

# Sorcery accusation related violence in Papua New Guinea: The impact of SARV on children

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## Abstract

This discussion paper details three main ways children are impacted by sorcery accusation related violence (SARV) in Papua New Guinea (PNG) today. First, it explains that infant and childhood mortality and illness are a major trigger of accusations of sorcery. Second, it identifies a new and concerning trend of children in PNG being accused of possessing sorcery or being inhabited by a malevolent entity and subjected to mistreatment and harm. This parallels a shift in sub-Saharan African nations towards accusations being made increasingly against children rather than the elderly. Both boys and girls are accused, frequently as a result of one of their parents or close relatives having been accused, due to the belief that sorcery is somehow 'passed on' to children. Third, children are often severely indirectly impacted by SARV as a result of their parents or family members being accused. This can result in trauma as well as displacement and ongoing stigma. There are also wider societal implications arising from fear and mutual suspicion flowing from SARV that is damaging for children in particular.

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Forsyth, M., Gibbs, P., Kipongi, W. & Losoncz, I. 2021, 'Sorcery accusation related violence in Papua New Guinea: The impact of SARV on children', *Development Policy Centre Discussion Paper No. 97*, Crawford School of Public Policy, The Australian National University, Canberra.

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This research is supported by the Australian Government in partnership with the Government of Papua New Guinea as part of the Pacific Women Shaping Pacific Development program.

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## **Sorcery accusation related violence in Papua New Guinea: The impact of SARV on children**

### **1. Introduction**

Halfway through writing this paper, one of the authors received a message that a mother and her 12-year-old daughter had just been freed from captivity in the province of Enga, after having been locked up for 22 days following an accusation of sorcery (see Case Study 1). While the length of her confinement was unusual, it is common in Papua New Guinea (PNG) today for children to be impacted by sorcery accusations made either against them directly or against their parents. The intent of this paper is to identify the impact of sorcery accusation related violence (SARV) on children as multidimensional in effect, and as a problem of grave concern requiring immediate attention. It forms part of the findings of a multi-year study into SARV that has explored a range of other dimensions to the problem as detailed in Section 2. This paper outlines and discusses three main ways children are impacted by SARV in PNG.

First, misfortunes that personally affect children — usually significant ones such as death and sickness, but also less serious ones, such as failure to get into high school — are triggers for accusations of sorcery to be made, both by children themselves and, more commonly, their families. In this way, we can think of children as being framed as victims of sorcery. Second, children who are directly accused of using or possessing sorcery or of being inhabited by a malevolent entity. As a result, they are subjected to mistreatment and harm ranging from stigmatisation and taunting to torture and murder. Third, children are secondary victims of accusations made against their parents or family, resulting in associated danger of injury, dislocation and ongoing insecurity. A range of more indirect secondary victimisation effects also impacts children, such as the trauma of witnessing public tortures of those accused of using sorcery, particularly when those tortured are close or known to them. Accusations are generally made within families or against near neighbours, eroding families and communities. Children therefore grow up in a fractured environment which is damaging. The term ‘child’ is used in this paper to

refer to the age category from infants to 18, but there are places where we distinguish in our data between child (0–10) and youth (11–18).

The project utilised a convergent Mixed Methods Research design, combined with a collaborative team approach that draws on both qualitative and quantitative sources at national and subnational levels. This is described in the next section.

Our major findings are threefold:

1. Infant and childhood mortality and illness are a major trigger of accusations of sorcery against children. In our database we found infant and childhood deaths were a key trigger of an accusation in almost 17% of cases, and this number is likely to significantly under-represent the situation, due to our data collection limitations (see Section 3).
2. Children are today being accused of being sorcerers in PNG. This appears to be a new trend, although we cannot be certain as the baseline data on accusations is not comprehensive. In our newspaper database that covers reported incidents since 1996, children start to appear as primary and secondary victims of SARV from around 2005 but the newspaper coverage is far from complete (see Forsyth et al. 2021). Both boys and girls are being accused, frequently as a result of one of their parents or close relatives having been accused, due to the belief that sorcery is somehow ‘passed on’ to children. As such, we can characterise SARV as an intergenerational problem, with the stigma associated with accusations passed down through family lines in ways that condemn children to a lifetime of shame (see Section 4).
3. Children form a large class of secondary victims as a result of SARV. As many as 30% of the violent incident cases we documented reported an impact on children in the family of the accused victim or in the community. The impact of SARV on children’s experiences of school — including being displaced and left out of school, being stigmatised and doing poorly at school — was a frequent theme in interviews (see Section 5).

## CASE STUDY 1

### ACCUSATION AGAINST A 12 YEAR OLD IN ENGA

A mother and daughter (12 years old) were accused of sorcery in Enga in May 2021. According to the activist who took care of them after they were rescued, the accusation was motivated by a previous land dispute in the community. There was a tribal fight some years ago in the village where the woman lived with her husband and daughter, and many villagers had vacated the land and village. The husband of the accused had also left, together with other menfolk, out of fear of being killed. There was a pastor in the village, who was a relative of the accused's husband. According to the accused, the pastor wanted to claim her husband's land and had always been looking for ways to chase off the accused living on that land, particularly now that her husband was living in Port Moresby.

