

A Multidimensional Analysis of the National Strategy to Prevent and Respond to Gender-Based Violence 2016 to 2025: Trends, Systemic Failures, and Pathways to Transformative Change.

Researched and written by Vilupti C. Corlis and Dr. Orovu Sepoe, with qualitative and quantitative research by Dulciana Somare-Brash, Jeanette Ila, Vinzealhar Nen, Christine Maleva and Nesther Horiva and data analysis by Vilupti C Corlis and Shuyi Tan

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"No person shall be subjected to torture (whether physical or mental), or to treatment or punishment that is cruel or otherwise inhuman or is inconsistent with respect for the inherent dignity of the human person."

- Constitution of Papua New Guinea, Section 36

ABSTRACT

This study assesses the trends, forms and perceptions of gender-based violence (GBV) among diverse populations, highlighting the multifaceted nature of this human rights violation in Papua New Guinea (PNG). By employing a mixed-methods approach, the study gathers quantitative data through standardized questionnaires and qualitative insights via interviews and focus groups. Key objectives included identifying risk factors, understanding the impact of GBV on mental and physical health, and evaluating the effectiveness of existing support systems and interventions. Preliminary findings indicate significant variations in the experience of GBV based on gender, age, education, income and cultural background, underscoring the need for targeted prevention strategies and policy reforms. This study contributes to the growing body of research on GBV, providing valuable insights for stakeholders, including policy makers, healthcare providers, and advocacy organizations, to develop informed and effective responses to this critical issue.

Research Objectives

- Evaluate progress made under the GBV Strategy 2016.
- Identify systemic challenges and emerging trends in GBV prevention and response.
- Isolate socio-cultural, economic, and legal factors contributing to GBV.
- Assess changes in coordination, governance, policy, and legal frameworks.
- Provide actionable recommendations for the 2026–2035 strategy.

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ACRONYMS

CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
CSO	Civil Society Organization
DFCDR	Department for Community Development and Religion
DFAT	Department of Foreign Affairs and Trade - Australia
DJAG	Department of Justice and Attorney General
ESP	East Sepik Province
FBO	Faith-based Organization
FSVAC	Family Sexual Violence Action Committee
FSVU	Family Sexual Violence Unit
FSC	Family Support Centers
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GESI	Gender Equality and Social Inclusion
GEWE	Gender Equality and Women's Empowerment
HRD	Human Rights Defender
IFC	International Finance Corporation
IPV	Intimate Partner Violence
M&E	Monitoring and Evaluation
NCD	National Capital District
NCDC	National Capital District Commission
NCW	National Council of Women

NFSVAC	National Family Sexual Violence Action Committee
NGDP	National Goals and Directive Principles
NGBVS National GBV Secretariat	
OECD	Organization for Economic Cooperation and Development
PGBVS Provincial Gender-Based Violence Secretariat	
PHA	Provincial Health Authority
PMC	Public Medical Central
PNG	Papua New Guinea
PPC-GEWE	Permanent Parliamentary Committee on GEWE
RPNG	Royal Papua New Guinean Constabulary
SDGs	Sustainable Development Goals
SOP	Standard Operating Procedure
UN	United Nations
UNDP	United Nations Development Programme
UNFPA United Nations Population Fund	
UNICEF	United Nations Children's Fund

EXECUTIVE SUMMARY

The **National Strategy to Prevent and Respond to Gender-Based Violence (2016–2025)** (2016 Strategy) was developed to address the alarming prevalence of GBV in PNG. As the 2016 Strategy approaches its expiration, the National GBV Secretariat (NGBVS) has undertaken a comprehensive review to evaluate its effectiveness, identify emerging challenges, and propose evidence-based recommendations for the next strategic plan which will span 2026–2035. This review employs a mixed-methods approach, integrating quantitative surveys, qualitative testimonies, and comparative policy analysis (NGBVS, 2025).

This review incorporates global best practices from OECD frameworks (OECD, 2023), trauma-informed research methodologies (Public Library of Science [PMC], 2023), and participatory action models (Elrha, 2017). It also examines the economic impacts of GBV and the intergenerational transmission of trauma within PNG's socio-cultural context.

The findings reveal that GBV remains a pervasive issue in PNG, with a staggering 210% increase in reported cases since 1986. In 2025, approximately 64% of women—an estimated 3.41 million—reported experiencing intimate partner violence. Projections suggest that if current trends persist, nearly 8 million women could experience GBV by 2046 (NGBVS, 2025). The economic cost of GBV is equally dire, with annual productivity losses estimated at K118.6 billion due to absenteeism and reduced workforce participation (NGBVS 2025).

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- **210% increase in reported GBV since 1986**
 - **64% of women report IPV in 2025 (3.41M)**
 - **estimated increase to nearly 8M by 2046**
 - **productivity loss at K118 billion**

Systemic challenges continue to undermine efforts to combat GBV. Governance structures remain fragmented and under-resourced, with only five (out of 22) provinces having functional GBV

secretariats and just 12 receiving annual funding, only six of which exceeds K500,000. Societal norms rooted in patriarchal values perpetuate hyper-masculinity and accepted violence; for instance, 83% of men believe they have the right to physically discipline their wives (NGBVS, 2025).

Additionally, the justice system is failing survivors, with conviction rates for GBV cases as low as 0.5% in some regions (Human Rights Watch [HRW], 2021). Survivors face significant barriers to accessing justice due to geographical distances from courts, lack of legal aid services, cost and societal stigma (NGBVS, 2025).

Access to survivor services is also marred with hurdles. PNG has only 67 Family Sexual Violence Units (FSVUs), 40 functional Family Support Centers (FSCs), and 52 safe houses nationwide. Rural areas are particularly underserved, leaving many survivors without access to critical support (UNICEF PNG, 2020). Weak institutional capacity at sub-national levels further exacerbates these issues.

While much has been said about norms and attitudes, a primary reason that the 2016 Strategy has failed to meet its objectives is because the NGBVS has been buried in a ministry with weak authority and little high-level leadership action.

As such, the 2016 Strategy itself was never actually implemented. The NGBVS was not formalized until six years into the 10-year 2016 Strategy; never properly funded (and more importantly, the budget received never well-spent until 2024), staffed or vested with authority over key line agencies and stakeholders responsible for responding to survivors. Further, the strategy was never promoted nationally nor supported downstream to the extent needed. The development community and heavily funded donor initiatives have started and stopped without accountability for the impact on the services, survivors and communities depending on them. Coordination amongst efforts has been haphazard and often undermining and competitively at cross purposes.

Despite these challenges, there are emerging opportunities for progress. Political commitment has grown through parliamentary committees focused on gender equality and the formalization of the NGBVS and (UNDP PNG, 2023). Youth-focused prevention programs like Equal Playing Field and Sanap Wantaim have shown promise in engaging young people and shifting societal norms by promoting gender equality through education and sports-based initiatives (Equal Playing Field

Report, 2017; UN Women Asia-Pacific, 2020). Research suggests that increasing and scaling efforts targeting youth prevention have shown much promise globally (Ying 2023) and should be fostered and scaled in a sustained, long-term manner. Improved sub-national data collection efforts, such as this study, are also creating opportunities for more targeted interventions.

