



Peer-led Study on the Rights and Social Experiences of Trans and Gender Diverse People in:

Papua New Guinea

COUNTRY REPORT





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Foreword / A peer-led study on trans rights and transphobic violence was conducted in Fiji, Samoa, and Papua New Guinea (PNG). The key objective is to develop the applied knowledge and research skills of national transgender organizations to help them conduct peer-led research that reflects the lived experiences of their communities and amplifies their voices by building an evidence base for advocacy in PNG. Twelve (12) trans and gender diverse community members were trained in data collection. This is also the first-ever peer-led trans study completed by trans people themselves in PNG.

The objective of the survey is to empower our 12 trans women & gender diverse individuals with the skills, techniques, and knowledge required to do basic research, validate raw data, and engage with and complete a comprehensive report on the findings of the raw data collected.

It is anticipated that the analysis and recommendations will help guide the Hetura NCD LGBT Group to prioritize their program needs and internally discuss and analyze some advocacy strategies. The ultimate goal is to work with partners, donors, and government agencies to address trans rights and transphobic violence in the country.

The data collected as part of this social experience study (SES) report will guide us in planning, implementing, and evaluating trans programs,

while the information analysis with help us advocate with leaders, politicians, and bureaucrats on issues of trans rights and transphobic violence in PNG. The peer-led participants would have been empowered to advocate and fully participate in decision-making processes at all levels of the societies. The data will be used to inform and attract partners, donor agencies, and governments to get resources like funding, technical support, capacity building means, and other essential needs. The report will be a tool to sensitize and bring awareness to our leaders at all levels of society in PNG and address related issues like unemployment, education, general health, and the other special needs of trans people.

The trans program has demonstrated a partnership and bottom-up approach from the initial consultation stages up to the validation of raw data.

It is envisaged to engage all the partners involved when we present to them the final report.

We would like to acknowledge and recognize the partnership and engagement with Asia Pacific Transgender Network (APTN), My Girls Club (MGC), Haus of Khameleon, Hetura interviewers, interviewees (community members), UNAIDS, the US Embassy in PNG, Key Population Advocacy Consortium PNG, National AIDS Council Secretariat (NACS), Anglicare PNG, Hope World Wide, PNG Netball.



Lady Gaga,
Focal Person

Acknowledgements / This study was coordinated by the Asia Pacific Transgender Network (APTN)¹ and led in the country by the Hetura Network PNG Association Inc.² This study has been adapted from Transgender Europe (TGEU)'s *Transrespect versus Transphobia (TvT): The social experiences of trans and gender-diverse people in 8 countries: Colombia, India, the Philippines, Serbia, Thailand, Tonga, Turkey and Venezuela.*

Data was gathered by trained trans and gender diverse people from Hetura and Kapul Champions,³ which is associated with the Hetura NCD LGBT Group. The initial descriptive data analysis was done by Duangta Pawa. The introduction of the report was produced by Patrick Thomsen, interpretation and analysis of the data was supported by Kylie Fisk, and the editing of the report was supported by Sangita Singh.

This report has been reviewed internally by the APTN secretariat. Feedback on the report has been received from Isikeli Vulavou (PSGDN), KP Advocacy Consortium, Hetura, and the research team members.

Our deepest gratitude, however, goes to all the trans and gender diverse people in PNG who shared their open, honest, and

valuable experiences and the peer and technical reviewers who provided feedback on this report. It is with your reflections, experiences, and dedications that APTN can continue to contribute to the advocacy efforts for greater human rights in our fight for equality.

¹ The Asia Pacific Transgender Network (APTN) advocates for the protection of the legal, social, and human rights of transgender (trans) people as well as the enhancement of their social wellbeing and quality of life in the Asia-Pacific.

² Hetura Network PNG Association Inc works in collaboration with domestic grass-root transgender communities to develop and implement activities for sustainability. It creates outreach programmes to expand membership and create community empowerment to help LGBT individuals take ownership of their lives, run program activities, and defend the rights of LGBT communities in PNG.

³ Kapul Champions (KC) is an independent organisation for men with diverse sexualities (MDS) and trans individuals that work towards improving access to services, eliminating discrimination and abuse, and sharing information about HIV and their rights and responsibilities under the law with the LGBT community.



Acronyms

AIDS / Acquired Immunodeficiency Syndrome

ARV / Anti-retro Viral Therapy

APTAN / Asia Pacific Transgender Network

DRL / Bureau of Democracy, Human Rights and Labor

CBO / Community Based Organizations

FtM / Female to Male

GBV / Gender-based Violence

HIV / Human Immunodeficiency Virus

KC / Kapul Champions

LGBT / Lesbian, Gay, Bisexual, Transgender

MGC / My Girls Club

MSM / Men who have Sex with Men

MDS / Men of Diverse Sexualities

MtF / Male to Female

NCD / National Capital District

NGO / Non-government Organizations

PEP / Post Exposure Prophylaxis

PNG / Papua New Guinea

PNG IMR / PNG Institute of Medical Research

PrEP / Pre-exposure Prophylaxis

SPSS / Statistical Package for the Social Sciences

SRS / Sexual Reassignment Surgery

SRH / Sexual and Reproductive Health

SRHR / Sexual and Reproductive Health and Rights

STI / Sexually Transmitted Infection

TGEU / Transgender Europe

TvT / Transrespect versus Transphobia

UNAIDS / Joint United Nations Programme on HIV

Glossary of Terms*

Transgender & Trans

The umbrella term trans covers a diversity of gender identities and forms of gender expressions. The following non-exhaustive list explains some common terms used to describe trans identities and how they are used in this report. The definitions and their applications vary significantly across the region, within specific countries or cultures, and amongst individual trans people. Every person has the right to use the term or terms that best describes their gender identity.

In this region, “transgender” (or “trans”) is used frequently as an umbrella term to describe people whose gender identity is different from their assigned sex at birth. APTN has included the following definition of the terms based on discussions held at a regional consultation in Manila in 2012:

Persons who identify themselves in a different gender than that assigned to them at birth. They may express their identity differently to that expected of the gender role assigned to them at birth. Trans/transgender persons often identify themselves in ways that are locally, socially, culturally, religiously, or spiritually defined.

This report uses the word “trans” as an umbrella term to convey this diversity of gender identity or expression. When it is appropriate, the report uses the following additional terms:

Trans Woman

A trans person who identifies as female (that is, someone whose sex was assigned male at birth but who identifies as female). The acronym MtF (male to female) is also used to describe a trans woman.

Trans Man

A trans person who identifies as male (that is, someone whose sex was assigned female at birth but who identifies as male). The acronym FtM (female to male) is also used to describe a trans man.

Cisgender

Someone who is not transgender, that is, someone whose gender identity corresponds with their sex assigned at birth.

Gender-affirming Health Services

The biomedical, surgical, or health interventions a trans person may undertake to physically transition. This includes, for example, access to counselling, hormone therapy, hair removal, and a range of surgeries. The term “gender-affirming surgeries” is preferred in this document, rather than the older term, “sex reassignment surgery (SRS)”.

Gender Expression

A person’s ways of communicating culturally-defined traits of masculinity or femininity (or both or neither) externally through physical appearance (including clothing, accessories, hairstyles, and cosmetics), mannerisms, ways of speaking, and behavioural patterns in interactions with others.

Gender Dysphoria

Discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics).

Gender Identity

A person's internal sense of being a man, a woman, or some alternative gender or combination of genders. A person's gender identity may or may not correspond with their sex assigned at birth.

Gender-nonconforming or Gender Variant

Someone whose gender identity or gender expression is different from societal expectations or stereotypes. Not all trans people are gender-nonconforming. Some trans people are comfortable conforming to societal expectations of what it means to be a woman or a man. Conversely, some people who are not trans may identify as gender-nonconforming, based on their gender expression rather than their gender identity.

Intersex

Someone whose innate physical sex characteristics (such as chromosomes, gonads, and genitals) are considered to be either male or female at the same time, only partially male or partially female, or neither male nor female.

Transition

A process many but not all trans people undergo to live authentically in their gender identity. This may involve changes to a person's gender expression, such as their outward appearance, clothing, mannerisms, or the name they use in everyday interactions. Transitioning may also involve biomedical and surgical steps that help align a person's anatomy with their gender identity.

Transphobia

Prejudice directed at trans people because of their actual or perceived gender identity or expression. It can also have an impact on non-trans people who do not fit societal expectations for males or females. Transphobia can be *structural* (reflected in policies and laws that discriminate against trans people), *societal* (when trans people are rejected or mistreated by members of the society), or *internalized* (when trans people accept such prejudicial attitudes about themselves or other trans people).

Sexual Orientation

A person's capacity for profound emotional, affectional, and sexual attraction to and intimate and sexual relations with individuals of a different gender (heterosexual), the same gender (homosexual), or more than one gender (bisexual or pansexual) (International Commission of Jurists, 2007).

* Adapted with minor changes from Health Policy Project, Asia Pacific Transgender Network, and the United Nations Development Programme, *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities*, Washington DC: Futures Group, Health Policy Project, 2015.

Introduction / PNG is a culturally diverse country with more than 800 native languages.⁴ Its main spoken languages are English (official) and Tok Pisin (an English-based Creole). There is a heavy stigma associated with identifying as LGBT in PNG.⁵ As a result, trans and gender diverse communities in PNG face major obstacles in living their lives free of discrimination.



⁴ "Papua New Guinea," *One World Nations Online*, https://www.nationsonline.org/oneworld/papua_new_guinea.htm.

⁵ "Reclaiming our Rainbow Cultural Identities," *Rainbow Papua New Guinea*, October 28, 2016, <https://rainbowpng.wordpress.com/2016/10/28/reclaiming-our-rainbow-cultural-identities/>.

⁶ *Ibid.*

⁷ *Ibid.*

⁸ Vlad Sokhin, "Being Gay in Papua New Guinea," <http://www.vladsokhin.com/work/being-gay-in-papua-new-guinea/#1>.

⁹ "Transrespect versus Transphobia Worldwide," *TGEU*, <https://transrespect.org/en/map/legal-gender-recognition-change-of-name/>.