Several times the pastor told the neighbouring communities and Christians that, 'the little girl (accused) is not normal in her behaviour'. He claimed that she had some kind of spirits controlling her. Occasionally the pastor chased the little girl away when she was with other kids playing in the church yard. The mother was a good woman with a reputable character, meaning it would be hard to get support for accusing her directly. In order to attack the mother, the pastor accused the child as her proxy.

The activist also noted that the child seemed to have some hormonal disorder, and therefore sometimes she behaved strangely. She looks at people very 'strongly'. In addition, they noted she is the only child in the family, so gets away with doing things the way she likes. Her behaviour is quite outgoing when she is with other kids and she has the tendency to talk loudly, unlike other kids. On the basis of these traits, the pastor started claiming that she had an evil spirit in her. What the pastor said spread around the community while her mother was unaware. Then a young boy died in that community and the little girl was accused of having an evil spirit that had caused the death.

## 2. Background to study and methods

The findings in this paper are based on a research partnership between academics at the Australian National University (ANU), Divine Word University and the National Research Institute in PNG.<sup>1</sup> The study was designed to inform the PNG Sorcery Accusation Related Violence National Action Plan (SARV NAP).<sup>2</sup> The main research questions addressed by the study are:

1. Who is being accused of sorcery, where, why, how often, by whom, and how does this change over time (and why)?
2. Why do accusations lead to violence at times and not at others?
3. What regulatory levers exist to overcome SARV, and what is the context or conditions necessary for them to work effectively?
4. How is the SARV NAP working as a coalition for change network? What are its impacts, failures and challenges?

This paper addresses the first of the questions, although it goes beyond merely considering children as victims of direct accusation to explore the other dimensions of their involvement.

The project utilised a convergent Mixed Methods Research design, combined with a collaborative team approach that draws on both qualitative and quantitative sources at national and subnational levels. There are four main sources of data. The first is a database of articles from two national newspapers — *The National* and the *Post-Courier* — and National Court cases reported on the Pacific Islands Legal Information Institute (PACLI) database<sup>3</sup> over more than a 20-year period (1996–2020). It was supplemented by searches of other media through the online FACTIVA database.

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<sup>1</sup> This research is supported by the Australian Government in partnership with the Government of Papua New Guinea as part of the Pacific Women Shaping Pacific Development program.

<sup>2</sup> For more on the Sorcery National Action Plan, see <http://www.stopsorceryviolence.org/the-sorcery-national-action-plan/>.

<sup>3</sup> See <http://www.paclii.org/countries/pg.html>.

The second source is the creation of a new database of incidents of SARV in a number of hotspot provinces from 2016 for four years (initially Enga, Bougainville and Port Moresby and then Jiwaka was added). The database is built on the basis of forms completed by a network of local data gatherers who documented accusations that lead to violence and those that do not lead to violence. The forms are detailed and are designed to capture information on the victims, perpetrators and the state and non-state interventions and responses to the incident. This dataset is analysed using SPSS software. In total we documented 1,039 accusation incidents involving 1,553 accused persons of sorcery in the past four years in four provinces (Bougainville, Enga, Jiwaka and National Capital District [NCD]) (see Forsyth et al. 2021).

The third dataset is a series of 291 semi-structured interviews conducted with a broad range of key stakeholders, including those in the justice sector, community leaders, survivors, faith leaders and leaders of community-based organisations.

The final source of data is participant observation by the research team members of a wide range of training programs carried out by the PNG state and donor organisations with Village Court magistrates and police officers throughout PNG. The integration of the two quantitative datasets with the qualitative data is described in Losoncz et al. (2020).

### **3. The framing of children as victims of sorcery**

One of the key findings of our research is the high degree to which illness and death affecting children acts as a trigger for accusations of sorcery. One of the main roles played by sorcery narratives is as an explanation for misfortune. In PNG it is common for both causes and remedies of illness to be located at a supernatural level as well as in the physical world, meaning that curing illness may involve recognition of and taking action against evil spirits and those who are believed to control them. In such a worldview, the ill person is understood to be a victim and the object of aggression or punishment inflicted by an agent who may be human, such as a witch or sorcerer (Foster 1976). As one police officer we interviewed said: 'If a child is sick and you passed by, then I'll be coming after you.'

As an example of this occurring in practice, a nurse described what he witnessed at a hospital:

One night a child died at the same ward [as an old woman who was in hospital after being accused of sorcery and attacked]. All patients and guardians of the other patients mobilised and grabbed the old woman and took her outside to the ablution block. She had a young girl [with her] who was also her guardian. That old woman was previously tortured too so she was helpless. That was around 4 or 5 am ... They started questioning her of where she put the heart of the child. They opened tinned fish, noodles and gave [them] to her: 'You will eat these, put back the heart'. That's what they said to the accused ... I was on duty so when I saw what had happened, I called the police. Police came around 6 am but she was assaulted and tortured again with knives and pieces of iron metals and sticks, touching her previous wounds.

