDS).

http://data.unaids.org/pub/Report/2009/20091202_pacificcommission_en.pdf

The Commission on AIDS in Pacific Island Countries was established in October 2007 with a mandate to study and consider the real and potential impacts of HIV on Pacific Island Countries region and to recommend strategies for accelerated and strengthened responses to HIV.

The Report of the Commission on AIDS in Pacific Island Countries is a comprehensive picture of the current state of the HIV&AIDS epidemic in Pacific Island Countries which includes commentary on the intersection between violence against women and HIV transmission.

The findings and recommendations contained in the report are intended for policy-makers, programme implementers, development partners, communities, people living with HIV and all those concerned about the impact of and responses to HIV&AIDS in Pacific Island Countries.

Committee on the Elimination of Discrimination against Women. (2005). *Concluding comments: Samoa.* United Nations (CEDAW/C/WSM/CC/1-3).

<http://www.un.org/womenwatch/daw/cedaw/cedaw32/conclude-comments/Samoa/CEDAW-CC-WSM-0523820e.pdf>

Paragraphs [24] and [25] relate to violence against women. The Committee notes that Samoa has implemented a “no drop” policy and has signalled its intention to review all criminal laws relating to violence against women. However, it expresses concern at the prevalence of violence against women in Samoa and recommends that further measures be taken. These include: a comprehensive strategy for eliminating violence against women, legislation, measures to protect and support survivors, establishment of women’s shelters, punishment of offenders, and training for the judiciary and other public officials.

Committee on the Elimination of Discrimination against Women. (2007). *Concluding comments of the Committee on the Elimination of Discrimination against Women: Cook Islands.* United Nations (CEDAW/C/COK/CO/1).

http://www.un.org/womenwatch/daw/cedaw/cedaw25years/content/english/CONCLUDING_COMMENTS/Cook_Islands/Cook_Islands-CO-1.pdf

Paragraphs [24] to [27] cover violence against women, prostitution and trafficking. The Committee expresses concern about the prevalence of violence against women in the Cook Islands and identifies discrimination as a root cause. Specific concerns raised by the Committee include: the lack of data on the nature and extent of violence against women; lack of comprehensive legal framework; protection orders not always available; law reform officers do not respond adequately to survivors; and exploitation of prostitution. The Committee makes a number of recommendations including: develop a comprehensive strategy to prevent violence; punish offenders and support survivors; ensure that legislation encompasses all forms of violence against women; raise public awareness; ensure women have means of redress and protection; implement training for public officials; enhance data collection, monitoring and evaluation; and adopt a holistic approach to addressing exploitation of prostitution.

Committee on the Elimination of Discrimination against Women. (2007). *Concluding Comments of the Committee on the Elimination of Discrimination against Women: Vanuatu.* United Nations (CEDAW/C/VUT/CO/3).

http://www.un.org/womenwatch/daw/cedaw/cedaw25years/content/english/CONCLUDING_COMMENTS/Vanuatu/Vanuatu-CO-3.pdf

Paragraphs [24] and [25] relate to violence against women. The Committee expresses concern about the prevalence of violence against women in Vanuatu and cultural practices that constitute or perpetrate violence. It expresses particular concern about the use of customary methods of punishment in rape cases. The Committee urges measures to address violence against women, including: public awareness measures, legislation, means of redress and protection for survivors of violence, prosecution of perpetrators, legal aid for survivors, and training for the judiciary and public officials.

Committee on the Elimination of Discrimination against Women. (2009). *Concluding observations of the Committee on the Elimination of Discrimination against Women: Tuvalu*. United Nations (CEDAW/C/TUV/CO/2).

<http://www2.ohchr.org/english/bodies/cedaw/docs/co/CEDAW.C.TUV.CO.2.pdf>

Paragraphs [29] to [34] discuss violence against women, sexual offences and prostitution and trafficking. The Committee expresses concern about the persistence of violence against women in Tuvalu and identifies discrimination as a root cause. Specific concerns identified include: underreporting of violence due to a culture of silence and impunity; traditional apologies taking the place of legal processes; lack of a comprehensive legal framework for addressing violence against women; and lack of shelters and counselling services. The Committee also comments on the lack of data on the extent and prevalence of violence against women in Tuvalu – although the subsequent publication of the Tuvalu Demographic and Health Survey may have addressed the Committee’s concern. Recommendations include: implementing a comprehensive strategy to address violence against women; public awareness raising; providing women with options for redress and shelter; training for the judiciary and other officials; and reform rape and sexual abuse laws.

Committee on the Elimination of Discrimination against Women. (2010). *Concluding observations of the Committee on the Elimination of Discrimination against Women: Fiji*. New York, N.Y.: United Nations.

<http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N10/485/27/PDF/N1048527.pdf?OpenElement>

In this CEDAW report, the Committee considered the combined second, third and fourth periodic reports of Fiji (CEDAW/C/FJI/2-4) at its 928th and 929th meetings, on 14 July 2010. In terms of positive developments, the Committee welcomed the new laws, decrees and promulgations introduced by the State party, including the Family Law Act (2003), the Domestic Violence Decree (2009), the Crimes Decree (2009), the Criminal Procedure Decree (2009), the Sentencing and Penalties Decree (2009) and the Child Welfare Decree (2010), which are aimed at bringing national legislation into line with the provisions of the Convention. The Committee also welcomed the new Women’s Plan of Action (2010-2019), which identifies five priority areas for the promotion of women’s rights: formal sector employment and livelihood, equal participation in decision-making, the elimination of violence against women and children, access to basic services, and women and the law. The Committee commended the State party for its construction of women centers in the 14 provinces and semi-urban settlements to promote the empowerment of women in rural areas through the enhancement of leadership skills and programme management skills, and to provide venues for meetings, training, women’s health clinics and other capacity-building initiatives. All of these developments are relevant to VAW.

Committee on the Elimination of Discrimination against Women. (2010). *Concluding observations of the Committee on the Elimination of Discrimination against Women: Papua New Guinea*. New York, N.Y.: United Nations.

<http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N10/485/39/PDF/N1048539.pdf?OpenElement>

In this report, the CEDAW Committee considered the combined initial, second and third report of Papua New Guinea (CEDAW/C/PNG/3) at its 339th and 340th meetings, on 22 July 2010. It commended PNG on its ratification of the Convention without reservations and on the frankness of its combined initial, second and third report – despite a delay of 13 years in submission of the report. The Committee welcomed the adoption by the State party of the 2009 Lukautim Pikinini (Child Protection) Act, including a range of provisions to protect girls from discrimination.

The Committee was pleased with legislative initiatives by the State party in relation to sexual offences, including the enactment, in 2002, of the Sexual Offences and Crimes against Children Act under the revised Criminal Code, introducing a series of new offences, including marital rape, graded according to the seriousness of the harm and incorporating the ways in which women are sexually violated. The Committee was also pleased with the adoption of a number of policies, plans and programmes on women and gender development, such as the National Strategic Plan 2010-2050 (Papua New Guinea Vision 2050), which includes human capital development and gender, youth and people empowerment as major pillars that promote gender equality and participation. All of these developments are relevant to VAW and demonstrate PNG’s increased commitment to the issue.

The Committee urged PNG to proceed without delay with the full incorporation of the Convention into its domestic legal system in order to give central importance to the Convention as the basis for the elimination of all forms of discrimination against women and the achievement of gender equality. This is crucial in the fight to eliminate VAW.

Economic Policy, Planning and Statistics Office, Secretariat of Pacific Island Countries Community and Macro International Inc. (2008). *Republic of the Marshall Islands Demographic and Health Survey 2007*. Noumea, New Caledonia: Secretariat of Pacific Island Countries Community.

<http://www.spc.int/prism/country/mh/stats/>

Chapter 14 of this report discusses the prevalence of domestic violence in the Republic of the Marshall Islands. The data is based on responses from 860 women. The research is not as comprehensive as the Family Health and Safety Studies, although it uses many of the same categorisations as well as the WHO ethical and safety recommendations for domestic violence research. The data shows that 36% of women have experienced either physical or sexual violence with a current husband or partner being the most common perpetrator. Intimate partner violence has been experienced by 30% of ever-married women and over half of women reported that their husband or partner displayed at least one form of controlling behaviour. Half of women who have experienced violence have never told anyone about it. Note that the report is limited to data on domestic violence and there is no discussion of strategies for addressing domestic violence or recommendations for policy makers.

Fairbairn-Dunlop, P. (2009). *PPDVP. Vanuatu report*. Wellington, New Zealand: New Zealand Police.

This report was commissioned by the PPDVP (PPDVP), which is a joint initiative of NZAID, New Zealand Police and Pacific Island Countries Island Chiefs of Police. The PPDVP aims to build the capacity of Pacific police services to prevent and respond effectively to domestic violence, with a focus on Samoa, Tonga, Cook Islands, Kiribati and Vanuatu. Fairbairn–Dunlop and Lievore were engaged to prepare baseline reports for each of these countries. The research seeks to document what data on domestic violence is available in each country; review police systems for responding to domestic violence; assess the extent of domestic violence and people’s responses to it; and engage agencies and communities in reflection on domestic violence. The preparation of each baseline report included: a literature review; collection and analysis of data from police, NGOs and other agencies; overview of government legislation, policies and practices; analysis of media reports; focus groups and in-depth interviews; and national stakeholder meetings. The reports follow the following format: background to the study; relevant contextual factors in the specific country; police attitudes, policy and practice in relation to domestic violence; and government, NGO and community attitudes and responses to domestic violence. These baseline reports provide a useful source of information on violence against women in the five countries, particularly around access to justice mechanisms. However, the structure of the reports can make them hard to read and draw conclusions, e.g. the text is broken up with headings, tables and bullet points and there are no concluding recommendations.

The Vanuatu country report highlights the lack of information available on the prevalence of domestic violence in Vanuatu. While domestic violence is seen as more widespread than in the past, it is not possible to estimate its prevalence given unreliable police statistics and the numbers of incidents dealt with by the customary system. According to the report, women have little confidence in reporting to police and prefer to take their complaints to a chief, religious leader or teacher. The report did find evidence that Vanuatu police are committed to addressing domestic violence, including the establishment of the Family Protection Unit and police engagement with the PPDVP. However, the report says this has yet to be translated into policies and practices to ensure survivors receive a professional response. Recommendations include: rigorous police training and the establishment of robust police procedures for responding to domestic violence.

