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Submission by the Northern Coalition for Disability Rights,
a non government organisation to the
Special Parliamentary inquiry on Gender Based Violence
2021

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More information about Northern Coalition for Disability Rights can be found on our facebook page : Northern Coalition for Disability Rights. Contact: Lorraine Siraba Chairperson NCDR or John Riroriro on 70965566

About NCDR

The Northern Coalition for Disability Rights (NCDR) was formed by People living with disabilities in Oro province, facilitated by the Division for Community Development of the Oro Provincial Administration in 2015.

NCDR is registered with the Investment Promotion Authority and is the provincial umbrella body in Oro that advocates and provides services for people living with disabilities. We are guided by the UN Convention on the Rights of Persons with Disabilities and the PNG National Policy on Disability.

Our purpose:

To mobilise disability organisations to work together to advocate for the protection and promotion of the rights of children, women and men with disabilities and to ensure that programs, services and trainings for people living with disabilities are better coordinated and embraces the diverse needs of persons living with disabilities.

One of our objective is to improving the welfare of people living with disabilities. A key strategy to achieving this objective is to create safe spaces for women with disabilities by **Providing women with disabilities with information and counselling on sexual and reproductive health issues and develop advocacy, information, and support services for women with disabilities who are survivors of all forms of violence.**

We are working to implement this strategy by:

- Supporting the Meri Safe House (Pamone Oreka Bande) capacity building, and provision of resources.
- Linking persons living with disabilities affected by violence with FSVU and Welfare services.
- Working with the Oro Division for Community Development to integrate disability issues into their programs.

We have

- Worked closely with the Oro Community Development to mentor and guide volunteers to establish the Pamone Oreka Bande (Meri Safe house) at Saiho in the Higaturu LLG first ever for the province.
- Secured funding from the Edmund Rice Foundation Australia to equip the Safe house with basic materials such as beddings and kitchen ware.
- We have donated clothes to the Safe House for women and children on the run from GBV.
- Liaised with Callan National Services and coordinated Child Protection training for safe house volunteers.
- With the assistance of Community Development and Police FSVU rescued and relocated a young woman with disability, a victim of sexual violence to the safe house.
- Worked with Community Development to assist police find a solution to help a young deaf woman seek justice for sexual abuse.
- Continue to secure donations from the public to support operations of the safe house.

This submission addresses the following TORS:

TOR C - Inquiry into the impact of coordination and accountability of services.

TOR D –Inquire into the adequacy and prevalence of data of gender based violence and how to overcome limitations in the collection of nationally consistent and timely data including but not limited to court police and hospitals.

Introduction

Globally, around one in five women worldwide is a woman with a disability. For women with disabilities, gender-based violence is often compounded by disability-based discrimination.

Generally, women with a disability are often regarded as weak, insignificant and a burden in their societies thereby increasing their risk of all forms of violence including domestic and sexual violence. Unfortunately, existing programmes meant to prevent gender-based violence do not take into account the unique threats and challenges faced by women with disabilities. Without specific attention and solutions, these women remain neglected, increasing their vulnerability to further risk of abuse. They continue to live with gross injustices by the system and abuse of their rights. This needs to change.

Development agencies, service providers and all relevant authorities need to build into their programmes the right protection for women with disabilities. If we are serious about fulfilling the aspiration to ‘leave no one behind’ then it has to be done.

Situation of GBV against Persons living with disabilities.

1. Realities in PNG:

Current statistics¹ provided by the UNDP GBV Spotlight reveals that the:

- Numbers of women and girls violated has increased in the last 30 years with Intimate partner violence reaching a staggering 600,000 women a year.
- 72% of both young men and women say they are violent in their relationships.
- 41% of women have experienced physical or sexual violence in the last 12 months.

The rate of GBV prevalence in Oro province is 41.7%. This does not mean that we have low prevalence of GBV but rather, this can be attributed to the lack of cases reported to police.

The current data on gender-based violence does not reflect violence against women with disabilities which in itself reflects the lack of attention to this invisible crisis.

Anecdotal evidence suggests there are higher risks of violence for women with disabilities, with sexual violence been prevalent. Cases of GBV against people with disabilities especially for women with disabilities are hardly, if ever reported. Even if they are reported they do not proceed to the next stage of prosecution due to various barriers.

¹ UNDP GBV Provincial Consultation

2. Lessons from our work:

Efforts to prevent GBV services in design and implementation stages of programs are generally not accessible to women with disabilities and do not take into account their needs. Women and people living with disabilities face many barriers when seeking justice, some of which are highlighted below:

a) Physical Barriers

Current infrastructure of police stations, safe houses, courts, legal assistance are located in areas where physical infrastructure is not accessible for people with physical disabilities, ie those who use wheelchairs, crutches and the visually impaired.

