State Society and Governance in Melanesia

INSECURITY IN THE SOUTHERN HIGHLANDS: THE NATURE, TRIGGERS AND CONSEQUENCES OF VIOLENCE IN HELA REGION

INTRODUCTION

Violence is widely perceived to be a serious problem in Papua New Guinea (PNG), but there is substantial geographical variation and data is limited on the nature and causes of violence. There is some evidence to suggest that violent trauma is a leading cause of injury and death in PNG, and in some parts of the Highlands provinces, trauma is the leading cause of death amongst adults[1] and a large proportion of injuries are intentionally inflicted.[2]

Types of assault range from domestic and family violence to injuries sustained during criminal acts such as robbery, or a result of tribal violence. Tribal conflict is particularly prevalent in the Highlands provinces. It was suppressed for much of the colonial period but increased in the early 1970s as government services deteriorated (Dinnen 1997:7).[3] In 1986 the first home-made guns were used in tribal fights, with factory-made guns appearing in the early 1990s (Alpers 2005: 93). Other than death and injury, social disruption, internal displacement and the destruction of livelihoods are the most obvious effects of tribal violence.

In terms of impacts on health and demand for hospital services, violence within the household or among close family members may be far more serious. Studies in PNG have shown that women experience high levels of intimate partner violence (Amnesty International 2006; Lewis et al. 2008; Bradley 1994; Law Reform Commission 1992[4]). Levels of sexual assault also appear to be very high, with perhaps as many as 50 per cent of women being raped or sexually assaulted over their lifetime (National Sex and Reproduction Research Team and Jenkins 1994:102; Lewis et al. 2008:191).

The law and justice sector is constrained in its ability deal with the scale of

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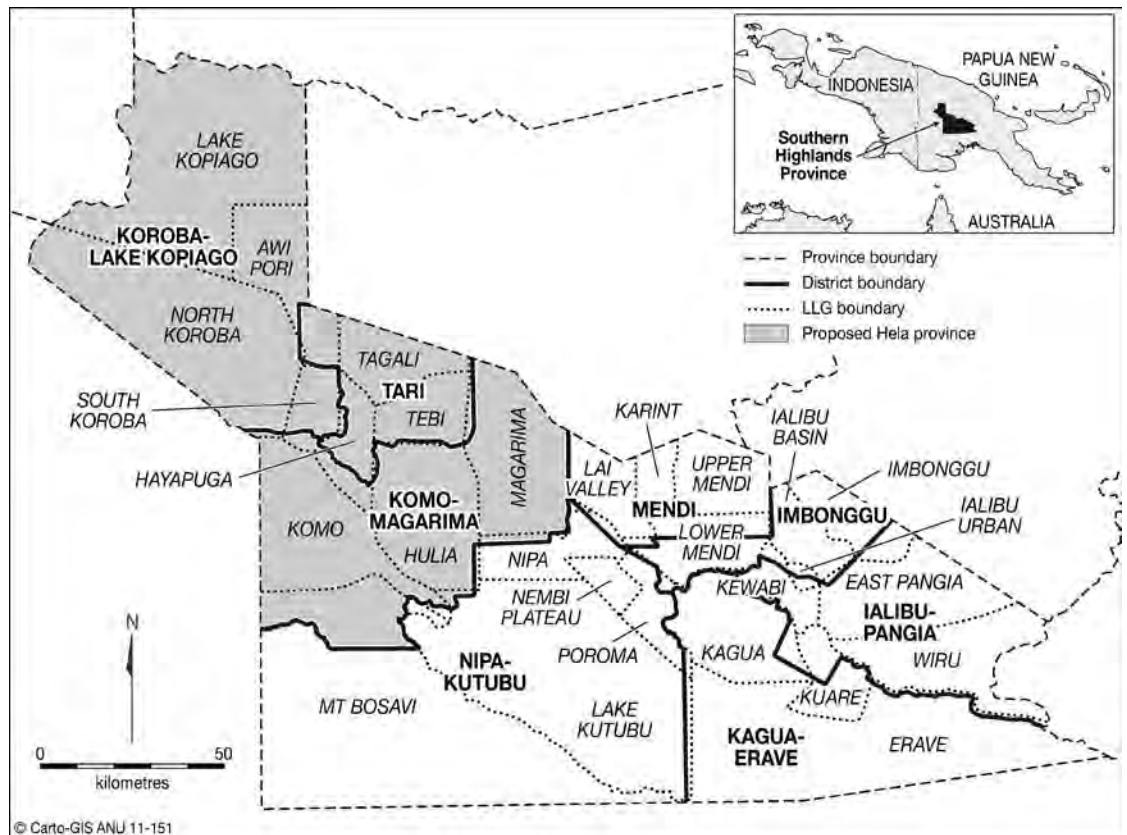**SYLVIA MAIAP**
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Figure 1: Map of Southern Highlands and Hela. Map by ANU Cartography

the problem. There is limited police presence in remote communities to address growing security concerns.[5] Village courts form the lowest level of the formal justice system and is the level with which villagers are most likely to have contact. Yet salaries of magistrates have not increased since the 1970s and many are not paid at all (Department of Provincial and Local Government Affairs 2009:7). There are few specialist services to deal with domestic and family violence; the former in particular is so normalised within society that even when cases are reported they may be dismissed by police and village courts (Amnesty International 2006: 32;51). Perpetrators of serious crime involving firearms usually go unpunished (Alpers 2005:113–114).

Geographical focus of the study: Hela region

In July 2009, parliament passed legislation to establish Hela as a separate province; the area now has a transitional government but has yet to be formalised as a province pending data collection by the Boundary Commission. The Hela region comprises the districts of Tari Pori, Koroba Kopiago and Komo Magarima, with a combined population of about 186,000 people (National Research Institute 2010). Tari is the main market, transport hub, and capital of the future Hela Province.

Currently, as part of the Southern Highlands Province (SHP), the Hela region has some of the poorest indicators of social development in the country. Only around 40 per cent of school-aged children attend school (NRI 2010:89); literacy levels are 30 per cent for women and 41 per cent for men (National Statistics Office 2002:40); mortality of children under five is 15 per cent higher than the national average (World Bank 2008). Hela is a resource-rich area that has brought significant investor interest and opportunity to PNG. Mining and extractive activities include the Porgera Gold Mine and associated Hides

gas-to-electricity project, and a large new liquefied natural gas (LNG) project which is predicted to double the country's GDP (Acil-Tasman 2009:vi). Yet outside the resource sector, Hela is one of the poorest parts of PNG due to poor agricultural potential and access to roads, markets and services (Allen 2007:41, Hanson et al. 2001:92). Public service provision has been on the decline since the 1980s (Haley and May 2007:8). There is no mains electricity coverage throughout Hela and many parts of the region are still inaccessible by road.

The region is characterised by conflict both between and within kin groups, *raskolism* and politically motivated violence. In Tari, tribal fighting re-emerged in the 1980s together with a rise in violence, criminality and a general breakdown in law and order. In 2003 there were 164 conflict-related deaths in the Tari area and 40 more over the first eight months of the following year (Lewis 2007:151). Election-related violence has been a source of continuing instability in Tari and surrounding districts over the past two decades.

Resources for law enforcement are inadequate for the size of the population and this, combined with the dispersed settlement patterns characterising Huli communities, makes it difficult for the police to be effective. Village courts have largely ceased to function in SHP and those that are functioning are powerless to enforce rulings (Lewis 2007:151; 153). The influence of traditional leaders and the relevance of non-formal dispute resolution mechanisms has also declined; they have been unable to contain a new type of tribal fighting which has become much more violent and destructive, involving the use of high-powered weapons (Haley and May 2007:3). This process of change combined with a simultaneous weakening of state law and justice systems suggests that the incidence of violent conflict is likely to increase (Lewis 2007:152).