Fairbairn-Dunlop, P., & Lievore, D. (2007). *PPDVP. Samoa report*. Wellington, New Zealand: New Zealand Police.

<http://www.ppdvp.org.nz/wp-content/media/2009/03/PPDVP-Samoa-Final-Report-15-July-2007.pdf>

This report finds that although domestic violence has become a subject of public debate and concern in Samoa, there is still a significant level of social acceptance and cultural tolerance of violence against women. Domestic violence is said to be highly under-reported in Samoa, with only 5% of women reporting incidents to police. To put this in perspective, the Samoa Family Health and Safety Study found that 46% of women had experienced some form of partner abuse. While police leaders are supportive of their mandate to address domestic violence, this is not necessarily translating into policy and programme level actions e.g. systems for prosecuting and tracking domestic violence cases are not efficient or effective. In addition, a significant number of officers do not see domestic violence as a police/legal matter, but rather an issue to be addressed in the family and village system. Recommendations include: ensuring that police leadership have access to accurate information about domestic violence; officer training on domestic violence issues; setting up robust reporting and tracking systems; and police partnerships with government departments and NGOs.

Fairbairn-Dunlop, P., & Lievore, D. (2007). *PPDVP. Tonga report*. Wellington, New Zealand: New Zealand Police.

This report highlights the lack of reliable data on the prevalence of violence against women in Tonga. There has not been a comprehensive domestic violence study in Tonga (such as the Family Health and Safety Study) and police statistics do not classify domestic violence as a separate offence. However, anecdotal evidence suggests that domestic violence is widespread and often goes unreported.

While the Tonga police have been developing comprehensive policies and practices to address domestic violence, effective implementation of these policies is crucial. The report recommends a training programme which increases police awareness and understanding of domestic violence and organisational systems for ensuring that police respond appropriately to domestic violence cases. Discussions with police officers revealed that many still view domestic violence as something which should be resolved within the family. This is likely to be a reason why the vast majority of domestic violence complaints are withdrawn by women.

There is a growing demand for NGO support services for domestic violence survivors, although organisations say they are constrained by resource limitations and a lack of trained counsellors.

Ganster-Breidler, M. (2009). *Violence against women and the impact on women's health and well-being in Papua New Guinea: A cross sectional survey using sections of the World Health organizations (WHO) Violence Against Women Instrument for the use in the WHO Multi-Country Study on Women's Health and Life experiences*. Papua New Guinea: HORIZONT 3000.

This study was a cross sectional survey in which a convenience sample of women was interviewed using sections 2,6,7,8,9,10,11,12 of the World Health Organisation's (WHO) Violence Against Women Instrument, which was developed for use in the WHO Multi-Country Study on Women's Health and Domestic Violence. A questionnaire was used that explored like experiences of physical and sexual violence by a current or former intimate male partner and symptoms related to physical and mental health.

Two hundred women between 17 and 60 years of age were interviewed during the study. The women who participated in the study were self-selected from 5 sites in Papua New Guinea: Madang; Bogia; Goroka (town and surrounding area); Mt Hagan; and Arawa (Bougainville).

The study found that violence against women is widespread in Papua New Guinea. 65.3% of women reported being a survivor of physical and sexual violence. 75% of women reporting a past occurrence of abuse by their partners also reported associated injuries. 86% of the ever pregnant women reported that they had been beaten in their last pregnancy.

The study closes with recommendations under the following headings: networking among hospitals, counselling centres, police and welfare departments; awareness and intervention; protection for women and children; counsellor's association and standardised training and implementation of counselling services all over PNG; and implementation of gender issues, human rights issues and conflict resolution models in curricula of schools and universities.

Government of Vanuatu and United Nations Children's' Fund (UNICEF). (2005). *Vanuatu. A Situation Analysis of Children, Women and Youth*. Suva, Fiji: The Government of Vanuatu with the assistance of UNICEF Pacific.

http://www.unicef.org/pacificislands/resources_10230.html

According to this report, violence against women is widespread in Vanuatu, including domestic violence, sexual abuse and incest. While the report does not contain data on the nature and extent of violence against women in Vanuatu, it contains a useful discussion on the underlying causes. The factors identified by the report include: inequitable gender and power relations; arranged marriage, early marriage and bride price; focus on parental authority; and lack of understanding of the rights of women and children. The report also discusses the options available to women and girls, who have experienced violence, including: police and the judicial system; kastom law; mediation by religious leaders; and women's crisis centres.

Human Rights Watch. (2006). *Still Making Their Own Rules. Ongoing Impunity for Police Beatings, Rape, and Torture in Papua New Guinea*. New York, N.Y.: Human Rights Watch.

<http://www.hrw.org/en/reports/2006/10/29/still-making-their-own-rules-0>

This report is based on interviews with more than 90 people in Papua New Guinea, including women, children, medical staff, NGOs, officials and police. It updates an earlier Human Rights Watch report on this issue. The report finds that police in Papua New Guinea routinely use excessive force, sexual violence and torture against individuals, including children and that police continue to enjoy near-total impunity for their actions. While the report is not specific to women, it documents many instances of violence against women perpetrated by police. These include: girls as young as six being raped by police; women being forced to have sex when they report a crime; gang rape of women in detention; violence against sex workers. The report makes five key recommendations: (1) strengthen the police internal affairs directorate, penalise officers who do not cooperate with it and investigate alleged abuses and delays in implementing dismissal orders; (2) improve the capacity of the Ombudsman Commission to address police violence; (3) strengthen and expand the juvenile justice system; (4) improve access for survivors of police violence to medical, legal, counselling and other support services; and (5) support from international donors.

Human Rights Watch. (2011). *Gold's Costly Dividend: Human Rights Impacts of Papua New Guinea's Porgera Gold Mine*. New York, N.Y.: Human Rights Watch.

<http://www.hrw.org/en/reports/2011/02/01/gold-s-costly-dividend-0>

Exploitation of PNG's natural resources has led to violence, human rights abuse, corruption, and environmental damage. This report focuses specifically on the controversies and allegations around Porgera gold mine, 95% owned by Barrick Gold, a Canadian corporation that is the world's largest gold mining company. The report describe a pattern of violent abuses, including gang rape, carried out by members of the mine's private security force in 2009 and 2010, as well as Barrick's history of dismissing human rights and environmental abuses. Violent insecurity is a chronic problem around Porgera, and the government has consistently failed to maintain law and order in the face of these security challenges.

Human Rights Watch documented cases of sexual violence, and the report includes graphic accounts of the forms and extent of VAW perpetuated by security forces, in women's own voices. In Porgera, rape survivors have few options for assistance or redress. Women feared reporting abuses to the authorities given the fear of retribution, the threat of punishment for illegal mining, and social stigma for survivors. These fears are heightened in a country where abuses by the police are endemic and complaints of sexual harassment and violence by police officers is common. Furthermore, Barrick did not establish safe or accessible channels for community members to report abuses by Barrick employees directly to company authorities.

In 2011, the company has taken more meaningful steps as a starting point to address these issues. Human Rights Watch dialogued with company officials regarding the allegations and means of redress. Ultimately, changes will only be successful if they prevent future abuse and ensure accountability for abuses that do occur.

International Labour Organization (ILO). (2010). *Child Labour in Fiji: A Survey of Working Children in Commercial Sexual Exploitation, on the Streets, in Rural Agricultural Communities, In Informal and Squatter Settlements and in Schools*. Suva: Fiji.

http://www.ilo.org/suva/what-we-do/publications/lang--en/docName--WCMS_155659/index.htm

The focus of this report is not VAW, per se, but it presents important data on the violence and exploitation experienced by young women and girls. In 2008, a project aimed at tackling child labour through education (TACKLE) was launched in 11 countries across Africa, the Caribbean and the Pacific. Fiji is one of the eleven countries identified for the project. The overall objective of TACKLE is to contribute towards poverty reduction by providing equitable access to basic education and skills development to children involved in child labour or at risk of being involved in child labour. TACKLE works to build the capacity of the national and local authorities in the formulation, implementation and enforcement of policies to fight child labour in coordination with social partners and civil society. The TACKLE Project in Fiji agreed to support research to examine and identify the extent of child labour in Fiji, as there was minimal data available on this issue.

The Consolidated Report of Child Labour in Fiji provides an overview of the processes, key findings and recommendations of the Child Labour Research Surveys, supported through the TACKLE Project, in five sectors in Fiji, including:

- The Commercial Sexual Exploitation of Children in Fiji Survey
- Street Children in Child Labour Survey in Fiji
- Child Labour Survey in Rural Agriculture Communities in Fiji
- Child Labour Survey in Informal and Squatter Settlements in Fiji
- Fiji Child Labour School-based Survey

The research reveals that too many children in Fiji are being put at risk of exploitation. Too many children are missing out on their childhood and the benefits of education. Many children are victims of the worst forms of child labour, including commercial sexual exploitation and hazardous work. Among the important voices heard in this research are those of children themselves. A main outcome of the research has been the resourcing of three action programmes which will begin to tackle some of the issues identified in the research. The three action programmes are titled:

- Establishing the Child Labour Unit & National Action Plan to Eliminate Child Labour in Fiji, coordinated by the Ministry of Labour, Industrial Relations and Employment;
- Building the Capacity of Communities to Tackle Child Labour and Poverty in Squatter Settlements, coordinated by the People's Community Network;
- Eliminating the Worst Forms of Child Labour: Preventing and Removing Children from Commercial Sexual Exploitation in Fiji, coordinated by Save the Children, Fiji

Both qualitative and quantitative data were collected by all the five survey teams:

- 1611 children were interviewed using children's questionnaires for the five different surveys
- 1136 adults including Parents, Teachers, Adult Sex Workers and Street Workers, were interviewed using household or adult questionnaires
- 226 Key Informant Interviews were conducted with representatives from Government, NGOs, Community Leaders, and sector- relevant stakeholders
- 58 Focus Group discussions were conducted
- 160 people participated in 7 Conferences (3 community sessions and 4 school sessions)
- Over 60 Case Studies and 48 Research Diaries were collected.

A total of 104 children in commercial sexual exploitation (78% females and 22% males) were interviewed. 88% of the total number (104) of children interviewed was 16 and 17 years old. The youngest interviewed was 13 years old. Although the total number of 13 year olds participating in the research was low, research findings suggest that there could be more children in commercial sexual exploitation in the younger age bracket. Specific research on the trafficking of children for commercial sexual exploitation and child sex tourism is needed.