Trucks in rural areas are too high for a person with disabilities to climb; they have to be carried onto the truck and for women with disabilities, especially one who has endured some form of sexual violence, this is not appropriate.

b) Lack of knowledge

Service providers lack knowledge and sensitivity, and about how to serve women with disabilities, which results in a failure to identify women who have experienced or are experiencing GBV and offer key services. Cultural biases, superstition and myths about disabilities contribute to the lack of desire for service providers to assist women with disabilities. Lack of expertise in sign language and Braille in the province is also a problem when it comes to helping those with hearing and visual impairments.

c) Distance to services

Many cases in rural areas, are not reported or attended to due to remoteness. This affects timely medical reports in the case of sexual offences and generally results in lack of prosecution because the perpetrator has gone into hiding. Poor police presence in districts contributes to repeat offences. In two of our cases, the victims² were violated three times on three separate occasions due to inaction by police; police did not have a vehicle to conduct investigations in a timely manner.

d) Lack of mobility and high transport costs

For many women with disabilities, they do not have access to Assisted Devices and therefore are immobile and dependent upon others to help them move around. They also do not have money to pay for transport costs.

² Two separate cases -One was a young deaf girl and the other a young woman with physically disabilities (paralysed from the waist down) who had no wheelchair or assisted device to help her move around.

Recommendations:

TOR C - Inquiry into the level and impact of coordination and accountability for services and policy responses across the government departments, the Royal PNG Constabulary and related enforcement and prosecution services, the courts, provincial and local level governments non government and community based organisations and private sector.

Physical Barriers:

1. Ensure that services are physically accessible. There should be a mandatory requirement for all physical infrastructure such as Police stations, Courts, Hospitals, Safe House, public solicitors office and others; these service providers must be accessible regardless of the form of a person's disability or assistive equipment.
2. Identify and remedy structural and architectural barriers both inside and out of the service provider's facilities ie – are the doors wide enough for a wheelchair to access, are there ramps, are signs large enough for those with visual impairment to see, ensuring that a witness box is accessible and that a person of short stature or sitting in a wheelchair can be clearly seen. Are the toilets accessible.
3. Utilize universal designs as much as possible. Universal design means “the design of products, environments, programmes, and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design, and this should include bathroom facilities, shelters and other facilities.”
4. Ensure that shelters include accessible rooms for various disability-related needs and devices.
5. That this inquiry make recommendations to Parliament to push for amendments to necessary legislation that deal with buildings, physical infrastructure, town planning to include provisions to ensure accessibility in the physical environment, transportation, information, communications (including technology), and services.

Lack of knowledge

1. Establish partnerships with organizations of persons with disabilities from the outset of service programme development and engage persons with disabilities in training service providers.
2. Train service providers about disability inclusion, including the needs and experiences of women and all persons with disabilities.

3. Educate staff at all levels of the justice system about the rights, experiences, and needs of women with disabilities to ensure that complaints made by women and persons with disabilities are taken seriously³.
4. Develop crisis hotlines that allow for alternative forms of communication, including, for example, texting or other written formats for people with hearing related disabilities.
5. Where resources allow, offer free or low-cost assistive devices to reduce isolation and to replace devices lost in fleeing an abusive situation.

Distance to services

6. Offer mobile services. Mobile courts can facilitate access to justice for displaced persons, while mobile health clinics and/or outreach services can provide needed health services.
7. Strengthen, educate and raise the credibility of the village court system and the magistrates.
8. Increase and strengthen rural police capacity especially in districts and outstations.
9. Develop community-based services, such as community safe houses including peer-to-peer support groups, which can be particularly effective for making rehabilitation services available at a low cost and in the community.
10. This inquiry recognise the key role played by NGOs and community based organisations in providing services to survivors of GBV in rural areas and support their work through resource allocation.

Recommendations for TOR D:

Inquire into the adequacy and prevalence of data of gender based violence and how to overcome limitations in the collection of nationally consistent and timely data including but not limited to court police and hospitals

1. Collect disaggregated data on a broad range of barriers and experiences affecting service provision for women and persons with disabilities.
2. Disaggregate data by a range of relevant factors, including types of disability, sex and gender, age, socio-economic status and other intersecting factors affecting accessing and use of services.
3. GBV secretariat to be the focal point for data collection, that is all service providers, hospital, police courts to provide their data to the secretariat for a realistic national statistic.
4. Develop standard national template for data collection.

³ Girls with intellectual disabilities face issues of credibility.

References

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- for All: Good practices of accessibility in Asia and the Pacific to promote disability inclusive development, UNESCAP, 2016.