Existing data on Interpersonal violence in SHP

Data are inconsistent on the nature and scale of interpersonal and tribal violence in the Southern Highlands. Community-wide demographic monitoring conducted by the Institute of Medical Research (IMR) in Tari from 1977–1983 suggests that trauma[6] was the most common cause of death (20 per cent) in the 15–44 years age range (Lehmann 2002:58).[7] In the general population, trauma accounted for about six per cent of deaths recorded by verbal autopsy (Lehmann 2002:59) and 2.8 per cent of hospital deaths (Flew 2002:109). A five-year review of tribal fight admissions to Mendi General Hospital in the Southern Highlands provincial capital from 1990 to 1994 (Mathew 1996:119) shows that for most years, over 20 per cent of all trauma cases were caused by tribal fights. A broader retrospective audit of Mendi General Hospital records from 1999–2007 found that, where intent was stated,[8] about 50 per cent of injury cases were caused deliberately (Winnington 2008:35).[9] The 2005 small arms survey (Haley and Muggah 2006) found that around 50 per cent of households in SHP were victims of violent crime, with one in twelve households affected by sexual assault or rape, 26 per cent by domestic violence and 17 per cent by inter-group fighting.

Certainly, the majority of injury-related deaths occur outside hospitals and do not get reported (Alpers 2005:85). Gun violence in particular may be under-reported: over a seven-year period around four per cent of injury admissions to Mendi General Hospital involved gun violence and most of the victims were already stable and recovered. This suggests that many seriously injured victims do not visit the hospital and obtain adequate medical assistance (Winnington 2008:42). It has been estimated that only 16 per cent of violent crimes occurring in SHP are reported to the police (Haley and Muggah 2006:55).

THE OXFAM INTERPERSONAL VIOLENCE STUDY

The Oxfam Highlands Program and its partners in Tari conducted a baseline investigation of the patterns of violence in the Hela region of SHP.[10] The Security and Community Initiative Research Project was developed to understand the scale, nature, causes and consequences of violence in this region to

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inform the programs of Oxfam and its partners, Tari Hospital's procedures as well as the work of policy makers, development workers, the private sector and civil society. Interpersonal and tribal violence were investigated in terms of the prevalence, nature and triggers of violent acts, relationships between the parties involved, weapons used, impact and mechanisms used to obtain redress. Over a period of 16 months, the project utilised a mixed methods design (discussed in detail elsewhere, see Kopi et al. 2010). Participatory action research (PAR) was conducted in eight Hela communities, and in collaboration with Tari Hospital staff, structured discussions were facilitated with people presenting to Tari Hospital with an intentional injury. The hospital data represent the majority of intentionally inflicted injury trauma cases at Tari Hospital during the period of the project, and enables analysis of the type and causes of violence, which would not have been possible using hospital records alone.

Gender and age of victims and perpetrators

On average, between two and three cases per day were identified at Tari Hospital, including both outpatients and inpatients—a total of 908 patients over the project period. Eleven per cent of all cases involved minors (n=95) and 23 per cent involved young people between the ages of 18 and 25 (n=207). Adults between 26 and 55 years of age made up 64 per cent of cases (n=584), whilst two per cent of those interviewed were over 55 years of age (n=22). The majority of patients (66 per cent) were from Tari Urban, Tebi and Huli Local Level Governments, located close to Tari.

There was a high level of violence against women. Of the total number of patients, 69 per cent were female (n=625) and 31 per cent (n=283) male, proportions which held also for children. SImilar proportions of female and male victims were minors (10 per cent and 11 per cent respectively, although in absolute numbers there are more females in this category, as is the case for all age groups. Of injuries inflicted by perpetrators acting alone (768 cases) about 80 per cent were inflicted by males and 20 per cent by females.[11] In 15 per cent of total cases, injuries were inflicted by groups; half of these groups involved males only and half comprised females or both males and females.

Relationship between perpetrator and victim

The proportions of cases as classified by the relationship between the perpetrator and the patient are presented in Table 1. Only nine per cent of all subjects were attacked by unknown assailants. Females knew their assailant in 94 per cent of cases (mostly as a result of domestic violence and family violence), whereas male victims knew their assailant in 84 per cent of cases. It should be noted that none of the cases involved self-harm, although both this and suicide have been identified as significant amongst women in Huli culture (Wardlow 2006:75).

The relationship between victim and perpetrator assumed very different patterns for male and female participants. In terms of frequency of assaults, females were similarly affected by family violence and domestic violence, whilst men were more likely to be assaulted by family members other than their wives. The data on male victims indicated that violence inflicted by a non-relative was more common than any of the other types of violence defined here (54 per cent). Perpetrators were unknown to the participant in 29 per cent of these cases (45/154).

Similar proportions of male and female participants were affected by violence within the family (39 per cent in both cases). Half of all cases of violence against female children and single women were experienced within the family — in 80 per cent of cases by male relative. Of these cases, the breakdown of perpetrator types is as follows: 37 per cent by brother/step-brother; 20 per cent by father/step-father; 18 per cent by uncle; 20 per cent by male cousin, and 5 per cent by other. In Huli culture, much importance is placed on the brother–sister relationship — women who have no brothers are more vulnerable and have little support against, for example, an abusive husband.[12] However, as we have seen here, brothers are also common perpe-

Table 1: The relationship between perpetrator and victim by the gender of the victim

Relationship	All victims (n=908)		Female victims (n=625)		Male victims (n=283)	
	(n)	*%*	*(n)*	*%*	*(n)*	*%*
Domestic violence (by spouses or co-wives)	267	29	242	39	25	9
Family violence (by other family members)	353	39	246	39	107	38
Family violence (by other family members)	299	33	145	145	154	54

Note: In a small number of cases involving groups, more than one relationship was assigned to a given case.

trators of violence against their sisters. Overall, close to 68 per cent of all cases involved domestic, family violence or both, with the total being 78 per cent for female participants, similar to findings reported elsewhere (Watters et al. 1996).

Type of assault

Of the female cases presenting, nine per cent involved rape/some other form of sexual abuse, the majority of which concerned minors (in 74 per cent (14/19) of cases of sexual abuse and 70 per cent (33/47) of rape cases). These figures are similar to findings from other studies.[13] Two males, both minors, were sexually abused — less than one per cent of the males surveyed. Forms of criminal violence, such as break and enter and other types of robbery outside the home accounted for about 3 per cent of the recorded cases.

No female victims presented with injuries inflicted by tribal violence, however the PAR findings indicate that women are affected by such violence in many ways and there are stark differences in the impact of tribal violence on the sexes. Tribal fighting increases the vulnerability of women because male kin are often absent and unable to protect them in times of conflict, as a participant describes:

We don't kill women. We only beat them up. Whether it's the sister or mother we hit them with the stick to provoke our enemy. So they'll feel the pain and go. Naked we send them to their people for their brothers and fathers to see. We send them away, forcing them to go themselves to their people. "Ok, here comes your daughter or your sister", that's what we say. This will provoke them so they'll come and fight with us (male participant, North Koroba).