¹⁰ *Ibid.*

In recent years, the term palopa has been coined by gay and transgender communities in Port Moresby, the capital of PNG.⁶ This term is one of several in the Pacific that denotes a third gender, like fa'afafine in Samoa, leiti in Tonga, and mahu in Tahiti and Hawai'i. Similarly, there is a documented term for a third gender identity among the Sambian people: kwolu-aatmwol (male thing transforming into female thing).⁷ This indicates that gender diversity has indigenous reference points that suggest a wider historical, social, and cultural role in the Pacific's many cultures and islands. It is also important to note here that in PNG gay men are often approached by heterosexual men for sexual encounters and this is not considered a homosexual encounter. Being "gay" is tied more to feminine roles.⁸ This complicates the division between gay and transgender people in PNG

because sexuality, in this case, is not tied exclusively to gender identity and expression.

Although no laws criminalize trans or gender diverse identities in PNG, they are noticeably absent from important legislative and policy frameworks. In PNG, much like elsewhere in the Pacific, there are no provisions for the legal change of name or gender markers, both of which are particularly important for trans individuals to live as their authentic selves.⁹ Passport regulations currently only account for a change of name.¹⁰ A suite of legal provisions restrict the freedoms of trans and gender diverse communities in PNG and attempt to criminalize and pathologize them. The PNG Criminal Code, Section 210, criminalizes penetrative sex between men, describing it as "carnal knowledge against the order of nature" and making it punishable with

11 “Criminal Code 1974 (Consolidated to No 12 of 1993), Independent State of Papua New Guinea,” [https://ihl-databases.icrc.org/applic/ihl/ihl-nat.nsf/0/04c49944817d24c8c12576fd00438671/\\$FILE/Papua%20New%20Guinea-%20Criminal%20Code.pdf](https://ihl-databases.icrc.org/applic/ihl/ihl-nat.nsf/0/04c49944817d24c8c12576fd00438671/$FILE/Papua%20New%20Guinea-%20Criminal%20Code.pdf).

12 *State v Sevese*, (2015) PGNC 42; N5961 (5 March 2015), ILGA Survey of State-Sponsored Homophobia (2016) Digest.

13 *Ibid.*

14 Government of Papua New Guinea, *National Health Plan 2011-2020*, June 2010, www.health.gov.pg/publications/PNGNHP%20Vol1_2014.pdf.

15 “Transrespect versus Transphobia Worldwide,” *TGEU*.

16 Annette Kora, “PNG Tops Pacific’s HIV Prevalence List,” *Loop*. October 18, 2017, <http://www.looppng.com/lifestyle/%E2%80%8Bpng-tops-pacifics-hiv-prevalence-list-68139>.

17 A Kelly-Hanku et al., *Kauntim Mi Tu Multi-Site Summary Report 2018: Key findings from the Key Population Integrated Bio-Behavioural Survey, Papua New Guinea* (Goroka, Papua New Guinea: Institute of Medical Research and Kirby Institute, UNSW Sydney, 2018), https://www.aidsdatahub.org/sites/default/files/publication/PNG_Kauntim_mi_tu_Multi-Site_Summary_Report_from_the_Key_Population_IBBS_2018.pdf.



a maximum sentence of 14 years.¹¹ In addition, Section 212 prohibits acts of “gross indecency” between men or the procurement or attempted procurement thereof, with a penalty of up to three years of imprisonment. Section 212 was most recently used in 2015 to charge a man from the Malalaua district.¹² The judge noted that homosexual acts were common, despite the lack of reported cases, and while his sentence was suspended, the case was prosecuted “to deter [the defendant] and others from indulging in this type of behaviour.”¹³

Stigma and discrimination also become huge barriers to accessing health services. There is hardly any wider societal and systemic support for trans and gender diverse communities in PNG. There is no mention of trans people in PNG’s National Health

Plan for 2011–2020, which guides health provisions and strategies.¹⁴ Moreover, there is no provision in PNG’s health services for hormone therapy and gender reassignment surgery.¹⁵ The absence of a focus on the LGBT community in the country’s health plan has resulted in a high incidence of STI and HIV in trans populations in PNG. It is estimated that roughly 47,795 people live with HIV in PNG. This is the highest rate of prevalence in the Pacific.¹⁶ Trans people comprise a key population category in the national HIV strategy. Unfortunately, they remain subsumed under the MSM category given the limited disaggregated data and relevant responses based on their distinct behavioural, psychosocial, and gender-affirming needs.

Studies have demonstrated that trans people, especially

those engaged in sex work, are at higher risk of HIV. There is an 8.5% HIV prevalence among MSM and trans individuals in Port Moresby and Lae, currently, against the population average of 1.4%.¹⁷ The prevalence of hepatitis B, syphilis, chlamydia, and gonorrhoea for MSM and trans people is 34.0% in Port Moresby, while 42.0% MSM and trans people in Lae have been diagnosed with one or more STIs, excluding HIV. Studies have highlighted how trans sex workers are more likely to be HIV positive than non-trans sex workers.¹⁸

“THE ABSENCE OF A FOCUS ON THE LGBT COMMUNITY IN THE COUNTRY’S HEALTH PLAN HAS RESULTED IN A HIGH INCIDENCE OF STI AND HIV IN TRANS POPULATIONS IN PNG.”

Trans and gender diverse communities have relatively low socioeconomic status. According to a report published by the PNG Institute of Medical Research (PNG IMR) and the Kirby Institute at the University of New South Wales in Sydney, trans populations in Port Moresby and Lae had a literacy rate of 80.5% to 86.7%,¹⁹ which is far above the national literacy average of 62%.²⁰ Yet, respondents in this survey demonstrated a high unemployment rate of 45.8% to 55.6%. This disparity is important to note as the World Bank estimated that

the national unemployment average for PNG is 2.36%.²¹ The report also highlighted that trans populations in PNG were earning less than 500 Kina per month,²² which equates to 3.125 Kina per hour over a 40 hour week, below the legally mandated minimum wage of 3.50 Kina per hour.²³ Tellingly, there are no legislative provisions, either in the Employment Act 1978 or more broadly, that prohibit discrimination in employment on the grounds of sexual orientation, gender identity, or intersex status in PNG.²⁴

The lack of employment opportunities and options is further associated with trans people’s vulnerability to violence. A qualitative survey into GBV against MSM and trans people in PNG, conducted between April and May 2011, found that almost half of the participants were unemployed.²⁵ The survey also revealed that the type of GBV most commonly experienced by the trans participants in this study is what is categorized as “other types of GBV,” including stigma, discrimination, theft, social exclusion, lack of cooperation from the police (including cases of the police refusing to file cases reported by trans people), refusal of service by healthcare personnel, rejection by members of the family, etc.²⁶ As many as 19 out of the 23 (83%) MSM and trans respondents reported having experienced physical

¹⁸ Angela Kelly et al., *Askim na save (Ask and understand): People who sell and/or exchange sex in Port Moresby. Key Quantitative Findings* (Sydney, Australia: Papua New Guinea Institute of Medical Research and the University of New South Wales, 2011), https://sphcm.med.unsw.edu.au/sites/default/files/sphcm/Centres_and_Units/Askim_na_Save.pdf.

¹⁹ Ibid 18. p11.

²⁰ “Papua New Guinea Education and Literacy,” *UNESCO, Institute of Statistics*, <http://uis.unesco.org/en/country/pg>.

²¹ “Unemployment, total (% of total labor force) (modeled ILO estimate) – Papua New Guinea,” *The World Bank Group*, <https://data.worldbank.org/indicator/SL.UEM.TOTL.ZS?locations=PG>.

²² 500 Kina = 144 USD (as per Xe Currency Converter, August 2020).

²³ “Minimum Wage – Papua New Guinea,” *Wage Indicator.org.*, <https://wageindicator.org/salary/minimum-wage/papua-new-guinea>.

²⁴ Kaleidoscope Human Rights Foundation, *Report on Papua New Guinea regarding the human rights of LGBTQI persons: 25th session of the Universal Periodic Review April – May 2016* (Melbourne and Sydney, Australia: Kaleidoscope Human Rights Foundation, 2016), <https://uprdoc.ohchr.org/uprweb/downloadfile.aspx?filename=2689&file=EnglishTranslationInternational>.

violence and 15 out of 23 (65%) reported having experienced sexual violence.²⁷ Alarming, trans people also reported a reluctance to report GBV to police because of fear of further violence from the police. They reported incidents where the police have refused to take action in cases of GBV reported by MSM and trans people or even slammed charges against them for violating laws against same-sex relations.²⁸

“THROUGH THEIR CONSULTATION AND ADVOCACY WORK, KAPUL CHAMPIONS DRAWS ATTENTION TO THE LACK OF RESEARCH ON SPECIFIC PRACTICES AND CULTURES IN PNG.”

Given the incredibly precarious social position trans and gender diverse people occupy in PNG, there are now organizations that advocate for their rights and interests. One such organization is Kapul Champions, which was established by local MSM and trans individuals to represent the interests of their communities across the country and better contribute to the national HIV response. Through their consultation and advocacy work, Kapul Champions draws attention to the lack of research on specific practices and cultures in PNG, the increasing amount of physical and sexual violence perpetrated by police and family members on trans people,

and alcohol abuse among trans communities.²⁹ Kapul Champions (with over 100 MSM and trans community members) calls for the formation of a national organization while acknowledging the existence of informal networks across the country.³⁰

This report reveals the social experiences of trans and gender diverse Papua New Guineans in light of intensely complex social, political, and cultural contexts, focusing particularly on legislative and societal discrimination, harsh punitive measures inflicted by the police, and the lack of socioeconomic status as a result of the exclusion from the law, health, education, and employment settings. The report also highlights the resilience and strength of the community, which helps it fight for protection from human rights violations. The findings of this study provide valuable data and evidence to further advocate for the well-being of trans and gender diverse people, their protection from violent and discriminatory practices and actions, and the fulfilment of their rights as citizens under the law.

²⁵ FHI 360, *Exploring gender-based violence among men who have sex with men, male sex worker and transgender communities in Bangladesh and Papua New Guinea: Results and Recommendations* (Durham, NC: FHI 360, 2013), 22–23, https://www.fhi360.org/sites/default/files/media/documents/GBV%20Study%20report_Final.pdf.

²⁶ Ibid, 20.

²⁷ Ibid, 19–22.

²⁸ Ibid, 21.

²⁹ Matthew Tyne, “Regional Feature: Kapul Champions: a proud new voice in Papua New Guinea,” *Australian Federation of AIDS Organizations*, July 2013, <https://www.afao.org.au/article/regional-feature-kapul-champions-proud-new-voice-papua-new-guinea/>.

³⁰ Ibid.