The most common place of commercial sexual exploitation of children (CSEC) activity is motels as identified by almost half of the children, particularly those in the 16-17 year category. The second most commonly mentioned place of activity was 'the house nearby', which supports stakeholder statements that CSEC activities exist in the community. One can assume that child sex workers in this situation are familiar with the perpetrators, who are possibly people living in the neighborhood. As most of the younger children identified 'the houses nearby' as their normal place of activity, it may be concluded that this is one way by which children are introduced into CSE. The survey also revealed that some parents were aware of their children's involvement in child sex work (15.4%).

Jalal, P. I. (2008). *Good Practices in Legislation on Violence against Women: A Pacific Islands Regional Perspective*. Vienna, Austria: United Nations Expert Group Meeting on Good Practices in Legislation on Violence against Women.

http://www.un.org/womenwatch/daw/egm/vaw_legislation_2008/expertpapers/EGMGPLVAW%20Paper%20_P%20Imrana%20Jalal_.pdf

This paper provides a useful analysis of Pacific legislation on violence against women, specifically sexual assault and domestic violence legislation and family law. The purpose of the paper is to identify strengths, weaknesses and commonalities of such legislation and highlight good practices. The paper covers Fiji, Tonga, Cook Islands, Solomon Islands, Nauru, Vanuatu, Papua New Guinea, Kiribati and Tuvalu.

Jalal argues there has been a lack of legislative reform in the area of violence against women in Pacific Island Countries and positive legal changes have largely emerged through litigation. The paper identifies common features of sexual assault laws in Pacific Island Countries, including: narrow definitions of rape; marital rape not defined as a crime; consent is defined from the view of the offender and not the survivor; and a woman's past sexual history may be admitted as evidence against her credibility. In addition, the use of customary reconciliation practices and village courts may allow perpetrators of violence to avoid formal criminal charges. According to Jalal, there has been minimal legislative change in the area of domestic violence and no Pacific Island country has yet adopted comprehensive stand alone legislation on domestic violence. While there is a common law basis for protection orders in most Pacific countries, courts exercise the power to grant these orders sparingly and inconsistently and police habitually fail to enforce orders through imprisonment. In most Pacific Island countries, family law is archaic and based on rigid concepts of women's roles. The paper identifies a number of promising practices, including: "no drop" prosecution policies in Cook Islands, Fiji and Kiribati; reforms to sexual offence laws in Papua New Guinea; Vanuatu's Family Protection Bill (which has since passed into legislation); and the Fiji Family Law Act.

Kaitani, M., & McMurray, C. (2006). *Tonga. A Situation Analysis of Children, Women and Youth*. Suva, Fiji: Government of Tonga with assistance from UNICEF.

http://www.unicef.org/pacificislands/resources_9490.html

According to this report, domestic violence often goes unrecognised in traditional Tongan society because of the expectation that women should submit to their husbands. There appears to be a lack of comprehensive and up-to-date data on the nature and extent of domestic violence in Tonga: this report relies on police figures from 1991 to 2001. Anecdotal evidence suggests that only one-fifth of domestic cases are reported to police. Where women do make a complaint, pressure from police or family often sees complaints withdrawn: a study found that 80% of reported cases do not reach court. The report recommends the adoption of a "no-drop" policy; greater political and community commitment; and expanded support services. The report also notes the lack of comprehensive research on child sexual abuse and commercial sexual exploitation.

Keleba, Kewith Sullivan, N. (2010). *Street Children of Papua New Guinea: A Public Policy Challenge*. Port Moresby, PNG: Department for Community Development and Nancy Sullivan and Associates Ltd.

www.nancysullivan.net

This paper highlights the plight of street kids – with relevance to violence against girls. In the PNG context this refers to children and youth involved with some activity on the streets or public venues in towns and resource extraction sites like plantations and mining camps. They are making a living in the streets and the informal economies of towns across PNG, usually far from their ancestral village and mainly away from their natural parents. They do not go to school, and most of them do not have the social network that keeps most Papua New Guineans afloat. The skills they are learning promise only dim futures for their adulthood. In Port Moresby, nightclubs exploit underage girls as entertainment.

There are NGOs dedicated to children at risk, and the Department for Community Development is especially proactive in their regard, sponsoring a new Lukautim Pikini Act in 2010. These kids are the collateral damage of rapid social change. The response to their plight requires policy initiatives that focus on family support, community reintegration and, first and foremost, education. Our recommendations for a National Action Plan include the establishment of a countrywide database, and the creation of radio awareness and interview programmes dedicated to these children. These children require community reintegration of various kinds: education,

mentoring, and refuge. Some are survivors of trauma and abuse that leads them to dangerous life choices, and they need counselling, mentoring and safe places to sleep.

Laqeretaua, A., Naidu, V., & Bhagwan Rolls, S. (2009). *Pacific Perspectives on the Commercial Sexual Exploitation and Sexual Abuse of Children and Youth*. Bangkok, Thailand: United Nations Economic and Social Commission for Asia and Pacific Island Countries.

<http://www.unescap.org/publications/detail.asp?id=1320>

This report is comprised of three reports commissioned by UNESCAP. The first is titled “A Gender Analysis of the Commercial Sexual Exploitation of Children and Child Sexual Abuse in Pacific Island Countries”. This paper analyses the ways in which gender inequality and traditional practices have increased the vulnerability of Pacific girls to sexual abuse or exploitation. For example, girls are socialised to accept an inferior position in society and play a passive role in sexual relations. The author argues that while there is now greater awareness of child sexual abuse and exploitation, more attention should be paid to addressing gender inequality and the socio-cultural environment as root causes.

The second paper is titled “Pacific Islands Societal Context of Sexual Abuse and Exploitation of Children – Social Change and Vulnerability”. It identifies a range of changes in Pacific Island Countries which have increased the risk of child sexual abuse and exploitation, including development changes (e.g. increased inequality and poverty); economic changes (e.g. influx of male workers in certain sectors, unemployment); cultural changes (e.g. eroded influence of extended family, availability of alcohol and sexually explicit films); and political changes (e.g. conflict and political instability).

The final paper is titled “Traditional Practices and Child Rights in Pacific Island Countries”. It discusses the ways in which traditional practices may be harmful to women and girls and advocates a human rights approach to addressing child sexual abuse and exploitation.

Leslie, H. & Boso, S. (2003). *Gender-related violence in the Solomon Islands: The work of local women’s organisations*. Asia Pacific Viewpoint, Vol.44, No. 3, December 2003.

These research notes provide a background and visibility to the work of NGOs in post-conflict Solomon Islands implementing healing-focused strategies for women who experienced gender-related violence during the armed conflict.

The article explores the individual and collective trauma suffered by women as a result of their gendered experience of the crisis. During the crisis, women became targets of gender-related violence which have left them hurt, angry and disempowered. Rather than see the trauma suffered by women as a significant development problem, however, the Solomon Islands government and international donors and agencies have done little to support the work of women’s organisations that are attempting to heal these wounds of war.

This article shows that this culturally appropriate, and, in many cases gender-specific healing work of local women’s organisations, is currently doing much to empower women in the Solomon Islands.

Lewis, I., Maruia, B., Mills, D. & Walker, S. (2008). *Final Report on Links Between Violence Against Women and the Transmission of HIV in 4 Provinces of PNG*. Australia and Papua New Guinea, University of Canberra (Australia) and National HIV Support Programme (PNG).

This study aimed to develop knowledge about the relationship between violence against women and HIV transmission, and to give women a voice by asking them about their experiences of violence and their recommendations for services and community responses for women experiencing violence.

This study found that women who were physically, sexually and emotionally abused in their relationships were much more likely to be HIV positive and women who experienced child sexual abuse were twice as likely to be HIV positive.

Women who were living in violent relationships has less control over sex than non abused women: 70.6% of physically abused women said that they could not say no to sex compared to 29.4% of non abused women; 61.4% of sexually abused women couldn’t say no to sex, compared to 38.6% of non sexually abused women; and 65.6% of emotionally abused women couldn’t say no to sex, compared to 34.4% of non-emotionally abused women.

However, social isolation and financial abuse were not significant in decision making.

The study also found that 62.7% of women who were HIV positive were not using condoms with their partners of husbands and there was no statistical difference between HIV positive and HIV negative participants and their rates of condom use. When

This study includes a literature review on violence against women and the transmission of HIV in developing nations followed by the research methodology and findings of this research project. The recommendation of the women who participated in the study on appropriate ways to respond to violence against women are also included. Finally, the authors provide their recommendations to respond to violence against women and HIV transmission.

Lievore, D., & Fairbairn-Dunlop. (2007). *PPDVP. Cook Islands report*. Wellington, New Zealand: New Zealand Police.

<http://www.ppdvp.org.nz/wp-content/media/2009/03/PPDVP-Cook-Islands-Final-Report-14-June-2007.pdf>

According to this report, it is not possible to estimate the level of domestic violence in Cook Islands as reliable data is not available. However, anecdotal evidence indicates that domestic violence is widespread but highly underreported. Reasons why women do not report violence include: culture of silence, perceived stigma attached to being a survivor, desire to avoid bringing shame on the family, distrust of police, not knowing where to get help. Although police have a “no drop” policy in place, there is anecdotal evidence of very high levels of case withdrawal and low levels of prosecution. The report finds that police do not always follow procedures for dealing with domestic violence, e.g. police often resolve incidents on the spot and do not complete Domestic Violence Reports. Some police officers minimised the seriousness of domestic violence while most officers felt that the criminal justice system was not necessarily the best way of dealing with domestic violence. The report recommends gender awareness training for all police officers and developing the expertise of staff in the Domestic Violence Unit. In addition, legislation on domestic violence needs updating.

Lievore, D., & Fairbairn-Dunlop. (2007). *PPDVP. Kiribati report*. Wellington, New Zealand: New Zealand Police.

<http://www.ppdvp.org.nz/wp-content/media/2009/03/PPDVP-Kiribati-Final-Report-14-June-2007.pdf>

At the time of this report, there was a lack of reliable data on the prevalence of domestic violence in Kiribati, although there was police consensus that it was a widespread problem. Note that comprehensive data on violence against women has since become available from the Kiribati Family Health and Support Study. There is a high level of social acceptance of domestic violence in Kiribati and seeking help from outsiders is frowned upon. There are few Kiribati NGOs actively involved in dealing with domestic violence and most have limited capacities.