There are multiple levels of trauma raised by this incident, including the distress of the young girl who was the old woman's guardian at being helpless to prevent her relative from being seized and tortured.

In terms of trying to quantify the significance of childhood illness and mortality in triggering accusations, we know from our data that the death of a person was the highest trigger incident type (50%), followed by illness (37%). We wanted to find out to what extent infant and children's illness and deaths in particular triggered an accusation, but we had not asked that question specifically in our questionnaire. As a proxy indicator, we looked in our data for the specific details that record what an accused victim is accused of having done. Out of 973 valid responses, 164 mention the accusation related specifically to causing the death or sickness or accident of a baby or child (defined as from birth up to 18 years). The way in which answers are worded ('a young boy/girl', for example) make specific identification of the age of children difficult, but the vast majority of these answers do refer to babies and younger children.

The above data means that in almost 17% of cases we definitely know that infant and childhood mortality was a key trigger of an accusation. It is likely to be a much higher percentage as the proxy question was not always answered, or was not responded to in sufficient detail to allow us to identify the age of the person said to have died or been made sick through sorcery.



Accused victims are said to use various mechanisms to cause children to become sick and die. Most commonly they are accused of having given the child something to eat that had sorcery in it, or to have touched or looked at them in a strange way, or to have cursed them, or to have put something on the ground over which they usually walk, or to have taken or eaten their heart. These accusations arise from a common form of causal reasoning that seeks to trace back to something that happened to the sick child in the immediate time period before the sickness manifested.

Tragically, what we often see is that it is pro-social behaviour — giving children a treat to eat, or playing with a relative's baby, or assisting with childbirth — that gives rise later to suspicions and accusations of sorcery. For example, in one case the accused woman is said to have taken her sister-in-law's baby and given it a kiss three times at a public market; after that, she was treated with suspicion when the baby got sick. We hypothesise that over time such accusations risk leading to a more cautious society that can negatively impact healthy adult interactions with children, even to the extent of making people less willing to give assistance with maternal health.

In some cases there is a more indirect connection alleged between the misfortune and the sorcery — for instance, the accused is said to have caused a dog to bite a child, or a bee to sting them. *The National* newspaper reported a case in Southern Highlands Province where a dog attacked a child; the child died and 17 women were accused of using sorcery (The National 2020). In another case, a child accidentally hanged himself with his mother's shirt in the process of trying to make a seesaw. Another young boy was accused of performing sorcery on him because when he arrived at the funeral, the corpse was said to have opened its eyes (the customary belief is that this means the young boy was the sorcerer). Another accusation related to creating a boil to appear on a small boy's leg.

In cases we documented that involve young girls, there are indications of a sexual dimension to the event — reference to male sorcerers being in strange places near the girls' houses, stealing sanitary napkins, stealing their clothes, and rubbing their panties with magical substances.

In some cases it is the mother, father or grandmother who is accused of having used sorcery against their own child or grandchild. For instance, a Village Court magistrate in

Kundiawa recounted a case where a child had died and the father blamed the mother and beat her up and burnt her, with the mother sustaining severe injuries. The woman lodged a complaint with the police, and the husband also went to the police to ask for her to be arrested over the death of the child. The legal outcome, rather than tackling the troubling accusation, seems to have focused on dissolving their marriage.

Not only does invoking sorcery as a cause of childhood illness risk creating untold misery for the person accused, it also prevents children being given the medical treatment they require. Common childhood conditions that seem to be blamed on sorcery referred to in our research include a swollen belly, a sore mouth, a swollen leg, and conditions such as epilepsy. In one case, an interviewee told us about a child who had choked on sweet potato, leading to two women being accused of sorcery, with a demand to 'put the heart back'. He reflected: 'Of course, that did not happen. If they had taken the child quickly to the hospital, they might have saved the child but they took too long.'

### **3.1 Policy implications**

These findings suggest a number of important policy directions. The first is the importance of health professionals not invoking sorcery narratives in explaining disease. One of our interviewees stated:

The doctors at Mabisanda told the parents, 'the body of the little girl is still fresh and her blood is still circulating. The little girl is not dead, just that she could not talk and move. Otherwise she is still alive.' Doctors suggested that the cause might be a curse in the family or any related problems. The nurses suggested they take the baby home, and try to have family confession and see if the baby will recover. However, a few minutes later, she died at the hospital. The family members said that the child's death was related to *sanguma* [sorcery] so they were asked not to cry. All they planned to do was to identify the suspects who had been previously identified by the community as a *sanguma*. The immediate family believed that it was *sanguma* who took the baby's heart.

We note that although the interviewee referred to the medical officer as a 'doctor', it is common in PNG for health extension officers, medical students and even nurses to be referred to as 'doctor'.