Methodology / This research was conceptualized as a peer-led study and has been adapted from the TvT social experiences study conducted by TGEU. The country research team for PNG and APTN retained the original form of the questionnaire from sections 1 to 9 but changed some sentence structures and removed or combined specific questions to adapt to the local context. Additionally, section 10 was jointly developed with local trans organisations to include questions on humanitarian aid services, SRHR services, traditional healers, and traditions.

Training sessions on research methodologies and data collection were conducted in PNG in September 2018. The country team identified a focal person and 10 research team members (from the trans or gender diverse community). The existing TvT survey tool was reviewed and adapted to the specific country context by including culturally appropriate terminology.

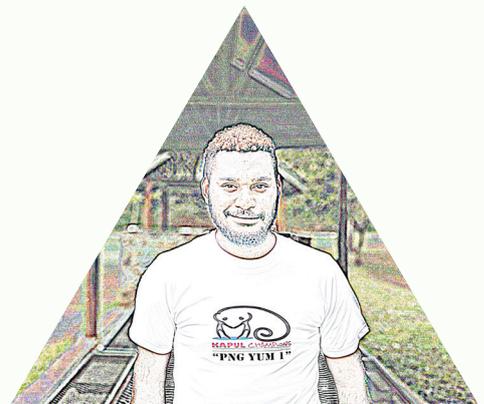
The questionnaire is divided into ten sections (see Annex 1):

1. General Information
2. Family, Friends, and Partners
3. Formal Education
4. Labor Market, Job, Earning one's Living
5. Health Care
6. Legal and Criminal Justice Systems
7. Religion
8. Society
9. Culture
10. Local Section (Humanitarian Aid Services, SRHR Services, Traditional Healers, Traditions)

The questionnaire was finalized

by the end of November 2018. There was a consensus across the teams in all three countries to keep the questionnaire in English and verbally translate questions into the local language, if required, to ensure a fuller understanding of terms and concepts. In total, there were 175 questions, including sub-questions that required explanatory responses. Enumerators were required to guide interviewees through the questionnaire and write down the responses. The paper-based questionnaire worked as a guided interview where the researchers asked the questions and wrote down the response of the respondent.

The data gathering process commenced in December 2018 and continued till January 2019. The objective was to collect at least 50 interviews to ensure a diversity of respondents in terms of gender identities, making sure at least 10% of the respondents were trans men/masculine. Each interview started by



providing the respondents with an information sheet (Annex 2) about the research. Respondents were surveyed if they met 5 pre-determined inclusion eligibility criteria. If eligible, informed consent (Annex 1) was sought, and assurance of confidentiality was provided before progressing. Lastly, an 18-character interview code was determined for each respondent to ensure their anonymity. After each interview, respondents were asked if they are willing to be contacted for a follow-up discussion. If yes, another informed consent was signed to get the respondent's mobile number and/or e-mail

address. Each respondent was provided with a transportation allowance to support their participation in the study. Each interviewer was compensated per accomplished form. A total of 52 respondents were interviewed in PNG. A majority of the respondents came from Port Moresby, while a few came from the neighbouring Central Province.

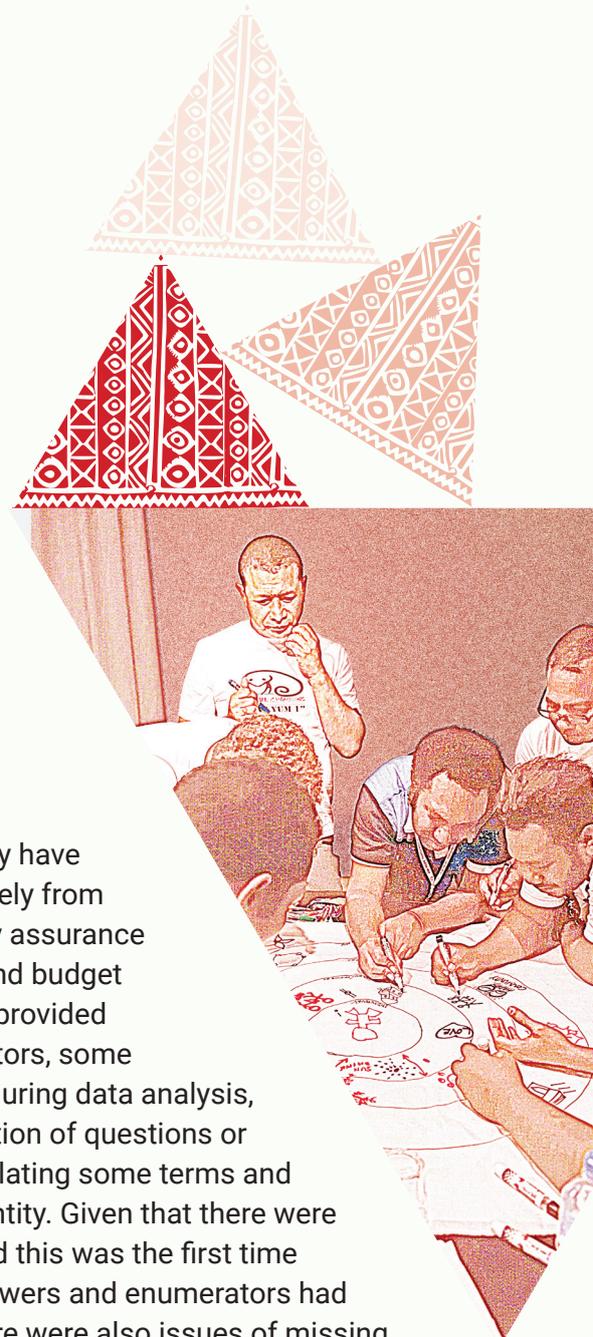
DATA MANAGEMENT AND ANALYSIS /

The survey questionnaire was structured in ten sections, grouped thematically by modules. This structure has largely been followed in the presentation of the analysis, though some items have been merged or placed in different sections to ease reading flow. Data has been imported from Excel and analysed using IBM SPSS v.24. The data has been coded and labelled according to the survey tool. Validity checks have been performed, but the removal of entire cases has been avoided to preserve data quantity; instead, inconsistent results or responses unrelated to the question have been noted in the footnotes. Likewise, qualitative answers unrelated to the question have not been removed but noted in the footnotes instead. The selection of findings presented in the report includes responses that align with the key themes or are particularly interesting or unexpected and instances where quantitative and qualitative data are complementary or particularly insightful. With a sample of 52 individuals and a diverse range of gender identities, disaggregation by gender was limited, though we point towards patterns where they exist by gender.

“A TOTAL OF 52 RESPONDENTS WERE INTERVIEWED IN PNG. A MAJORITY OF THE RESPONDENTS CAME FROM PORT MORESBY, WHILE A FEW CAME FROM THE NEIGHBOURING CENTRAL PROVINCE.”

LIMITATIONS /

Some of the limitations that may have affected the data stemmed largely from the limited oversight and quality assurance of data collection due to time and budget constraints. While training was provided to all interviewers and enumerators, some inconsistencies were revealed during data analysis, potentially due to misinterpretation of questions or terms due to difficulties in translating some terms and concepts relating to gender identity. Given that there were a large number of questions and this was the first time many of the community interviewers and enumerators had engaged in such an activity, there were also issues of missing data in sections. Finally, given the hard-to-reach population, many interviewees were associated with the coordinating organisations and other LGBT organisations in the country, leading to a potential sample bias. Statistical validity checks were performed to ensure the rigour of the data presented in this report.





31 Carla LaGata/Carsten Balzer and Jan Simone Hutta, eds., *Transrespect versus Transphobia: The social experiences of trans and gender-diverse people in Colombia, India, the Philippines, Serbia, Thailand, Tonga, Turkey and Venezuela*, TvT Publication Series 9 (Berlin, Germany: Transgender Europe, 2015), <https://transrespect.org/wp-content/uploads/2015/08/TvT-PS-Vol9-2015.pdf>.

Findings / This section presents the results of the APTN peer-led study on the social experiences of trans and gender diverse people in PNG as one section of an overall comparative research methodology and narrative. This section aims to highlight key results, drawing on the significant experiences reported in response to the longer questionnaire and triangulating quantitative and qualitative data. It also draws on the *TvT Survey on the Social Experiences of Trans and Gender Diverse People* and aligns with its aim to “identify which aspects in the wide range of domains examined are especially positive or problematic and in need of political attention.”³¹

BASIC DEMOGRAPHICS /

The youngest person in the sample was 19, while the oldest was 52, with the mean age of the respondents being 30.4. Of the 52 respondents in the PNG sample, 49 identified as Christian and of the few who specified beyond this, one was Bahai, one was affiliated with the United Church, and two were Seventh Day Adventists. Of the respondents, 35 (67.3%) lived with family (parents/siblings/relatives), 8 lived alone, 4 with roommates, 3 with partners, and one in a church compound that was a refuge for the homeless.

The average length of formal schooling was 7.75 years (maximum 12 and minimum 0), with 24 (46.2%) graduating high school, 14 (26.9%) graduating primary school, and 5 (9.6%) having no schooling. All respondents were from PNG and lived in the National Capital District, Mainland New Guinea. A list of represented ethnic groups has been presented in the table on the following page.

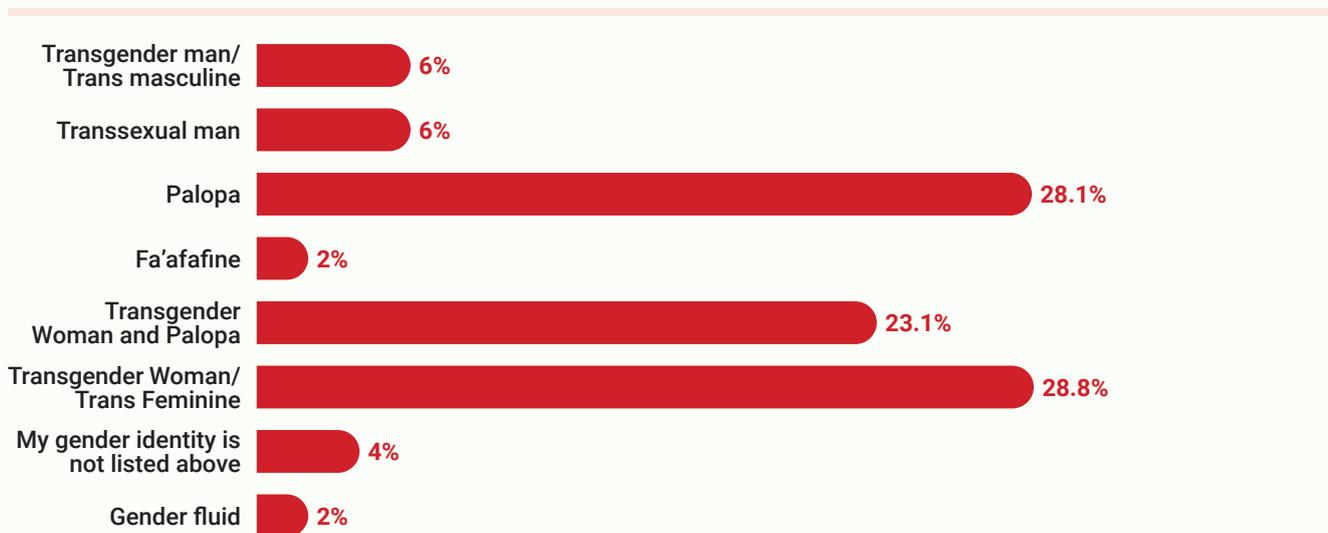
TABLE 1. FREQUENCY TABLE OF ETHNIC GROUPS INCLUDED IN THIS STUDY.