The report highlights the barriers faced by women in seeking access to justice. Anecdotal evidence indicates that levels of case withdrawal are high, numbers of prosecutions are low and few offenders are being held to account. Issues identified with police procedures include: lack of clear accountability for officers who fail to follow procedures; failure to ensure survivors’ safety and wellbeing; confusion around police powers; lack of reliable recording systems; police delay in investigations and poor quality investigations. Some police support the traditional view that a husband has a right to beat his wife. There is also a widespread police preference for dealing with domestic violence through counselling and reconciliation rather than formal charges. Potential obstacles to improved police response to domestic violence include: inadequate resources; senior commanders who discriminate against female officers; and the perception that police do not always lead by example in the community.

Luker, V. and Dinnen, S. eds.(2010). *Civic Insecurity: Law, Order and HIV in Papua New Guinea* Canberra: Australia: ANU E Press.

www.epress.anu.edu.au/civic/pdf/whole.pdf

This valuable book explores the interaction between Papua New Guinea’s complex law and order problem and an entrenched epidemic of HIV. The book reveals both challenges and opportunities – using a framework of security. It is useful not only for understanding the social and structural contexts of HIV epidemiology in Papua New Guinea but also strongly links VAW to the security framework. It addresses masculinities, transactional sex, sexual violence, prostitution, and other key themes.

In chapter two, Eves traces the link between masculinity, VAW and HIV. Luker and Monsell-Davis address transactional sex and social changes of men that include *raskolism*, crime, violence, youth and HIV in chapter three. The interlocking themes are the legal status of prostitution in the country, the policing of sex work and the character of transactional sex within the dynamics of sexual networking. Hammar's chapter (chapter four) builds on these themes with a case in favor of decriminalization of prostitution. However, Hammar argues against proposals for state regulation on grounds that in PNG capacity is lacking for any such initiatives to deliver public health benefits, while the 'regulated' women would only be subjected to further abuse. Chapter five also builds on the theme of decriminalization of prostitution. In chapter six, Jenkins describes the component of PNG's Transex Project (1994-8) aimed to prevent HIV transmission by changing the way police treat sex workers. Jenkins reports some success from interventions, measured in subsequently higher rates of condom usage, lower rates of *lainap* (pack rape) and some signs that the sex-workers involved were now prepared to take action against police mistreatment. But this chapter must be read alongside others in this collection, including the next chapter which suggests that these reported gains were temporary and, incidentally, that the promotion of 'safe sex' may inadvertently condone sexual violence (so long as condoms are used). Chapter seven focuses on violence and gender, and the extent to which these are addressed in the PNG constitution or promoted by global rights discourses. It is of value to read this book in its entirety as the themes are interlinked. Other sections address police, prisons, and army in mainstreaming HIV, and governance, rights, and security issues. VAW is a theme that cuts across all of these analyses.

The book is both academic and practical. The research is thorough and both produced and informed by experts whose experience in PNG is substantial. It is also informed by a strong contextual analysis, using the voices of Papua New Guineans at the forefront. It provides a call for immediate action but also illuminates processes and possibilities of social transformation that could reduce HIV and VAW and bring PNG closer to gender equality.

McMurray, C. (2005). *Nauru. A Situation Analysis of Children, Women and Youth*. Suva, Fiji: UNICEF Pacific.

http://www.unicef.org/pacificislands/resources_9488.html

This report is based on individual interviews and focus group discussions with officials and groups in Nauru, as well as relevant literature. It is one of the few sources of information about violence against women in Nauru. Although traditional Nauruan society was matrilineal, the status of women has been eroded and there is a social expectation that women will defer to their husbands and be submissive and supportive. There is little data available on the extent of domestic violence in Nauru, although there is a general community perception that violence against women and children has been increasing as the economic situation deteriorates. The report calls for research on the prevalence, type, causes and outcomes of domestic violence in Nauru as well as increased education in women's rights. While rape, incest, severe assault and sex with a minor are criminal offences in Nauru, there have been very few prosecutions.

McMurray, C. (2005). *Solomon Islands. A Situation Analysis of Children, Women and Youth*. Suva, Fiji: UNICEF Pacific.

http://www.unicef.org/pacificislands/resources_9487.html

Preparation of the report included consultation with officials, NGOs and church organisations in Honiara, Gizo, Choiseul and Tulagi. The report discusses the events of 1998-2003 (referred to as "the tensions") and the challenges it has brought. It was prepared in mid-2004, at a time when peace and security had been achieved, but many of the causes of the tensions were still present. According to the report, women are generally regarded as having a lower status than men in the Solomon Islands, which contributed to women's vulnerability during the tensions. The report discusses the widespread violence against women that occurred during the tensions, including rape and forced prostitution. Domestic violence is said to be widespread, although data is not provided. (See the subsequent Solomon Islands Family Health and Safety Study for comprehensive data on domestic violence). The report also highlights the lack of support services available for women who have experienced violence.

McMurray, C. (2006). *Tokelau. A Situation Analysis of Children, Women and Youth*. Suva, Fiji: Government of Tokelau with the assistance of UNICEF.

http://www.unicef.org/pacificislands/resources_10067.html

This report is largely based on interviews with women, men and young people and available literature, although there is very little published research available about current conditions in Tokelau. Data on violence against

women appears largely unavailable and the report has no information about the nature and extent of intimate partner violence. The report finds that overt oppression of women is rare in Tokelau, although women tend to be submissive when relating to men, which can make them vulnerable to exploitation and abuse. According to police, serious physical and sexual abuse of children is infrequent, but a few cases have been recorded.

McMurray, C. (2006). *Tuvalu. A Situation Analysis of Children, Women and Youth*. Suva, Fiji: Government of Tuvalu with the assistance of UNICEF Pacific.

http://www.unicef.org/pacificislands/resources_10068.html

This situation analysis is based on interviews with government officials, local government representatives, NGOs and community members, as well as relevant literature. According to the report, most people spoken to said physical and sexual abuse was rare in Tuvalu, with few reported incidents of domestic violence. However, many of the women interviewed said domestic violence was often concealed by the Tuvaluan sense of pride and desire to avoid drawing attention to shameful behaviour and the willingness of family members and neighbours to intervene. Indeed, the subsequent Tuvalu Demographic and Health Survey 2007 confirms that domestic violence is not “rare” in Tuvalu. McMurray refers to research conducted by Chand (2001) which finds that young people perceive rape and incest as prevalent in Tuvalu and that half of females and one-quarter of males did not consent to their first intercourse. However, this research is almost 10 years old and McMurray cautions against drawing firm conclusions from Chand’s research as specific data is not presented. The report cites anecdotal evidence that sexual harassment in the community and workplace is common and recommends measures to raise awareness of women’s rights.

Medecins San Frontieres (MSF). (2011). *Hidden and Neglected: The medical and emotional needs of survivors of family and sexual violence in PNG*. Port Moresby, PNG: MSF.

<http://www.doctorswithoutborders.org/publications/reports/2011/06-15-Papua-New-Guinea-Sexual-Domestic-Violence%20report.pdf>

This MSF study is based on its work in Lae (Morobe) and Tari (Southern Highlands Province). It reports that while family and sexual violence have long been recognized as serious problems in Papua New Guinea, very little has been done. A government study conducted nearly 20 years ago revealed shocking levels of violence throughout the country. Further studies have reached the same conclusion: family and sexual violence in Papua New Guinea is widespread and has a devastating impact on the lives of individuals, families, and communities. Little progress has been made in the last two decades, despite a great deal of time and resources invested. There is a major gap in providing essential medical and psychosocial care to survivors. Lives are being lost and thousands of women and children are suffering unnecessarily without adequate medical and psychosocial services.

Rape survivors are at risk of HIV infection, sexually transmitted diseases, hepatitis B, tetanus, and unwanted pregnancies if they do not receive timely, specialized care. Some survivors are at risk of depression, suicide, anxiety, phobias and post-traumatic stress disorder. These acute needs remain hidden and are neglected by Papua New Guinea’s health facilities.

MSF works in Papua New Guinea provide specialized care for thousands of survivors of sexual, physical, and emotional abuse in Lae and Tari. This report presents first-hand testimonies of staff and survivors, and previously unseen medical data, based on the experience of MSF patients. MSF’s experience shows that providing quality, specialized care is possible. This report demonstrates that services are needed. They are used and valued when they are available. More than anything, the report highlights the glaring gaps in services in other parts of the country.

Oxfam. (2011). *Violence against women: review of service provision in the National Capital District, Papua New Guinea*. Port Moresby, PNG: Oxfam.

This report provides an overview of organizations providing services to women survivors of violence in the National Capital District (NCD), and examines the gaps and weaknesses in service provision, especially in standards and types of counselling. The report elaborates that PNG’s epidemic of GBV is embedded in social and cultural beliefs about gender roles and responsibilities, compounded by inadequate law enforcement and service provision for survivors. The environment is challenging and Oxfam noted that to date, there has been no comprehensive review or evaluation of service provision for survivors or perpetrators of violence in the NCD. The aim of this Oxfam

project was to analyze the availability, usage and quality of services for female survivors and male perpetrators of violence against women in the NCD. This project was intended to provide useful information about how to improve service provision in the NCD.

Oxfam believes that an end to VAW will only be realized when there is high level political commitment supported by adequate funding for service provision. Increasing private sector investment in PNG presents an opportunity to lobby for central and local government revenue to be invested into improved service delivery.

The report identified six main issues that must be addressed in order to improve the effectiveness of VAW response in the NCD: (1) Commitment and dedication of individuals – one of the greatest assets in the sector and a driving force in ending VAW; (2) Data collection – leading to development of effective interventions; (3) Work with men – training to become advocates in communities, but also support and intervention services targeted at men; (4) Referral systems – ensuring that survivors receive the assistance they need; (5) Coordination – disseminating information, reducing duplication, and improving effective use of existing resources; (6) A comprehensive human rights-based approach – prioritizing safety and justice for survivors.

A major outcome is that stakeholders agreed to establish a coordinating mechanism and an integrated referral system.

Oxfam. (2011). *Violence and insecurity in the Southern Highlands of Papua New Guinea*. Port Moresby, PNG: Oxfam.

http://www.oxfam.org.nz/resources/onlinereports/tari_report_final_dec6.pdf

This report is not solely about VAW, but rather examines all patients presenting with injuries from violent trauma. As a result, it does include much useful data.