The second important policy implication is the need for community leaders, health professionals and others to be aware of the danger of sorcery narratives surrounding childhood illness, and to work actively to prevent such narratives from being voiced, or to counter them quickly if they start to circulate. Anti-SARV public health education should be a part of the duties of all nurses and outpatient staff and chaplains on the wards as they go about their duties — promoting healthy behaviours and mindsets. This will require more than stating a biomedical explanation of what has occurred, especially when science-based medicine does not or cannot cure or explain certain illnesses. It also requires these professionals to engage in questions about ‘why’ the illness or death has occurred from a spiritual/religious dimension as well as the medical dimension, drawing upon the excellent work being done in developing such communication tools in Africa.<sup>4</sup>

#### **4. Children accused of using or possessing sorcery: A concerning new trend**

Around the world there has been an increase in reports of children being accused of sorcery and witchcraft in recent decades, even in areas where witch accusations customarily targeted older adults (Priest et al 2020).<sup>5</sup> In Africa in particular, revised understandings of witchcraft have recently emerged that increasingly focus suspicions on children (Bussien et al. 2011; Cimpric 2010; Green 2005; Hanson & Ruggiero 2013; Priest et al. 2020; Secker 2012). This development has been observed in the Democratic Republic of the Congo, Angola, Benin, the Central African Republic, Gabon, Malawi, Nigeria, Sierra Leone, Tanzania, and in immigrant communities of Europe. Kinshasa, the

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<sup>4</sup> See, for example, the Stop Child Witch Accusations coalition, which runs workshops such as *The Heart of the Matter* to help church leaders address the health issues underlying accusations of witchcraft in their communities: <https://www.bethanychildrenstrust.org.uk/scwa> and <https://www.stop-cwa.org/>.

<sup>5</sup> As Priest et al. (2020, p. 2, footnote 5), noted: ‘Only rarely have anthropologists found traditional societies that regularly accused children of causing the misfortune of others through witchcraft ... In discussions (May 3–26, 2017 Kinshasa) with elderly informants from different Congolese ethnic groups who were drawing on their memories of village childhoods from decades earlier, some denied that in their group (Luba, Ngombe) children were ever accused of witchcraft. Others reported, that while rare, children in their ethnic group (Bakongo, Kanioka, Kituba, Mongo, Songe, Tetela) were occasionally accused of witchcraft, usually under the logic that witchcraft had been transmitted to them from an older witch in their family. So while the idea that children could be witches is not completely unprecedented in the [Democratic Republic of the Congo], the current central focus in Kinshasa on children as prime suspects, is new.’

capital of the Democratic Republic of the Congo, is an influential epicentre<sup>6</sup> of the new paradigm.

One significant factor driving such accusations in Africa is argued to be the Nollywood film industry (the Nigerian version of India's Bollywood), which produces hundreds of films a year and storylines that often include child witches, witchcraft accusations and confessions (Kunhiyop 2016). We have also seen in PNG how contagious narratives are dangerous vectors of SARV (Forsyth & Gibbs 2019).

Another significant factor leading to child accusations in Africa is the role played by contemporary Pentecostal evangelical influences, particularly charismatic pastors who claim to exorcise children (Priest et al. 2020). Churches have also played a significant factor in the United Kingdom in child witchcraft accusation cases among certain African diaspora communities, and has attracted significant attention in recent times (Bartholomew 2015).

In PNG, children are fortunately not one of the major groups accused of sorcery, but these accusations are increasingly occurring to children and youth. Our research suggests that children were not historically a class that were accused, and to that extent this suggests a worrying trajectory given the explosion of child witchcraft accusations that has occurred in many sub-Saharan African nations.

Direct accusation of children and youth of witchcraft are summarised in Table 1. Overall, 29 children aged between 1 and 10 years and 46 youth aged between 11 and 18 years were documented as having been accused of sorcery in the four provinces we worked in

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<sup>6</sup> As summarised by Priest et al. (2020, p. 2, footnote 7): 'La Fontaine (2009, 121) reports that the Democratic Republic of the Congo was the 'earliest recorded site' of the recent epidemic of child witch accusations, with diasporas from the DRC carrying child-witch beliefs, accusations, and patterns of response with them to Europe and elsewhere. De Boeck (2009, 132-133) says the 'production of child witchcraft' spread from Kinshasa across 'Congo and indeed Africa and beyond' on an 'unprecedented scale'. He identifies Congolese diasporas in Africa and Europe as transmitting the 'production of child witchcraft' largely through their Pentecostal churches and networks. De Pereira (2011, 203-205) reports that Angola's explosion of child witch accusations emerged first among Bakongo immigrants from the DRC. And while Stobart (2006, 12) documents child-witch accusations in the UK among immigrants with diverse backgrounds (from Angola, Burundi, Ghana, Ivory Coast, Mauritius, Nigeria, Tanzania, as well as from the Caribbean and S. Asia), the largest number (over a third) were from the DRC.' In addition, Van Der Meer (2013) finds that in Malawi, children are becoming a new class of accused, and that the belief that children can be witches has spread rapidly since it was first introduced.

over a four-year period. Taken together, children and youth therefore comprised 5% of those accused of sorcery in our study (total of 1,553 victims).

The high number of children being accused of witchcraft in Jiwaka Province relates to accusations being made against entire families, including children. Only 1 of the 27 children accused in Jiwaka was the first or primary subject of accusation, while the other 26 children were immediate family members of the first accused.