Gun violence, murder and tribal violence were more closely associated with male than female patients. All 11 cases of tribal violence involved males, making up less than two per cent of cases that presented to the hospital.[14] Of these, about one quarter involved the use of guns. Tribal violence, although rather insignificant in terms of hospitalised cases, is a serious cause of insecurity for many in the Hela region and this was reflected in the community research. Figure 2 shows the types of violence as described during the PRA exercises in a community experiencing conflict at the time of the study. It can be seen that for young men tribal violence is by far the most important security threat both in terms of frequency and impact, and it was still considered a significant threat in communities not experiencing conflict at the time of the study. For adult women, domestic violence and violence against children were the most frequent forms of violence; tribal violence was considered to be similar in impact
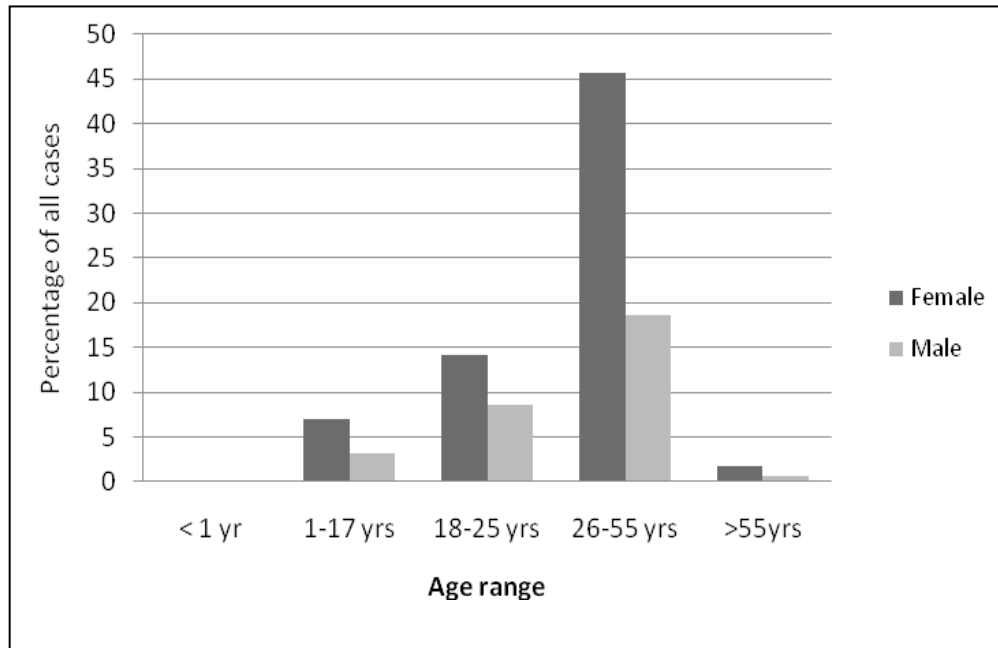
Figure 2: Proportion of people presenting by age and sex for all deliberate injuries

to domestic violence, but was less frequently experienced.

PAR exercises conducted in communities showed that many young men who sustained injuries from tribal violence (mostly from gun-shot wounds) were unable to reach the hospital or other health services due to fear of enemy attack either on their way to hospital or while in hospital. The lack of security personnel within hospital premises meant that patients were susceptible to being attacked while undergoing treatment. Because of this, there were a large number of cases where patients absconded,[15] and often patients brought close clansmen or relatives to safeguard them while in hospital.

Triggers of violence

Triggers of violence are presented in Table 2. These differed by gender, age and marital status. More than one reason was cited as a trigger of violence in more than half (492/908) of all incidents. The top three triggers for the sample as a whole were: violence (20 per cent), money (13 per cent) and theft (11 per cent). In domestic violence cases, polygamy, infidelity and control over spouse were also amongst the main causes of assault.[16]

Triggers which were more commonly associated with female participants included control over spouse, family pressure and polygamy.[17] Those less associated with females included alcohol and land.[18]

Violence or payback

Previous violence was a common trigger for all forms of violence experienced and often referred to injuries incurred as a result of initial aggression by the patient or his/her support to or intervention in, an ongoing fight. Such cases always had another primary trigger, such as those outlined in Table 2. As emphasised by the PAR activities, Hela custom and the relationships upon which it is built are reciprocal in nature. This applies both to offers of support and to retaliation against a perceived wrong; this may not always be achieved by violence, but may also be realised in other ways, such as stealing (in particular pigs), rape or harassment of female relatives, and the destruction of property.

While family and tribal affiliations can be a source of stability, they can also fuel violence. A man has a social obligation to intervene when a person affiliated with him is attacked. This applies also to non-clan members with

Table 2: Most commonly cited triggers by gender

Top ten triggers females (n=625)	(n)	(per cent)	Top ten triggers males (n=283)	(n)	(per cent)
Violence	102	16	Violence	75	27
Money	91	15	Alcohol	57	20
Infidelity	77	12	Stealing	44	16
Polygamy	68	11	Land	30	11
Stealing	58	9	Money	29	10
Disobedience	49	8	Destruction of property	22	8
Control spouse	48	8	Infidelity	18	6
Jealousy	44	7	Verbal abuse	16	6
Family pressure	39	6	Jealousy	15	5
Destruction of property	37	6	Drug abuse	13	5

whom associations emerge. For example a young man said "if one of the young guys who hangs around with us is confronted and bashed up by someone while we are together, we are prepared to die with him". The dispute no longer involves two individuals but is deemed to be an attack on the group. In joining together, a safety net is provided for those who commit the offence or instigate the trouble and any group or family member becomes a legitimate target for retribution (Goldman 2007:72). With encouragement from family and by mobilising support, even minor disputes can escalate into large-scale violence. Hence payback and support lead to further insecurity:

> Problems could have been solved earlier but people from the arguing parties support each other and prolong the issue, arguing here and there and then finally a fight breaks out. So support is one thing that triggers violence. The person who causes the trouble has his own supporters, the complainant or defendant they both have their supporters. That's how fights occur.
>
> *(Police officer, Tari).*

Money

Money was a common trigger across all the different types of violence experienced, including 18 per cent of domestic violence cases and 15 per cent of family violence cases. A lack of economic opportunities for young people and the increasing dependence on the cash economy have led young men to engage in criminal activities such as hold-ups and thefts, and young women to accept money and gifts, often from employed married men. Violence and other forms of abuse against women can in themselves push women into selling sex as a form of retribution (Wardlow 2006:72; 139). Money was a trigger of violence against female children (triggering eight per cent of such cases) and was used to persuade them to have sex with men.

In the community research, adult women saw the increase in cash from the Porgera gold mine and related gas project to be a problem. When benefits were not spent wisely or distributed fairly between husbands and wives, within the family, or amongst households in a clan, it created conflict. An adult man recognised that:

> Brothers fight with each other. Mothers fight each other. Sisters fight each other.

Such scary situations that never happened before are caused by the company. The payment is a source of trouble.

New employment opportunities also caused conflict, with those missing out envious of those who benefited. This jealousy was exacerbated if wealth was not shared as expected according to social relationships.

In fact, jealousy was cited as a primary trigger in six per cent (59/908) of hospital cases.[19] In some cases, this referred to sexual jealousy and in others to a more general jealousy of the person, their position or property. As an adult women explained, "They instigate problems with the intent to ruin other people's lives because they are well off". Those who are not responsive to the demands of reciprocity are perceived as being selfish, individualistic and deserving of "punishment", as a young man discussed:

> We plan to steal, rape girls, and destroy people with money, because we are angry at these people. Those of us that are poor are poor, and those that are rich are rich. They do not think of us, we feel sorry for ourselves because of this.

Stealing

Stealing was mentioned as a common trigger of violence by all groups during the community research and was also highlighted in hospital data. Although a few cases involved armed robbery by unknown perpetrators, the majority of these cases involved stealing within the family or between close neighbours. All groups identified young men as common offenders; during focus-group discussions adults and local groups mentioned that instead of making a living or doing something productive such as starting a business or developing food gardens, young men prefer to spend time with their friends gambling or attending social gatherings. They would then have to steal food and pigs from others. Stealing was a trigger in 20 per cent of cases of violence against male children. In particular orphans or children neglected by relatives resorted to stealing food and were often reportedly beaten as a result.