NAME OF ETHNIC GROUP	FREQUENCY	PERCENT (%)
Bogian	1	1.9
Henganofi, Highlands	1	1.9
Highlander	1	1.9
Papua	25	48.1
Kerema, Gulf	4	7.7
Kikori	1	1.9
Malalaua	1	1.9
Motu Koitabu	5	9.6
NA	2	3.8
Oro	1	1.9
Papuan	7	13.5
Toaripi	1	1.9
Tolai	1	1.9
Yangoru	1	1.9
Total	52	100.0

GENDER IDENTITY /

Of the 52 individuals in the sample, 49 were assigned male at birth, and 6 (11.5%) have an intersex variation (9 did not know whether they had an intersex variation). Among the respondents, 15 (28.8%) currently identify as trans women/transfeminine, 15 as palopa, and 12 (23.1%) as both trans woman and palopa. Three respondents currently identify as trans men/trans masculine, 3 as transsexual men, 1 as fa’afafine, and 1 as gender fluid. 1 respondent provided an “other” response of “male.”

FIGURE 1. “HOW DO YOU CURRENTLY IDENTIFY IN TERMS OF YOUR GENDER?”



Thirty individuals (57.7%) said they were raised in the gender they currently identify as. The youngest age at which a respondent began to identify as their current gender identity was 5, while the oldest was 22, with the mean age at which the respondents began to identify as their current gender identity being 12.25. The youngest age

at which gender identity was expressed to family (among 11 respondents) was 10, the oldest being 22. The rest are either yet to express their identity to their families or chose not to answer. The majority (67.3% or 35 people) said they always live in their preferred identity, and while the rest did not always (4 respondents said they rarely

do), no respondent said they never live in their preferred identity. Reasons given for not always living in their preferred identity included social stigma, status, security/safety, and expected "role as a male child."

FIGURE 2. "I LIVE IN MY PREFERRED GENDER IDENTITY AND/OR EXPRESSION."



Although 47 respondents (90.4%) did not have documents affirming their preferred gender identity, some (42.3%) did have documentation with their preferred name. There were a variety of documents with preferred name, including passports, ID cards, birth certificates, and various combinations of the above. Other documents with preferred name included school certificates (3). This may suggest that a legal name change to align with gender identity is a viable option in the absence of legal recourse for changing the assigned gender to the preferred gender. However, 20 respondents said their preferred name was their male name.

TABLE 2. FREQUENCIES OF DIFFERENT LEGAL DOCUMENTS.

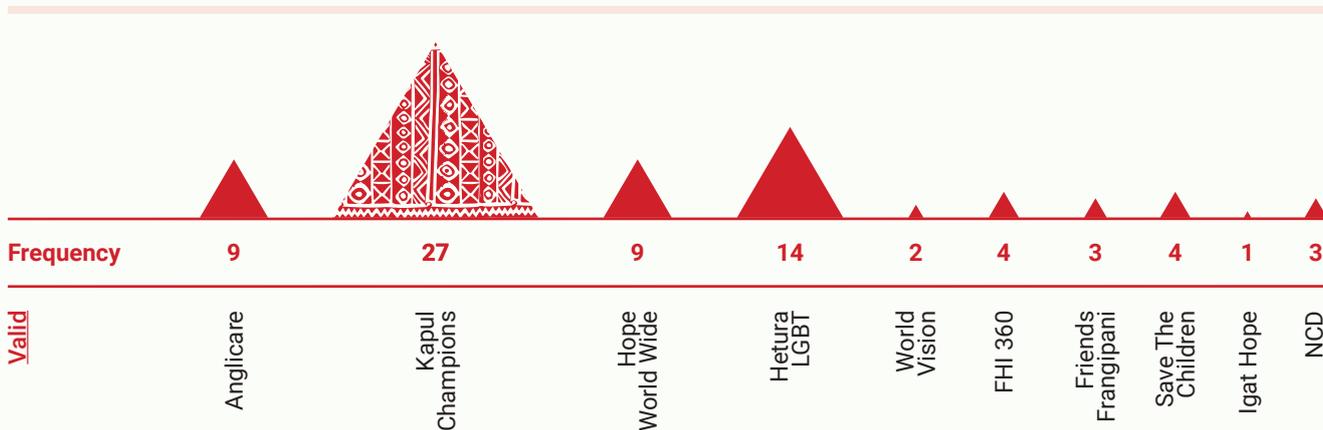
PREFERRED NAME ON LEGAL DOCUMENTS	FREQUENCY	PERCENT (%)	VALID PERCENT (%)	CUMULATIVE PERCENT (%)
Valid				
All Of These Documents	2	3.8	3.8	3.8
All Of These Documents & Others	4	7.7	7.7	11.5
Passport & ID Card	3	5.8	5.8	17.3
Identity Card	3	5.8	5.8	23.1
All But Passport	3	5.8	5.8	28.8
ID Card, Birth Certificate, & Others	3	5.8	5.8	34.6
Birth Certificate	4	7.7	7.7	42.3
NA	30	57.7	57.7	100
Total	52	100	100	

A large number of participants (59.6% or 31) were actively involved with organisations working for trans and gender diverse people, likely due to the nature of participant

recruitment through snowball sampling via CBOs. A full list of the CBOs/NGOs the respondents were involved with has been provided below, including individual tallies

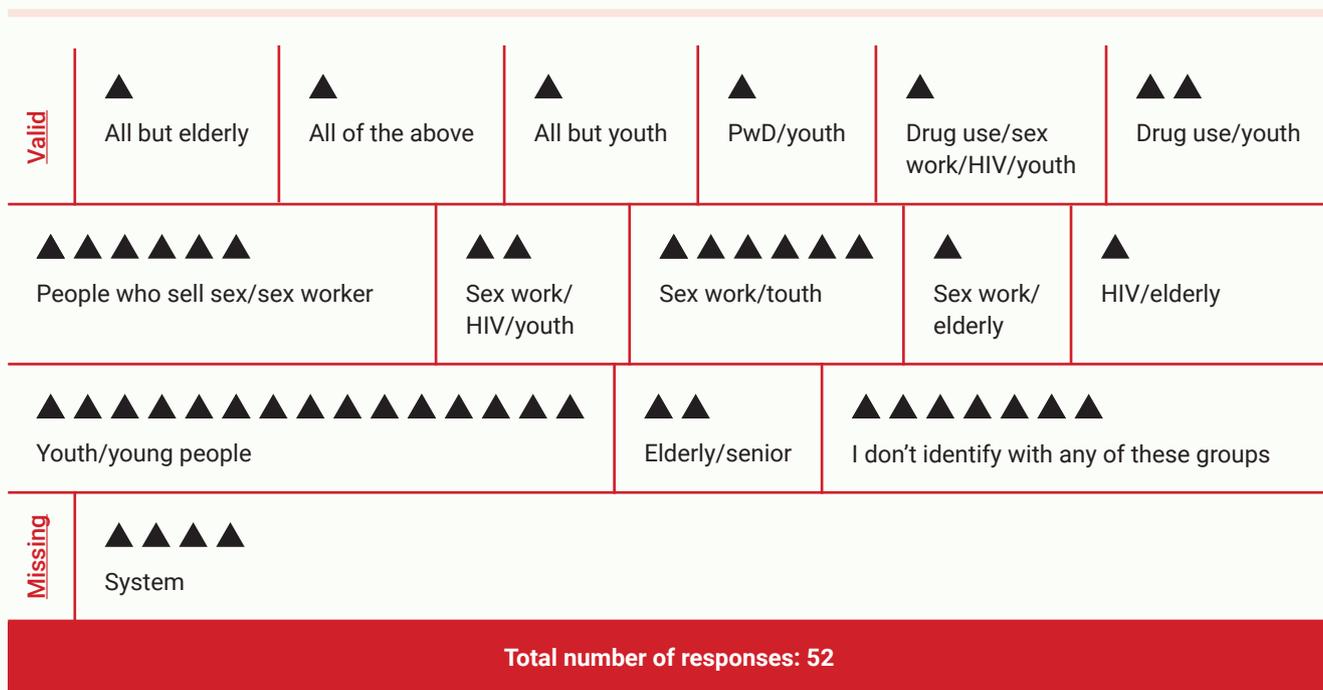
where individuals selected multiple responses.

TABLE 3. FREQUENCY TABLE OF RESPONSES TO THE QUESTION, "ARE YOU ACTIVE IN ONE OR MORE ORGANIZATION/S WORKING FOR TRANS AND GENDER DIVERSE PEOPLE? PLEASE STATE THE NAME OF THE ORGANISATIONS IF YES."



Many identified with other specific groups, with the most common being youth (15), followed by sex work (6) and sex work/youth (6).

TABLE 4. FREQUENCY TABLE OF RESPONSES TO THE QUESTION, "DO YOU IDENTIFY AS BELONGING TO ANY OF THESE GROUPS?"



*Each triangle represents the frequency of responses per group

FAMILY AND FRIENDS /

A high number of respondents had experienced bullying, attacks, or abuse from family members due to gender identity/expression, with 40.4% of the sample experiencing this at least once (25% said often). This is concerning, given that the majority of the respondents still live with their families. Only 17 respondents said they had never experienced this kind of abuse, and 14 skipped the question. The examples given in qualitative responses reveal that a majority of the perpetrators were male family members (brothers/fathers/cousins), and violence, often extreme, was inflicted as a punishment for “hanging around with the girls” or “not doing what they expect in the ‘right’ way.”