Some positive trends are emerging as well. In 2016, 70% of the DHS survey respondents had witnessed domestic violence in their homes. In 2025, this percentage dramatically declined to 51%. An extremely hopeful sign. Further, while severe physical and life-threatening violence has more than doubled, the percentage of mild/moderate physical and extreme sexual violence have slightly lowered.

As PNG prepares for its next strategic plan to address GBV from 2026–2035, this review underscores the urgent need for transformative change. Key recommendations include strengthening governance structures by elevating the status of the NGBVS within government, ensuring adequate funding for national and provincial GBV secretariats; expanding survivor services in rural and remote areas; enhancing access to justice through improved survivor protection and legal aid services; scaling up youth-focused prevention programs; and implementing targeted campaigns during peak periods of violence such as holidays or major events.

By addressing these systemic barriers and leveraging existing opportunities, PNG can make significant strides toward reducing GBV prevalence and fostering gender equality across all sectors.



KEY RECOMMENDATIONS

The next national strategy must prioritize the urgency of addressing of GBV as a national crisis through good governance, appropriate funding and survivor-centered approaches that fosters normative change to achieve meaningful reductions in GBV prevalence by 2035.

RECOMMENDATION 1. Strengthen governance to reflect a crisis urgency.

Reorganize and fully resource the NGBVS and Provincial Secretariats (PGBVS) to ensure prioritization and effective coordination across all levels of government and stakeholders.

RECOMMENDATION 2. Expand and triage survivor services downstream.

Increase funding for FSCs, FSVUs, and safe house services at the village level while ensuring adequate staffing and trauma-informed care protocols that are monitored and evaluated regularly.

RECOMMENDATION 3. Enhance legal frameworks.

Restructure magisterial services to expedite judicial processes for GBV cases and strengthen enforcement mechanisms for existing laws at the village level.

RECOMMENDATION 4. Scale prevention campaigns nationally.

Expand successful initiatives like Sanap Wantaim and Equal Playing Field nationwide while tailoring youth-focused prevention programs to rural communities using culturally sensitive approaches.

RECOMMENDATION 5. Invest in data systems.

Develop centralized databases for tracking GBV cases to inform evidence-based policymaking and monitor progress: effectively build off the Provincial Health Authority (PHA) IMS which is functioning well nationally.

RECOMMENDATION 6. Expand, restructure and properly train law enforcement.

Train law enforcement, justice and health officers on handling GBV cases, including victim sensitivity, trauma-informed approaches, proper evidence collection methods, and proper legal requirements.

RECOMMENDATION 7. Create monitoring and evaluation transparency.

Establish regular monitoring and evaluation, and clear transparency through public-facing traditional and social media, as well as formal reports and research, on progress against key goals and performance targets, including funding and expenditures.



METHODOLOGY

A mixed-methods approach combining quantitative surveys and qualitative interviews was used. This approach provided a comprehensive understanding of GBV in PNG, contributing valuable insights for stakeholders; and, informing the future strategic action plan, as well as GBV-focused interventions and policy developments.

Sample Selection

A stratified random sampling method was employed to ensure a representative sample across various demographics, including age, gender, socioeconomic status, and geographical location. The target population includes individuals aged 15 and above from urban and rural areas. The sample size was calculated to achieve statistical significance, aiming for a minimum of 5,000 respondents.

Data Collection

The research employed a multi-faceted approach to ensure comprehensive data collection and analysis. A national survey of attitudes and experiences (sample size: 5,000+ participants) was conducted along with provincial consultations and focus groups with survivors, provincial authorities, service providers, and policymakers. The results of a comprehensive literature review and insights from the March 25 – 26, 2025 PPC-GEWE Inquiry provided additional context and data points.



Literature Review: Over 600 research reports on GBV in PNG were evaluated to understand historical trends, existing interventions, and gaps in knowledge.

National Survey: A survey of more than 5,000 participants was conducted across 12 provinces representing all four regions of PNG. The sample was evenly divided between men and women, with an 80/20 rural-urban split. To account for PNG's youth bulge, 60% of respondents were under the age of 40. The survey explored attitudes toward GBV as well as personal experiences of violence. The survey was administered online and through face-to-face interviews to accommodate different access levels and preferences.

Provincial Questionnaire: All 20 provinces, along with the Autonomous Region of Bougainville (AROB) and the National Capital District (NCD), submitted detailed questionnaires on GBV prevalence, response mechanisms, funding allocations, and challenges faced at the sub-national/local level.

National Listening Tour: Consultations were held across all four regions of PNG with representatives from ten provinces. Participants included Governors, provincial administrators, civil society organizations (CSOs), law enforcement officials, healthcare workers, magistrates, front-line responders, and survivors.

Open Confidential Testimonial System: Personal testimonies were collected anonymously from individuals nationwide to capture nuanced experiences of GBV that may have not been reflected in formal data.

This mixed-methods approach ensured that diverse perspectives were represented while providing both quantitative and qualitative insights into GBV trends and responses.



Analysis Techniques

Quantitative Analysis: Statistical analysis was conducted using SPSS and R. Descriptive statistics were created to summarize the survey data, along with visualizations to enhance interpretation and identify patterns. Inferential analysis, such as chi-square tests, correlations analyses, and logistic regression were employed to examine relationships between demographic variables and experiences of GBV.

Qualitative Analysis: Thematic analysis was used to identify common themes and patterns within the qualitative data. Transcripts from focus groups and interviews were coded and analyzed to extract meaningful insights regarding the context, perceptions, and impacts of GBV.

Ethical Considerations

Ethics approval was sought from NGBVS. Informed consent was obtained from participants, ensuring confidentiality and the right to withdraw at any time. Special care was also taken to provide support resources for participants who may have experienced distress during the study.

Limitations

Potential limitations of the study include self-reported bias, as participants may have underreported experiences of GBV due to stigma or fear. Additionally, the cross-sectional design limits the ability to establish causality.

LITERATURE REVIEW

This literature review examines the impact of the National Strategy to Prevent and Respond to GBV, 2016 – 2025, against relevant research from the same period. It seeks to outline what worked, what did not work, why and what lessons can be learnt for the 2025 – 2036 strategy.

GBV has become a deeply rooted norm in PNG reinforcing male authority over women's behavior. Shaped by social, colonial, and religious factors, popular culture further exacerbates this dynamic by glorifying hyper-masculinity and male dominance. Survivors are often blamed for assaults, with factors such as provocative clothing or argumentative behaviour cited as justifiable cause.

The decade-long implementation period for the 2016 Strategy, started with alarmingly high rates of GBV. According to the DHS, in 2016, 63% of women reported lifetime experiences of violence: 70% for young, married women. Intimate partner violence was particularly severe, affecting nearly 60% of women (DHS, 2016).