Land

PAR activities identified land ownership and disputes over land boundaries as major triggers, particularly for large-scale violence. Hospital data showed that injuries resulting from land disputes made up 10 per cent (35/353) of all cases of family violence. Single women and widows are particularly vulnerable as they lack male relatives to provide security against land grabs, and land disputes were identified as one of the most common triggers of violence against widows. Increasing monetary value placed on land combined with large family sizes has resulted in two major changes perceived by local mediators and elders. Firstly, the number of land disputes occurring has increased (coinciding with increased resource extraction, compensation and benefits) and, secondly, there has been an increase in the number of disputes over land *within* clans and families. There were fights over land within polygamous families between brothers and stepbrothers as a land mediator described:

> Now at this present stage, when resources are coming up now they are fighting about who owns the land, and they are going back the eight generations to find out who is from that area. When they found out and say 'no, you are not from there' they dispute until they fight about where the resource area lies.

Drugs and alcohol abuse

Alcohol and drug use have weakened social cohesion in many communities in and around Tari, and were identified as triggers in 14 per cent (129/908) of all incidents (10 per cent alcohol and five per cent drug abuse). Alcohol was the second most commonly mentioned trigger amongst male patients and more males (17 per cent) than females (4 per cent) were the victims of alcohol related violence perpetrated by family members. During the PAR activities, all groups mentioned alcohol as a trigger of small-scale violence, but adult women claimed that it could have wider impacts if not properly resolved immediately. Alcohol caused domestic violence when money was spent on buying it instead
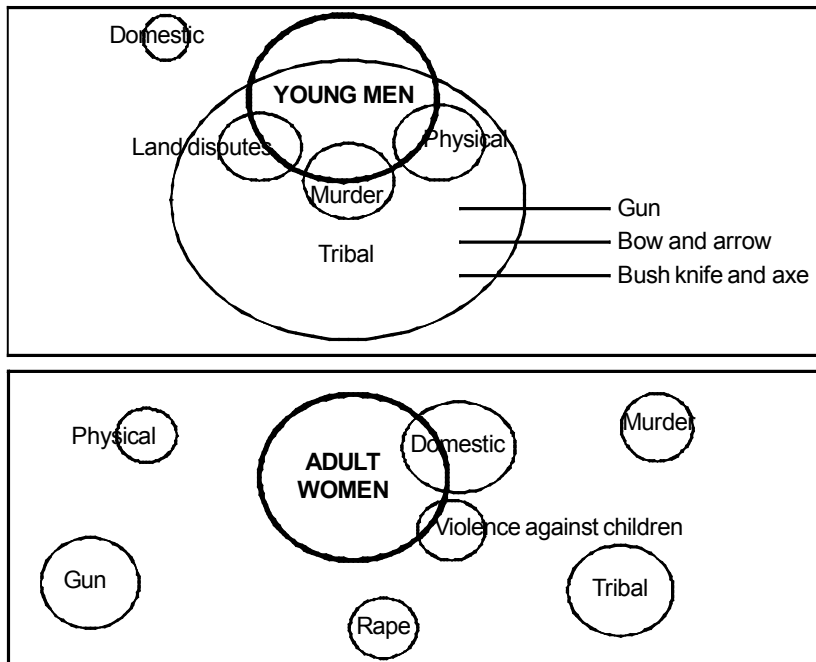
Figure 3: An example of the Venn diagram used in the community research presented by young men and adult women from a community in Tari-Pori district.

Note: The size of the circle indicates the impact of the type of violence, whilst the distance from the group impacted (young men or adult women in these cases) indicates the frequency. The word "physical" refers here to violence by a non-relative.

of household items, and males under the influence of alcohol were a nuisance or danger in public places. Fighting amongst men who were influenced by drugs or alcohol was a major trigger of violence outside the family; PAR activities suggested that fights were often also connected to gambling and stealing, but were perceived as a relatively minor problem.

Marijuana consumption is a growing problem throughout the Highlands of PNG and is reported to be associated with violence and psychological harm (GOPNG and UNICEF 1999 in Bradley 2001:10). Adult men were concerned that the intake of marijuana was destroying the lives of young men, leading to violence against their parents, stealing, and attacks on women. As an adult man describes, this was perceived as part of a broader problem of lack of respect for older people in authority, including village leaders.

> When they smoke marijuana, they damage the health centre. They damage the high school. They hit other people's children in the community who

come from poor families. Well, we are saying that they are instigating big problems like they remove the louver blades from the health centre. This is done by those who consume marijuana. This is done by those who drink beer.

Infidelity and polygamy

Polygamy was the most common trigger of domestic violence against female victims, followed closely by infidelity,[20] and around 40 per cent of this group mentioned one or both of these. The occurrence of polygamy was reported at all project sites. Of the total number of patients presenting to the hospital, 12 per cent were living in a polygamous family (93 female and 19 male). Tari police also reported a high number of assault cases triggered by polygamy or infidelity. The practice of polygamy was said to affect family relations between parents and their children, among step-children, and with in-laws. Thirteen per cent (36/267) of domestic violence cases were between co-wives, and in almost all of

these cases weapons were used. Polygamy also triggered violence in the wider family — between step-brothers and step-sisters or step-parents and their step-children. These findings suggest that polygamy should be regarded as a human security issue rather than simply a moral concern. Outside the family, infidelity (promiscuity), jealousy (often sexual) and gossip were also amongst the top five triggers of violence against women by non-relatives.

Disobedience

During PRA discussions men associated domestic violence with female disobedience, disrespect and idleness. On the other hand, women perceived a lack of support from their husbands in terms of money, sharing of the workload and time spent with the children. This problem was highlighted in polygamous families when the husband supported one wife and her children to the detriment of other spouses. In nine per cent of domestic violence cases involving females, women were beaten because they refused to have sex with their husbands.[21] Reasons for refusal included a fear of contracting HIV from unfaithful husbands and avoiding unwanted pregnancy. Violent responses from men made it very difficult for wives to negotiate for safer sex or family planning.

Family pressure and disobedience were identified, respectively, in 11 per cent and nine per cent of family violence cases affecting women, and take different forms from those noted in cases of domestic violence. Male kin are responsible for their female relatives and for ensuring they are "good women", who will attract a good "bride price", work in the gardens and raise pigs for exchange and other social transactions. To do otherwise can result in a violent response from male kin, as a young woman explains:

> If we are disobedient and go to discos or watch movies at the local theatre, or move around of our own free will, or have boy–girl relationships with men and they see us, then they will beat us … our fathers and brothers … if they see me misbehaving and roaming around in Tari, they will beat us …

because we are under them.

About half of all cases of abuse against minors were of a sexual nature so specific triggers were not attributed here. In the remaining cases (n=48), disobedience and family pressure were amongst the causes of violence most commonly mentioned, along with stealing and money.

Other issues relating to women

Issues relating to women were frequently raised during the community research. This could include retributive violence following rape or sexual abuse of a female relative, non-payment of bride price, or failure to return the brideprice to the husband's family following a divorce. Nine out of the 14 cases of sorcery-related violence in the hospital data involved female victims, with two cases involving widows. Further discussions in the community suggested that women who have no male kin close by to support them, often fall victim to sorcery accusations. The interrogation and torture of people accused of sorcery was sanctioned by the community as a means of chastisement.

Factors influencing sexual abuse & rape

The hospital data showed that rates of rape/sexual abuse of children were quite high. The perpetrator was often known and, in 35 per cent of cases, they were related to the victim.[22] Many of these children either had only one parent or had no responsible adult supervising them at the time of the incident. Police reports in Tari confirmed that sexual abuse of minors aged 7–14 was a growing concern. Eleven per cent of perpetrators of rape or attempted rape cases (for all age groups) were under the influence of drugs (5/47).