In contrast, responses to the follow-up question asking about support from family suggest that females (mothers/aunts/sisters) and younger family members (nieces/nephews) provide a protective barrier. Perhaps the support is borne from feelings of solidarity and understanding, though many examples attribute it to contributions made towards easing the domestic labour burden

on women by helping with chores, housework, babysitting, etc. However, these responses should be read in context with the responses that connected violence as a punishment for spending time with female family members. Multiple responses cite examples of female family members standing up for the respondent against bullying or abuse or accompanying them in public. In total, 76.9% of the sample of 40 respondents reported at least one instance of support/acknowledgement from family.

TABLE 5. QUALITATIVE EXAMPLES GIVEN BY PARTICIPANTS OF FAMILY SUPPORT AND ABUSE.

EXAMPLES OF BULLYING/ABUSE/ATTACKS BY FAMILY MEMBERS		EXAMPLES OF SUPPORT/ACKNOWLEDGEMENT BY FAMILY MEMBERS
<p>“Bullied; pretend that I do not belong to them, ignorance. I also got [attacked], threatened to change my gender.”</p>		<p>“My mum on my side and always supports me”</p>
<p>“Called me by names, gay man.”</p>		<p>“Because they understand me very well that I am transgender and I help them to do [their] household chores.”</p>
<p>“I am bullied by giving tag names or even [teased]. I get attacked by family members through punching.”</p>		<p>“Doing all the house chores, child minding.”</p>
<p>“I get punched when I was seen getting along with girls, and even I was attacked in the playgrounds.”</p>		<p>“Especially from my sisters (in-laws), nieces, and nephews support against bullying.”</p>
<p>“If I do not do what they expect in the right way or do not attend it then all will be blamed.”</p>		<p>“Family arguments, get support from sister.”</p>
<p>“If I don’t do things correctly or I don’t do anything wrong, still I get pain.”</p>		<p>“Family supports me I help in many ways.”</p>
		<p>“From my mother.”</p>
		<p>“I get acknowledged and praised when I get housework done or child minding.”</p>

"Just used name tags on me, including swearing. Am also abused by touching my private parts."

"My big brother is always against my gender and he bashes me every time when I do wrong things in front of him."

"My big brother would bash me up, tie me to the mango tree and leave me there till morning."

"My brothers always belt me and ask me to act like a man."

"Picked on by my cousin brother at school, physical abuse too."

"Swearing and fighting with me, even threatening to kill me."

"They bullied me through name tags, abused me in one way or the other physically and emotionally."

"They do not want me to be with the girls."

"They stopped me being like a girl but try to [make me] act like a boy."

"They try to hit me and tell me to act as the gender I was born of."

"When I hang around with my cousin sisters, my big brothers would scold me and beat me."

"When I sit with girls and do not behave...I get attacked by the boys."

"I get attacked when I do something wrong in the house."

"I get support and acknowledge in doing house chores, child minding, other family duties, or obligations."

"I get support and acknowledged in doing man's work, chopping firewood, building house together with me."

"In terms of bus fare to work or when am going to the shops or at the market they would follow me."

"My cousin helps me find jobs."

"Mothers' day gift, birthday gifts, X-mas presents."

"My big sister was the only one who understand my identity."

"My family supports me, especially my mum, because I do a lot of good things at home."

"My family always support me when I am always in need and danger."

"My father is a policeman and I am the last born in the family that's why my parents always support me."

"My mother always support me with my elder sister by paying my school fee."

"They support me by telling others to mind their mouths and let me be who I am."

"My mum and sisters always supports and encourage me when am down."

"Mum would go against people who bullied me."

"The support is there, but the abuse/violence pushed me out of the family."

There were mixed responses to the question regarding whether they reveal gender identity to friends, with 40.4% (21) saying they always do so, 42.3% (22) saying only to some, and only 17.3% (5) saying that friends had never appreciated their gender identity/expression (13 respondents skipped the question), while 14 (26.9%) said their friends were always

appreciative. In general, there were far more examples of support/appreciation than disrespect. Many examples of disrespect seem to be associated with a social or public-facing element, indicating that it is not transgender identity per se that is the issue but the perceived stigma of being associated with an “open flower.” Social media

was mentioned more than once as a source or platform for disrespect.

“Acceptance” was the most commonly cited example of appreciation, and similarly, examples of “being seen with” their friends were often cited, highlighting the importance of this kind of public-facing solidarity.

TABLE 6. QUALITATIVE EXAMPLES GIVEN BY PARTICIPANTS OF FRIENDS’ SUPPORT AND DISRESPECT.

EXAMPLES OF DISRESPECT FROM FRIENDS		EXAMPLES OF SUPPORT FROM FRIENDS
“Because I am open and easily express myself.”		“Because I am educating/advocating for the trans population.”
“Being told that am not in their class or try to make knitty gritty comments about me or throw name tags at me.”		“Because I work and I am educated I am able to provide for my family and friends; that makes them respect my status as working-class transgender.”
“Disrespect falls in when my code of dressing is inappropriate; that stirs up issues.”		“By all means of respect in one way or the other.”
“Don’t like to get along with us open flowers, feminine gays.”		“Due to my nature character (pasin), I am a person who shares and gives to children and people in the community.”
“Especially in social media, gossiping about my being a transgender having relationships with men.”		“Especially girlfriends, they call me to hang around with them, like parties, picnics, etc.”
“In terms of discrimination, some people that do not like people like me.”		“I get appreciated by friends and [they] respect my identity by showing politeness.”
“Some people who are anti-gay don’t like the way I am and they disrespect me a lot.”		
“Sometimes I get bashed up by the boys in my community.”		

"They call me name tags like asskan and others."

"They call me names and use bad language towards me."

"They sometime call me by names or get cross with me."

"They would ridicule me in front of their children."

"There are new friends that are yet to accept me, especially Facebook friends, when I disclose my identity to them."

"Too noisy in the group."

"When I do not get respected is when I do too much of talking or been too rowdy."

"When they are under the influence of alcohol or homebrew."

"When they are upset, they call me names and gossip about my status to others."

"When you walk, they still brand you."

"Yes, but in/during social gatherings there's always sharing, giving; laughters makes a huge difference."

"I socialize with all the friends and people in my community, both male and female, and they all know what type of person I am and it's normal to them."

"My friends love me for who I am and the things I do for them."

"Only the girls and a few boys who understands my gender identity appreciate me and hangs around with me."

"Take me sometime out for party and other activities."

"They appreciate the fact that I am a male transgender."

"They know me as a neighbour and knowing my characters."

"They see me as who I am and respect my sexuality."

"Verbal appreciation, friendship, and token as gift from friends."

"We respect each other and that kind of lifestyle remains as a good culture. We respect each other."

"We would share betel nut and smoke and walk around."

The highest levels of appreciation and support were reported from partners, with 42.3% (22) reporting they always received support from their partner, 17.3% (9) reporting that they received support often, 17.3% reporting sometimes, and 5.8% saying rarely. Nine respondents did not answer the question. Many examples of respect included things like "loving/respecting/accepting me as I am," with some caveats like "as long as I am not too open about my identity

to everyone else." Of the 43 who answered the question, 11.5% (6) reported that their partner disrespected them often, 19.2% sometimes, 9.6% rarely, and 42.3% never – though still high percentages reported disrespect from a romantic partner. Examples of disrespect included "not stopping friends who are going on and on with gender." Four respondents cited alcohol as a predicate for disrespectful treatment.

EXPERIENCES IN EDUCATION /

A total of 41 respondents (78.8%) had received formal education. Hearteningly, 46.2% (24) reported never having faced issues with moving schools due to their gender identity. Still, 25% (13) described having had negative experiences at least once, with most respondents relating instances of bullying, particularly being called “name tags.” Among the respondents, 28.8% (15) had experienced at least one instance of their achievements being acknowledged less than that of others due to their gender identity, both at school and at home: “especially awards/prizes, if I was doing well... others would get better prizes,” “especially standout doing group work or in the family contribution, you are less acknowledged compared to the straight man, brother in the family.” One respondent put the difference down to “the fact that I am doing sex work at the time I was schooling.”

46.2% (24) of the respondents had experienced at least one instance of receiving respect and acknowledgement at school because of their gender identity. However, these instances of respect were often associated with very high levels of achievement, like being “class captain,” a “top student,” or “sporting captain”. One respondent, reporting never having received this respect, said, “It’s like they would say a

palopa is putting the straight people’s score down by being better.” A slightly smaller number (42.3%) reported positive or respectful treatment from teachers due to their gender. As in the case of family and friends, female teachers were singled out as the main supporters. A smaller number experienced disrespectful treatment (13.5% at least once, and 3 individuals often). Again, being “always close to girls,” and “the way I walk and talk is girlish” were reasons cited for disrespectful treatment. Five individuals had experienced occasional violence from teachers: “belted by cane, because of other students’ mistakes,” “[whether] am right or wrong the teacher will still hit me.”

Of the respondents, 40.4% (23) had experienced at least some bullying, exclusion, or insults due to their gender (8 respondents said they had often had such experiences), with specific responses including the following: “always told to stand last in line,” “discriminated or stigmatized during my sporting events,” “called name tags,” “[got called] girly girly, asskan,” “hit me and say gay-yah.”

The same number of respondents (23 or 40.4%) said they received respect and acknowledgement from peers, attributing it to personal qualities, such as being “friendly and helpful” or “open,” and achievements, such as being the head boy. Yet again,

“GIRLS ARE IDENTIFIED AS THE MAIN SOURCES OF SUPPORT, WHILE BOYS WERE THE MAIN PERPETRATORS OF VIOLENCE, WITH MANY DISTURBING EXPERIENCES BEING DESCRIBED BY PARTICIPANTS.”



girls are identified as the main sources of support, while boys were the main perpetrators of violence, with many disturbing experiences being described by participants: “bashing, pushing and kicking,” “they say gay and hit me at the same time,” “I almost got raped by the 2 boys in the toilets,” “attacked and fucked by close friend.” Overall, 36.5% of the sample reported having experienced physical violence, with 11.5% saying they experienced it often; 32.7% (17 individuals) said they had experienced some form of sexual harassment or violence, and 7.7% said they had experienced it often.