**Table 1: Number of children and youth accused of witchcraft by provinces, January 2016 – June 2020**

	Province				Total
	Enga	Bougainville	Port Moresby <sup>(a)</sup>	Jiwaka <sup>(b)</sup>	
Children (0–10)	1	0	1	27	29
Youth (11–18)	12	14	0	20	46
<b>Total</b>	13	14	1	47	75

<sup>(a)</sup> The start date for Port Moresby data is January 2017.

<sup>(b)</sup> The start date for Jiwaka is March 2019.

Source: SARV project incident dataset

Of the 29 child victims of accusation, 2 children suffered serious bodily harm. The female child in Enga suffered permanent injuries. She was accused of inheriting her mother’s *sanguma* powers. Her mother was burned to death by a mob in 2013. The male child in Port Moresby was tied up for several days. He had been accused before, as is common in SARV, and this time he was accused of releasing a demon cat into a six-year-old girl, who was reported to have been behaving strangely.

Of the 46 youth victims of accusation, 21 were accused in incidents which turned violent, and 3 were killed (a male and a female youth in Enga and a male youth in Bougainville), 6 suffered permanent injury (1 male and 3 females in Enga and 2 males in Bougainville), and 5 suffered other serious harm (a female in Enga and 4 males in Bougainville). Despite the high number of children and youth being caught up in accusations of sorcery in Jiwaka Province, none were reported to have suffered serious harm. There were attempts to extract a confession from the accused in 11 cases, and this included the use of threats, burning, cutting and tying up.

Even where there was no physical violence against the accused youth, they were reported to have suffered other forms of harm. Eighteen were reported to no longer be living in their village when their cases were documented, with a strong implication that their movement out from their community was connected to the accusation. Eleven were reported to have faced stigma or social isolation and 10 to have faced continuing threats. We have no data on where these youth go. In parts of Africa, children and youth accused of witchcraft represent a sizeable proportion of street children (Human Rights Watch 2006; Manson 2010).

We also interrogated our newspaper dataset to see whether children were reported as victims of SARV in any way. Due to the low level of details in many newspaper reports, there is likely to be significant under-counting based on this data source. We can report that there were reliable reports of 10 cases involving children having been killed or injured and 26 cases of youth having been killed or injured as a result of SARV since 1996. There was a definite increase in the number of such cases reported in 2020 (6, with the second highest number being 4 in 2011) but there is insufficient data to draw any conclusions from this.

#### **4.1 Characteristics of accused children**

Understanding why some children are accused requires understanding some of the specific narratives around sorcery in different parts of PNG. In Enga Province there is a strong belief that when a mother is accused, the spirit has passed on to the children. Around the Wapenamanda area in the southeast of the province, for example, we heard stories that sorcerers usually share the human heart they took with other sorcerers. After each gets their share, they bring it home to share with their respective families. On their way home, the piece of human heart turns into pork or chicken as they open their pack at home to share with their husbands and children. Having heard such narratives of sorcery transmission, when married women who have a husband and children are accused, people believe that the *sanguma* spirit must have passed on to the children through sharing that food (heart). Then the children are accused on the basis of such understandings, with the children's 'mistakes' or non-conforming ways of behaving being used as evidence to accuse them of sorcery as well.

One of our data gatherers reports:

When two women accused of practicing sorcery were burned [and tortured] at Pompabus [in the north of Enga Province in 2017], a church pastor was invited to come and confirm whether the two women were possessed or not. The pastor asked the husband of one of the accused, to go and officially release his wife to the perpetrators so that she can be tortured. That was said to be to stop the spirit from passing on to the husband and the children. When the husband went and did exactly what was advised, the accused (wife) said, '*wane oo dilyopapi naleyaka pyamo doko, laa naliipi*', that means 'man, I shared with you and you do eat it as well so why can't you admit it'. It was out of frustration she said it, because he (her husband) didn't want to defend her, instead he allowed perpetrators to torture her.

This belief in the intergenerational transfer of sorcery is common across PNG and leads to much stigmatisation of the children of those accused.

The following common characteristics of children being accused can be summarised from our qualitative data:

1. The child has parents/relatives who have themselves been accused (this seems to be the dominant factor).
2. There is continued misbehaviour or non-conforming behaviour by the child (suspected of being caused by the sorcery spirit residing in the child).
3. The child is unhealthy looking — malnourished, swollen tummy, etc. (people believe that spirits of the dead have entered the child, maybe because their parents had done something wrong to someone).
4. The child eats a lot of fatty pork/meat (the explanation is the sorcery spirit usually eats human hearts, so the spirit hungers for more, causing the child to eat a lot).

Children who have a stepmother who is jealous of them, or is seemingly in competition with them, also seem to create a situation in which an accusation is liable to arise.

Although it is often adults accusing children, we have also documented cases involving children accusing each other, which happens within families and at school. In some cases

this has involved multiple family members and catalysed significant violence. An example of one of these cases and the way it was resolved by a human rights defender interviewee is set out in Case Study 2.