This report presents the results of a study conducted in the Hela region of the Southern Highlands Province (SHP) of Papua New Guinea (PNG) over a 16-month period (October 2007 – March 2009). The study had the broad aim of exploring perceptions of insecurity, looking at the scale, nature, triggers and impacts of interpersonal and tribal violence. The main purpose of the study was to generate information for advocacy and to inform the policies and programme development of Oxfam and its local partner in the region, Hela Community Care (HCC), formally known as Community Based Health Care (CBHC). Two types of methodology were used: participatory methods at the community level and a survey with individual survivors.

While everyone is affected by conflicts, women in particular suffer from fear and insecurity that pervades all aspects of their lives. This insecurity arises both from group warfare and from violence in the home. The high prevalence of violence against women can also be seen in the context of traditional beliefs, which ascribe to them the power to pollute or poison men. Women may also be mistrusted due to their divided allegiance between their own kin groups and those of their husbands. The findings from this study indicate a high rate and tolerance of violence in Tari.

Although this report addresses all forms of violence – not just VAW – it was found that females made up two-thirds of all cases that presented to the hospital and in most cases their perpetrators were known to them. Conversely three-quarters of all perpetrators were males.

Otto, J. (2008). *Palau. A Situation Analysis of Children, Women and Youth*. Suva, Fiji: Government of Palau with the assistance of UNICEF Pacific.

http://www.unicef.org/pacificislands/resources_9686.html

This report involved an extensive consultation process, including: community focus groups, a national consultation to produce the first draft of the report, a Youth Rally and a National Symposium. It contains a relatively extensive section on physical and sexual abuse of children in Palau, but very little information on violence against women. The report cites a 2007 study of high school students in Palau which reveals that 14% had been physically assaulted by a partner and 21% had been forced to submit to sexual intercourse. There is also anecdotal evidence of several particularly horrific child sexual abuse cases in recent years. Issues with protecting children from violence and sexual abuse include: lack of community consensus on what constitutes abuse and neglect; current penalties are weak; lack of legislation that addresses exploitation of children through sexually explicit media; and the need for safe temporary shelter.

Pacific Regional Rights Resource Team (RRRT). (2008). *Commercial Sexual Exploitation of Children and Child Sexual Abuse in Pacific Island Countries: A Regional Report*. Suva, Fiji: UNICEF, UNESCAP and ECPAT International.

http://www.unescap.org/ESID/GAD/Events/RegionalConsultationNov07/ESCAP_CSEC_Pacific-Regional-Consultation-report_2007.pdf

This report discusses the findings of five Pacific country studies into the prevalence and nature of child sexual abuse and commercial sexual exploitation of children (Fiji, Kiribati, Papua New Guinea, Solomon Islands, and Vanuatu). These studies found many examples of sexual abuse of Pacific children by family and household members, community members and neighbours, guardians or caregivers and teachers and religious instructors. Each of the studies indicated that child prostitution is occurring in Pacific Island Countries and there is some opportunistic child sex tourism, but not the highly-organised child sex tourism networks that exist in other regions. Only the Papua New Guinea study found evidence of child trafficking for sexual practices. There were examples of child pornography being created and sold; however, there were no prosecutions for child pornography offences.

The report discusses some of the community risk factors which increase children's vulnerability to sexual abuse and exploitation, including: the low status of children and women in Pacific Island Countries; the culture of silence around sexual abuse; reliance on traditional justice systems; economic hardship and poverty of opportunity; weak protective legislation and enforcement; lack of social services for children; unregulated commercial industries; and armed conflict, political instability and emergencies. There are also individual risk factors such as abuse and neglect within the family; children living away from their natural parents; pressure from friends and family; substance abuse; and children with disabilities.

There is discussion of the various initiatives by governments and community organisations to address child sexual abuse and exploitation. Finally, the report provides recommendations for stakeholders, including stronger political commitment; better planning, coordination and cooperation; prevention and awareness; strengthening protective legislation and law enforcement; better services for recovery and reintegration; and promoting child participation.

Peacock-Taylor, C. (2003). *Republic of the Marshall Islands. A Situation Analysis of Children, Youth and Women*. Suva, Fiji: Government of the Marshall Islands with assistance from UNICEF.

http://www.unicef.org/pacificislands/resources_9486.html

While this report does not include data on the prevalence of domestic violence in the Marshall Islands, it has a useful analysis of relevant social and cultural factors. One study cited suggests that domestic violence is escalating because neither traditional nor modern systems of protection and conflict resolution are working effectively. Traditional systems have broken down through the process of westernisation, e.g. couples are now less likely to live with the wife's family after marriage which means that women lack the protection previously provided by brothers and uncles. Modern systems of justice are not well understood and a desire to keep matters within the family can prevent women from reporting violence to public authorities. When women do seek help, there are few support services available. Other socio-cultural factors include: excessive consumption of alcohol, jealousy, economic difficulties and cultural attitudes that men have the right to beat their wives if they view them as lazy.

Schoeffel Meleisea, P., & Meleisea, E. (2007). *The Elimination of All Forms of Discrimination and Violence against the Girl Child. Situation Paper for Pacific Island Countries Islands Region*. Suva, Fiji: UNICEF Pacific and UN Women Pacific.

http://www.un.org/womenwatch/daw/egm/elim-disc-viol-girlchild/EGM%20Report_FINAL.pdf

This report discusses the situation of girls in Pacific Island Countries region. While the report is not specifically about violence against women, it identifies the social and cultural factors which make Pacific girls particularly vulnerable. These factors include: gender inequity in socialisation; discriminatory application of custom; early and forced marriage; social acceptance of violent punishment of children; culture of silence surrounding sexual abuse; limited/low quality education; and social change, internal migration and poverty. The combination of these factors can have serious consequences for girls, including: high numbers of girls involved in child labour, increased health risks, low self-esteem and psychological damage, risk of sexual abuse and sexual exploitation. The report discusses some of the policies and programmes that have been developed to improve protection of Pacific girls as well as constraints faced. The concluding chapter of the report provides recommendations for protecting and empowering girls, including: promoting compliance with international standards on the rights of girls and women;

raising public awareness; legislative review and reform; improving law enforcement; developing policies and strategies to address the vulnerability of girls; and making education accessible.

Secretariat of Pacific Island Countries Community (SPC). (2010). *Kiribati Family Health and Support Study*. Government of the Republic of Kiribati and Secretariat of Pacific Island Countries Community.

This is the most recent study in Pacific Island Countries Multi-site Study on the Effects of Violence against Women on Family Health and Safety, following the Samoa and Solomon Islands studies. (Note that this study is still in draft form and has yet to be published). Each of Pacific Island Countries studies follows the methodology of the World Health Organization Multi-country Study of Women's Health and Domestic Violence and uses questionnaires based on those developed by the WHO. The reports are extremely comprehensive and include a wide range of data on the nature and extent of violence against women in different Pacific countries.

The quantitative data in the Kiribati report is based on a population-based household survey of around 1800 women aged 15-49. The methodology included some innovative techniques, e.g. the use of face cards to ask women about childhood sexual abuse. In addition, the study involved qualitative research with men in focus group discussions and in-depth interviews with known perpetrators of violence. The data reveals that violence against women is prevalent in Kiribati, with more than two-thirds of women reporting physical and/or sexual violence by an intimate partner (68%). The most common form of partner abuse experienced is physical abuse (60%) followed by emotional abuse (47%) and sexual abuse (46%). The rate of non-partner violence is much lower, with 11% of women reporting physical violence by a non-partner and 10% reporting sexual non-partner violence. About one in five women reported being sexually abused before the age of 15.

The report identifies factors which might contribute to the high level of domestic violence in Kiribati, including: acceptability of violence (the majority of women believe a man is justified in beating wife under some circumstances); normalisation of controlling behaviours (90% of women report experiencing at least one form of controlling behaviour by a partner); physical punishment is used to discipline women; practice of physically disciplining children; law does not define partner violence as a crime; and a lack of formal support services. Many women who have experienced violence do not seek help: 40% of women have never told anyone about the abuse and 78% of women have not sought help from formal services. A key reason why women don't seek help is a belief that the violence is normal or not serious.

The report makes a series of recommendations, grouped into the following categories: disseminating the study findings and advocating for national action and change; promoting primary prevention; supporting women living with violence; strengthening health sector response; and legal response.

Secretariat of Pacific Island Countries Community (SPC). (2009). *Solomon Islands Family Health and Safety Study: A Study on Violence against Women and Children*. Noumea, New Caledonia: Secretariat of Pacific Island Countries Community.

http://www.spc.int/hdp/index.php?option=com_docman&task=cat_view&gid=39&Itemid=44

This forms part of Pacific Island Countries Multi-site Study on the Effects of Violence against Women. This is an extremely comprehensive report which includes data on prevalence of intimate partner violence; prevalence of non-partner violence; child abuse; associations between intimate partner violence and women's health; intimate partner violence and reproductive health; women's coping strategies and responses to intimate partner violence; risks for intimate partner violence and protective factors; and male perspectives on intimate partner violence. The quantitative data is based on a survey of approximately 3000 women. Again, the methodology included the use of face cards to ask women about childhood sexual abuse. The study also involved qualitative research with male focus group discussions and in-depth interviews of known perpetrators of violence.

The figures show a very high level of violence against women in the Solomon Islands. Almost two-thirds of women (64%) have experienced physical or sexual violence by an intimate partner. More than half of women have experienced emotional abuse by a partner (56%). The incidence of non-partner violence is much lower, with 18% reporting non-partner physical violence and 18% reporting non-partner sexual violence. There is a significant level of childhood sexual abuse, with 37% of women reporting sexual abuse before the age of 15.

Factors which contribute to the high rate of intimate partner violence include: the acceptability of violence against women (73% of women believe that a man is justified in beating his wife in at least one situation); the use of

physical punishment to discipline women who are seen as not fulfilling their gender roles; physical discipline of children is common, which establishes a cycle of violence; the law does not define partner violence as a crime; and the lack of formal support services.

The report makes a range of recommendations for addressing violence against women in the Solomon Islands, along the same lines as those in the Kiribati study.