Children were not spared. Exposure to such abuse significantly increased the likelihood of these children either becoming victims or perpetrators themselves later in life (UNDP 2022, DHS 2016). Overall, Intergenerational poverty cycles suggests that 70% of GBV survivors' children drop out of school, seriously restricting their possibilities later in life, not to mention, impacting the future productive power of the country.



Adolescence and young adulthood represent critical stages in life where individuals navigate education, employment opportunities, relationships, and personal identity formation. Numerous studies have explored the correlation between witnessing domestic violence as a child and the likelihood of perpetrating violence in adulthood and it is repeatedly demonstrated that exposure to violence during this period—whether as a witness or survivor—predisposes individuals to perpetuate similar patterns in adulthood (Widom, 1989).

Other research has found that found that children who witness domestic violence are more likely to exhibit behavioral problems and are at a higher risk of becoming involved in violent

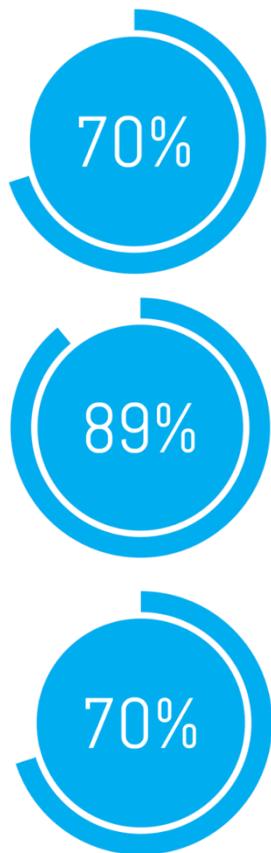


IN 2016:

- **More than 80% of children reported abuse.**
- **More than 70% witnessed domestic violence.**
- **Children who witnessed IPV were 3X more likely to perpetrate IPV as adults.**
- **41% of children had offered sex for favour by age 15.**

relationships as adults (Kitzmann, Holt & Kenny, 2003). Data from the DHS 2016 corroborates this research in PNG showing that those who witness domestic violence as children are three times more likely to perpetrate GBV as adults. With 60% of the population of PNG under the age of 40, this childhood exposure to GBV ever-strengthens the pattern of exponentially increasing GBV.

Added to experiences of GBV in childhood, research suggests that there is a complex correlation between unemployment and GBV. Economic stress and financial instability due to unemployment can contribute to an increase in tension and conflict within households, potentially leading to a higher risk of GBV. Additionally, power dynamics within relationships may be exacerbated when one partner is unemployed, potentially leading to an increased risk of violence.



2016 YOUTH CRISIS

- **60% of the country was under the age of 25.**
- **70% of young married women aged 19 to 25 experience GBV.**
- **89% of young unemployed men with alcohol issues perpetrated GBV.**
- **70% of female employees missed work due to GBV related injuries.**

While this correlation is complex and influenced by various social, economic, and cultural factors, unemployment is considered a precipitator to GBV. For men in PNG under the age of 30, employment rates plummeted from 55% in 1990 to just 30% by 2016 (ILO, 2017). At the same time the DHS, 2016 underscores that young unemployed men, especially those with drug and alcohol-related issues, are the highest risk (89%) of becoming adult perpetrators (DHS, 2016).

Further, as women gain education and economic independence, young men often perceive these advancements as threats to their traditional roles leading to increased instances of violence. National 2016 data revealed a troubling paradox: while a university degree more than triples a woman's chances of securing employment (22% vs. 70%), it also raises her likelihood of experiencing relationship abuse (55% to 76%).

Employment advancements also exacerbate risks for women. A 2015 private sector study found that nearly 70% of female employees had experienced GBV within the previous year, resulting in an estimated loss of 250,000 workdays collectively.

Similarly, a 2023 report showed that GBV among provincial employees caused an average loss of 10 workdays per employee annually, costing over PGK 7.3 million (~USD 2.1 million) each year. The report also revealed that 31% of staff experienced relationship violence—double the rate reported in 2020 (12.5%) (NCDC, 2023). Among these cases were 7% regularly raped by their spouse and 19% suffering sustained serious injuries. Despite widespread acknowledgment of these issues—85% knew someone who had been beaten by their partner; 70% knew someone with serious wounds; and 67% knew someone attacked with a weapon—72% still believed violence was acceptable within relationships (NCDC GEWE Strategy, 2023).

Research indicates a complex relationship between higher education, income, and intimate partner violence (IPV). While higher education is often associated with decreased IPV risk,



University Degree

70% greater chance of secure employment.

76% greater chance of GBV.

particularly for women, studies, like this one, also show that women with higher education or incomes can sometimes experience higher rates of IPV, especially if they outearn their partners. This phenomenon is linked to the concept of status mismatch, where disparities in education or income between partners may increase conflict within relationships (Atkinson et al., 2005; Vyas & Watts, 2009; Zhang & Breunig, 2021).

On the other hand, higher education and income can empower individuals by providing greater independence and resources, which may make it easier to leave abusive relationships (Kalmuss & Straus, 1982; Psacharopoulos & Patrinos, 2004). Studies consistently demonstrate that higher levels of education, particularly for women, are associated with lower rates of IPV. This trend is often attributed to the empowerment, social mobility, and access to resources that education provides (Heise & Kotsadam, 2015; Vyas & Watts, 2009). However, research also highlights that women who are more educated or earn more than their partners may face increased IPV. This dynamic is explained by resource theory, which suggests that individuals with fewer resources (e.g., lower income) may resort to violence to assert control in the relationship (Goode, 1971; Riger & Staggs, 2004).

Another precipitative factor to GBV is alcohol and drug usage. As noted, DHS data points to 89% of young perpetrators also being heavy alcohol consumers. PNG has witnessed significant changes in alcohol and drug usage over the past few decades, influenced by cultural, social, and economic factors. Historically, alcohol consumption in PNG was primarily associated with traditional beverages used in cultural ceremonies. However, the introduction of commercial alcohol has led to increased availability and consumption, particularly in urban areas (World Health Organization [WHO], 2017).

Recent studies indicate that approximately 60% of men and 25% of women report consuming alcohol, with rising trends among younger demographics (Papua New Guinea National Statistical Office [PNGNNS], 2016). The shift in drinking patterns has been attributed to urbanization, economic growth, and changing social norms, with young adults (ages 18-30) increasingly engaging in binge drinking (UNODC, 2019). This demographic shift raises concerns regarding health risks and social consequences, particularly in relation to GBV.

Drug usage in PNG has also evolved, with cannabis being the most used illicit substance. Recent reports indicate a worrying increase in the use of methamphetamines, particularly among youth in urban centers (UNODC, 2019). The accessibility of synthetic drugs has compounded existing challenges related to substance abuse, leading to heightened risks of addiction and associated social issues. Methamphetamine use is associated with increased levels of violence and aggressive behavior. While not all methamphetamine users will exhibit violent behavior, the drug's effects on the brain and body can significantly increase the risk of aggression and violence in some individuals. A study published in the journal "Addiction" found that methamphetamine use was associated with increased rates of violent crime (Smith & Johnson, 2020).