## CASE STUDY 2

### MEDIATION OF AN ACCUSATION INVOLVING TWO GIRLS

Kormul Village Kudzip LLG — Jiwaka Province

*(Responses by Chris Opai — Peace mediator)*

**Who is accused?** Two elementary school girls at the age of 7 were accused of sorcery. *(Their parents had been previously accused of sorcery.)*

**Why?** Those two accused brought biscuits for their lunch to school. At lunch, they shared their biscuits with another classmate (girl) at lunch time. Later the parents of that other girl, one who received biscuit from the two girls, noticed that her behaviour changed. She now seemed to steal things. One time the parents of the girl asked her, why she is stealing and doing nasty things? Then the girl said, *the two girls (daughters of the accused parents) gave me a biscuit and I ate it. Then a rat went into my mouth and lived in my stomach. Now there is a rat living in my stomach and telling me to steal and I am obeying the rat living in my stomach.* That is what she said.

**What happened first?** Previously the parents of the two accused (girls) were accused of sorcery. Now the two daughters (little elementary school kids) of the accused parents are accused of giving the *sanguma* spirit in the biscuit they shared with her. Then the community come together and brought the two accused (girls) into the public and asked both of them to remove the rat or *sanguma* spirit that they gave to the other friend.

**Who was involved?** The accuser, parents and family of the girl whose behaviour changed. There were also some leaders of the community and some church members involved in forcing the accused to remove the rat in the other girl. But it was revealed later that, the whole community planned to chase out the family of those two accused.



The parents were previously accused so now this issue came up just to remove the family from the community.

**Who tried to stop the accusation/violence?** I, myself as the human rights defender and the peace mediator of the community tried to solve the problem. Since the situation was tense, I called the office of the Voice for Change and then they called the police and we organised the two families to come together and talked. We bring the two families here at the office of the Voice for Change and they both were given counselling. Then both agreed to stop the violence. Then the police also warned them not to talk about sorcery, if anybody accuses another, the accuser will be charged. Both parties promised not to accuse each other of sorcery, and they went back to their community. In a separate interview we bring together the three kids and asked them, whether the one who claim to get the rat in her mouth really saw the rat. When she was asked, she said, she cannot feel the rat moving in her stomach. Then we organised a small gathering like a reconciliation meeting. The both parties brought food, they bring it together and we share it. All community members were invited for that small gathering and that solved the problem. Now there is no more accusation.

**Who made it worse?** The mother of the accuser. Because when I tried to find out why is the accusation happened, I realised that she had some personal problem with the family of the accused. That is why she was really pushing for this accusation.

**What happened at the end?** We went for counselling, then the police and the leaders were there to witness, and the problem was solved. There was a small compensation ceremony organised to mediate people and the two families went back to their village and lived a normal life. The problem was solved but the bad thing I noticed in this situation is that, they are too small and were given the name *sanguma*. I think that is what these two girls will never forget.

**What has been the impact of this on the accused/their family/community.** The biggest problem is that, those two girls are too young and they were given this name tag *sanguma*. Later when they go and get married, this name tag will be still with them and they will not forget that. Even that accusation made them feel ashamed of going back to the same school. Even some of the activities in the family and community, the accused

family finds it hard to freely partake in those activities. Because the name tag *sanguma* family is there.

**What can we learn from it?** One thing that I learnt from this accusation, is that, there is no evidence on this accusation. There is no basis. It seems to be based on jealousy only. There was no evidence brought forward in accusing the two girls. That means sorcery accusation is mere false accusation or false presence.

## 4.2 Characteristics of accused youth

We have interrogated our data to see if we can identify any common features of the youth who have been accused. We can see that both boys and girls are accused, with less of a distinct gendered geographical divide than among adults (in our data 26 boys and 20 girls were accused). Some of the youth had been previously accused of using sorcery (14 out of 43), but 29 out of 43 had not. In about 30% of cases the youth accused was the first person to be accused in a particular SARV incident, whereas in other cases the youth was accused after someone else, most usually from their immediate family, had been accused. Except in Enga, where equal numbers of youth were born in the community they were accused in as those born outside of it, in all other provinces the accused youth were overwhelmingly born in the community they were accused in.

## 4.3 Assisting children who have been accused

There is limited support for children who have been accused of sorcery, particularly when they are the primary accused and have been effectively abandoned by their family. A number of institutions that offer support to victims of SARV house such children, and note it is extremely challenging to care for them adequately, given their level of need.

A human rights defender explains the difficulty of providing support when it is children who have been accused:

A lot they are accusing children and also young men and young women also being accused related to sorcery ... when children are being accused, like you tend to see that it affects our work, because there is also a process involved when you want to

repatriate a child and the people also have to know of the process that are involved, like finding a child protection officer and filling all the necessary forms before you move out the child. And also when working with a child is like, it's an extra burden now because the child has to go to a place where they need an institution where they will grow and they need to be educated and they need to be fed and there's so many expenses that are involved when we talk about a child being involved.

Due to the stigma that attaches to children accused of sorcery, it is extremely difficult to find ongoing secure accommodation for them in situations where they will not be subject to suspicion or re-accusation. This is an area where church leaders can be very influential if they take in and clearly accept children who have been accused.