EXPERIENCES WITH LABOUR /

As many as 24 respondents (46.2%) said they were supported by family, with 20 (38.5%) being engaged in paid work and 2 (3.8%) being supported by partner/friends. A full list of professions is presented in the table below.

TABLE 7. LIST OF PROFESSIONS GIVEN BY PARTICIPANTS WHO ARE IN PAID WORK.

Anglicare PNG: 	Babysitter: 	Business Ops Manager: 
Corporate Affairs - Administration: 	Data Entry Clerk: 	Flight Attendant: 
Self-supported, Doing Gardening: 	General Office: 	Hotel Worker: 
Manager Food: 	Proclean: 	Resettlement Officer, Border Control: 
Sex Worker: 	Social Worker: 	Teacher: 
Teaching: 	Waitress: 	Self-supported, Doing Gardening, and Selling Food: 
Market and Family Support: 	Socialising, Sex Work: 	Sex Work: 

Of the 52 respondents who answered the question, 6 had been refused employment because of their gender, with one reporting, “they can tell from your dressing and say ‘no work.’” Six respondents (11.5%) reported having lost employment because of their gender, 39 (75%) said they have not, and 7 said they didn’t know. Many respondents cited the perception that trans and gender diverse people do not find work easily as the reason for not seeking work or only seeking work with NGOs. Two respondents posited that getting sick can be used as a pretext for firing someone for their gender identity. Among those interviewed, 28.8% said they work in a sector commonly associated with their gender (human rights, hairdressing, hospitality, airlines, and sex work). When asked about experiences in the labour market related to gender identity, some participants gave examples

of references letters that misgendered them or their workmates by asking “stupid questions about [their] sexuality.” Interactions with NGOs were singled out as positive experiences in the labour market for trans and gender diverse people.

EXPERIENCES WITH HEALTH SERVICES /

Of the 52 respondents who answered the question, 14 (26.9%) said that their gender identity had affected how they were treated when trying to access public health services, with 4 saying they had been refused health services often, 8 sometimes, 5 never, and 35 saying they didn’t know. Many respondents reported having to wait longer than others: “because of my appearance and my gender identity, I can wait till am the last,” “being a trans woman they tell me to wait while they serve the rest,” “by the

look of you and you can wait in the queue for that long.” Some respondents reported outright refusal of treatment: “a male doctor refused to attend to me for treatment because am a transgender,” “cold and fever, I was not seen by a nurse on duty in the morning shift”. Multiple responses mentioned issues with receiving treatment for sexual health-related problems, specifically. One respondent said they had trouble receiving care “when [they were] bringing a fellow transgender sex worker to the hospital.”

Few had sought transition-related health services (13.5% at least once and 5.8% often), with the most common reason being lack of service availability (see table below). Others said they did not need or want such services: “I am comfortable being who I am naturally because at least I am able to do things male can do like tribal fight and defend family,” “I am comfortable with my

identity,” “it is against few very important reasons like religion, culture, and very importantly the health settings.” Barriers to accessing HRT and gender-affirming interventions include general unavailability and, even for those with access, a lack of necessary counselling services before treatment. One participant, however, notes that despite the current lack of services, “it will be OK for our upcoming transgenders.”

Few have sought mental health care, with only 5 reporting any experience with mental health care services at all, with the majority of these experiences (3) being neutral or bad. Responses to why they did not access these services include the following: “because they don’t run trainings like that for our community,” “I need to know more about psychotherapy help services before taking the step,” and “I was refused treatment because I did not have a medical visa.”

In terms of SRH services, 37 respondents (71.2%) had accessed at least one service, 44 had accessed HIV services, 43 had accessed STI services, and 8 had accessed ARV services. A small number of respondents had access to PrEP (3) or PEP (6) services, while 31 respondents had accessed services to receive condoms, 4 to receive the pill, and 10 to receive psychosocial services.

Peers were the most common source of SRH services or related information, with 40 citing peers as the source, followed by CBO/NGO (39), public health services (34), media (23), private health services (18), traditional healers(5), and spiritual healers (3). Overall, the experiences with SRH services were varied.

TABLE 8. FREQUENCY TABLE OF RESPONSES TO THE QUESTION, “WHY HAVE YOU NEVER SEEN A HEALTH PROFESSIONAL FOR TRANSITION/TRANS-RELATED HEALTHCARE SERVICES?”

WHY HAVE YOU NEVER SEEN A HEALTH PROFESSIONAL FOR TRANSITION/TRANS-RELATED HEALTHCARE SERVICES?	FREQUENCY
Valid	
I do not need/want such services	6
I prefer community-led organisations	3
I cannot afford such services	5
I do not know how to get such services	7
I am afraid of using such services	5
Such services are not available	14
Skipped question	27

TABLE 9. FREQUENCY TABLE OF RESPONSE TO THE QUESTION, "HOW WOULD YOU RATE YOUR OVERALL EXPERIENCE IN ACCESSING SRHR SERVICES WITH REGARDS TO YOUR GENDER IDENTITY AND/OR EXPRESSION?"

"HOW WOULD YOU RATE YOUR OVERALL EXPERIENCE IN ACCESSING SRHR SERVICES WITH REGARDS TO YOUR GENDER IDENTITY AND/OR EXPRESSION?"	FREQUENCY	PERCENT (%)	CUMULATIVE PERCENT (%)
Valid			
Somewhat bad	4	7.7	7.7
Neutral	3	5.8	13.5
Somewhat good	8	15.4	28.8
Good	12	23.1	51.9
Very good	9	17.3	69.2
Skipped question	16	30.8	100
Total	52	100	

LEGAL AND CRIMINAL EXPERIENCES /

As many as 16 respondents (30.8) said they had had negative experiences with the police, including being harassed for simply existing, at least once: "In my cross-dressing standing around doing nothing," "because I look more girlish on my actions/behaviour, dressing, and hairstyle which annoys police officers," "threatened me to have sex with them but never happened," "they think that we are trouble makers and HIV spreaders." The data revealed that 15.4% of the respondents have been fined at least once because of gender identity/expression. Multiple responses to the alleged offence are coded separately in the table below.

TABLE 10. FREQUENCY TABLE OF REASONS PARTICIPANTS HAD RECEIVED FINES FROM POLICE.

REASONS FOR POLICE FINES	FREQUENCY
Valid	
Cross-dressing	7
Prostitution	6
Nuisance/public disturbance	2
No offence named	3
Skipped question	44

There are similar figures for arrests (15.4% at least once), with the majority of those arrested (6 of the 8 who responded) saying the police treated them disrespectfully sometimes or always and all those who answered the question saying if given a choice they would prefer a separate unit in prison for the people of their gender. None, however, have been convicted in court. In several instances, the police used the pretext of suspicion of

engaging in sex work to impose fines on or arrest trans people: "I dressed in cross-dressing and looks like a prostitute," "I was walking home and they thought I was stopping vehicles," "it's how I doll up and that what they can say that I have done this offence." Finally, there were a number of reported instances of rape and sexual abuse by police, often in the context of blackmail: "they threaten to lock us up but demand for sexual favour to be released," "one out of two people will be good but majority are abusive and suggest sex," "pick what they want like sucking or rape before drop off," "they then pick us up and drive us away to abuse us," "when we get dropped off after the shows one of us get raped."

"FINALLY, THERE WERE A NUMBER OF REPORTED INSTANCES OF RAPE AND SEXUAL ABUSE BY THE POLICE, OFTEN IN THE CONTEXT OF BLACKMAIL: "THEY THREATEN TO LOCK US UP BUT DEMAND FOR SEXUAL FAVOURS TO BE RELEASED."

EXPERIENCES WITH RELIGION /

Participants' responses were split on the extent to which they could reveal their gender identity in religious settings, with 25% saying they could always do so, 28.8% saying

they could do so only sometimes, 34.6% saying they had not tried to express their identity, and 11.5% revealing they were not part of a religious/spiritual community. When asked if gender identity or expression was valued in their religious/spiritual community, 26.9% said it was, though the majority (61.5%) skipped the question. Only 1 participant reported being denied participation in a religious tradition due to their gender identity. The qualitative responses in this section revealed a strong mix of both positive and negative experiences. For some, the church is a haven; for others, traditions are unquestionable:

"Gender identity is always a concern within the church and the religious spiritual community due to church code of conduct."

"I do not feel very open about my gender identity, which may offend the church leaders, or I do not want

to cause differences."

"I am always normal and hide my gender identity due to reasons."

"There is always a church boundary where I cannot [overstep] due [to] respect and holiness."

"No, it's a sensitive issue; it's a subject that we don't discuss, we ignore or pretend that it doesn't exist."