Sexual violence is a documented consequence of conflict (Wood 2006). Participants' narratives during the PAR activities revealed that women were at increased risk of rape during conflict, used to provoke the enemy. The rape of young and adult women also occurred opportunistically during hold-ups and other criminal activities outside of the village setting. PAR exercises also showed women's freedom of movement was restrict-
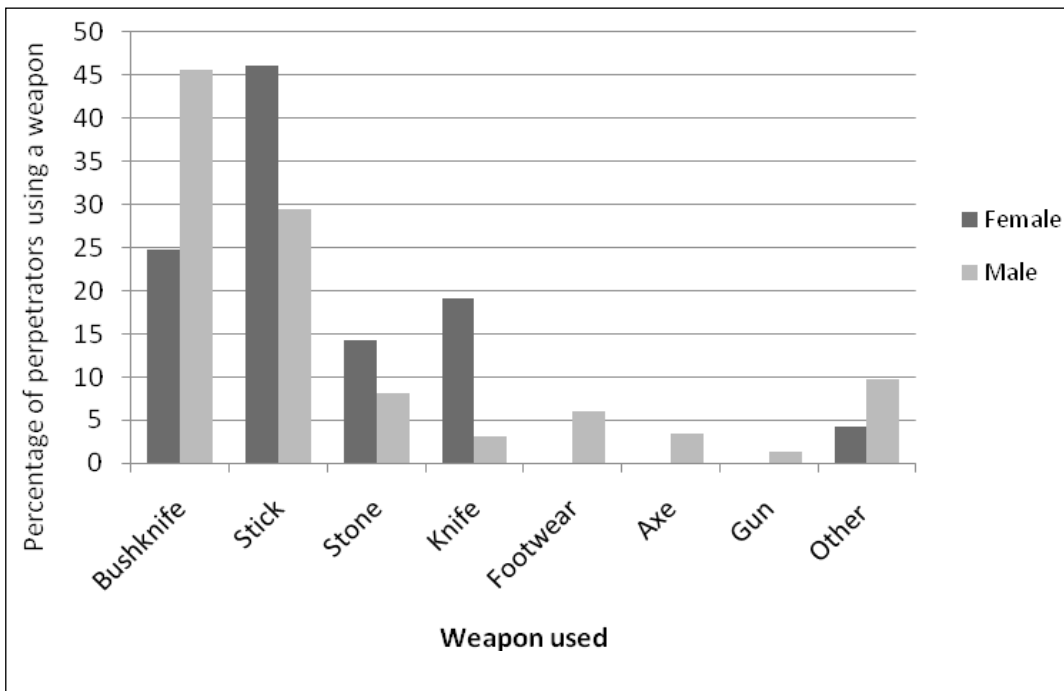
Figure 4: Choice of weapon disaggregated by sex of perpetrator[24]

ed because of the fear of rape/sexual assault, as a young woman discussed:

> They may harass us or rape us on the road when we are on our way to school. Sometimes they can even be men from this community that we know of. They say teasing comments that make us scared … . When this happens, we turn back home and don't go to school, or tell our parents to escort us to school. They come with us and leave us at school.

In some cases, however, the legal definition of rape differed from cultural definitions. In Hela society, in the case of young women, rape was classified as any sex out of marriage, whether consensual or not. Because no bride price has been paid and kin have been excluded from the decision-making process, the act is disrespectful and contrary to customary laws. Rape or consensual sex with a boyfriend was seen to compromise a woman's sexuality, and was understood as the "theft" of a woman's sexuality from her clan or family group. The important question is then whether compensation is paid to

her family for the "theft", whether a marriage ensues and bride price is paid, or whether warfare is threatened by the girl's relatives.

Triggers of Tribal violence

In all of the PAR discussions, land, women and pigs were identified to be the main triggers of tribal violence. These factors are closely tied to identity, status and wealth in a clan or community. However, it was also mentioned that tribal fights could erupt at any time from other minor grievances. Even the slightest dispute not promptly and effectively settled has the potential to incite violence and payback eventually triggering a tribal conflict involving growing numbers of supporters from each side. Once this leads to a death, the violence escalates, fuelling the demand for arms.

Mediation and compensation do not necessarily lead to "closure" and a number of other factors serve to perpetuate conflict over time. Among them is the telling of *tumbuna stori* or "generation stories" in which the story of each death is passed from adult to young men in the *haus man* increasing the potential

for payback violence, as a young man discusses:

> Because of the haus man system, even if compensation is paid, we still have enemies because the tumbuna stori still exists. The story of our fight will be told to our children and later generations so they will always be our enemies.

Use of weapons

Weapons were often used in violent encounters, and to threaten and intimidate. Four out of five injuries recorded at the hospital involved the use of a weapon, and weapons were used in 91 per cent of domestic violence cases.[23] In all the cases where a weapon was used, the implements of choice were: bush-knives (41 per cent); sticks (35 per cent); and stones (11 per cent). A gun was used in six per cent of cases (all by male perpetrators). The most common weapon used by female perpetrators was a stick (46 per cent), whilst male perpetrators preferred to use a bush-knife (46 per cent or (240/526)).

Ninety-five per cent of the 20 cases where the victim died (14 male and 6 female victims) involved the use of a weapon. In cases of individually perpetrated acts of violence, females used a weapon more than male perpetrators (92 per cent of females and 86 of per cent males) but male victims were more likely to be attacked with a weapon (84 per cent of females and 94 per cent of males).

Gun violence

Guns were used in 19 of the cases (2 per cent) recorded at Tari Hospital and were associated more with group fights than with individual attacks. Guns were used in a variety of ways: murder or attempted murder; intimidation; in family disputes and disputes between non-relatives and in cases of tribal violence. In over three-quarters of all incidents in which a gun was used, the victim was male (15/19).

The PAR activities showed that gun violence is related to tribal fighting and murder. Guns could also be hired, mainly from other areas in the Southern Highlands and neighbouring provinces from clans or individuals who were known to have them. Prices for one gun could reportedly reach "ten mother pigs plus 4000–5000 *kina* [AUD1600–2000] cash, that is for one year" (Young man, Koroba). However, not all gun owners provide guns for hire, and a strong element of trust has to be developed prior to an arrangement. Accessing weapons was clearly a measured decision in some cases as an adult man highlighted:

> There was talk about buying two or three guns but if we buy them and give them to young men, they will become "heros". So we said forget it. Let them use home-made guns … . We thought of buying guns but when we saw that our own people were not behaving well, if we were to give them the powerful gun they would want us to bow down to them. So we thought no, we shouldn't buy the gun.

The knowledge of how to manufacture home-made guns appeared to be growing among male youth, thus increasing the quantity of guns available. Sourcing of ammunition appeared to pose greater problems: bullets for factory made guns were previously obtained from licensed stores, which no longer operate. Some purchase bullets from other regions for PGK20 (AUD8) per bullet and sell them locally, while others reportedly buy from licensed gun-holders. Dependent on a trusting relationship, law enforcement agencies such as the police and army were also identified as suppliers of guns and ammunition as a young man describes:

> We buy them from the police too … . It's not simple. The police must know you. You can't approach a policemen for the first time and say, "Police, here is the money, give me the bullets". When we say that, the police will beat us very badly. So, we don't do that … . Like for instance, we have betel nut, smoke and food together first on a particular day. And then, we meet regularly and talk to each other to get to know each other very well. We get to familiarise ourselves first. And then, I tell the policeman that I am looking for some-
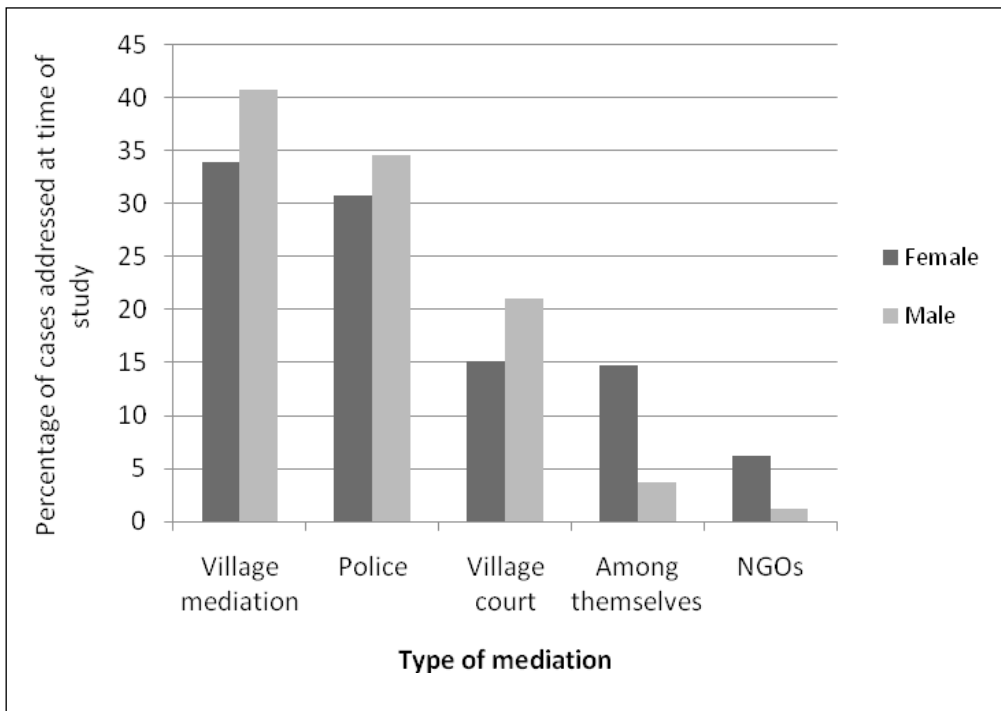
Figure 5: Types of redress sought by victims of injury, disaggregated by sex of victim[26]

thing. Is it possible for you to help me or not? When I ask him, the police might say it's possible so he asks me to find PGK200 or PGK100 and bring it and he will give me the bullets. I give him the money and he gives me bullets.

Ammunition for home-made guns is especially difficult to obtain as it differs from those bullets that are used in weapons held by correctional services officers and police. To overcome the difficulty in accessing bullets for home made guns, young men discussed new ways that have been invented to reuse bullets:

The place where they dig the lime stone, they have something which is used to blow up the lime stone. They fill the thing that is used to blow up the lime stone into the used bullet shells. The empty bullet shells, they fill it up with the substance from the quarry. They close it up. They use heat to close the opening up. Therefore, they reuse the used bullet again … .

Justice and conflict resolution

There were several factors that determined whether an injured party reported a violent incident or sought redress following injury. These included the seriousness of the injuries sustained, whether a medical report could be obtained (subject to a fee of PGK150 [AUD60] from Tari Hospital), the availability of the offender and victim, whether the situation was still tense or not, and the extent of support the victim received from their relatives in pursuing the matter. Usually the victim consulted his or her family members when deciding whether to pursue a case. Women particularly relied on the support of their kin to help them through the mediation process. In 66 per cent of cases a patient had not taken any action prior to presenting at the hospital either because treatment seeking was prioritised or they had not yet decided on which course of action to take.

Conversely, in 34 per cent of cases (305/904)[25] some kind of action had been taken. This included reporting to the police, approaching the village courts, informal village mediation, restorative justice by media-
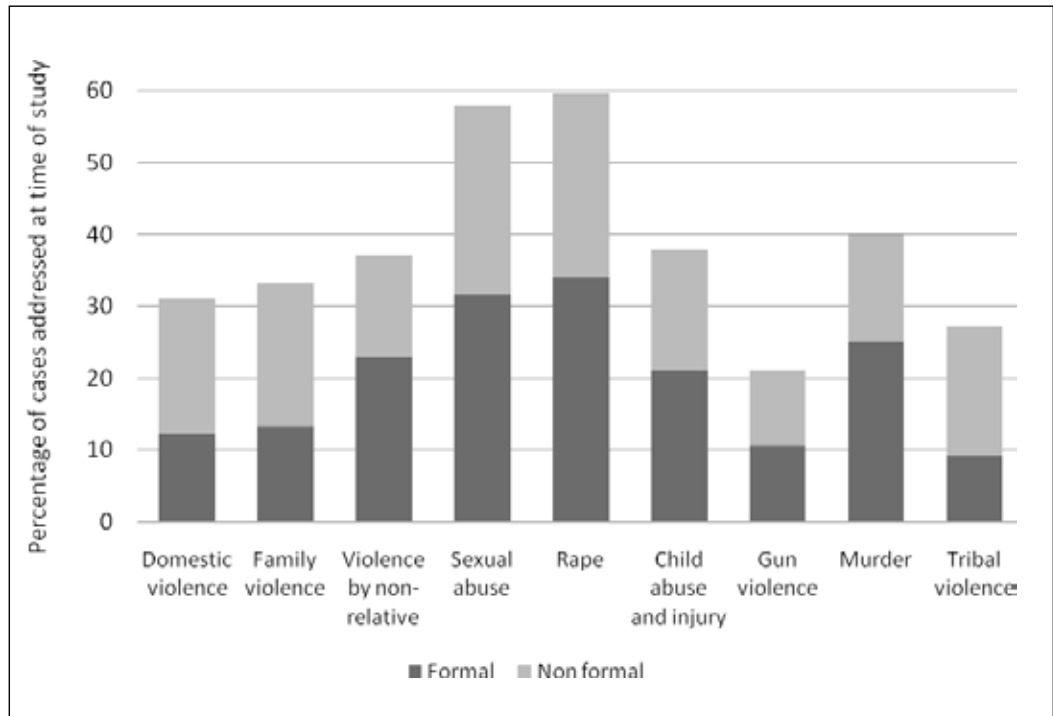
Figure 6: Proportion of total cases addressed through formal and non-formal systems.

Note: Formal systems are police and village courts; non-formal systems include village mediation, mediation by NGOs and negotiations between the parties themselves.

tors trained by NGOs such as Peace Foundation Melanesia and the Young Ambassadors for Peace, and negotiations carried out among the conflicting parties themselves. Village mediation by leaders was reported by patients as the most common course of action (36 per cent) followed by reporting to the police (32 per cent) and use of village courts (17 per cent). Twelve per cent of respondents tried to resolve the problem among the parties involved.

Figure 5 presents these data disaggregated by the gender of the victim: 36 per cent of females and 29 per cent of males had reported their cases or sought mediation before hospitalisation. Of these, males were slightly more reliant on public courses of mediation such as police, village courts and village mediation, (96 per cent, compared to 79 per cent of females that used these services). Fifteen per cent of female victims seeking mediation had their cases dealt with privately between the affected parties, compared to 4 per cent of males.

Methods of redress by type of violence

Figure 6 indicates the percentage of cases of various types of violence for which some kind of action had been taken. These are split into those brought through formal systems (police and village courts) and those dealt with in less formal ways. These categories given are not mutually exclusive; a single case can involve multiple types of violence. The proportions of cases for which action was taken through formal and non-formal systems were similar for cases involving domestic and family violence. Cases in which perpetrators were non-relatives were more likely to be addressed through formal systems. Three of the 14 cases of tribal violence had been mediated: two by village leaders and the other by police.

It was more common for action to be taken to address cases involving rape and sexual abuse than other forms of violence. Fifty-five per cent of rape cases and 58 per

cent of sexual abuse cases were mediated. Although rape is a criminal offence, of the rape cases where some action was taken only 46 per cent were reported to police; 39 per cent of cases were dealt with by village mediation and 15 per cent by the village court.

About 30 per cent of domestic violence cases had been addressed at the time of the study, the majority of which took place outside the formal system (60 per cent). This preference for informal mediation in cases of domestic violence is confirmed by Lewis et al. (2008:195), who found that the first point of contact for women experiencing domestic violence was usually their fathers and brothers, followed by village leaders. However, the hospital survey and narratives from PRA exercises suggest that only when the violence reached "unacceptable" levels would the wife's family intervene.