In general, the courts have not been involved in many cases involving children. We only came across one case where the public solicitor's office was engaged to assist, although of course there may be more that are not documented. The legal officer in the public solicitor's office stated:

The case happened in a remote district, you have to get there by boat — Finschhafen [in Morobe Province]. A small boy, aged 13, was accused of practising sorcery and he was tortured. For this little boy to get on a boat and come here [Lae] and tell us his story ... he submitted his case and we worked on it. I gave it to the Pub Sol and he agreed to take it. We are dealing with it as a civil case because what he really wants is to be safe and left alone. He was being threatened, the community see him as a threat. Maybe they caught him doing something odd at the wrong time. They have this perception that if you do something odd, then it is you. For example, sometimes they see people at the cemetery and they think they are there to dig bones or something ... Most of these cases the police send to the courts, they do not charge them. Some do a complaint note with police letterhead and send it to us and they refer them to us to help. If it is *sanguma* related, they tend not to attend to it.

#### 4.4 Policy implications

As we have discussed in this section, children are impacted by SARV in multiple ways and the current resources for supporting and reintegrating them are desperately lacking. There are a number of important policy steps that should be taken. First, children who have been through ordeals of torture related to SARV require good psychological care as well as medical attention and assistance with re-establishing a life back in the community. Such services are extremely hard to access, particularly when children lack the support of family. There is a need to invest in services to support children who are victims of SARV.

Second, a useful initiative suggested by our research is ensuring that SARV is included as part of the school curriculum, to help children learn practical methods and effective language to actively counter sorcery narratives. Films such as *Peter & Grace Make a Difference*, which follows two youths in Bougainville as they learn more about SARV in their community, are an excellent portal into addressing these issues at a level easily grasped by children, who can also share such media with family and community members.<sup>7</sup> It is also important to train teachers and school leadership in how to recognise and diffuse sorcery accusations made in their classrooms and schools, and incorporate this training in programs such as those run at Sunday school in some churches.

A third important initiative, which is being utilised in the African context, is teaching community and church leaders about normal child development and the impact of trauma that may be used as signs to falsely accuse children of sorcery.<sup>8</sup> This type of training may also have relevance in parts of PNG given the wide range of trauma children in PNG may face, such as poverty, food insecurity and tribal fighting.

Finally, another important area for future research based on the African context is to understand if there are any churches in PNG where narratives about children as sorcerers are emerging, and if so, how to quickly quash these before they gain credence and spread.

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<sup>7</sup> A Voice in the Wilderness and Llane Munau, *Peter & Grace Make a Difference*, <https://www.youtube.com/watch?v=hcvuFNfZm50>.

<sup>8</sup> See Module 3 of *The Heart of the Matter*, available at <https://www.stop-cwa.org/resources/45>.

## 5. Children as secondary victims of SARV

The indirect impact of SARV on children is significant and multidimensional. As many as 30% of the violent incident cases we documented involved an impact on children in the family of the accused victim or in the community. The main themes of impact reported are:

- witnessing their parents, mainly their mother, and close relatives being tortured and killed
- living in fear and being scared
- being displaced and left out of school, or doing poorly at school
- missing or grieving for their parents
- living in poverty, including being malnourished
- being stigmatised at school and in the community
- feeling ashamed
- developing the belief that sorcery is real and accepting torture (of accused persons) as a norm.

Table 2 shows the ways in which children and other family members of those accused are impacted.

**Table 2: The impact of violent accusation incidents on other family members, percentages of victims by location, January 2016 – June 2020**

	Enga	Bougainville	Port Moresby <sup>(a)</sup>	Jiwaka <sup>(b)</sup>	Total
	n=68	n=86	n=93	n=36	n=283
Shamed	86.8	67.4	67.7	91.7	75.3
Psychological harm	64.7	44.2	52.7	8.3	47.3
Economic harm	38.2	15.1	19.4	2.8	20.5
Temporary relocation	39.7	31.4	19.4	16.7	27.6
Permanent relocation	19.1	16.3	14	13.9	15.9

Note: Percentages are calculated using valid data i.e. excludes data that is missing or not known.

<sup>(a)</sup> The start date for Port Moresby data is January 2017.

<sup>(b)</sup> The start date for Jiwaka is March 2019.

Source: SARV project dataset of violent incidents

The impact of SARV on children's experiences of school was a frequent theme in interviews. A Western Highlands school inspector told us that as an inspector he visits primary schools. He has encountered children who are affected by their parents being accused of sorcery, and found them to be not happy in school and psychologically affected. Such children are ostracised and neglected by other students, because the entire family is tainted with the sorcery stigma. In addition, many parents migrate from one area to another seeking to avoid stigma, and this interrupts the child's education.<sup>9</sup>

An NGO officer in Lae observed:

Another thing that we are finding out is the effect [of sorcery accusations] on children and this is something that we are discovering more recently. Many of these women in the Highlands who are the victims and many of these have children and sometimes the children have to watch their mother being tortured; the children are left as orphans when their mother dies, so it is a terrible effect on children. And this is something we are becoming more aware of that is not affecting one person but it is affecting a whole family, it is a whole family that ends up suffering ... The other day I was talking to a man who had two little children with him, a little child of about 18 months, and his wife had died, and she had been accused. And it was so sad to see this man with six children, and his family will not help him because they suspect that his wife really was a witch, so they do not want to help this husband of a witch or the children of a witch — they do not seem to want to help at all. So he is left all alone to try and raise these small children and he is finding it extremely difficult with food and education and all that sort of thing, a wonderful man trying his best but such a difficult job.