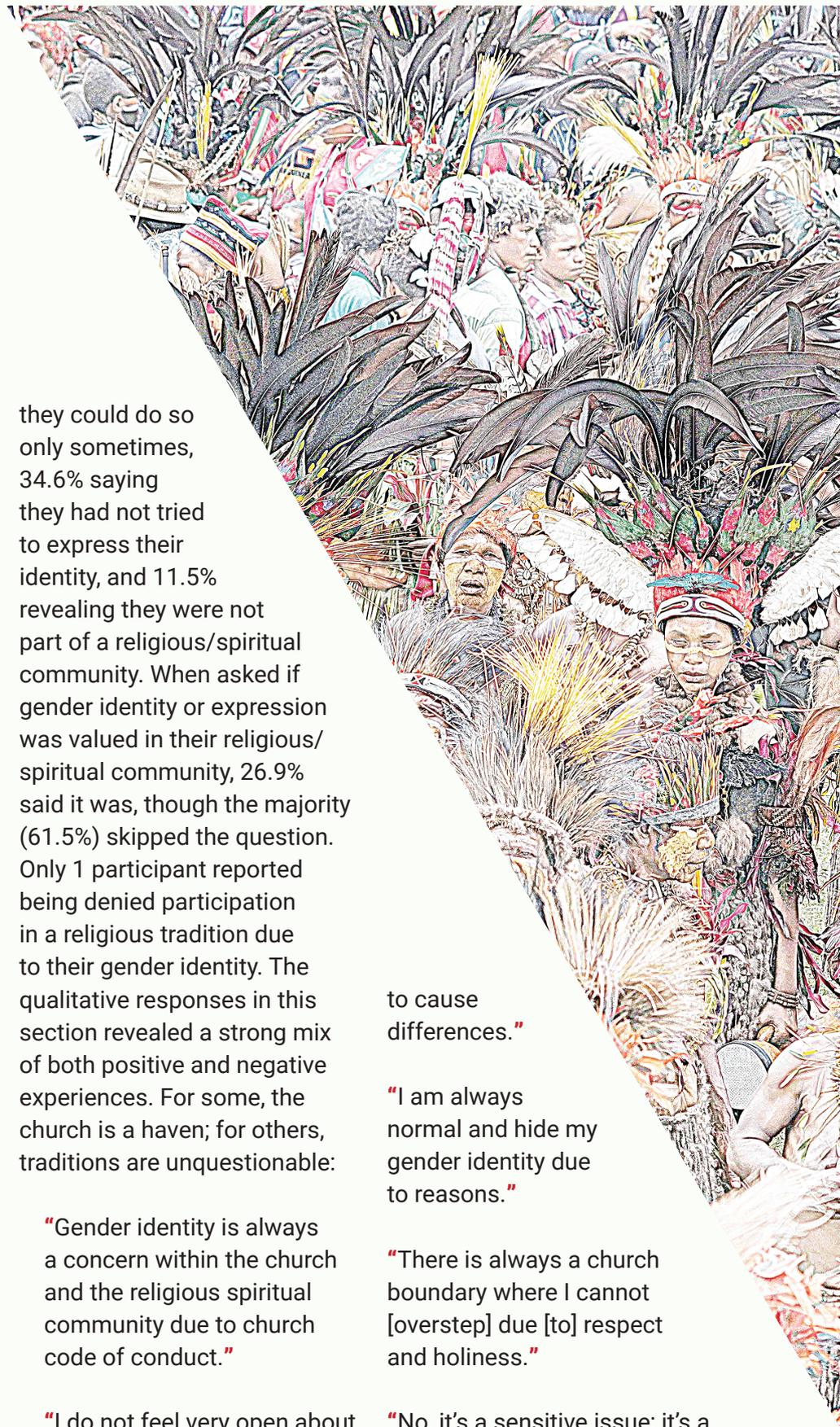
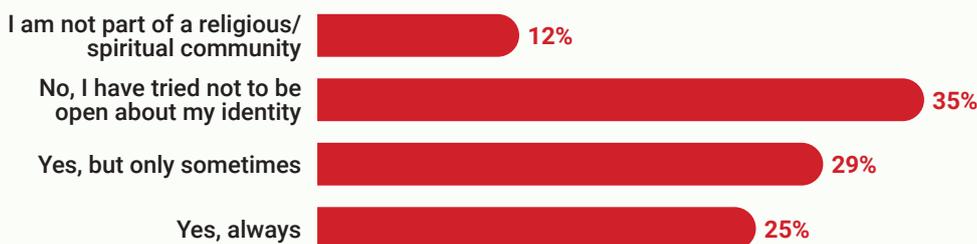


FIGURE 3. "CAN YOU BE OPEN ABOUT YOUR GENDER IDENTITY AND/OR EXPRESSION WITHIN YOUR CHURCH, TEMPLE, OR OTHER RELIGIOUS OR SPIRITUAL COMMUNITY?"



SOCIETY AND CULTURE /

On a positive note, most respondents reported at least some appreciation in society because of their gender identity, though 22% said they had never experienced appreciation.

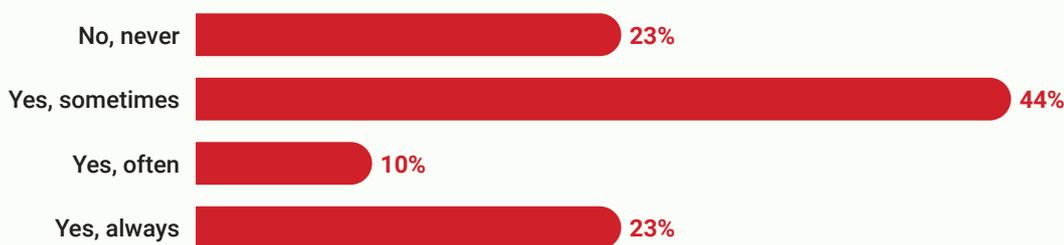
Those who do feel appreciated point to "cultural celebrations," "customary obligations," "funerals," "bride price," "family gatherings, haus kraai, community work parade, and others," as occasions where they felt included, with one respondent pointing out that the respect "only" extended to

"special happenings." Several respondents spoke about the differing opinions among society members towards trans and gender diverse people, and how some people are accepting and others aren't. A few pointed out that it is the "minority" who aren't. In a parallel to the section about family roles and attitudes, one respondent said, "we are like mothers; we cook, clean, do the table, market, and contribute food/money to our families even from our sex work earnings." The respondents seemed to be saying that respect is earned by labour and

by assuming responsibilities that people (men) typically don't want to take on.

Only 22% of the respondents said they had never felt they had been especially discriminated against, with the majority saying they face discrimination sometimes, often, or always. Respondents attributed their discrimination to a wide variety of reasons, including youth ("just a few hands calling us name tags," "just by the young youths or only few sick minded people"), living in a settlement ("I see

FIGURE 4. "DO YOU THINK PEOPLE LIKE YOU ARE ESPECIALLY APPRECIATED IN SOCIETY BECAUSE OF YOUR GENDER IDENTITY AND/OR EXPRESSION?"

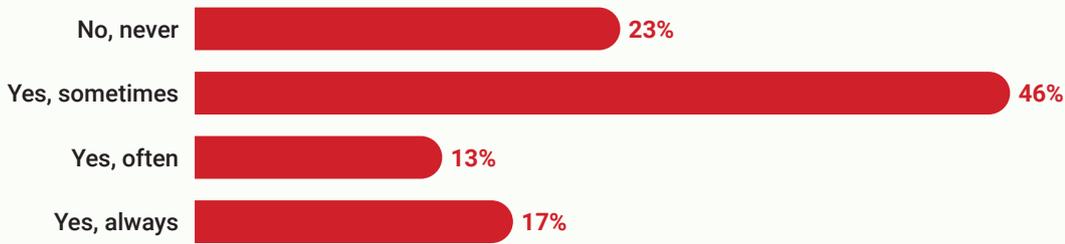


other friends who are open or very feminine get discriminated/harassed because we live in a settlement"), being gay as opposed to lesbian ("because of our behaviour, this happens to only gays and not that much with lesbians), being specifically trans men ("because in my society

they don't accept female who wants to be male or act like one"), and alcohol, being in public, or the culture in general ("because we are not accepted in our society due to culture, religion, and beliefs," "we are highly discriminated in our society because people in my society believe in

culture, tradition, and religion”). This range of examples provided points to both specific experiences and to closely held beliefs about the motivations behind and culprits of discrimination.

FIGURE 5. “DO YOU THINK PEOPLE LIKE YOU ARE ESPECIALLY DISCRIMINATED AGAINST IN SOCIETY BECAUSE OF YOUR GENDER IDENTITY AND/OR EXPRESSION?”



A large number of respondents (30.8% or 16) have faced exclusion, bullying, attacks, or abuse, including insults and threats (90.9% at least once), death threats (36.4% at least once), sexual violence (82.6% at least once), blackmail (36.8% at least once), and physical aggression (73.7% at least once) because of their gender identity. When asked if they had reported the violent crimes, few said they had, with one participant saying, “No, because the police will attack and abuse us again, demanding for sex.”

“SOMETIMES I JUST WANT TO KILL MYSELF BECAUSE OF THE HATE THAT I GET FROM MY FAMILY. MY THOUGHTS AND FEELINGS ARE BEYOND MY EXPRESSIONS AND EXPLANATION. IT’S A CHALLENGE TO ME, BUT I FIGHT THAT THOUGHT EVERY DAY.”

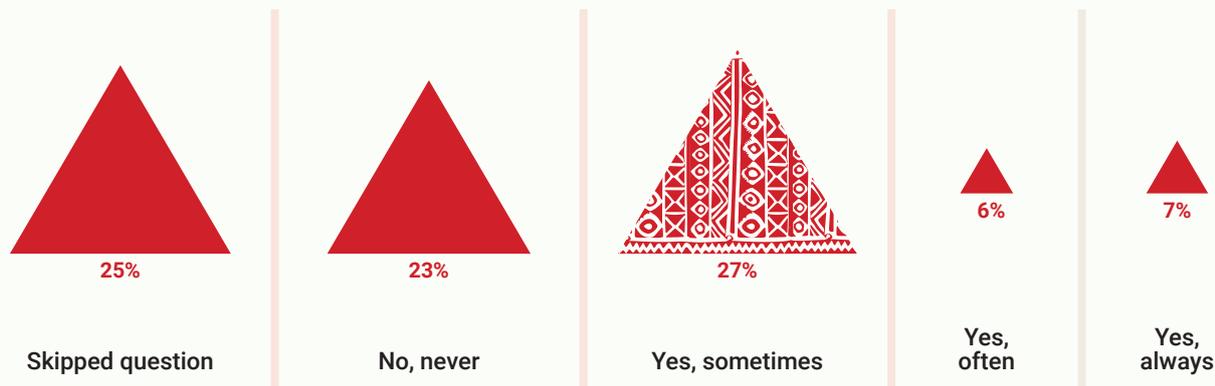
Of the 39 who responded, 7 said they had experienced suicidal thoughts due to experiences relating to their gender identity. Qualitative responses point to a number of challenges relating to mental health and suicidal ideation: “sometimes I just want to kill myself because of the hate that I get from my family,” “my thoughts and feelings are beyond my expressions and explanation,” “it’s a challenge to me, but I fight that thought every day,” “it was so hard that I tried to overdose myself [but] my mum caught me,” “because of all the problem that I went through I wanted to suicide, my peers were there.” Three of the respondents had attempted suicide.

There were mixed responses when asked whether people of their gender identity were especially appreciated in the local cultural community, with many respondents asserting that perceptions and mindsets can be changed: “I do not think

it is a crime to be a gender identity but self-respect and motivation is one of the good way forward for a change of mindsets” “they can be accepted or appreciated if only they get support from their family and relatives,” “We need to have church, schools, local level laws to come together.”



TABLE 11. "DO YOU THINK PEOPLE OF YOUR GENDER IDENTITY AND/OR EXPRESSION ARE ESPECIALLY APPRECIATED IN YOUR LOCAL CULTURAL COMMUNITY?"



21.2% of the respondents said they had never experienced discrimination in society, though the rest of the respondents said they had experienced it at least sometimes. 23.1% had experienced at least some form of violence in their local/cultural community, with perpetrators including “uncles and cousins,” an “elderly man,” “church boys,” “elders,” and “youth,” highlighting the fact that there are no particular safe spaces or people outside of the women in the lives of palopa and trans women.