Secretariat of Pacific Island Countries Community (SPC). (2007). *The Samoa Family Health and Safety Study*. Noumea, New Caledonia: Secretariat of Pacific Island Countries Community, UNFPA, Government of Samoa.

http://www.spc.int/hdp/index.php?option=com_content&task=view&id=23&Itemid=41

This is the first study in Pacific Island Countries Multi-site Study on the Effects of Violence against Women. The results are based on a survey of 1646 women and 664 men as well as qualitative interviews with survivors and perpetrators of domestic violence and service providers. The report begins by providing background information on domestic violence and the Samoan context, and then provides detailed reports of the women's and men's surveys, a summary of the qualitative research and finally recommendations. The research shows there is a high level of violence against women in Samoa, with almost half of women experiencing some form of partner abuse (46%). The most common form of partner abuse is physical (38%) followed by sexual abuse (20%) and emotional abuse (19%). Around 60% of women have been physically abused by someone other than a partner, with the most common perpetrator being a female family member (39%).

The study also shows widespread acceptance of violence, particularly among women. About half of men and 70% of women agree that a husband is justified in beating his wife in at least one situation. Around 70% of women think not wanting sex is an insufficient reason for refusing sex with her husband. Samoan women are expected to be obedient, with the vast majority of both sexes agreeing that "a good woman obeys her husband". The most frequently mentioned causes of violence against women were: the survivor's behaviour (e.g. disobeying husband), male use of alcohol or drugs, economic problems, problems with partner's family, sexual jealousy, lack of communication, gender role expectations and modernisation.

According to this report, any strategy to reduce violence against women in Samoa must include two essential components. First, government acts and policies need to state the official view that violence against women is unacceptable. Second, there needs to be widespread community education about the unacceptability of domestic violence, including within villages and churches.

Secretariat of Pacific Island Countries Community (SPC) & Macro International. (2009). *Tuvalu Demographic and Health Survey 2007*. Noumea, New Caledonia: Secretariat of Pacific Island Countries Community.

http://www.spc.int/sdp/index.php?option=com_docman&task=doc_view&gid=228

The data in this report is based on three questionnaires: a household questionnaire and separate questionnaires for women and men. The most relevant sections of the report are Chapter 13: Women's Empowerment and Demographic Health Outcomes; and Chapter 14: Domestic Violence. These chapters provide the most recent and comprehensive information available about violence against women in Tuvalu.

The research is not as comprehensive as the Family Health and Safety Studies, although it uses many of the same categorisations. Also, the sample size is relatively small (501 women), which means that some of the figures should be approached with caution. For example, few conclusions can be drawn about young women as the research only includes eight women aged 15-19. The report does not contain data on violence against girls. These caveats aside, the report does show a significant level of violence against women in Tuvalu. Almost half of women (47%) have experienced either physical or sexual violence and 40% of ever-partnered women have experienced physical/sexual/emotional abuse by an intimate partner.

The report shows widespread acceptance of physical domestic violence in Tuvalu: around 70% of men and women think that husbands are entitled to beat their wives in at least one situation. The vast majority of both men and women think that women are justified in refusing sex in at least one situation – although around half of men think a husband has the right to get angry and reprimand his wife if she refuses sex.

Sio, B. (2006). *Samoa. A Situation Analysis of Children, Women and Youth*. Suva, Fiji: Government of Samoa and UNICEF.

http://www.unicef.org/pacificislands/resources_10218.html

This situation analysis is based on consultation with individuals, NGOs and government officials, as well as relevant literature. It has a relatively comprehensive section on violence against women and includes a summary of findings from the Samoa Family Health and Safety Study. The report makes a number of recommendations for addressing violence against women. These include the need for more comprehensive legislation: there is no law against domestic violence; no legislative basis for non-molestation orders; and no laws protecting women from sexual harassment and discrimination in the workplace. More support services are needed; counselling services for survivors are rudimentary and there is a critical need for a safe refuge for women. Other recommendations include: providing income support for women who are separated from their husband due to abuse and ensuring that perpetrators receive counselling and rehabilitation.

Solomon Islands National Statistics Office, Secretariat of Pacific Island Countries Community & Macro International. (2009). *Solomon Islands Demographic and Health Survey 2006-2007*. Noumea, New Caledonia: Secretariat of Pacific Island Countries Community.

http://www.spc.int/prism/Country/SB/Stats/Publication/DHS07/report/SI-DHS-REPORT_TOC_Summary.pdf

Chapter 14 of this report discusses women's empowerment and demographic and health outcomes. The data is based on a survey of 1,077 women and 1,105 men. The study shows significant gender disparity in employment rates and earnings, which may increase women's vulnerability. Only 42% of women are employed, compared with 87% of men and more than half of women are not paid for their work. The study shows that women lack autonomy in some areas, e.g. only 28% of women have exclusive control over their own healthcare and only 20% of women have the main decision-making power regarding visits to their family and friends. Most women have a relatively high level of sexual autonomy, although a small number believe they cannot refuse sex with their husband under certain circumstances. Around 70% of women and 65% of men agree with at least one justification for a husband beating his wife. These figures are similar to those in the Solomon Islands Family Health and Safety Study.

Tuiketei, Timaima and Avelina Rokoduru. (2010). *Violence Against Women: A Public Health Perspective Fiji 2010*. Suva, Fiji: College of Medicine, Nursing and Health Sciences (Fiji School of Medicine), Fiji National University, World Health Organization, Ministry of Health Fiji.

<http://www.pacifichealthvoices.org/Fiji%20VAW%20Project%20report.pdf>

The VAW project team was commissioned by the World Health Organization (WHO) South Pacific office in July 2010 to conduct a host of VAW activities as components of the Project in Fiji. This report is one of the main outcomes of that partnership between the College of Medicine, Nursing & Health Science /Fiji National University, Ministry of Health Fiji and WHO. Health professionals are frontline service providers to VAW patients. The literature review shows that the last data collected in Fiji on VAW was obtained in 1994-1999 from NGOs and other stakeholders. There is no data available from Fiji MOH in health services and on service providers on VAW patients that are managed and treated in the government health facilities.

This report is part of a multi-pronged approach to ending violence against women in Fiji. Using a public health approach, this report is a pilot project in providing evidence to facilitate how VAW can be best addressed. It is a new milestone in providing research evidence on how VAW is addressed at health care facilities in Fiji by health care workers. Most of the findings support the general discussions and trends already established by statistics and reports compiled by the FWCC as well as the Fiji Police Force.

The project has three components that were implemented in July to Dec 2010: (1) Conduct research on VAW situation analysis from public health perspective through data collection from selected health facilities and self-administered questionnaire from health staff; (2) Conduct a VAW Prevention behaviour change communication materials competition; (3) Conduct a stakeholder's workshop to disseminate research findings.

What is unique about this report is that it now establishes that VAW is a disease burden in Fiji which should be appropriately addressed. The report also provides insights into how health care workers address individual cases of VAW presented to them in the workplace. The majority of the health workers while confident to handle

VAW patients, simultaneously acknowledge the need for further training in specific areas such as VAW counseling, medico-legal issues, clinical management amongst others. This is a health workforce that is ready to take on tasks to address VAW in their workplace. The recommendations arising from this report demand commitment from various sectors of society so that the public health response is informed, concerted, targeted and therefore effective. One such recommendation is to design a relevant gender and culturally-sensitized VAW curriculum for health professionals at recognized training institutions. This could be a substantial contribution to Fiji's VAW response and serve as a model for the region as a whole.

United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) (2009). Regional Campaign to End Violence Against Women. Bangkok, Thailand: ESCAP.

http://www.unescap.org/ESID/GAD/Events/HLM-2009/download/BPA09_INF5.pdf

The UNESCAP paper has been prepared in anticipation of consultations among States and women's groups on the possible contours of an Asia-Pacific campaign to end violence against women. Based on a scan of legislative and policy initiatives pertinent to violence against women and girls, it aims to provide an overview of current initiatives being taken in the areas of law and action plans, as they directly link to expected outcomes of the UNiTE campaign of the Secretary-General, specifically to human rights-consistent laws, and to adequately resourced multi-sectoral national action plans which emphasize prevention.

This is a limited desk review undertaken with national and general data drawn from the Secretary-General's database on violence against women and accessible web resources. It was expected that purposive and comprehensive reviews of relevant laws and action plans will be undertaken nationally or regionally and the findings from these will feed into national and regional databases that may be established. It is hoped that insights and ideas derived from this limited review can be additional inputs in the multi-sectoral discussions on re-invigorating efforts to address violence against women both nationally and regionally. While the paper focuses mostly on Asian countries, it still highlights some progress made in the Pacific in terms of laws on rape and/or sexual assault, trafficking, sexual exploitation, and domestic violence.

United National Children's Fund (UNICEF). (2009). *Protect me with love and care: Baseline report Fiji*. Suva, Fiji: UNICEF Pacific.

http://www.unicef.org/pacificislands/1850_10989.html

The 2008 National Report on the Fiji Child Protection Baseline Research is a product of the cooperation between the Fiji Government and UNICEF. An analysis of existing child protection systems and services was the major objective of the exercise. The National Coordinating Committee on Children (NCCC) in its role as the coordinating agency for the implementation of the Convention on the Rights of the Child (CRC) supported this exercise and engaged stakeholders to share information on the development of benchmarks on child protection standards in Fiji. This baseline report provides strategies for the protection of children from the scourges of abuse, neglect and exploitation. It also makes numerous recommendations on the protocols and actions that need to be taken. The recommendations in this report will contribute towards Fiji's obligations to the Conventions on the Rights of the Child. The identification of gaps in existing policies and regulations was a major part of the research exercise.

United National Children's Fund (UNICEF). (2009). *Protect me with love and care: Baseline report Kiribati*. Suva, Fiji: UNICEF Pacific.

http://www.unicef.org/pacificislands/1850_10989.html

In Kiribati, children are vulnerability to violence, abuse and exploitation due to poverty and the widespread use of physical violence as a form of discipline, a system of traditional community governance in which women and children have little or no say, and the existence of child sexual abuse and exploitation. The Country Programme Action Plan (CPAP), agreed by the Government of Kiribati and UNICEF Pacific, and its Results and Resources Framework (RRF), provide strategic direction for child protection interventions in the country to address these vulnerabilities. It provides the basis for the joint Kiribati Government/UNICEF Pacific Child Protection Programme, which runs from 2008-2012. The Child Protection Programme is guided by the Protective Environment Framework, a child-centered, holistic and long-term approach to keeping children from harmful situations, preventing child abuse and exploitation, and addressing the social reintegration and recovery of those who have been abused.