A common problem is that children of survivors are called the 'sons and daughters of sorcerers' by other children. In an interview with a survivor, we discussed the impact her accusation had had on her children. She said: 'When they do get into arguments, other children tease them, like "you're a sorcerer's child" and other times they'd say "go, you're a child of a sorcerer"'. She also noted that the children would whisper among themselves

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<sup>9</sup> Bartholomew (2015) has also done some PhD research around the impact on the siblings of an accused child.

asking who's the sorcerer and they would point them out and shout 'there he is, there he is!'. Her son would normally wear a jumper to hide his face while in school. She continued:

It's not like I'm a sorcerer but if something bad happens to another child while my child is with that child, people might blame my child because of what others had labelled me. And so I don't want that to happen, even if they're in class and someone faints in class, they might blame my child, saying he/she is a child of a sorcerer and might've made the other child faint, one might not have eaten breakfast before going to class but they would still blame my child.

This interviewee also indicated the cycle of violence dimension to the impact of SARV on children. We asked the survivor: how do you explain to your kids what happened? She replied: 'My kids they trust me as their mother, I am not this kind of a woman, they are here to fight against those people who accuse me, so I think about my two kids that they will get work and look after me, at this time they will set me free.'

While it is usually children and babies who are harmed as secondary victims of SARV, we have also documented some horrific cases in our research where unborn babies have lost their lives as a result of the torture inflicted upon their mother while pregnant.

One case involved a woman who was seven months pregnant. During torture she was burnt with heated metal pushed up inside her vagina and when she got to hospital the baby was delivered the next day with burn marks on her. The interviewee said: 'So it just shows you how bad the torture was that they burnt the child in her, actually the woman. So we buried the baby, we gave the little baby a name and we buried the baby. We called her Maria and the mother was happy that we at least buried her baby.'

In another case, after the death of their neighbour, a married couple was accused of having caused his death through sorcery. They were attacked in their house in the middle of the night by villagers. The attackers put a rope around each of their necks and dragged them outside. They hanged them from a branch, with their feet barely touching the ground. After the villagers left, the couple struggled to free themselves. The woman was seven months pregnant and gave birth while struggling. They managed to free themselves, take the baby and run away to hide. They went to hospital after two weeks

in hiding. While both mother and baby recovered, both the man and woman were covered in bruises. Afraid of returning to their house, they ended up living in the jungle.<sup>10</sup>

## 6. Conclusion

This discussion paper has shown how SARV impacts children in PNG in multiple ways, leading to intergenerational trauma, social ostracism and cycles of violence. The belief that children in some way inherit or are infected by the sorcery of their parents turns an already tragic situation for an accused into a tragedy shared by the entire family, including children, whose vulnerability is compounded by the lack of or their inability to access psychological, financial and legal resources to help them to cope, understand what is happening and regain normal lives.

Much more needs to be done to pre-emptively stop such accusations being imagined, much less voiced and then acted upon. In this regard, health workers, teachers and school/pastoral leadership can play a primary, active role in engaging, educating and leading populations away from sorcery as an explanation for illness, death and misfortune. It requires community conversations, and interactive engagement that walks people through their thinking, gently challenging and holding up a higher standard. Having leaders responsible for child well-being take greater responsibility for educating the community on SARV prevention will also aid in building effective strategies for primary responses towards childhood illness that counter frequent misdiagnoses of such illness as being caused by sorcery, allowing for proper medical care and preventing accusations against vulnerable individuals. Finally, but crucially, there is ample reason cited in this paper to heed the experience of the rise in child witchcraft accusations in many sub-Saharan African nations — these should act as a sobering warning to PNG to ensure that contagious narratives about children as sorcerers are authoritatively and swiftly dismissed. This important role of correcting false narratives about sorcery and preventing harm to PNG's children must be actioned by PNG's educational community, government and religious leaders across every denomination.

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<sup>10</sup> 'Woman "hanged" for sorcery delivers baby', *The National*, 26 February 2008, p. 5. See also: <https://www.smh.com.au/national/woman-gives-birth-hanging-from-tree-20080226-gds2p2.html>.



This research has also opened up the need for new areas for research. One is an investigation of the social dynamics and structural changes that may be common to the rise in sorcery accusations in both Africa and PNG. We anticipate these will be related to concerns about modernity, inequality and ill/good fortune in situations of social change, and the possibility that children may be perceived as both a focus of hope and vulnerability. The second is to consider more directly the possible role of evangelical churches and movements, and other vectors of narratives such as social and creative media, in facilitating the spread of novel or hybrid ideas about witchcraft and how these can be quashed before they gain credence and spread.

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