IMPLICATIONS AND RECOMMENDATIONS

Three characteristics of violence in Hela are confirmed in this investigation of patterns of violently inflicted injury, some of which have been noted in similar studies elsewhere in PNG. Firstly, women are disproportionally affected by violence; secondly, most cases of violently inflicted injury presenting to hospital are due to domestic or family violence, not tribal violence or criminal assault (see also Watters et al. 1996:98) and thirdly, the majority of sexual assaults affect children and in many cases perpetrators are relatives (see also references in endnote 13). More broadly, insecurity and violence pervade all aspects of daily life in Hela, undermining development in the region. It is important that both government and donors acknowledge this fact when considering the financing and implementation of programmes in sectors not directly connected to law and justice, whether they are targeting economic development, health or education. Below we outline some possible recommendations around both prevention of violence and the ways with which it is dealt. Many of these recommendations also hold for much of SHP and indeed other Highland provinces.

Justice and mediation

Collaborative peace-building efforts and interventions by local mediation structures have been identified as effective for resolving conflict in a timely and appropriate way. District-level Peace and Good Order Committees, comprising mostly ward councillors, were set up by provincial governments for this purpose, but in SHP these have been bureaucratic and corrupt and lacked support from district courts. In Eastern Highlands Province the AUSAID-funded law and justice sector programme has brought together stakeholders from the law and justice sector, police, churches and local leaders in "District Peace Management Teams" who negotiate cease-fires in cases of tribal fighting using defined procedures and protocols, before handing mediation to village courts or land mediators. Such a model, funded externally and managed collaboratively, might one day be applicable to Southern Highlands Province. At the same, time village courts need to be reactivated, better supervised and supported with training and funding to effectively carry out their duties. Local informal mediation mechanisms which can address problems quickly, whilst providing "closure" to all parties, should also be supported although it has been noted that in cases of family and sexual violence, local mediation may not always be appropriate.[27] Local NGOs such as Young Ambassadors for Peace have had some success in reducing tribal fighting and can provide important links bringing outside support and training to village-level mediators.

Policing and security

An increase in regular police numbers in Hela is very important and is now occurring in support of the PNG LNG project. The Hawa Correctional Services in Tari is also now being restored for local detainees but the lack of magisterial services in Tari will continue to hamper management of cases. Recognising that most victims of violence are women, systematic training programmes could be delivered to promote gender sensitive workplaces

for police and village courts so that women may feel safe and seek help if they need to. In particular, employment of female officers and establishment of women's desks would be major steps forward.[28] Security sector agents need to recover their tarnished reputation to regain the trust of the community at large. This requires strong leadership within these different sectors to enforce discipline and closer supervision.

Attitudinal change

Male attitudes towards women, perceptions of masculinity, the role of violence in socialising children and parent–child relationships are all important factors influencing the patterns of violence described in this paper. The high prevalence of violence against women should also be seen in the context of traditional beliefs, which ascribe to them the power to pollute or poison men, branding them as untrustworthy due to their divided allegiance between their own kin groups and those of their husbands (Wardlow 2006). Such attitudes are shaped early; programs aiming to reduce violence against women must therefore work with men and boys to challenge cultural links between masculinity and physical and sexual violence against women (Eves 2006). Reproductive health programs should target both men and women and sexual promiscuity and polygamy should be discussed, not only as sexual health issues, but in terms of the violence which they engender in the home.

Challenging broader norms around violence and conflict, peace education can be promoted through the education system through creative and innovative ways that challenge socially and culturally entrenched ideas about the use of violence and inspire children to be agents of change, for example bringing in former ("reformed") tribal fighters or victims of violence to share experiences and lessons. Leadership is also key to social change; influential people and other existing means of influence in Huli society could be used to send out key messages to the wider community. Examples include the *haus man*, which is a key institution in the socialisation of young men, and community-based organisations active in peace building and behaviour change.

Economic empowerment of women

There are a number of small programs in Hela which work to improve women's access to income earning opportunities on the premise that the ability of women to contribute financially to household income and to meet wider social obligations will increase their confidence and standing in the home. Although working women in PNG may be as likely as others to be beaten by their husbands, the ability of women to contribute "value" to their societies may influence male attitudes in the long term and working women who are unmarried or divorced may gain more control over their own lives.

Access to services

A fee of PGK150 (AUD60) for a medical report, which is required to take cases of violence to court, should be abolished as this represents a major barrier for those seeking justice through the formal system. However the fee is a source of funding for hospitals and alternative support would have to be found. At Tari, Médecins Sans Frontières (MSF) now provides reports free for sexual violence offences (MSF personal communication). Fees levied for cases of violence essentially punish the victims: although the work of MSF and Oxfam resulted in the removal of these fees from Tari hospital, they may still be in place at other establishments.[29] Many victims of violence require post-traumatic counselling. MSF provides such services through a family support unit in Tari, but they are lacking in more remote areas. At present there are no safe houses for women in Tari, or indeed in SHP in general. While such establishments exist in urban areas of PNG, guaranteeing their security in Hela region would be extremely difficult and work is needed to explore possible models which could function in such a context.

Looming issues

This report has found that money and land issues are among the key drivers of conflict.

These must be seen against the backdrop of the large LNG project currently under construction, anticipation of the creation of Hela Province, and the upcoming 2012 national elections. These may form an unhealthy mix of political instability, demand for guns and the cashflow required to pay for them. Although direct causal links are hard to demonstrate, a breakdown in government service provision is a factor that exacerbates wider lawlessnes (see also Haley and Muggah 2006:51). Large monetary sums from the LNG project will accrue to national government and to local governments in SHP and Hela. Equitable channelling of these funds into effective service delivery across the wider region[30] would ensure that people feel they have benefited from development and that they have a stake in society with all which this implies.

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ENDNOTES

1. Trauma is the leading cause of surgical death in POM spell out general hospital (Watters and Dyke 1996:121). It is the leading cause of death amongst the population over five years old in Asaro, Eastern Highlands Province (Watters and Dyke 1996:121) and in Tari, amongst the 15–44 age group (Lehmann 2002:58).

2. Large numbers of trauma injuries are intentionally inflicted: in Port Moresby data from the 1990s suggested that assault accounts for around 38 per cent of all trauma injuries presenting to accident and emergency (Watters et al. 1996:94).

3. There is some evidence that suppression of tribal fighting was failing even before the withdrawal of the colonial system (Papua New Guinea 1973); today it is pervasive and in 2005 the media reported fighting in at least six provinces.

4. Data cited in that report suggest that levels in Highland provinces are close to 100 per cent.

5. In PNG the ratio of police officers to civilians is 1: 1000: the comparative figure for Australia, is 1:439 and New Zealand is 1:692 (Goldman 2007: 80).

6. In this case trauma includes both intentional and unintentionally inflicted injuries (including homicide, traffic accidents, drowning, burns and suicide).

7. The death rate from trauma in the 15–44 age group was estimated to be 4029 deaths/100 000 population per year, more than 100 times that of Australia (see estimates from Alpers 2005).

8. Intent could only be determined in about 15 per cent of cases: a sample size of 363 admissions and 190 documented assaults.

9. Mortality data cited in the same source suggested that 5 per cent of deaths at Mendi hospital were from trauma.

10. SHP is one of the most conflict and crime ridden parts of the country, the Small Arms Survey carried out in 2005 revealed that, within this province, Hela region is disproportionally affected by armed violence (Haley and Muggah 2006).

11. Data from Mendi indicate a similar pattern: of cases in which the gender of the perpetrator was specified, 75 per cent were committed by males (Winnington 2008:36). Wardlow (2006:87), looking at two years of data from Tari hospital in the 1990s found that women were responsible for inflicting around one third of injuries; these data included only cases involving adult victims.