The correlation between substance use and GBV is well-documented. Alcohol consumption is often linked to increased aggression and violence, particularly in intimate relationships. In PNG, as discussed, studies have shown that alcohol abuse is a significant risk factor for domestic violence, with women disproportionately affected (WHO, 2017). According to a report by the PNGNSS (2016), alcohol often cited as a contributing factor by women who have experienced physical or sexual violence. The normalization of alcohol consumption in social settings further exacerbates the situation, as it can lead to diminished inhibitions and increased likelihood of violent behavior.



GBV Cost to PNG 2022

**6.2% of GDP:
double the global**

The cost to PNG is enormous. The International Finance Corporation (IFC) estimates the cost of GBV in PNG to be approximately 5.5% of the country's Gross Domestic Product (GDP). This estimation reflects the significant economic impact of GBV on the country and includes direct cost to healthcare (K23.4B), policing (K15.2B), and legal proceedings (K9.8B). The OECD comparisons suggest the cost of GBV to PNG is closer to 6.2% of the country's GDP – nearly double the global average (3.7%) (OECD, 2019). It is further estimated that private sector

loses PGK7.3 million annually from employee absenteeism, and in the public sector, 31% of provincial staff experience intimate partner violence (twice 2020 rates) (NCDC, 2023).

Reliable data is critical for evidence-based policymaking. Despite progress, significant gaps remain in accessing data in PNG, including limited research on the intersectionality of GBV with other social issues and marginalized voices of survivors in rural areas. Future research should focus on longitudinal studies and innovative data collection methods to monitor and assess the status of GBV and the effectiveness of interventions over time.

The literature review underscores the critical need for a transformative approach to addressing GBV in PNG as the 2015 Strategy reaches its end. Despite a decade of implementation, GBV rates remain alarmingly high, with deeply entrenched cultural norms, systemic governance failures, and inadequate survivor services perpetuating the cycle of violence. The economic and social costs are staggering, impacting not only individuals but also the nation's productivity and development.

The review highlights opportunities for progress, including leveraging youth-focused prevention programs, improving data collection at sub-national levels, and fostering political commitment through parliamentary coalitions. Lessons from the past decade emphasize the importance of integrating culturally sensitive approaches with global best practices to address the root causes of GBV while strengthening institutional capacity. As PNG transitions to its 2025–2036 strategy, prioritizing evidence-based interventions and fostering multi-sectoral collaboration will be essential to breaking the intergenerational cycle of violence and achieving long-term gender equality.



THE 2016 STRATEGY OBJECTIVES

Three key success indicators, including economic self-reliance for survivors, effective referral and justice for reported GBV cases, and an increase in innovative prevention programs, are outlined in the 2016 Strategy. The results below compare the 2016 Strategy objective targets with results of the DHS 2016 data against the results of the 2025 survey data. The comparative data show that the implementation of the 2016 Strategy fell far short of achieving its objectives.



While some progress is seen against the original objectives, for example - a threefold increase in reported cases, it is minimal and far from the 60% target, and a change in the number of innovative prevention programmes cannot be determined due to a lack of baseline and current data.

It should be noted that for Objective 3, it appears from the literature search that there has been an increase in initiatives and funding focused on prevention, however, without proper M&E, a causal relationship to the

implementation of the 2016 Strategy cannot be attributed.

Further, given the alarming increases in GBV, the implementation of these initiatives, at first glance, does not suggest extensive impact. The assessment of the key performance indicators points to troubling trends but also raises questions on the targets themselves and whether they are valid and reliable indicators of whether the strategy was a good one, and more importantly, whether it was implemented well.

STRATEGIC OBJECTIVE status

Strategic Objective 1

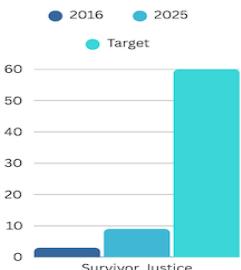
60% of survivors are economically self-reliant.

UNACHIEVED



Strategic Objective 2

60% of reported GBV cases received effective referral and justice. **UNACHIEVED**



Strategic Objective 3

60% increase in innovative prevention programs.

UNKNOWN



THE 2016 STRATEGY PILLARS

The 2016 Strategy provides a comprehensive roadmap for addressing GBV in PNG focusing on four pillars: governance, data collection, response services, and prevention. It aims to institutionalize efforts across government entities and stakeholders while promoting zero tolerance toward GBV as part of PNG's Vision 2050 (DFCDR, 2016).

Pillar 1. Governance

The recommended governance structure involves coordination among various government ministries, non-governmental organizations, and community leaders. The 2016 Strategy emphasizes multi-sectoral collaboration and the involvement of grassroots organizations to address GBV. An NGBVS was to be established to oversee the implementation and monitoring of 2016 Strategy. However, the NGBVS was only formalized in 2022, and at the time of this report, the staff were neither paid nor on contract, nor had a 2025 budget been received. Only 23% of provinces have established GBV secretariats and 36% of provinces have no GBV funding (NGBVS, 2025). However, there have also been successes, in 2022, the NGBVS, launched a grants program providing K4.7 million (2022-2024) to CSOs and K427,250 (2023 to 2024) to provincial governments. This is a tremendous accomplishment. In addition, the NGBVS has undertaken a safehouses review and launched this strategic review in preparation for the 2026 – 2035 Strategy. Despite not being formally staffed the NGBVS has continued to operate and move forward critical initiatives. In line with much of the human resources devoted to addressing GBV in PNG, the NGBVS team has demonstrated outstanding professionalism and resilience in the face of significant challenges.



Pillar 2. Data Collection



Data collection and analysis to inform evidence-based interventions is acknowledged as is the need for standardized data collection tools and the establishment of a national database to track GBV cases. However, challenges in maintaining centralized databases due to governance issues, proprietary behaviour, competing efforts and resource constraints remain. Improved data-sharing mechanisms were/are recommended for better coordination among service providers (UNICEF, 2025).

Pillar 3. Prevention



Prevention has been highlighted through awareness-raising campaigns, community education, and initiatives promoting gender equality. The 2016 Strategy recognized the importance of addressing underlying norms and attitudes that perpetuate GBV. Interventions have targeted gender norms and stereotypes through local campaigns, such as the Sanap Wantaim Campaign (DFCDR, 2016). However, prevention efforts remain underfunded, sporadically sustained and unscaled, limiting their effectiveness (UNICEF, 2025).

Pillar 4. Response



A framework for comprehensive services to GBV survivors, including medical care, counseling, legal support, and safe housing is outlined in the 2016 Strategy, as is the need for a coordinated and timely response from relevant service providers. Family Sexual Violence Units (FSVUs) within police departments and Family Support Centers (FSCs) in hospitals are to provide medical, legal, and psychosocial support to survivors.