The Child Protection Programme articulates the following outcomes:

1. Children are increasingly protected by legislation and are better served by justice systems that protect them as survivors, offenders and witnesses.
2. Children are better served by well-informed and coordinated child protection social services, which ensure greater protection against, and respond to violence, abuse and exploitation.
3. Families and communities establish home and community environments for children that are increasingly free from violence, abuse and exploitation.

The Kiribati Child Protection Baseline Report was guided by these outcomes. It reviews the situation in 2008, develops recommendations, and aims to promote capacity-building, networking and inter-agency collaboration.

United National Children's Fund (UNICEF).. (2009). *Protect me with love and care: Baseline report Solomon Islands*. Suva, Fiji: UNICEF Pacific.

http://www.unicef.org/pacificislands/1850_10989.html

In the Solomon Islands, traditional practices, economic difficulties, ethnic tensions, and the effects of natural disaster (such as the 2007 earthquake and tsunami) all contribute to children's vulnerability to violence, abuse and exploitation. The Country Programme Action Plan (CPAP), agreed by the Government of the Solomon Islands and UNICEF Pacific, and its Results and Resources Framework (RRF), provide strategic direction for child protection interventions in the country. It provides the basis for the joint Solomon

Islands Government/UNICEF Pacific Child Protection Programme, which runs from 2008-2012. The Child Protection Programme is guided by the Protective Environment Framework, a child-centered, holistic and long-term approach to keeping children safe from harmful situations, preventing child abuse and exploitation, and addressing the social reintegration and recovery of those who have been abused.

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The Solomon Islands Child Protection Baseline Report was guided by these outcomes. It reviews the situation in 2008, develops recommendations, and aims to promote capacity-building, networking and inter-agency collaboration further.

The legislative review also found:

- There is no national legislation or policy for child welfare/child protection. Discussions around draft bills, including the Rights of the Child Convention Bill 2004 and the National Children's Policy and Plan of Action are ongoing but there is still far to go.
- There are some basic child protection provisions in place, however, for instance regarding adoption legislation, protection from violence and neglect, and legislation regulating child Labour.
- Significant work was undertaken in 2008 to develop inter-agency protocols in child protection between the social welfare department, NGOs and other government services.
- Existing laws, such as the *Penal Code 1963* are currently undergoing comprehensive review by the Law Reform Commission. Stronger protection for children would be achieved if they were made more specific and comprehensive.
- Definitions, penalties and age thresholds need to be reviewed within the contexts of addressing the sexual abuse and exploitation of the girl child, child Labour and involvement in armed conflict. The National Children's Policy and the Rights of the Child Convention Bill need to be redrafted, finalized and approved as a matter of priority.

- Further drafts and existing laws relating to child protection also need finalizing and amending and, in all cases, accompanying details for supporting processes outlined.

United National Children’s Fund (UNICEF) (2009). *Protect me with love and care: Baseline report Vanuatu*. Suva, Fiji: UNICEF Pacific.

http://www.unicef.org/pacificislands/1850_10989.html

In addition to vulnerability to violence, abuse and exploitation, children in Vanuatu also need protection from the consequences of natural disasters, given that the country is rated the most disaster-prone in the South Pacific.

The Country Programme Action Plan (CPAP) agreed by the Government of Vanuatu and UNICEF Pacific, and its Results and Resources Framework (RRF), provide strategic direction for child protection interventions in the country. It provides the basis for the joint Government of Vanuatu/ UNICEF Pacific Child Protection Programme, which runs from 2008-2012. The Child Protection Programme is guided by the Protective Environment Framework, a child-centered, holistic and long-term approach to keeping children from harmful situations, preventing child abuse and exploitation, and addressing the social reintegration and recovery of those who have been abused.

The Child Protection Programme articulates the following outcomes:

1. Children are increasingly protected by legislation and are better served by justice systems that protect them as survivors, offenders and witnesses.
2. Children are better served by well informed and coordinated child protection social services which ensure greater protection against and respond to violence, abuse and exploitation.
3. Families and communities establish home and community environments for children that are increasingly free from violence, abuse and exploitation.

The Vanuatu Child Protection Baseline Report was guided by these outcomes. It reviews the situation in 2008, develops recommendations, and aims to further promote capacity-building, networking and interagency collaboration.

The legislative review found:

- There is no legislative provision or policy framework for child welfare/protection, specifying rights, powers and responsibilities of government services, the courts, traditional authorities, parents and children, and which defines the forms of abuse.
- There is no adoption law, and limited regulation of alternative care and provision for children’s rights in family separation cases, partly because extended family relations take responsibility.
- Provisions against domestic violence, child sexual assault and abuse are very comprehensive.
- Some provisions have been made for the following, although they are not comprehensive: provisions against all forms of violence against children; regulation of violence between children in educational and institutional settings; regulation on child Labour; information on legal and human rights to be included in school curricula; and child friendly investigative and court processes.

United National Children’s Fund (UNICEF) (2010). *I feel I can never get infected, Understanding HIV and AIDS risk and vulnerability: Kiribati*. Suva, Fiji: UNICEF Pacific.

http://www.unicef.org/pacificislands/1850_10992.html

This report highlights several critical issues to understanding HIV and vulnerability among youth in Kiribati. Most of the youth interviewed were not married, not employed, and not enrolled in school. Youth cited lack of activity and support as contributing factors for involvement with multiple partners and commercial and transactional sex at an early age. A dramatic level of commercial sex of female children in South Tarawa was reported and observed, as well as disturbing issues of forced sex, unprotected sex, and early onset sex.

The ability to access treatment, avoid violence from local men, and receive large amounts of money also influenced girls to consider commercial sex and may influence family and community members not to stop the practice. Even though some experienced violence from foreign seamen, they considered it to be their fault, the money to be a gift from his heart, and his relationship with them to be “like my husband.” Their level of comprehensive knowledge of

HIV&AIDS was low (12.5%) and should be of concern.

The percentage of sexually active females practicing commercial sex (23%) was seven times as high as for males. The percentage practicing transactional sex by gender was about the same. 54% of sexually active females had ever been forced to have sex when they did not want to in comparison to 33% males with the highest percentage by location in Abemama (71%). First sex was forced for 31% females in relation to 12% males. First sex was forced for 31% females and 11.8% males. 33% of females whose age of first sex was below 15 years of age had been forced in comparison to 15% of males.

Exposure to outside influences and poverty were reported to lead youth and their parents to perceive an increased need for money that led to sex for money or trade. Some girls selling sex on ships reported an income in goods and cash that was higher than that of a teacher or nurse. Child prostitution, child pornography, and child sex tourism and trafficking in Kiribati were reported by a separate UNICEF study. Child prostitution and pornography were reported by respondents in this study.

Some facts that surprised the data collectors were: that respondents were unaware of the need or how to use condoms, unaware of their risk, were embarrassed to get condoms, and did not trust confidentiality of health care providers; the young age their respondents initiated sex and utilized substances such as alcohol, homebrew, kava and marijuana; the high numbers of respondents who are raped and practice MSM; that youth are using alcohol for relaxation; and that boys were also forced. They recommended that families and communities work together to lower risk and vulnerability of their youth to HIV&AIDS.

United National Children's Fund (UNICEF) (2010). *I feel I can never get infected, Understanding HIV and AIDS risk and vulnerability: Solomon Islands. Suva, Fiji: UNICEF Pacific.*

http://www.unicef.org/pacificislands/1850_10992.html

This report revealed that exposure to outside influences and poverty leading youth and/ or their parents to perceive an increased need for money that leads to sex for money or trade. There is a high level of forced sex of children in certain provinces. CSEC, including child sex tourism, was often linked to logging, mining, and fishing in remote areas. High levels of child sex tourism, prostitution, and trafficking in Honiara, where it was reported there were at least 30 boys and 100 girls under 15 practicing prostitution.

Young populations that were still displaced from the "tensions" and also from recent tsunamis were mostly unmarried, unemployed, and not enrolled in school. Youth cited lack of activity and support as contributing factors for their involvement with multiple partners and commercial and transactional sex at an early age. Their level of comprehensive knowledge of HIV&AIDS was low (32%) and should be of concern.

Their level of knowledge was not linked to their behaviors. 84% said they wanted to use a condom "next time" but only 37% did use a condom the "last time". The percentage of sexually active females practicing commercial sex (27%) was twice as high as for males. The percentage of those practicing transactional sex by sex was about the same. 19% females practiced commercial sex and 7% males with transactional sex about the same. Thirty-eight percent of sexually active youth overall had been forced to have sex, with 71% still vulnerable, and the rate for females almost twice that of males. 68% in Choiseul Province reported forced sex. The rate of forced first sex was 20% overall, but 46% for Choiseul Province. 15% of sexually active youth reported early onset of sex of less than 15 years with some having sex as young as 7 years of age.

Some facts that surprised the data collectors were: the young age their respondents initiated sex and utilized substances such as kwaso and marijuana; the high rates of young teen pregnancy and abortions; that parents did not talk to their children even if they knew they were engaging in high-risk behaviors; and that boys were forced too. They observed that youth in Honiara were freer to move around than youth in rural areas where they could be raped on the road while walking to school.

United National Children's Fund (UNICEF) (2010). *I feel I can never get infected, Understanding HIV and AIDS risk and vulnerability: Vanuatu. Suva, Fiji: UNICEF Pacific.*

http://www.unicef.org/pacificislands/1850_10992.html

One of the goals of the Vanuatu Ministry of Health (MoH) and UNICEF Pacific's Country Programme for 2008-2012 is to reduce vulnerability to and impact of HIV&AIDS among most at risk populations in selected Pacific Island

countries - with a special focus on women and children. A study assessing Knowledge, Attitude and Practices on HIV&AIDS among adolescents and young people was conducted in three areas in Vanuatu — Port Vila area, Tanna (Tafea Province) and Malekula (Malampa Province) — from May 2008 to November 2009. Strategic information resulting from this study is being used to guide development of programme interventions as well as establish baseline measures for subsequent monitoring and evaluation on the impact of intervention.

Practices that increase vulnerability to HIV include MSM, commercial and transactional sex. 66 respondents in the sample, including 22 males, engaged in commercial sex and 101 in transactional sex. Only 39% of them reported using a condom at last sex. Those who had first sex before age 15 were 11.4% of all 15-19 year olds sampled: 8.5% for Port Vila, 11.8% Tanna, and 14.4% Malekula, with some youth reporting sex as young as 7 years old.