A large number of participants (38) said they didn’t know the role of people of their gender identity/expression in the past, pointing, perhaps, to a disconnect from traditional perspectives on gender. Among the respondents, 7 said they thought they were appreciated and 7 said they weren’t. Those who said they were appreciated pointed to similar reasons for acceptance as in present-day society— involvement in

initiation ceremonies, “through youth community, community work, sport, [being] part of society.”

“23.1% HAD EXPERIENCED AT LEAST SOME FORM OF VIOLENCE IN THEIR LOCAL/CULTURAL COMMUNITY, WITH PERPETRATORS INCLUDING “UNCLES AND COUSINS,” AN “ELDERLY MAN,” “CHURCH BOYS,” “ELDERS,” AND “YOUTH,” HIGHLIGHTING THE FACT THAT THERE ARE NO PARTICULAR SAFE SPACES OR PEOPLE OUTSIDE OF THE WOMEN IN THE LIVES OF PALOPA AND TRANS WOMEN.”

Qualitative responses in both categories suggested that trans and gender diverse people could be a part of society, but by being forced into heterosexual marriage. Two pointed to the role of the church in negatively impacting cultural

attitudes: “in the past, there was lot of acceptance, freedom of expression, movement, and participation in community/ church and family social activities. And now I cannot see that. There seems to be a lot of stigma/discrimination,” “they were acceptable as they were, but when church came they were seeing us as evil people.”

NATURAL DISASTERS /

The final section presented here concerns natural disasters, with 29 respondents (55.8%) having experienced some form of natural disaster, the most common being drought (48.1%), tides (46.2%), flooding (38.5%), and earthquakes (32.7%). Few (9.6%) had experienced a cyclone. Two respondents reported having experienced discrimination or violence following a natural disaster.

Conclusion / The introduction to this report outlines the advocacy needs of the trans and gender diverse community in PNG, and the data presented here reflect the urgency of these needs, despite pockets of relatively positive reports.

The majority of the respondents still live with their families. They mention women and younger family members as sources of support and express feeling safe when doing domestic chores alongside the women in the family. On the other hand, several respondents reported having been sexually abused by family members, and too high a proportion of the participants could not cite a single instance of support from family. This is troubling when considering that many of the respondents remain dependent on family for financial support (despite relatively high levels of literacy and high school completion). Most have still not expressed their gender identity to their families for reasons of stigma, status, and safety.

In this context, the relatively low

levels of support from friends not of the same gender identity is concerning, as friends can be a buffer or source of release in the midst of an oppressive family environment (the questionnaire did not ask about friends of the same gender identity and it can be assumed that they provide higher levels of support).

“SOCIAL MEDIA CAN ENABLE THE SPREAD OF PUBLIC STIGMA AND BE A SOURCE OF HARASSMENT IN PNG.”

Qualitative responses indicate that this is because there is a significant amount of social stigma associated with being publicly friends with a trans individual. Social media can enable the spread of public stigma and be a source of

harassment in PNG. Friends not of the same gender identity could demonstrate allyship by being public with their love and respect for their trans and gender diverse friends.

Nearly three-quarters of the respondents had received a formal education, and half had graduated high school, which showed, consistent with previous research, that trans and gender diverse communities have higher literacy levels than the general population. The high rates of school attendance and completion are especially impressive in light of the treatment, including extreme forms of physical and sexual violence experienced by trans and gender diverse students, particularly from other students. This violence



remains a significant barrier to increasing the rates of trans and gender diverse students attending and finishing high school.

Further, the relatively high levels of literacy in the sample are not reflected in the labour statistics, with nearly a third of the participants reporting having had trouble finding permanent employment due to their gender, with community organisations and professions such as hairdressing and hospitality being some of the few avenues for casual work. A significant proportion of the respondents were sex workers, whose specific vulnerabilities in PNG, particularly in relation to sexual health, have already been documented.

The absence of trans health services in broader national health policies described in the introduction is reflected in some alarming figures in the health module, with nearly one-third of the respondents having been adversely treated while seeking or receiving general health care,

including delays and refusal of service. This is dangerous for the trans and gender diverse people of PNG, not just in the moment of being refused or delayed essential health care, but in the impact this may have on future healthcare-seeking behaviour, which may be delayed or avoided due to previous negative treatment. The long-term effect this kind of discrimination can have on the trans and gender diverse community is especially a matter of concern in light of the high rate of HIV in PNG.

“GIVEN THE LEVELS OF VIOLENCE AND ABUSE EXPERIENCED BY TRANS AND GENDER DIVERSE PEOPLE, THE LACK OF MENTAL HEALTH TREATMENT AVAILABLE, SOUGHT OR ACCESSED, IS A MAJOR CAUSE FOR CONCERN IN PNG.”

In fact, many of the respondents cite sexual health services as a particular source of discrimination within the mainstream health system. This is backed up by one of the other findings of this research that peers are the most common source of SRH information. While it's a positive sign that the respondents can access informal networks for information sharing, peers should not have to be a replacement for professional medical advice. Respondents cited lack of services as the main reason for not having received transition-related health care or been able to access counselling for services like HRT. Given the



levels of violence and abuse experienced by trans and gender diverse people, the lack of mental health treatment available, let alone sought or accessed, is a major cause for concern in PNG.

Negative experiences with different agents of the legal and criminal system are also common among trans and gender diverse people in PNG, largely due to the stigma associated with being trans and associated identities, such as being HIV positive or engaged in sex work. Little relief is found in religious institutions, where gender norms are heavily policed, even though little enforcement is required due to the self-regulation of trans and gender diverse people, who hide their identities in these settings, knowing they would face little acceptance. In responding to questions about attitudes from society more broadly, participants cite the influence of the church in explaining discriminatory attitudes held by others. However, some respondents describe societal appreciation through participation in cultural events and domestic labour, contributions that are acknowledged by the community.

“LITTLE RELIEF IS FOUND IN RELIGIOUS INSTITUTIONS, WHERE GENDER NORMS ARE HEAVILY POLICED, EVEN THOUGH LITTLE ENFORCEMENT IS REQUIRED DUE TO THE SELF-REGULATION OF TRANS AND GENDER DIVERSE PEOPLE, WHO HIDE THEIR IDENTITIES IN THESE SETTINGS.”



Overall, this research makes a significant contribution to the available body of research examining the lives and experiences of trans and gender diverse people in PNG. There are some limitations to the research, including the majority of the respondents being palopa and transfeminine, which limits the extent to which these findings can be generalised to the trans and gender diverse population more broadly. However, what emerges from the findings are connected experiences of exclusion and discrimination across essential domains of life, which overlap and produce multiple intersecting barriers for trans and gender diverse people that make achieving stable and productive lives exponentially more difficult than if these experiences were an issue in “just” one domain.

These intertwined negative social and institutional experiences may have significant long-term effects on health, employment, and relationships, the longitudinal impacts of which are outside the scope of measurement of the current research. Overall, these findings reinforce the need for a strong and integrated approach to advocacy for the rights of the trans and gender diverse communities in PNG.

Recommendations / These recommendations have been developed as the next steps following an advocacy meeting with key stakeholders in the trans and gender diverse community in PNG in April 2019 (Annex 3), facilitated by APTN and Hetura NCD.

1.0 **Dissemination of findings.**

1.1 Conduct a joint community consultation with trans organisations and those who participated in the study to share research report findings and develop a programme and advocacy roadmap on the way forward.

1.2 Present research to key stakeholders and duty bearers such as the HIV Technical Working Group to integrate findings into existing programmes and jointly collaborate on developing and funding new programmes.

2.0 **Promote an enabling legal and legislative environment.**

2.1 Engage in continued advocacy to eliminate harmful laws that enable workplace discrimination and criminalise sodomy.

2.2 Collaborate with the Institute of Human Rights to document human rights violations and utilise the judicial system to prosecute perpetrators of rights violations against trans and gender diverse people.

2.3 Strengthen the capacity for trans-led organisations to increase their skills in monitoring human rights violations, including building tools to report those violations through international human rights mechanisms, such as the Universal Periodic Review.

2.4 Develop linkages with police and the police academy to provide rights training and rights-based responses for trans and gender diverse people.

3.0 **Increase the knowledge and understanding of healthcare gaps and needs competency to improve health outcomes.**

3.1

In light of the lack of research and understanding of the health needs of the trans and gender diverse community in PNG, conduct a peer and community consultation to increase the health literacy and knowledge of experiences, needs, and priorities, especially access to SRHR services by, for instance, conducting Trans Blueprint training.

3.2

Increase the knowledge of health workers by rolling out training on the Trans Blueprint to support comprehensive health care for trans and gender diverse people, especially in services accessed by transgender and gender diverse people, to improve service delivery, including quality, availability, access, and trans competent standards.

3.3

Provide in-country Trans Blueprint training to Hetura, Kapul Champions, and other peer-led organisations to increase health literacy.

4.0

Reduce discrimination through sensitisation training for key sectors.

4.1

Develop and roll out sensitisation training with healthcare services (government, NGO, private sector). Provide training not only to health care providers but also auxiliary staff, including administration staff, intake staff, receptionists, security guards, and cleaners, to ensure that trans people feel safe and are treated with dignity throughout the service delivery cycle.

4.2

Increase the sensitization of teachers and people in educational settings to better respond to the needs of trans and gender diverse children and youth in schools.

4.3

Given the role of the church in PNG society, support dialogue and sensitisation programmes with church leaders to promote social acceptance and reduce discrimination.

5.0

Expand and deepen the research on trans and gender diverse people in PNG to better understand needs and necessary response.

5.1

Given the socio-cultural diversity of PNG, it is important that the study be expanded to rural and remote areas to increase understanding of the social experiences of trans people outside of urban centres.

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ANNEX 1: Research Questionnaire (with informed consent)

Link: <https://drive.google.com/file/d/1v5pR2PEBc9p-kN3Hzm3RREJGioWQL0Mb/view?usp=sharing>

ANNEX 2: Information Sheet

Link: https://drive.google.com/file/d/1KceU83ZEHjbHOutKKta_JPfGFPIXYaqj/view?usp=sharing

ANNEX 3: Minutes from Advocacy Planning Meeting

Link: <https://drive.google.com/file/d/1FeLDVW15mCkhu7VFpbL9Nrk0snFGBmT8/view?usp=sharing>

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