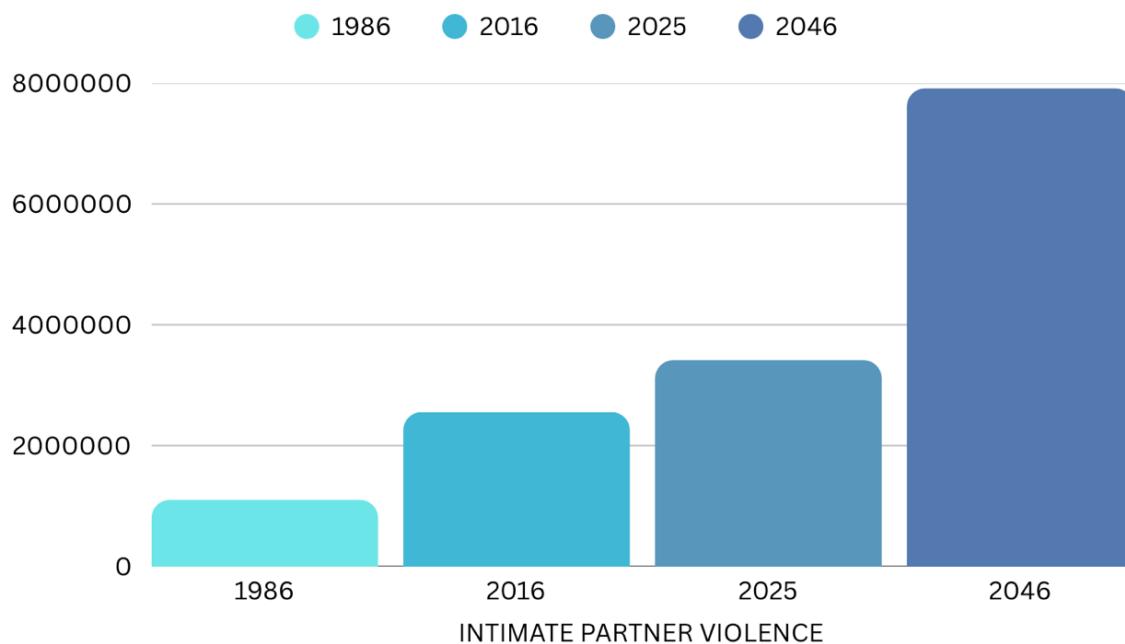
However, these services are often under-resourced, with limited geographical reach and inadequate staffing levels (Spotlight Initiative, 2020). Survivors face challenges with insufficient safe houses and logistical barriers to access support services (NGBVS, 2025). Capacity-building initiatives for law enforcement officers include trauma-informed approaches. Despite efforts, police responses are inconsistent and untrustworthy (Spotlight Initiative, 2020; NGBVS, 2025).

The success of the 2016 Strategy can be evaluated based on its ability to effectively coordinate multi-sectoral efforts, improve data collection mechanisms, implement impactful prevention initiatives, and provide comprehensive support to GBV survivors. While the 2016 Strategy demonstrates a comprehensive approach to addressing GBV, challenges related to governance, resource constraints, cultural barriers, and service accessibility continue to impact its overall effectiveness. Ongoing challenges require emergency-level urgency, and sustained efforts and resources to further enhance the impact of the next 2026 – 2035 Strategy.

NATIONAL RESEARCH FINDINGS

The findings of research from the national survey provide evidence of the status of GBV, plus attitudes and statistical trends in PNG.

The survey research findings are compared to two sets of national data: the 1986 Law Reform Commission data and the 2016 DHS. While not ideal, the comparison, offers a rough picture of the rates of change and the personal and national impacts of GBV. Changes in the 1986 and 2016 data sets suggest that between 1986 and 2025, GBV cases increased by over 210%, affecting an additional 2.3 million women.



In 2025, 64% of women (more than double the global average of 30%) reported experiencing intimate partner violence. Projections indicate that nearly 8 million women will experience GBV by 2046 if current trends persist. Without urgent action, this rate of change will only exponentially grow.

The graph is striking in that the researchers assume from anecdotal evidence that every-increasing efforts and resources have been invested into reducing GBV and a downward, not dramatically upward trend, would be anticipated. Official Development Assistance (ODA) totally roughly USD 1.7 billion in 2016 and 1.3 billion in 2022 (OECD data) but the percentage of ODA

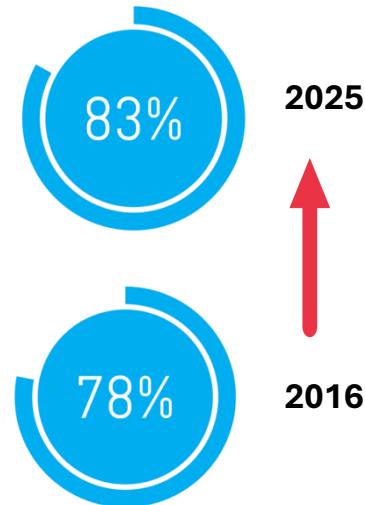
dedicated to addressing GBV is unknown. Donor transparency on contributions to GBV would assist M&E.

Women experienced a higher percentage of psychological and emotional violence, as well as severe physical violence in 2025 compared to the 2016 DHS survey. In 2016, only 23% of the women respondents cited severe physical and life-threatening violence: in 2025, this more than doubled to 55% of the respondents. However, of note, the percentage of mild/moderate physical violence and extreme/sexual violence slightly lowered in 2025.

This could mean that extreme physical and life-threatening violence has become the norm, or it could suggest a shift away from reporting mild/moderate physical and extreme sexual violence. It could also mean that interventions on mild/moderate physical violence and extreme sexual violence have had an impact. Understanding this result more deeply could reveal evidence-based pathways forward and suggest better targeted interventions.

What we do know, is that escalating rates of GBV are closely linked to prevailing attitudes towards violence against women, particularly within intimate relationships. Over the past decade (2016 to 2025), men's attitudes towards GBV have deteriorated, with 83% (from 78% in 2016) now believing men have the right to physically harm their spouses.

Despite increased awareness of what constitutes GBV and the unacceptability of violence in relationships, it is still condoned.



Moreover, the survey results reveal a direct correlation between men justifying violence against



their partners and their perpetration of such violence, even when fully aware of its illegality. Notably, a man's perception of his rights as a male significantly predicts his inclination to commit abuse. In addition, there is an unquestionable correlation between men's attitudes regarding perceived rights to control partner's behaviour and the frequency and severity of GBV. This suggests that men who harbour strong control issues are likely to perpetrate and justify perpetrating GBV.

Digging deeper, the research examined the correlative relationship between attitude and GBV to determine typology segments. The classification of typologies and the results

presented offer insights that will benefit prevention and response initiatives coming out from the new 2026-2035 Strategy. The typologies were then categorized by perpetrator and survivor. Within these categories, perpetrators were segmented by "champion", "rager," "broken", and "moralist". Survivors were segmented by "champion", "rager", "detached disciplinarian" and "broken dove".

"I hit my wife because we argue."

— Respondent, East Sepik

"I fight with my husband when he forces me to have sex."

— Respondent, Highlands

"Yes, I hit my wife she argues with me."

— Respondent, Morobe

"I use to beat my wife very badly, then she passed on."