12. Six per cent of assaults on men occurred as retribution against the assailant of a female family member.

13. Previously collected data from Tari and Kainantu hospitals suggest that three quarters of sexual and rape victims are under 20, close to figures given here (Haley and Muggah 2006:46). A later report based on data from Tari hospital from 2009/2010 suggests that of rape survivors treated, 74 per cent were minors and 21 per cent were under five years of age (MSF 2011:17). In Port Moresby General Hospital nearly half of all sexual assault victims that sought medical treatment were girls under 16 years of

age, and a quarter were less than twelve years old. The majority of perpetrators were their own family members (Port Moresby General Hospital 1985 in Bradley 2001:112).

14. But prevalence of this type of assault in the general population is high: the small arms survey (Haley and Muggah 2006:42) suggested that 17 per cent of households in SHP had been victims of armed violence from inter-group fighting in the six months up to May 2005; 24 per cent included a combatant.

15. Referring to patients who left the hospital before they were officially discharged.

16. Similar triggers have been identified both PNG wide (Bradley 2001: Section 2.2) and in SHP (Haley and Muggah 2006: 50); the latter study in addition identified gambling as an important trigger of domestic violence.

17. Risk ratios for these factors were close to 3, meaning that these triggers are three times more likely to be associated with a female victim than with a male victim.

18. Alcohol was three times more likely to be associated with a male victim than a female victim; land was twice as likely to be associated with male victims as female victims. However it should be remembered that because a greater number of victims were female, absolute numbers affected may still be higher amongst female victims. So, for example, land was a trigger of violence in 34 cases affecting females and in 30 cases affecting males.

19. Wardlow (2006:30) has described jealousy as a defining (and growing) feature of Tari society. Here, the pidgin term jelas is interpreted by the author as: 'covetousness or an inordinate and dangerous feeling of desire — for money, for things, and sometimes for people'.

20. In this study, polygamy was mentioned by 22 per cent of female victims of domestic violence and infidelity (often on the part of the husband), by 21 per cent. Such

factors have been identified as the most important causes of domestic violence in three other studies: sexual jealousy in Bradley (2001: Section 2.2), polygamy/promiscuity in Haley and Muggah (2006: 50) and infidelity and polygamy in Oxfam and Eastern Highlands Family Voice (2010:16).

21. A nationwide study by NRI showed that half of married women were forced into sex by their husbands (NRI 1993 in Bradley 2001:112).

22. Data from 2009/2010 collected at Tari hospital by MSF show that in rape and sexual assault cases generally (across all ages of victim), 33 per cent of assaults were perpetrated by relatives and 39 per cent by other known individuals.

23. According to Haley and Muggah (2006:44), use of a weapon in domestic violence incidents was reported by 63 per cent of households surveyed in SHP in the six months leading up to the small arms survey in 2005. The proportion amongst those presenting at hospitals is of course much higher, but this gives an idea of overall prevalence in the population as a whole.

24. Here for female perpetrators n=141 and for males n=526 (corresponding to total numbers using weapons). Some cases involved groups of perpetrators and these are not included here. In some cases more than one weapon was used, so totals for each sex sum to more than 100 per cent. Wardlow (2006:87) looking at Tari hospital records from the 1990s found a higher frequency of the use of knives by female perpetrators of injury (34 per cent of 73 cases, whilst sticks and stones were used in 29 per cent of cases).

25 In four cases the question was not asked to the patient.

26 Here, n=81 for male victims and n=224 for female victims corresponding to numbers seeking redress of some kind.

27 "Few people are trained to recognize the imbalance of power between men and

women as a cause for the violence, or that domestic violence is a pattern of abuse— not an isolated incident. In this context, mediation can do a great deal of harm" (Seibert and Garap 2008:12).

28 There is now at least one female officer at Tari Police Station (Oxfam Tari coordinator, personal communication).

29. In November 2009 a directive from the department of health was sent out removing all fees for domestic violence, sexual violence and child abuse cases countrywide, but implementation and follow up may still be required.

30. It is particularly important that this income is used to fund service delivery across the whole of Hela region because at present benefits are largely concentrated in the project development license areas, relatively small areas in which landowners receive substantial cash benefits and job opportunities. Outside those areas young people in particular are likely to feel excluded and marginalised, feelings which can lead to violence and insecurity.
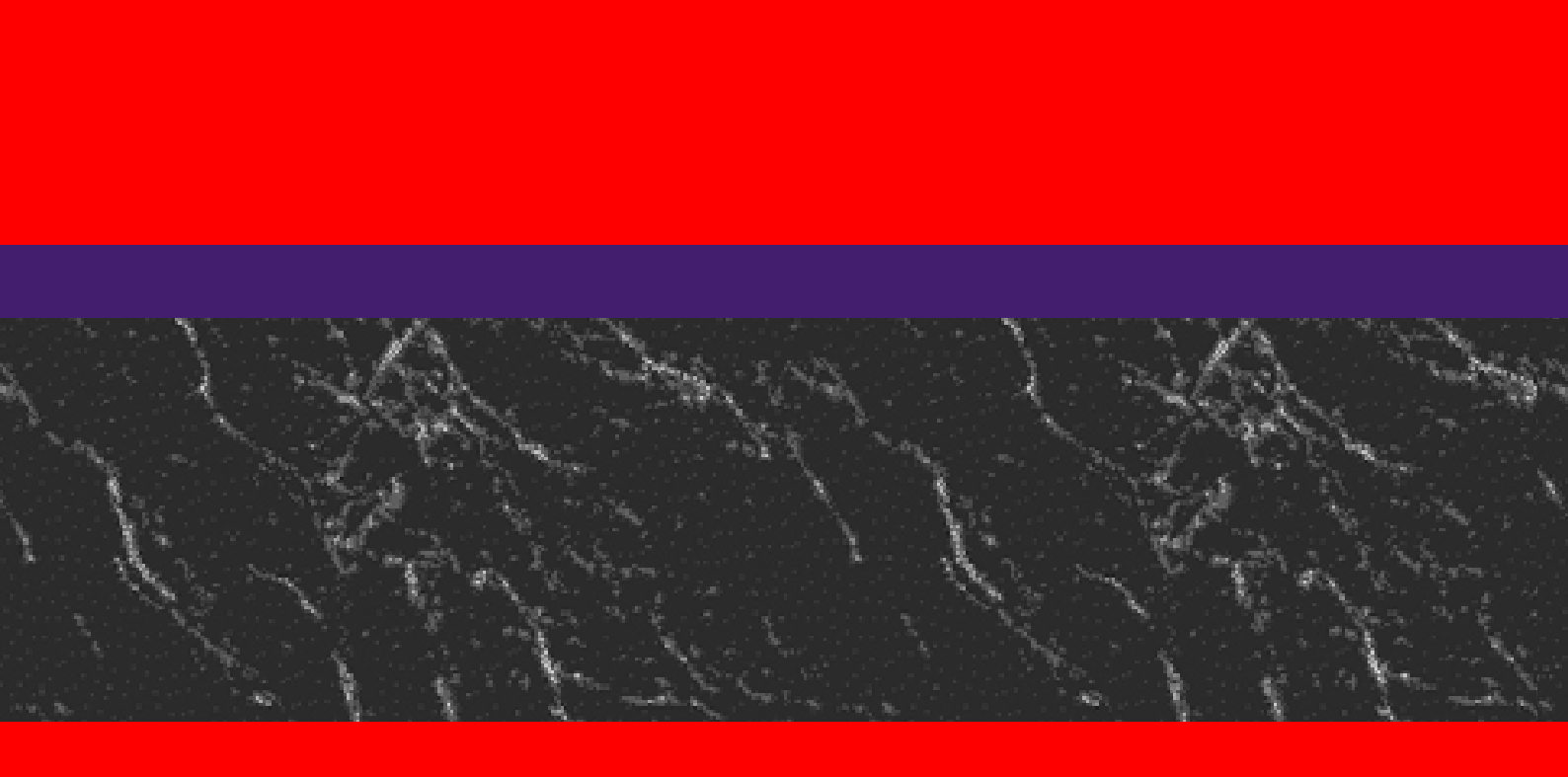
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