Forced sex is a harsh reality for Vanuatu youth. 45% of the sexually active youth in the survey sample reported forced sex with variation by place from 48.6% in the Port Vila area and 46.9% in Tanna to 38.8% in Malekula; and by gender from 28.1% for males to 61.7% for females; and with little variation by age group or school- or community-based location of the interview.

Girls described females being vulnerable to rape if they were alone at any place such as walking along a road to school or being on a beach. They described being raped after being pulled to the bush and having a higher likelihood of being raped at community celebrations. Male focus group respondents described bus drivers forcing girls when they were alone. They also described being forced to participate in long line rape of girls at community celebrations.

Ten of 13 female key informants from all three areas sampled described being forced to have sex when they did not want to, as did three of six males. The females described the forcer threatening to kill them, threatening them with a knife, slapping them, giving them money after forcing them, and being gang-raped by 10 boys. They describe the vulnerable situations as community celebrations and evening school functions. They also describe being forced by relatives or family members.

Forced sex has implications for HIV risk and vulnerability in that it is rarely protected sex. In addition the IATT cites global research indicating that sexual abuse is associated with low self-esteem and often precludes sex work, making it less likely that young sex workers would insist on safe sex. Thus, Vanuatu youth who experience forced sex and forced first sex experience significant potential exposure to HIV, as well as a significant contributing factor to engaging in unsafe behavior. Females and Port Vila youth are obviously at significantly higher risk and vulnerability than other Vanuatu youth due to forced sex and forced first sex.

United Nations Office for the High Commissioner of Human Rights (UNOHCHR). (2010). *Armed Tribal Conflict and Sorcery in the Highlands of PNG*. New York, N.Y.: UNOHCHR Regional Office for the Pacific.

http://www.pacificdisaster.net/m/show_article.jsp?id=5714

This discussion paper prepared for the 10th anniversary of UN SCR 1325 highlights the neglected issues related to decades of escalating tribal conflict in the Highlands of PNG. This paper highlights the relevance of a gender and human rights framework, and the principles underlying UN SCR1325, in analyzing and responding to armed tribal conflict and sorcery in PNG. It discusses actions that could be taken by the national authorities to address the social and human rights impact of armed tribal conflicts in PNG which have caused suffering, including loss of lives, property, and internal displacement.

Consultative meetings took place with women's organizations, individual women leaders, government officials, representatives of non-governmental organisations, and tribal leaders involved in armed conflict.

The interviews and documented reports by local organizations revealed human rights violations during armed tribal conflict, as well as in situations of insecurity caused by attacks on those accused of sorcery, amounting to cruel, inhuman and degrading treatment of the victims as a form of VAW.

This paper reveals that there are major gaps in data related to insecurity in the Highlands but illuminates the strong correlation between insecurity of tribal fighting and sorcery, with sorcery being one of the factors for inciting tribal fights in the region.

UN Secretary-General's Campaign to End Violence against Women. (2009). *The Asia-Pacific UNiTE Campaign to End Violence against Women. Outcome Document and Proposed Strategic Directions. Regional Consultation Meetings on the UNSG UNiTE Campaign. United Nations.*

This report reflects the outcome of two Asia-Pacific consultation meetings on the UN Secretary-General's Campaign to End Violence against Women. The meetings were held in Manila, Philippines and Bangkok, Thailand and included officials, women, men's organisations, experts on violence against women and women's rights, media and UN agencies in the region. The report begins by identifying four key challenges in the Asia-Pacific region: violence is justified in the name of culture or religion; conflict exacerbates violence against women; the linkages between migration and violence against women; and the pervasiveness of domestic violence.

Three key strategies are proposed for the Asia-Pacific campaign: broad ownership of the campaign; affirmation of a women-centred, rights-based approach to ending impunity; and recognition of men as part of the gender equation. The report also proposes five benchmarks for the campaign: (1) adoption and enforcement of national laws to address and punish all forms of violence against women, in line with international human rights standards; (2) adoption and implementation of multi-sectoral national action plans; (3) establishment of data collection and analysis systems; (4) national/local campaigns and engagement of a diverse range of civil society actors in violence prevention and support; (5) engaging with faith based organisations. For each outcome, there are a range of suggested benchmarks to be achieved by 2015.

This report would be most useful to UN agencies or other organisations who are working on the Asia-Pacific UNiTE campaign. It will be less useful to those wanting data/research on violence against women in Pacific Island Countries, particularly as it largely focuses on the Asia region.

United Nations Population Fund (UNFPA). (2010). *Swimming Against the Tide: Lessons Learned from Field Research on VAW in SI and Kiribati. Suva, Fiji: UNFPA Pacific Sub Regional Office.*

http://www.engagingmen.net/files/resources/2011/emmafulu/Swimming_Against_the_tide.pdf

This booklet summarizes lessons that emerged from the in-depth assessment of the *Socio-cultural Research on Gender-based Violence in Solomon Islands and Kiribati* conducted in 2009. The studies in these two countries were undertaken in 2008 as part of a UNFPA-initiated and supported multi-country study on VAW in the Pacific. This booklet captures a number of context-specific and very practical lessons learned by the research teams in the Solomon Islands and Kiribati in undertaking these comprehensive studies on a sensitive topic. They are worth sharing with others who are considering implementing similar research. They provide guidance to Pacific Island and other countries keen to undertake a similar study.

This booklet is intended for host governments, donors, implementing agencies and project managers and researchers in particular in the Pacific region, involved in or considering similar research for policy and action. Most importantly, this investigation demonstrates how the act of research itself in the Solomon Islands and Kiribati has acted as an intervention and the impact of participation in the research on individuals and institutions. Some participants in the research were galvanized into action because of the research process, turning it into a capacity building exercise.

United Nations Population Fund (UNFPA). (2008). *An Assessment of the State of Violence against Women in Fiji. Suva, Fiji: UNFPA Pacific Sub Regional Office.*

http://www.un.org/womenwatch/ianwge/taskforces/vaw/Fiji_VAW_Assessment_2008.pdf

This paper looks at the nature and prevalence of violence against women in Fiji; discusses the relevant policies and laws in place; analyses the stakeholders involved and challenges they face in addressing violence against women; and identifies priorities for intervention. The report is based on a literature review, individual consultations with stakeholders, a documentary review of policies and legal frameworks, focus group discussions with counsellors at Fiji Women's Crisis Centre, and relevant data.

There has not been a Family Health and Safety Study (or similar) for Fiji, so the paper uses data from Fiji Women's Crisis Centre (FWCC), police and courts. The available data shows a very high level of violence against women in Fiji. FWCC figures show that 80% of women have witnessed some form of violence in the home and two-thirds of women have been abused by their partner. There is a significant level of marital rape occurring. Sexual assault and harassment are prevalent across all age groups, with the largest group of survivors being between 11-15 years.

Political instability has increased women's risk of violence, with levels of violence increasing after the 2000 and 2006 coups (although police complaints have decreased since the most recent coup). Domestic violence often goes unreported in Fiji. Factors which contribute to this include: cultural pressure to keep the family together and to keep "family matters" private; stigma attached to divorce; and women's lack of economic independence.

The report discusses Fiji's legislation and policies on violence against women, including the Family Law Act 2004 (which includes provision for restraining orders) and the Employment Relations Promulgation 2008 (which offers some protection for sexual harassment). (The report notes that the promulgation of the latter remains a contentious issue, especially because the legality of the interim administration is contested. The same comment could be made in relation to the recent Domestic Violence Decree and Crimes Decree).

Some of the constraints faced in addressing violence against women are discussed, e.g. ineffectiveness of current services, lack of emergency accommodation, shortage of skilled human and technical resources, lack of specialised services for women and girls with disabilities, limited financial resources, lack of appropriate legislation, lack of sex disaggregated data, lack of monitoring and evaluation. The report concludes with a series of recommendations, including: gender sensitivity training for government agencies, police, and civil service organisations; need for emergency accommodation; appropriate resourcing of police Sexual Offences Units; improved medical services for survivors; prevention programmes; legislative reform; involvement of education sector; and the need for greater research and data.

United Nations Population Fund (UNFPA), United Nations Development Fund for Women (UNIFEM) and Secretariat of Pacific Island Countries Community (SPC). (2009). *Gender and HIV in Pacific Island Countries Islands Region: A literature review of evidence with recommendations*. Suva, Fiji: UNDP Regional HIV and Development Programme.

http://www.undppc.org.fj/_resources/article/files/HIVandGender.pdf

This study presents evidence linking the spread of Human Immunodeficiency Virus (HIV) with gender inequality in law and custom in Pacific Island countries and territories. One of the key issues identified in the research was the intersection between gender based violence and HIV&AIDS showing that violence against women is both a cause of HIV transmission and effect of testing HIV positive.

The report outlines that violence against women and HIV interact in several ways including:

1. Forced sex poses a direct biological risk for HIV and other.
2. Intimate partner violence poses indirect risks for HIV and other STIs:
 - Violence, and threats of violence, limits one's ability to refuse sex or negotiate safer sexual behaviour.
 - Sexual abuse as a child, coerced sexual initiation and current partner violence may increase sexual risk taking later in life.
 - Women (and men) who experience violence may be in partnership with someone who has risky sexual behaviours and thus a higher likelihood of being infected
3. Violence or fear of violence may deter women from disclosing their HIV status or seeking HIV testing altogether and delay their access to treatment and other services.

The study also includes recommendations on which is to "address the prevention of violence against women, children (both girls and boys) and sexual minorities as an integral part of preventing the spread of HIV" with suggested specific recommendations including: compliance with international standards on the rights of women and girls; legislation reform accompanied by actions to educate the police and judiciary; budgetary allocations to support programmes to prevent violence against women; intervention to prevent violence against women should be ground in rights-based and gender transformative approach; research on the interrelations between social constructions of masculinity, intimate partner violence, power differentials within relationships and HIV risk behaviours in men; better documenting and understanding of the causes of violence against women in Pacific Island Countries Islands; strengthen national statistics offices to incorporate HIV surveillance and violence against women; strengthen women's leadership and economic and political participation at all levels; strengthen police response to violence against women; strengthen the response of the formal justice system to violence against women; engage with traditional or community-based justice systems; and increase support to organisations working at the community level.



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