— Respondent, NCD

The Champions were characterized as those who strongly believed that GBV should not be perpetrated, and simultaneously did not perpetrate GBV themselves. The Champion segment stood out with the highest total percentage at nearly 60% of the respondents, significantly surpassing other segments. This suggests that men with low beliefs in violence are less likely to escalate their violent behaviours.

The strong correlations between low support for violence and limited engagement in violent acts highlights two key insights: 1. reduced belief in violence serves as a protective factor against violent behaviour; and 2. psychological attitudes play a crucial role in preventing disagreements escalating into violence.

The Champion segment also stands out with a high percentage (33.72%) when comparing attitudes to levels of violent behaviour. This suggests overall that men with lower beliefs in violence are also less likely to engage in extremely violent behaviours.

Meanwhile the Broken segment, who strongly believe that violence is acceptable and perpetrate high levels of violence, represent a notable 14.8% at the higher severity levels, indicating that men who are psychologically distressed are more likely to support and engage in severe violence. This further reinforces the positive relationship between a man's affirmation of the acceptability of violence as a means of spousal control and severity of the violence they perpetrate.

A significant portion of women (63.5%) fall into the Champion segment indicating that those with lower beliefs in violence tend to suffer fewer severe injuries. Notably, more than one fifth (22%) of women belong to the Detached Disciplinarian segment: a segment which strongly accepts GBV as a form of discipline but does not experience it themselves. This could mean that although this



group has avoided severe injuries to date, they are still at high risk given their acceptance of corporal punishment generally.

For example, the women in the Detached Disciplinarian could subscribe to the “good woman” standard that permeates societal norms. A “good woman” embodies certain virtues such as obedience, modesty, nurturing, and devotion to family. These societal beliefs can impact women’s rights, access to education, and participation in the workforce. However, it is important to note that attitudes toward gender roles and the “good woman” belief can vary significantly across different regions and communities within PNG, and there are ongoing movements advocating for gender equality and women’s empowerment in the country (O’Reilly, 2023).

The highest concentration of women who perpetrate violence sits also in the Champion category for lower to mid-range forms of violence (example slapping or pushing). This could indicate that some women who experience violence might rationalize their own violent behaviours as a form of self-defence. This interpretation is echoed in the findings of the 1986 Law Commission Report.

Similarly, women may use violence strategically, with the most substantial percentages concentrated at lower to moderate severity levels. This suggests women may use low-severity violence as a calculated form of communication or boundary-setting in conflict.

Notably, nearly 9% of women can be found in the Rager category, where respondents do not believe violence should be used but still perpetrate bouts of extreme violence. This suggests that when violence reaches a zenith, the underlying psychological mechanisms that previously distinguished these groups become less relevant.

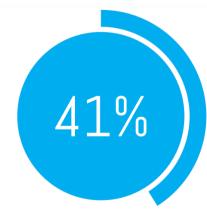
Generational trauma from violence poses a significant concern. Between 2016 and 2025 the rates of GBV experienced by women under 40 have increased from 52% to 59%. Given that the population of the country has roughly increased by 2 million people in the same period (2016 to 2025), this represents an accelerated increase in the number of younger people experiencing and perpetrating GBV. Especially considering that an estimated 70% of the population was under the age of 30 in 2016 (DHS, 2016).

As discussed in the literature review, witnessing relationship violence as children, perpetuates this cycle into adulthood, leading to a distorted perception of GBV and relationships. In 2025, 51% of respondents observed their fathers physically abusing their mothers.

This is a steep decrease from the 70% who witnessed violence in 2016 and can be seen as a hopeful trend. On the other hand, when half of the young people of the country is being modelled by their parents that violence to solve conflict, it can be expected that there is a higher likelihood that these young people will either perpetrate or experience violence in their own relationships once they hit their adult years. Again, a strategic focus on attitudes will be critical as well as developing coping mechanism and behaviour change programs.

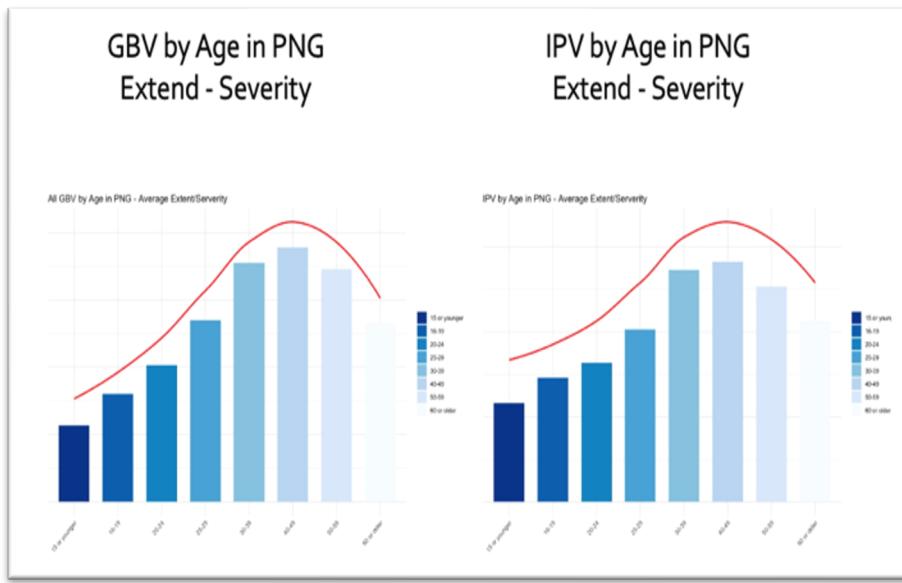
But despite the difficult road ahead, young people present a tremendous opportunity for PNG's effort to reduce GBV. Many studies have shown that young people are an important constituency in peacebuilding processes around the world (Del Felice and Wisler, 2007; Freddy, 2015). This represents a departure from the past conception of the youth as instigators and perpetrators of violence, and a new understanding of youth as vehicles of sustainable change and peace.

Relationship status also plays a pivotal role, with individuals aged 25 to 29 facing the highest risk of GBV when married, while those who are single in the same age group face the lowest risk. Furthermore, it is evident that relationship violence is not isolated, as individuals who have experienced IPV are 8.5 times more likely to also experience non-partner violence (NPV). Additionally, individuals aged 30-39 (both single and in relationships) are most likely to experience GBV, while those aged 40-49, although fewer in number, experience the highest severity and frequency of violence.



41% of the men In PNG who are under the age of 40 (roughly 1.55 million men) have perpetrated GBV.

Paradoxically, the survey highlights a continued strong association between income and education levels and the likelihood of women and girls experiencing GBV.



Higher education is linked to increased wealth but also a significantly higher risk of experiencing GBV. This pattern is consistent with the 2016 DHS findings.

The probability of being in the highest income bracket for someone with the highest level of education is 98.6% greater than for someone with no education. However, for every increase in income level the research indicates a 17.4% increase in the likelihood of experiencing GBV, and for every increase in education advancement, there is a 52% increase in the risk of IPV. With employment we see the same trend: with each increase in employment level, there is a 42% increase in the chance of GBV. Additionally, individuals in the lowest and highest income brackets experience the most violence, with nearly equal frequency.

Drugs and alcohol have increasingly become a precipitator to violence. The relationship between alcohol consumption and GBV was significant. For each additional level of partner alcohol consumption, the likelihood of women experiencing GBV was 1.55 times higher. For women who suffer from GBV, 75% reported partner alcohol use and for women whose partner drank, 90% of them suffered from GBV. For men who drank, 77% had committed GBV and for men who committed GBV, 89.7% drank. In other words, whether looking at the percentage of those who commit GBV or looking at the percentage of those who drank – there is a direct correlation between drinking and GBV. This is further corroborated by an increase the rates and frequency of the GBV committed and the rates and frequency of men's alcohol consumption. The more they drink, the more they commit GBV: the more they commit GBV, the more they drink.

For every increased in alcohol use level, the likelihood of men committing GBV increased by 1.7 times. This link is substantiated by the DHS 2016 data which found that 89% of the men who perpetrated GBV drank excessively. The results suggest that men use alcohol as a coping mechanism; however, this lowers their capacity to respond with control. With IPV the correlation is even stronger and more likely to include severe physical injury when the perpetrator has consumed alcohol.

Beyond the devastation in human suffering, GBV inflicts a substantial economic toll on the country. This study estimates an annual national loss of 18 million workdays due to violence-related disruptions alone, resulting in an annual national productivity loss of K118.6 billion. These figures do not encompass the costs associated with police, justice, healthcare, trauma-affected behavior, and loss of life and aspirations.

This study highlights the alarming escalation of GBV in PNG over the past decade, despite significant efforts to address the issue through national strategies and interventions. The comparative analysis of survey data from 1986, 2016, and 2025 reveals a 210% increase in GBV cases, with intimate partner violence affecting a staggering 64% of women in 2025. Increasing rates may be explained by many socio factors, and/or by the ineffective allocation of resources and programming. What is particularly worrying about these trends is that significant efforts and resources expended to reduce GBV (largely through international development support and a few private sector initiatives) have had minimal impact.

The findings point to deeply entrenched attitudes and systemic barriers that correlate with GBV, including prevailing norms around male authority, intergenerational trauma, and inadequate institutional responses. While certain segments of the population, such as "Champions," demonstrate promising attitudes that reject violence, other typologies reveal troubling correlations between psychological distress, controlling behaviors, and severe violence.

The economic toll of GBV is equally devastating and have broader societal impacts on education, aspirations, and intergenerational poverty cycles. As PNG prepares to transition to its next strategic plan for 2025–2036, the results of this study emphasize the urgent need for transformative change. Future strategies must prioritize evidence-based interventions that address root causes, foster attitudinal shifts among men, women and youth, strengthen

institutional capacity at all levels, and ensure comprehensive support systems for survivors. Only through sustained multi-sectoral collaboration and culturally sensitive approaches can PNG hope to reverse the exponential rise in GBV and achieve meaningful progress toward gender equality and a society intolerant towards violence.



SUB-NATIONAL RESEARCH FINDINGS

The results of provincial questionnaires provide a detailed overview of governance, services, and programming effectiveness at the sub-national level in Papua New Guinea (PNG). These questionnaires were supplemented by testimonies gathered during the National Listening Tour and the March 25–26, 2025, Inquiry of the Permanent Parliamentary Committee on Gender Equality and Women's Empowerment (PPC-GEWE). Together, these sources paint a sobering yet hopeful picture of the state of gender-based violence (GBV) in PNG.

Each region presented unique challenges shaped by cultural, economic, and geographical factors. However, all testimonies collectively underscored the unchecked and escalating impact of GBV on provinces, communities, and families. Stakeholders shared harrowing accounts of survivors' experiences, revealing the pervasive nature of violence and its devastating consequences.

Despite these distressing realities, those offering testimony demonstrated remarkable resilience in the face of limited resources and significant obstacles. Many individuals dedicate their lives to supporting survivors and advocating for systemic change, often at great personal cost (National Listening Tour, 2025). Their efforts remain largely invisible to broader society, underscoring an urgent need for government recognition and tangible support for these frontline workers. To address this gap, participants consistently recommended that the government formally recognize and reward these volunteers. Providing stipends or salaries for their work would not only validate their contributions but also ensure that they can continue their critical efforts without undue financial strain.

Notwithstanding the grim realities shared during stakeholder testimonies, progress has been made at the sub-national level. Twenty provinces now have current GBV strategies in place, with nine receiving formal approval from their Provincial Executive Councils (PECs). Twelve provincial administrations have committed funding to GBV initiatives, amounting to a national annual allocation of K7,332,000. Notably, five provinces have allocated budgets exceeding K500,000—a significant step forward in addressing GBV.

This funding correlates strongly with national parliamentary discussions on GBV initiated by the Coalition of Parliamentarians (2020), the Special Parliamentary Committee on GBV (2021), and the Permanent Parliamentary Committee on GEWE (2022). This correlation underscores the critical importance of sustained political pressure from national leadership in driving progress against GBV strategies. Participants highlighted that political will is a catalytic force for change. High-level buy-in from government leaders is essential to ensure that provincial strategies are endorsed by PECs in a timely manner. Without this support, strategies remain unfunded and ineffective.

Structural advancements include the establishment of five fully operational GBV secretariats (up from four in 2016) and 18 GBV focal points across provinces. However, many individuals serving as focal points juggle multiple responsibilities, limiting their capacity to address GBV effectively. Additionally, GBV Action Committees have been established in 18 provinces under the leadership of the National Family and Sexual Violence Committee (NFSVAC), with 17 committees holding regular meetings. These committees were precursors to formalized GBV secretariats. However, most stakeholders remain unaware of national or provincial GBV strategic priorities. This lack of awareness underscores an urgent need for targeted advocacy campaigns to disseminate information about these strategies across all levels of government and civil society.

The four pillars of PNG's National GBV Strategy (2016)—governance, data collection, response mechanisms, and prevention—provided a valuable framework for regional dialogues.

Governance

The establishment of Provincial NGBV Secretariats varies significantly across regions: five provinces have fully operational secretariats; 15 have semi-existent structures with focal points; two lack any formal governance mechanisms. Most provincial administrations struggle with inadequate resources that are neither sustainable nor recurrently allocated to address evolving needs effectively. Despite national and provincial budget appropriations, socio-political changes in urban and peri-urban communities exacerbate these challenges.

Participants recommended establishing well-resourced Provincial GBV Secretariats in every province to ensure consistent governance structures. These secretariats should be staffed with trained professionals who can focus exclusively on addressing GBV without being burdened by additional responsibilities.

Data Collection

Data collection remains a priority for most stakeholders due to donor transparency requirements. However, minimal data availability hampers case coordination efforts. Participants expressed concerns about how collected data would be used, undermining trust in data-sharing agreements and preventing the establishment of a centralized database.

To address these issues, participants proposed creating a secure central database for GBV cases that respects survivors' privacy while enabling effective case management. Training programs should also be implemented to build stakeholders' capacity for data collection and analysis.

Response Mechanisms

Healthcare facilities such as Family Support Centers (FSCs) play a vital role in responding to GBV cases but face significant challenges. For example, in Western Highlands Province (WHP), 79% of FSC cases involved children; 59% were rape or attempted rape cases (FSC-WHP Report, 2025). Nationwide data from 2023 revealed that over 40% of FSC cases involved children under four years old—a deeply troubling statistic that highlights the vulnerability of PNG's youngest citizens.

Participants repeatedly called for integrated survivor support services within secure compounds that combine medical care, police assistance, judicial access, and safe housing facilities. Efforts must extend beyond urban centers to rural areas where survivors face barriers such as distance or lack of resources when seeking help.

Prevention

Technology introduces new challenges for preventing GBV as perpetrators increasingly exploit social media platforms for abusive messaging, cyberstalking, image-based abuse, or locating survivors. Substance abuse (drugs or homebrew alcohol), gambling issues, population growth, overcrowding in households or settlements further exacerbate these challenges.

Participants emphasized that legislative reforms are urgently needed to address technology-facilitated violence. Public awareness campaigns should also educate communities about recognizing and reporting such abuse.

Perennial issues such as insufficient transport or fuel for safe houses and unpaid staff salaries plague referral pathways. Participants identified a lack of services for perpetrators such as counseling or rehabilitation programs noting that without rehabilitation initiatives for offenders repeat offenses are almost guaranteed.

To bridge these gaps, participants recommended increasing government funding for FSVUs and FSCs while ensuring that resources are distributed equitably between urban and rural areas. Establishing mobile units could also help bring services closer to remote communities.

The challenges identified at the regional level—including deeply entrenched cultural beliefs and practices, inadequate resources and funding, weak law enforcement systems—highlight a critical public health crisis requiring urgent attention. However, emerging provincial strategies reflect growing recognition of this issue.

Moving forward requires collaboration among government entities at all levels—nationally/provincially alongside CSOs/private sectors donors ensuring survivor voices central coordinated action toward breaking cycles violence fostering equitable safer society PNG citizens deserve.

Provincial Level Data on governance and Services

Province	GBV Rate 2016	GBV Rate 2025	Strategy	PEC ✓	Focal Point	Funded	FSVU	GBVAC	Meeting	FSC	GBV officer	Safe House
ARoB	52%	44%	Yes	Yes	Yes	487,000.00 K	3	Yes	Yes	3	Yes	4
Central	57%	46%	Yes	No	No	No	2	No	No	0	No	2
Chimbu	48%	73%	Yes	No	Yes	No	2	Yes	Yes	2	No	0
EHP	67%	57%	Yes	No	Yes	100,000.00 K	3	Yes	Yes	1	No	6
ENB	61%	75%	Yes	Yes	Yes	60,000.00 K	2	Yes	Yes	2	Yes	1
ESP	42%	74%	Yes	Yes	Yes	500,000.00 K	3	Yes	Yes	2	Yes	0
Enga	61%		Yes	Yes	Yes	70,000.00 K	3	Yes	Yes	1	Yes	0
Gulf	46%		Yes	Yes	Yes	500,000.00 K	1	Yes	Yes	0	Yes	3
Hela	70%		Yes	No	Yes	No	1	Yes	Yes	16	No	1
Jiwaka	50%		Yes	No	Yes	500,000.00 K	3	Yes	Yes	1	Yes	3
Madang	49%	88%	Yes	No	Yes	No	2	Yes	Yes	1	No	1
Manus	66%		WIP	No	Yes	No	1	No	No	0	Yes	0
Milne Bay	64%	62%	Yes	Yes	Yes	75,000.00 K	1	Yes	Yes	1	Yes	1
Morobe	59%	58%	WIP	No	Yes	No	18	Yes	Yes	1	Yes	4
NIP	63%		Yes	No	Yes	No	0	Yes	Yes	0	Yes	0
NCD	63%	51%	Yes	Yes	Yes	3,000,000.00 K	8	Yes	No	1	Yes	7
Oro	45%	17%	Yes	No	Yes	2,000,000.00 K	1	Yes	Yes	0	Yes	1
SHP	49%		Yes	Yes	Yes	No	7	Yes	Yes	7	No	5
Western	49%		Yes	No	No	No	2	Yes	No	1	Yes	2
WNB	59%	43%	Yes	Yes	Yes	30,000.00 K	1	Yes	Yes	1	Yes	3
WHP	53%	83%	Yes	No	Yes	No	2	No	No	5	Yes	7
WSP	50%		Yes	No	Yes	10,000.00 K	1	Yes	Yes	1	Yes	1
TOTAL	56%		20	8	20	7,332,000.00 K	67	19	17	47	16	52

CONCLUSION

While many challenges and hurdles stand in the way of progress, many opportunities also exist and there are signs of real, sustained, positive change. From the survey respondents, 90% of women and 86% of men believe ending GBV is extremely important to PNG. Nearly all Papua New Guineans want change.

And the Government is responding to the demands of the people. The establishment of the Coalition of Parliamentarians to end GBV (2019), the Special Parliamentary Committee on GBV (2020) and the Permanent Parliamentary Committee on GEWE (2022) have been driven by political will and a national Government recognition that the pandemic of violence must be stemmed. Two Parliamentary Inquiries have been held on GBV and three national summits on GBV and GEWE, with the Prime Minister attending two of them.

The NGBVS has been established, funded and is operational (2022). Under the leadership of its new Director, it now has a grants program in place. Between 2022 and 2024, K4.7 million were given to CSOs through these grants, and K427,250 from 2023 to 2024 to provincial governments. Further, a review of the Safe Houses was conducted and this review process of the GBV Strategy 2016, including this national research initiative, was launched.

Critical laws are being amended and strategies developed. For example, the Family Protection Act was amended in 2022 and the ILO Convention on Violence and Harassment led by the Trade Union Congress was amended in 2020). In addition, in 2018, the SARV National Action Plan was launched and is now being implemented by DJAG. Progress has been made on CEDAW reporting and a National GEWE Policy is in the works.

CSOs and frontline workers continue at the forefront. A few examples include: a national network of more than 600 human rights defenders and private sector action like the Bel Isi coalition and the Men of Honour program, as well as outstanding youth focused prevention programs like Equal Playing Field, Active City, Sanap Wantaim and the Voice for Change.

When asked what we need more of: respondents replied: better services, skilled duty-bearers and more awareness about GBV, its impact and how to better address relationship

problems. When asked who is responsible for the change needed: respondents replied that everybody is responsible, but the leadership squarely sits with the national and provincial governments.

The findings underscore the urgent need for coordinated action to combat GBV in PNG. While progress has been made through government initiatives and civil society efforts, systemic challenges persist. The next national strategy must prioritize survivor-centered approaches, strengthen institutional capacity, and foster cultural change to achieve meaningful reductions in GBV prevalence by 2035.



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